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**Elizabeth Anne Kent**

**Consuming the Body: The Church and Eating Disorders**

**Abstract**

The aim of this thesis is to suggest that through practical means based on a cohesive theological engagement with the issues, the Christian church has a unique contribution to offer those affected by disordered eating. Taking a canonical narrative approach to Scripture and using the methodology of the pastoral cycle the thesis examines how the Church might understand the relationship between eating, identity, food and the body. After an exploration of the nature of eating disorders from the perspectives of physiology, psychology, history and sociology, this thesis examines how the Church's practices of baptism and eucharist, confessing and being accountable, and the doctrine of Christian Perfection relate to disordered eating.

The argument advanced is that there are particular contributions the Church can make by living in the light of God's revelation in Christ, demonstrated through a rediscovery of particular practices. These seek to address the societal context in which disordered eating flourishes, the underlying issues generating and sustaining disordered eating, and its impact upon individual and communal life.

In re-interpreting ancient practices of the Church it is hoped that the body of Christ in the present age may be equipped to engage with disordered eating and be a conduit of God's healing and hope for those who long to know freedom and release.

# **Consuming the Body: The Church and Eating Disorders**

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Doctor of Philosophy  
2013

Thesis Word Count: 91380

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## **Dedication**

This thesis is dedicated to my daughters Ruth and Bethany

and to the memory of  
Rev Dr Sarah Charlton,  
Encourager, theologian, friend.

# Chapter 1

## Introduction

### 1.0 Introduction

#### 1.0.1 In their own words

##### Christine's Story – Anorexia Nervosa

I never actually intended to lose weight. It began simply as a resolution to eat more healthily. I was 14 and had become aware of the start of my natural teenage weight gain. But within weeks it had spiralled into an obsession and I gradually became afraid of eating anything. Each mouthful made me terrified of the weight it would make me put on. I started to feel freezing cold and exhausted all the time. I could barely concentrate at all and passed out a few times.

Eventually it went too far, and I have vague memories of a blur of doctors, nurses and scary phrases such as 'risk of heart failure' and hospitalisation. In the end I was told I had a few days in which to begin my weight gain otherwise I would be put into a paediatric ward. I was taken out of school, given a daunting meal plan and told to get on with it. Looking back the most terrifying thing about it was that I genuinely had no idea that I was so underweight – I was convinced I was larger than most of my friends.<sup>1</sup>

Christine underwent an outpatient treatment programme until she was seventeen years old and classes recovery as 'one of the hardest things I've ever done'. She feels that at a deep level her

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<sup>1</sup> 'Youth Matters' *Lifeline* Autumn 2009, 9.

recovery is still ongoing but in terms of her eating behaviour now describes herself as 'eating disorder free'.<sup>2</sup>

#### Philippa's Story – Bulimia Nervosa

When I went to university, I was about 15st 5lb but it never ever bothered me. Then after I came back I was out drinking and this bloke just shouted at me and called me fat and it basically started from then.

Something clicked. I was having fish and chips with my mum and I thought, there's a lot of batter on that. So I made myself sick and saw it all come up. I thought it looked a good way to lose all the calories and it just started from there. It was a nightmare. After absolutely everything I had eaten, I would make myself sick. Even an apple. I'd only eat anything with less than two grams of fat. One day I went to the toilet at work and passed out. But it didn't put me off.<sup>3</sup>

Philippa lost six stone in less than two years and having suffered with bulimia nervosa throughout her mid-twenties she is now in recovery and able to eat without purging.

#### Margaret's Story – Compulsive Eating/ Binge Eating Disorder

Margaret Bullitt-Jonas came from an educated, high-achieving but emotionally repressive family. To the outside world she was a gifted academic and a dutiful daughter but her diary entries reveal how food binges belonged to a secret part of her life where she struggled to communicate or conceal her needs and desires.

*23 March 1982:* Yesterday was worse than it's ever been. Near despair, I ate cheese and half a grapefruit in the morning. Before a friend came over for lunch, I went to the bakery

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<sup>2</sup> Ibid.

<sup>3</sup> Philippa Tait, 'Mum's Bulimia Victory' Gateshead Herald & Post March 21 2007, 1.

and bought an apricot pie and two cookies. I ate the pie very fast, standing at the kitchen counter. I ate a light lunch with my friend – how discreet I am in public, how normal, how apparently sane. After she left, I went out and bought more food: a coconut custard pie, a loaf of bread, and a box of English muffins. I ate them all.

*25 March 1982:* I'm groggy with sleep. Stuffed with binge foods. From one bakery I bought a loaf of cheese bread and a small roll; from another, two brownies and a loathsome banana cream pie. I peeled the whipped topping away with my fork and flipped it into the sink. Finally, late at night, I cooked and ate a whole box of wheat pilaf. The dimensions of a binge are increasing. It's scary. I don't dare look at my body.<sup>4</sup>

Margaret eventually joined Overeaters Anonymous and in the remainder of her autobiographical reflection recounts her recovery from binge eating. She describes the process of learning to understand and express her emotions and desires in a way which does not destroy her body.

These stories were selected from a collection of many accounts, some published, others recounted to me anecdotally, describing life with an eating disorder. Each story is as unique as the person telling it, yet all have similar themes and bear witness to the destructive nature of eating disorders. These accounts form the context for the thesis and acknowledge the practical and painful experiences of those who live with disordered eating in its various forms.

## **1.1 Background Context**

Over the past two decades the incidence and awareness of eating disorders has grown in western culture, and in non-western cultures exposed to western images and values.<sup>5</sup> Eating disorders are

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<sup>4</sup> Margaret Bullitt-Jonas, *Holy Hunger* (Oxford: Lion, 1998), 97-8.

<sup>5</sup> See for example the case of Fiji, where, according to research conducted by Dr Anne Becker, the introduction of television programmes produced in the USA caused a change in desired body shape among the indigenous population. Paper presented to the American Psychiatric Association, May 19<sup>th</sup> 1999 (referenced in Joan Jacobs Brumberg, *Fasting Girls* (New York: Vintage Books, 2000), xv).

currently clinically classified in three ways: Anorexia Nervosa, Bulimia Nervosa and Atypical Eating Disorders/ Eating Disorders Not Otherwise Specified.<sup>6</sup> They cover the spectrum of eating behaviours from those who will not eat, in the case of anorexia nervosa, to those who struggle to stop eating in the case of Binge Eating Disorder or Compulsive Eating (both of which are categorised under the heading of EDNOS). As well as those who satisfy the medical criteria for the eating disorders above, there is a growing awareness among health professionals that there are a large number of sub-clinical cases whose behaviour is not severe enough to meet diagnostic criteria but whose eating is nonetheless ‘disordered’ in some way. This would include the vast numbers of people who deliberately restrict food intake for non-medical or health related reasons, commonly known as ‘dieting’. Not all those who are ‘dieting’ would be classified as disordered in their eating. The boundaries between eating healthily or dieting ‘to lose a few pounds’ and developing a disordered relationship with food are not always clear, but the pressure to eat and stay thin appears to be producing a culture among some where dieting for non-medical reasons is becoming a way of life.

Disordered eating at both ends of the spectrum has become a public issue. Media images of ‘anorexic’ celebrities appear regularly in magazines, shaping public perception about what is normal or desirable and yet public health campaigns are investing heavily in preventing an ‘obesity crisis’ among those whose problem is over-consumption of particular foods.<sup>7</sup> Whilst obesity can be viewed as the opposite of anorexia nervosa, some have interpreted them as two halves of the same problem, namely a maladaptive response to hunger.<sup>8</sup> There are various features of obesity which distinguish it from anorexia nervosa, bulimia nervosa and EDNOS which cause it to be addressed

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<sup>6</sup> American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders – IV, Revised, (DSM – R)* (Washington DC: American Psychiatric Association, 4<sup>th</sup> ed. 1994); World Health Organisation, *The ICD-10 Classification of Mental and Behavioural Disorders* (Geneva: WHO, 1993). This seemingly neat categorisation needs to be considered in light of various psychology articles which are beginning to contest the usefulness of rigid boundaries in some forms of categorisation.

<sup>7</sup> Cross-Government Obesity Unit, Department of Health and Department of Children, Schools and Families, *Healthy Weight, Healthy Lives: A Cross-Government Strategy for England*, (London: Department for Health & Department of Children, Schools and Families 23<sup>rd</sup> January 2008).

<sup>8</sup>Hilde Bruch, *Eating Disorders: Obesity, Anorexia Nervosa and the Person Within*, (London: Routledge & Kegan Paul, 1974).

outside the established categorisation of ‘Eating Disorders’ and for this reason, obesity will only be discussed in this thesis as far as it relates to the eating disorders identified in Chapter 2. Whilst the public impact of disordered eating is acknowledged, for those whose experience of eating disorders is in the private realm of personal or familial experience, the debilitating effect on human functioning cannot be underestimated.<sup>9</sup>

## **1.2 The need for this research**

It is into this context that the church has sought to offer a variety of responses to disordered eating. This has included a breadth of initiatives from a range of perspectives, reflected in a diverse body of literature which will be identified below. This will establish the areas within which the Church is already seeking to engage with this issue and demonstrate that there is a need for this particular thesis in bridging a gap which exists in the current Church approach.

### **1.2.1 Institutional Response**

#### Responding as an Institution – Consultations and Cathedrals

The place of the Church within public life in the UK has enabled it to make what may be termed an ‘institutional response’ to disordered eating. This is particularly true of the Church of England as the Established church, affording it opportunities to engage with consultations on government legislation relevant to disordered eating<sup>10</sup> and to host the national Service of Remembrance for those who have died from eating disorders.<sup>11</sup>

In response to the Labour Government’s ‘Support for All: The Families and Relationships Green Paper’, the Church of England noted the increase in eating disorders as a worrying social

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<sup>9</sup> Grainne Smith, *Anorexia and Bulimia in the Family* (Chichester: Wiley, 2004).

<sup>10</sup> Such as Department for Children, Schools and Families, *Support for All: The Families and Relationships Green Paper* (London: TSO, 2010); see also Church of England Board of Social Responsibility, *Response to The Draft Mental Health Bill June 2002* (London: Church House, 2002).

<sup>11</sup> Held at Southwark Cathedral on 28<sup>th</sup> September 2010, the service, promoted by Eating Disorder charity Beat and led by Canon Ian Ainsworth-Smith, aimed to raise awareness of the mortality rates of eating disorders and to provide a forum for friends and families affected by loss through eating disorders to remember their loved ones.

problem.<sup>12</sup> The Church suggested that the way to address disordered eating and other social problems went beyond providing additional government funding and involved ‘a holistic approach which also tackles family inequalities’<sup>13</sup> as well as ‘attention [being] given to players other than the state and the family,’<sup>14</sup> indicating the role the Church can play in building community and resolving social problems. At this institutional level, the Church makes two important contributions. Firstly, in speaking out it acknowledges that eating disorders are a real problem and the Church is not willing to ignore their existence. Secondly, it indicates that the Church may have a perspective on responding to eating disorders which is different from that of the State or the medical profession and may be complementary to both.

#### Responding within an institution – Policies and Publications

Most mainline denominations within the UK have developed their own policies in relation to safeguarding children and vulnerable adults<sup>15</sup> and also with regard to addressing mental health.<sup>16</sup> Within many of these publications, eating disorders are recognised as a problem and set in the broader context of the Church’s response to mental health, work with adolescents and safeguarding the vulnerable.<sup>17</sup> It is clear that eating disorders feature on the denominational agenda but often appear at the fringes of areas such as care of the mentally ill or at the intersection between ministries such as youth-work and healing. Whilst these publications acknowledge the existence of eating disorders, that appears to be the extent of their engagement with the issue and no theological reflection upon the issue is articulated.

#### Responding within an Institution – Schools and Support

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<sup>12</sup> Mission and Public Affairs Council of the Church of England, *Support for All: The Families and Relationships Green Paper* (London: Church House, 2010).

<sup>13</sup> *Support for All*, 2.

<sup>14</sup> *Ibid.*

<sup>15</sup> The Methodist Church, *Safeguarding Children and Young People* (London: Methodist Church House, 2010). The Church of England, *Protecting All God’s Children* (London: Church House, 4<sup>th</sup> ed. 2010). Baptist Union of Great Britain *Safe to Grow* (Didcot: Baptist House, 6<sup>th</sup> ed. 2011)

<sup>16</sup> Archbishops’ Council of the Church of England, *Promoting Mental health: A Resource for Spiritual and Pastoral Care* (London: Church House, 2005).

<sup>17</sup> Timothy Bradshaw, Judy Jarvis, Michael Jebson and Wendy Ross-Barker, *Worth Doing Well- Guidance and Good Practice for Churches and Other Organisations* (Peterborough: Methodist Publishing, 2002), 63-4.

Part of the ministry of the Church in regard to children and young people has been through the provision of church schools. In view of the fact that children as young as 5 are developing anxiety about their weight and body image,<sup>18</sup> some church schools have deemed it appropriate to adopt school food policies to try and engender a positive relationship between food, health, relationships and socialising.<sup>19</sup> Other schools with a Christian ethos have considered it necessary to adopt policies on eating disorders to identify signs of disordered eating early, prevent their onset and support pupils who develop an eating disorder.<sup>20</sup> These are the exception rather than the rule in paying specific attention to eating disorders, but are notable in their existence.

### Local Church – Professional and Popular literature

In 2000, a survey of 754 local church pastors in UK churches affiliated to the Evangelical Alliance identified eating disorders as a ‘low priority’ pastoral issue.<sup>21</sup> The reflections of the report’s authors were that this ‘may suggest that certain problems are being concealed in the local area rather than faced by the local church’ and that ‘pastors may not be listening carefully enough to some of the issues of pastoral concern which are of growing importance in today’s society’.<sup>22</sup> Within the literature surveyed, there are several volumes aimed at church leaders who may be seeking to counsel those with eating disorders from a Christian perspective.<sup>23</sup> With the exception of Grosseohme, these works require a level of competence in understanding psychology and theology which may be beyond many clergy but they are clearly written with a readership of professional counsellors in mind.

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<sup>18</sup> All Party Parliamentary Group on Body Image and Central YMCA, ‘Reflections on Body Image’ Report, May 2012.

<sup>19</sup> Cannington C of E Primary School, School Food Policy.

<sup>20</sup> The Newcastle upon Tyne Church High School, Eating Disorders Policy, revised February 2012.

<sup>21</sup> This means that fewer than 10% of the respondents to the questionnaire identified eating disorders as a pastoral issue they encounter.

<sup>22</sup> Leslie J. Francis, *Pastoral Care Today* (Farnham: CWR, 2000) 14.

<sup>23</sup> Edward J. Cumella, Marian C. Eberly and A. David Wall, *Eating Disorders- A Handbook of Christian Treatment* (Wickenburg, Az: Remuda Ranch, 2008); Raymond E. Vath, *Counselling those with Eating Disorders* (Waco, Tx: Word Books, 1986); Daniel H. Grosseohme, *The Pastoral Care of Children* (Birmingham: Haworth Pastoral Press, 1999), 95-7.

In contrast, Christian literature on eating disorders addressing the popular market is readily available and covers a number of areas. Works originating from the USA have commented on the cultural and sociological context in which eating disorders arise and seek to integrate theological reflection into that analysis.<sup>24</sup> Another genre of popular literature on the subject of eating disorders and Christian faith includes what may be termed ‘testimony’ or ‘recovery narrative’.<sup>25</sup> Some of these accounts, written from personal experience seek to draw out insights or principles which may help others.<sup>26</sup> These autobiographically inspired reflections differ in tone from the self-help books written by those who are perceived to be ‘experts’ in Christian leadership<sup>27</sup> or work with people with eating disorders.<sup>28</sup>

It would appear that the increasing prominence of eating disorders within general public perception and within the church has had an impact over the decade since the interviews in ‘Pastoral Care Today’ were conducted. One of the largest Anglican churches in the UK has now produced a 6 week course ‘for those struggling with eating disorders’<sup>29</sup> which is being run in local churches from Aberdeen<sup>30</sup> to Bristol,<sup>31</sup> though it will take time to assess the value and success of these courses, which have only begun in 2012.

### **1.2.2 Para-Church Response**

#### ABC

Whilst the institutional framework of the Church has made possible a public dialogue on issues surrounding disordered eating and at some level the Church has woven an awareness of eating disorders into its own policies, the work with those actually diagnosed with an eating disorder has

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<sup>24</sup>Michelle Mary Lelwica, *Starving for Salvation* (Oxford: Oxford University Press, 1999); R. Marie Griffith, *Born Again Bodies* (London: University of California Press, 2004).

<sup>25</sup>Margaret Bullitt-Jonas, *Holy Hunger* (Oxford: Lion, 1998).

<sup>26</sup>Catherine S. Boyle, *Hungry Souls: What the Bible Says about Eating Disorders* (New Look Press, 2010).

<sup>27</sup>Joyce Meyer, *Eat and Stay Thin: Simple, Spiritual, Satisfying Weight Control* (New York: Warner, 1999)

<sup>28</sup>Kate Middleton, *Eating Disorders: The Path to Recovery* (Oxford: Lion, 2007); Deborah Newman, *Loving Your Body* (Wheaton, Illinois: Tyndale House, 2002); Nancy Alcorn, *Starved* (Winepress, 2007).

<sup>29</sup>New ID course, Holy Trinity Brompton.

<sup>30</sup>City Church Aberdeen.

<sup>31</sup>Christ Church, Clifton, Bristol.

been undertaken mainly by para-church organisations. These charities, set up specifically to provide help, support, information and advice have been at the front line of the Church's engagement with disordered eating as it is experienced by individuals and their families.

Anorexiabulimiare, otherwise known as ABC, was formed in 1989 through the amalgamation of two Christian initiatives seeking to help those suffering from eating disorders.<sup>32</sup>

The work of ABC includes providing information for those with eating disorders, their families, friends and church leaders via its website and print media.<sup>33</sup> It also runs a telephone helpline for sufferers and a separate helpline for parents of sufferers as well as a web-based support forum for those with eating disorders. ABC have established a befriending scheme whereby those who are struggling with an eating disorder are linked with someone who has recovered and can offer friendship and encouragement on the road to recovery. Other aspects of ABC include a prayer support network, training and conferences, a referral service to accredited counsellors and a quarterly e-newsletter for those supporting individuals with eating disorders. Through its website ABC seeks to make available to the Church a range of resources to engage with eating disorders.

The work of ABC is acknowledged to be a leader in the field and as such, other Christian agencies<sup>34</sup> who encounter those suffering from eating disorders refer enquiries on to ABC.

### Mercy Ministries UK

Mercy Ministries UK is a Christian charity who have established a 6 month residential programme for young women suffering from 'life-controlling issues such as eating disorders' and published a number of resources related to this programme. 'Starved', 'Beyond Starved' and 'Mirror Image'<sup>35</sup>

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<sup>32</sup> One was a support group in the north of England called 'Anorexia and Bulimia Care', the other was a national organisation called 'There is an Answer' based in East Anglia.

<sup>33</sup> This includes a range of booklets as well as a number of books.

<sup>34</sup> Such as Christian family support charity Care for the Family.

<sup>35</sup> Nancy Alcorn, *Starved* (WinePress, 2007); Nancy Alcorn, *Beyond Starved* (WinePress, 2009) and Arianna Walker, *Mirror Image* (Presence Books, 2011).

are books which have emerged from the programme and address eating disorders and body image in a style and at a level for popular readership.

### Mind and Soul

Mind and Soul is ‘a non-denominational organisation exploring Christianity and Mental Health.’ Overseen by a board of directors including a consultant psychiatrist, an Anglican vicar and an academic psychologist who was previously director of ABC, Mind and Soul provides a credible and reliable repository of information about spirituality and mental health, including a number of articles and books on the subject of eating disorders. Within the wider context of mental health many of the articles on eating disorders can be categorised under the same headings noted above; academic psychology, popular information, popular self-help or popular testimony.

### Summary

As has been demonstrated above, the Church has attempted to engage with eating disorders from a variety of perspectives and many have been successful in raising awareness and supporting sufferers. Within the Church, however, there is very little literature written from an academic theology perspective directly addressing disordered eating. There are several volumes for those with a background in psychiatry or counselling seeking to bring a professionalism and faith basis to the subject and there is a range of books on eating disorders from a Christian perspective written for a ‘popular’ audience, either seeking to inform or advise or provide support to sufferers and their families. A further genre of literature incorporates the materials for self-help or practical courses.

It is into this multiplicity of approaches that I believe this present research offers a unique and necessary contribution. Whilst grounded in academic theology and having an awareness of the other forms of Christian and non-Christian literature on eating disorders it seeks to fill the gap which currently exists.

## **1.3 Thesis aim, location and approach**

### **1.3.0 Thesis Aim**

The aim of this thesis is to explore what contribution the Church has to offer those affected by disordered eating. In a rediscovery of ecclesial practices, ‘theoretical and practical knowledge come together to enable faithfulness’<sup>36</sup> to God and witness to a way of living which may provide protection from some cultural factors which promote disordered eating and offer hope to those suffering with eating disorders.

### **1.3.1. Locating the thesis**

It has already been established that the Church has responded to eating disorders in three key ways; through institutional publications; through popular Christian literature and through practical initiatives.<sup>37</sup> A work which engages with academic theology, the insights of medical professionals and offers a way for the Church to embody a theologically rich, practical response to eating disorders is currently absent. It is into this gap that I offer this thesis in an attempt to demonstrate an integrated approach to the subject.

### **1.3.2. Approach**

An underlying question behind this thesis is: how do churches understand and relate to eating, identity and the relationship of food to the body? This is a thesis written primarily for those within the Church who aspire to witness faithfully to Christ in the way they live with regard to the way they relate to food and body image. In that sense this is not confined to those with a particular interest in eating disorders, but to all who seek to orientate every aspect of their lives around the risen Christ. The insights offered may be of help those relating particularly to those under the age

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<sup>36</sup> David Willows and John Swinton, *Spiritual Dimensions of Pastoral Care: Practical Theology in a Multidisciplinary Context* (London: Jessica Kingsley, 2000), xxi.

<sup>37</sup> Such as the befriender network of ABC or the Mercy Ministries programme.

of twenty-five<sup>38</sup> and also those working with women.<sup>39</sup> In pursuit of its aim, the thesis looks to name and engage the cultural forces which form the background to disordered eating and to adopt practices to address them. It is hoped that those who do not consider the Church a place they would look to find help regarding disordered eating may discover through the witness of the Church a community aspiring to reach out to the broken and oppressed and offer hope and transformation.

This introductory chapter will establish the rationale for the thesis and frame the questions which drive it. The specific areas addressed by the thesis will be identified and the arguments proposed will be introduced. Subsequent sections of this chapter will articulate the methods used in answering the questions raised within the thesis.

It is acknowledged in both the structure and content of the research that at times Christian doctrines have been interpreted in such a way as to potentially encourage eating disorders.<sup>40</sup> Despite this, I will argue that a Christian understanding of food, body and identity, integrated with and shaping the practices of Christian community can make a positive contribution in the sphere of disordered eating.

## 1.4 Framing the Questions

At the outset, it is necessary to frame the questions which lie behind this thesis in order to understand the argument which flows through subsequent chapters. The initial question concerns why the issue of disordered eating is of relevance to the Church and a valid topic for theological engagement. Subsequent questions which will be addressed are: How does the Church understand disordered eating? How does it seek to help those whose eating is disordered? What does the

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<sup>38</sup> The majority of clinical diagnoses of eating disorders are to those in the 14-25 age group, though cases are increasingly being seen in those younger than 14 (website of B-eat, (formerly the Eating Disorder Association)).

<http://www.b-eat.co.uk/Home/PressMediaInformation/Somestatics> (30th October 2010).

<sup>39</sup> The gendered nature of eating disorders is recognised in literature such as Sharlene Hesse-Biber, *Am I Thin Enough Yet?* (New York: Oxford University Press, 1996) and discussed within this thesis in Chapter 2.

<sup>40</sup> See discussion in Chapter 2 about extreme food asceticism in medieval women.

existence of disordered eating mean for a faith whose central act of worship involves eating and drinking? How might disordered eating among Christians affect their participation in the Church as the Body of Christ?

#### **1.4.1 A Valid Theological Topic?**

Some within the church may consider theological engagement with disordered eating a frivolous pursuit, seemingly pandering to the preoccupations of popular culture. Others see it as having little to do with church and merely an issue affecting a small minority of people. I argue that, as food and eating are essential to human existence and the purpose of the Christian church includes being ‘the clear manifestation of a people who have learned to be at peace with themselves, one another, the stranger, and of course, most of all, God’<sup>41</sup> it is imperative that the Church is a place where food, eating and identity is correctly orientated in relation to God. To allow the issue of disordered eating to challenge the Church to look critically at whether it has adopted prevailing cultural understandings and practices regarding eating is a valuable consideration in itself.

I argue that theologically engaging with the issues raised by disordered eating presents an opportunity for the Church to re-examine its own practices in the light of biblical and historical models. In so doing the Church may rediscover practices which offer a distinctive way of living in the face of a culture driven by consumption, and may be a witness to the world and a beacon of hope to those affected by disordered eating. Without such theological engagement, it is argued the church will conform to cultural norms and be incapable of offering a distinctive witness. As noted by Elaine Graham, Heather Walton and Frances Ward, ‘Theological systems that are established upon cultural norms which are so ingrained as to become invisible are difficult to contest on their own terms’.<sup>42</sup>

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<sup>41</sup> Stanley Hauerwas, ‘The Servant Community: Christian Social Ethics’, in John Berkman and Michael Cartwright (eds.), *The Hauerwas Reader* (Durham N.C: Duke University Press, 2001), 372.

<sup>42</sup> Elaine Graham, Heather Walton and Frances Ward, *Theological Reflection: Methods* (London: SCM Press 2005), 93.

It is also important to acknowledge that the Church is not exempt from those who suffer from disordered eating. Experience of eating disorders within the Christian community often arises through the individual encounter. It may be the pastoral conversation between clergy and a church member seeking help, or the youth leader concerned about the weight or eating habits of one of the young people. Despite public awareness of eating disorders, Christian engagement with the issues around them rarely goes beyond the individual pastoral encounter and yet this is a faith where the central act of communion is one of eating and drinking.

It is therefore surprising that, despite the specific areas of focus identified above, the Church in general appears to have only really engaged with disordered eating in a non-distinctive or uninterested way if it has engaged at all. It is argued that this may be because the terms presented in popular literature do not correlate with the Church's perception of the situation. A common misconception, despite the many church members who actually know someone with a diagnosed eating disorder, is that this is something for doctors or counsellors to 'treat'. The notion that this is an individual illness which has nothing to do with the Church, rather than being a reflection of a society which has become disordered in its relationship with food, body and identity, is widely accepted.

The rationale behind this thesis is that the existence and impact of eating disorders in society cannot be ignored by the Church but needs to be appropriately and theologically addressed. The ministry of the Church in the pastoral care it offers to those within it will be significantly improved with a greater understanding of the factors contributing to and sustaining disordered eating, as will the mission of the Church to those outside it. The role and mission of the Church in offering healing to the sick and proclaiming liberation to the captive and oppressed takes its cue from Jesus' ministry. It is argued that in learning to imitate Christ through practical means the Church may indeed be a conduit of God's healing and liberating grace.

### **1.4.2 How does the Church understand disordered eating?**

In a society where disordered eating exists, the implications for the Church are many and varied. From the perspective of the Church, particular questions and challenges are raised about how it relates to those whose eating is disordered.

The first challenge is to be able to articulate why disordered eating is a problem. From a Christian perspective, it is intolerable that healthy people starve themselves to death, or rid their bodies of nourishing food, or eat to such excess that they suffer debilitating health problems. For the majority of people in the Church this conclusion is arrived at almost instinctively. The questions surrounding ethical eating in the face of a world where many thousands of people are starving are questions beyond the scope of this thesis, but the awareness of global starvation forms part of the context of the discussion. This thesis will identify what understandings and practices form and shape the Church to believe that disordered eating is not what humanity was intended for. From this basis it will be possible to recognise that the Church, health professionals and the general public may differ in the way they perceive disordered eating.

### **1.4.3 What does the existence of disordered eating mean for a faith whose central act of worship involves eating and drinking?**

For the Church, its engagement with the world of disordered eating generates a number of issues about how it operates. The practice of hospitality and Christian table fellowship, which invariably involves food, may need thoughtful consideration and adaptation if it is not to be exclusive of those suffering from disordered eating. The extent to which the Church accommodates the needs of members out of pastoral concern<sup>43</sup> or challenges particular behaviour<sup>44</sup> is a difficult judgment to make and it is hoped that the content of this thesis may assist the Church in making those decisions.

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<sup>43</sup> See for example 1 Cor. 8:9-13, where Paul's pastoral concern causes him to advise a change of practice in spite of the principle, in order that eating does not become the cause of other people falling into sin.

<sup>44</sup> Joan Jacobs Brumberg suggests that women could combat the linking of physical beauty and self-worth by challenging the social convention of greeting one another by complementing appearance and instead focus on asking about interests, activities or work.

#### **1.4.4 How does the Church seek to help those affected by disordered eating?**

There is also the question of whether disordered eating is a 'hidden problem' within the Christian community in the sense of not being openly spoken about. The sense of shame felt by many sufferers and the secretive nature of anorexia nervosa and bulimia nervosa leave many sufferers and their families isolated and silenced. How the Church may become a safe and supportive place where those with eating disorders find help, and hope rather than condemnation and rejection, is a challenge to be addressed.

#### **1.4.5 How might disordered eating among Christians affect their participation in the Church as the Body of Christ?**

Far reaching questions extending beyond immediate food practice include the consideration of whether the age, class and gender profile of those with eating disorders coincides with the next generation of female<sup>45</sup> Christian leaders, hindering their participation in the Body of Christ. An examination of history identifies a number of periods where extreme restriction of food, particularly by women, was venerated in the life of the Church. This raises the question of whether disordered eating is a new problem or an old problem manifested in a new way.

#### **1.4.6 Is the Church part of the problem or part of the solution?**

Discussions surrounding the subject of Christianity and eating disorders will often raise the subject of asceticism and suggest that the Church may be part of the problem rather than the solution.

Whether there is historical precedent for eating disorders in the life of the Church is explored in chapter 2. This thesis argues that the Church can be part of overcoming eating disorders and whilst it is a work of theology it raises a number of issues which empirical experience has a bearing on. It

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<sup>45</sup> Whilst disordered eating affects both men and women, it is acknowledged that women are disproportionately affected by anorexia and bulimia nervosa with their socially debilitating consequences. (B-eat, <http://www.b-eat.co.uk/Home/PressMediaInformation/Somestatistics> (30th October 2010)).

is not possible to assess here whether the benefits argued for in this thesis are borne out in practice, but it would be the work of future research to test such claims.<sup>46</sup>

## 1.5 Mapping the way forward

In setting forth these questions at this introductory stage, beginning with the theological rather than medical issues, this thesis takes an approach which asks: with regard to eating disorders, what if the Body of Christ set the agenda? This involves an intentional raising of the theological questions above, prior to exploring the medical research on disordered eating, rather than having the medical issues determine the course of the thesis.

In addressing the questions via the methods referred to below, Chapter 2 of the thesis argues for an overall account of disordered eating as a ‘biopsychosocial phenomenon of multifactorial causes’. This is based on the research of clinicians in physiology and psychology as well as the observations of sociologists and anthropologists. It is an acknowledgement that the aspects of disordered eating affect the individual as a biological and psychological affliction but happen within the context of familial and cultural influences. It is argued that the Church’s practices may have a simple but profound witness in being distinctive in relation to the prevailing culture, thus addressing the wider context, but may also form a pattern of life sustaining to the individual.

In the light of this, Chapter 3 sets forth the methodology pursued in the thesis, arguing that an approach based on practices of the Church addresses inadequacies in current Church responses to disordered eating and allows for a richer theological engagement with the issue.

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<sup>46</sup> It would be possible to conduct empirical research into whether participation in a small group which practices confessing and accountability reduces the frequency of bingeing those suffering from bulimia nervosa. The benefits argued for in the chapter on Baptism and Eucharist could be tested by a study on body image dissatisfaction to see whether practices undertaken as the Church help people assess their value less by their appearance and more by other factors.

The thesis then moves to consider particular practices of the Church, beginning with the shaping and forming of Christian identity through the practices of Baptism and Eucharist in Chapter 4. The impact on the identity of the individual body as it participates in the Body of Christ is discussed, suggesting that this may have a potentially liberating effect on those whose identity, body image and eating is distorted. It is not insignificant that disordered eating has become more common at a time when communities have broken down and pressure on individuals to 'achieve' has increased. The argument that the Church provides a loving and supportive community which looks beyond individual achievement or appearance is advanced as a contribution the Church can make to those vulnerable to developing eating disorders.

The chapter continues by examining the central act of the Church's worship – eating and drinking at the Eucharist. The later part of the chapter considers what significance the Eucharist has for disordered eating where the practice of eating and drinking, literally consuming belief, is central to faith and shaping identity.

The forming of character through the practice of confessing and accountability is explored in Chapter 5. The first section identifies the biblical origins of confessing and also the exhortation to be accountable to other believers. The significance of the Church as a place for openness, sharing, confessing and accountability is articulated and affirmed. Confession is explored in the broader sense of 'speaking out' rather than the narrower focus of telling another of one's sins. It is argued that in contrast with the individualism and isolation of much of contemporary society, mutual accountability within the Church enables a rediscovery of community as a place to be real and to be formed, to be loved and forgiven despite failings, and it holds out the hope of transformation and redemption.

Ironically, the importance of mutual accountability has been harnessed by those outside the Church whilst many within the Church have neglected it. Groups promoted by the dieting industry, such as Weight Watchers, operate on a group model not unlike the early Methodist class meetings.

Those groups seeking to help others recover from disordered eating also focus on mutual accountability. This section considers the case study of a twelve-step eating disorder group in the USA modelling a rediscovery of accountability as a way to combat disordered eating. It is argued that this may be one of the practical ways in which the Church can respond to the challenge of disordered eating.

The three chapters focussing on key practices are supplemented by a further chapter addressing the themes of perfection and perfectionism. It is acknowledged that whilst these are not single practices, they are attitudes and aspirations which permeate the preceding discussion and can be manifest through a variety of practices. Throughout its history the Church has both embraced and rejected the pursuit of what has been described as Christian perfection or holiness, and this is of course a central theme in Methodism. This chapter considers the biblical and historical precedents for 'Christian perfection', what a rediscovery of it today may look like and what relevance it has to disordered eating.

This is considered in the knowledge that one of the strongest drives of the anorectic is the quest for perfection. Often extreme restriction of food through dieting can be perceived as a means to the perfect body or, in the mind of the anorectic, not eating becomes an exhibition of perfect self control. This section of the thesis also considers the pressure, particularly felt by many women, to achieve unattainable physical perfection. I argue that a return to living and speaking of the grace of God offers a hope which extends beyond a 'works righteousness' perfectionism based on perfect self-control, perfect eating or perfect body shape.

In this thesis therefore I propose an approach which engages theologically with the issues raised by eating disorders and considers the practical implications for how the Church responds. This thesis takes the view that the Church striving to develop new ideas to address disordered eating is less significant a contribution than a re-engagement with existing Christian practices. Such practices

form the character of those who participate in them by creating a way of being which is determined by different values from the prevailing culture.

## 1.6 Methodology

Having established the grounds for examining disordered eating, the next question is one of methodology regarding how the Church identifies the issues raised by disordered eating. The consideration of theological approach is implicit in the structure of the thesis. This introduction begins with the theological questions and the purpose and call of the church, looking to what a Christian ethic might look like. This is the setting of context and all questions which follow are framed within this overarching understanding.

### 1.6.1 Wesleyan Pragmatism and the Pastoral Cycle

As someone located within Methodism, my denominational heritage contains within it certain emphases which work their way through the thesis in both the practices examined but also in the methods used to undertake the research. Though much of John Wesley's theology was underpinned by his formal theological studies at Oxford, it was in his pragmatic theology directed at addressing an evolving movement with new issues and questions that he became notable. In a similar vein, this thesis looks to the practical theological tool of the pastoral cycle<sup>47</sup> as an overarching structure for the thesis, but not its detailed methodology. As with Wesley, the underlying concern is how, in responding to this issue, the church may be more fully equipped to reflect Christ, nurture disciples and live out its mission in acts of mercy and piety.

The choice of the pastoral cycle as methodological tool is influenced by the capacity it has to 'relate faith (or doctrine) with practice (or life) and to do so in ways that are relevant and useful'.<sup>48</sup>

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<sup>47</sup> Paul Ballard and John Pritchard, *Practical Theology in Action* (London: SPCK, 1996).

<sup>48</sup> Emmanuel Lartey, 'Practical Theology as a Theological Form', in David Willows and John Swinton, *Spiritual Dimensions of Pastoral Care: Practical Theology in a Multidisciplinary Context* (London: Jessica Kingsley, 2000). 72.

In dealing with the practical impact of disordered eating, a methodology which moves from experience to an analysis of that experience, and then to theological praxis is an obvious and fitting choice.

Other methodologies which also integrate reflexive practice and theology such as the ‘see, judge, act’ model pioneered by Cardinal Joseph Cardijn<sup>49</sup> were considered as means by which this subject might be addressed. It was however the scope within the pastoral cycle to bring experience, theology and analysis together that most suited to my approach to the issue. Within the model of the pastoral cycle itself, a number of variations have been proposed, each taking a slightly different approach.<sup>50</sup> The model used as the overarching methodology for this thesis is a pastoral cycle which involves; immersion/experience, exploration/analysis, theological reflection, response/pastoral planning.<sup>51</sup> In a departure from a strict application of the four stages my approach integrates the theology and response within an understanding of ‘practices’, which will be explored further in chapter 3. The practices themselves are both the theology and the response, so rather than considering eucharistic theology and concluding that in response the Church should share bread and wine, it is in the sharing of bread and wine that the theology of eucharist is declared and enacted.

This introductory chapter has already raised the issue of disordered eating and begun asking questions about how it is experienced and how it may be understood. This marks the insertion point into the cycle, beginning with the issue as it is encountered. The second chapter marks a transition to multi-disciplinary analysis, wrestling with the questions surrounding the amount of influence given to each discipline and the extent to which each discipline is appropriate in analysing the issue. It is in this second chapter that disordered eating is defined in such a way to be able to move on to relate it to practices of the Church.

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<sup>49</sup> See Graham, Walton and Ward, *Theological Reflection: Methods*, 183.

<sup>50</sup> Lartey, ‘Practical Theology as a Theological Form’, gives three variations.

<sup>51</sup> See either Lartey, ‘Practical Theology as a Theological Form’, 73, or Graham, Walton and Ward, *Theological Reflection: Methods*, 188, for a visual representation of the cycle.

Chapter 3 explores the methodology employed in later chapters. It considers current Church approaches to the issue of disordered eating and having noted their strengths and weaknesses argues for a methodology based upon ecclesial practices. Particular questions surrounding the choice, content and theological approach to these practices are addressed within Chapter 3.

The main body of the thesis, Chapters 4 to 6, are what may be termed ‘theological reflection’ as the relationship between the issue of disordered eating, as defined in Chapter 2, and theology is explored. Within the overarching methodology of the pastoral cycle, the methods of canonical narrative engagement with scripture and attention to practices of the church are used within the theological reflection element of the thesis; these are more fully articulated below.

Chapter 6 marks a transition point between the move from theological reflection to ‘outcome’ or ‘responsive action’, though within each chapter the focus on practices leads to an ‘outcome’ as the chapter conclusion. In drawing together the tendency for the practices discussed in the preceding chapters to collapse into perfectionism or ‘works-righteousness’ this chapter becomes a bridge in the structure of the thesis between theology and outcomes, seeking to temper a mechanistic link between ‘issue’ and ‘solution’. The exploration of the call to ‘perfect love’ or ‘holiness’ in Chapter 6 emphasises the significance of grace. The effect of this upon the structure of the thesis is to prevent it from suggesting that a simple rediscovery of particular practices will automatically result in the outcomes which appear in the concluding chapter. It is hoped that in passing through this transitional stage on the cycle that the outcomes proposed in the concluding chapter (ch. 7) may not appear as a series of disjointed actions but a genuine step on the way to the Church becoming what it is called to be, with particular reference to relating to disordered eating.

### 1.6.2 Other Methodologies – Observational Ethnography

Within particular chapters and sections there will be reference to non-theological methodologies,<sup>52</sup> whilst the empirical work on accountability and Church community will combine both observational ethnography and narrative reporting of interviews conducted. This is most particularly the case in Chapter 5, the case study of a 12 Step eating disorder group in the USA who are rediscovering accountability as a way to combat disordered eating.<sup>53</sup>

## 1.7 Conclusion

The Church cannot ignore disordered eating or pass it off as a fad or a minority interest. Within western culture which is exposed to particular images of ‘beauty’, disordered eating has become a firmly established phenomenon, crossing generational<sup>54</sup> and social class boundaries.<sup>55</sup> Instead the Church must engage with the fact that to be the Church is to live in a way which challenges those powers within the culture which drive disordered eating in its various and complex forms and witnesses to the narrative of a God who offers redemption and hope.

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<sup>52</sup> Such as the questionnaire- based and interview- based research of much of the psychological literature reviewed in Chapter 2.

<sup>53</sup> Details of the context and conducting of this particular element of research are contained within the exploration of methodology in chapter 3 and in relation to the subject of perfection in Chapter 6.

<sup>54</sup> See increase in geriatric anorexia which is attributed to different causes to the form of anorexia nervosa affecting younger people. ‘Website of B-eat, (formerly the Eating Disorder Association)’ <http://www.b-eat.co.uk/Home/PressMediaInformation/Somestatistics> (30th October 2010).

<sup>55</sup> For an increase in non-middle-class anorexia, see Maisie C. E. Gard and Chris P. Freeman, ‘The Dismantling of a Myth: A Review of Eating Disorders and Socioeconomic Status’, *International Journal of Eating Disorders* 20, no. 1 (1996), 1–12.

# Chapter 2

## What are Eating Disorders?

‘Eating disorders are of great interest to the public, of perplexity to researchers, and a challenge to clinicians’.<sup>1</sup>

### 2.0 Introduction

The purpose of this chapter is to explore the nature and origins of eating disorders from the point of view of medical, sociological, psychological and cultural studies. In order to engage theologically with the issue of disordered eating it is necessary to do so in an informed and credible way and to this end, the research of those working in the field of eating disorders will be examined and evaluated. This chapter will establish the definitions of and understandings about disordered eating upon which the rest of the thesis will proceed.

The nature of eating disorders is such that they have been discussed in the academic disciplines of medicine (including physiology,<sup>2</sup> neurobiology and pharmacology<sup>3</sup>), sociology, philosophy,<sup>4</sup> anthropology, feminist theory, and psychology. The multifaceted nature of eating disorders has also generated much research that is multi-disciplinary in approach.

This chapter aims to identify the primary sources and major issues in this field and give attention to key theories, concepts and ideas at work within the discussions as they occur outside theological discourse. There will be reference to the central questions around which the debate is structured and a tracing of the origins of the field and attention to changing definitions within it.

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<sup>1</sup> Christopher G. Fairburn and Paul J. Harrison, ‘Eating Disorders’, *The Lancet* 361 (2003), 407-416.

<sup>2</sup> Diane Alix Klein and B. Timothy Walsh, ‘Eating Disorders: Clinical Features and Pathophysiology’, *Physiology & Behavior* 81, (2004), 359-74.

<sup>3</sup> Claire Advokat and Vesna Kutlesic, ‘Pharmacotherapy of the Eating Disorders: A Commentary’, *Neuroscience & Biobehavioral Reviews* 19, (1995), 59-66.

<sup>4</sup> Susan Bordo, *Unbearable Weight* (Los Angeles: University of California Press, 2<sup>nd</sup> ed. 2003).

The approach taken is to work through hypotheses suggested in various disciplines about what eating disorders are, taking theories in a broadly historical development. This necessitates initially treating anorexia nervosa, bulimia nervosa and atypical eating disorders (including Binge Eating Disorder) as separate entities, due to the historical emergence of their differing diagnoses. The first part of the chapter considers anorexia nervosa and the questions surrounding its definition and diagnosis. Reference will also be made to assertions made regarding its aetiology. A second section will chart the emergence of bulimia nervosa as a separate and distinct entity within the spectrum of eating disorders. This will consider how the literature on anorexia nervosa and bulimia nervosa altered from the late 1970s to the present day as a new definition and a new disorder became accepted. The third part of the chapter will discuss the most recent development of atypical eating disorders<sup>5</sup> and the difficulties expressed in the literature surrounding redrawing the boundaries of eating disorders once again to account for new classification. Also within this latter section will be reference to diagnoses of Binge Eating Disorder and attention to the debate around ‘disordered eating’ which includes sub-clinical cases.

Within the literature, the dominant perspective is that of psychology, for historically it was physicians specialising in the area which later emerged as psychology who claim to have ‘discovered’ eating disorders. Whether they ‘discovered’ eating disorders or merely medicalised something which had not previously been categorised in medical terms is one of the issues commonly discussed in the sociology of psychology.<sup>6</sup> As will be more fully discussed later, the early medical accounts of eating disorders are closely linked with cases of hysteria<sup>7</sup> and agoraphobia where problems of the mind manifested themselves in physiological symptoms.<sup>8</sup> From

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<sup>5</sup> Referred to as ‘Eating Disorders - Not Otherwise Specified’ in American literature. See American Psychiatric Association (APA), *Diagnostic and Statistical Manual of Mental Disorders* (4<sup>th</sup> ed.) (Washington DC: APA, 1994).

<sup>6</sup> Joan Jacobs Brumberg, *Fasting Girls* (New York: Vintage Books, 2000), 45.

<sup>7</sup> Stephen Mackenzie, ‘On a Case of Anorexia Nervosa vel Hysterica’, *The Lancet* 131, no. 3370, 613.

<sup>8</sup> C.H. Lasègue, ‘On Hysterical Anorexia’, *Medical Times and Gazette* 2 (1873b), 265- 6.

earliest times questions of aetiology, diagnosis and treatment have been prominent in the debate around eating disorders and these themes are consistent throughout the psychological literature.

Before exploring the content and boundaries of the eating disorders discussed in this chapter, the use of terminology needs to be established. ‘Anorexia nervosa’ will be used to refer to the condition which results in restrictive eating causing body mass being reduced to levels which impair normal bodily functioning.<sup>9</sup> ‘Bulimia nervosa’ will be used to refer to the cases where a person purges themselves of the food they have eaten; it will be treated as distinct from binge eating disorder, where food is not subsequently purged. It should be recognised at this stage that the behaviour of purging which is used as one of the key criteria to differentiate bulimia nervosa from anorexia nervosa, can also be part of a diagnosis of anorexia nervosa.<sup>10</sup> The high rates of ‘crossover’ between anorexia nervosa and bulimia nervosa as currently defined has cast doubt on the usefulness of the current diagnostic criteria to accurately reflect the clinical picture, which is not as clear cut as the distinction above suggests.<sup>11</sup>

A third category encapsulating eating behaviours not otherwise specified, clinically falls under the heading of EDNOS.<sup>12</sup> All the above mentioned disorders will be referred to under the generic term ‘eating disorders’ throughout the thesis, which I use to denote all the clinically identified disorders above. Also included in this definition of ‘eating disorders’ are ‘orthorexia’, an obsession with eating only ‘right’ foods, and compulsive eating. Whilst elements of excessive exercise can also be found in anorexia nervosa and other disorders related to body image, they will not be addressed within the scope of this thesis, which concerns itself with behaviours to do with eating. Throughout this thesis, unless otherwise specified, the term ‘disordered eating’ will be used as a broader term than ‘eating disorders’. Whereas ‘eating disorders’ will refer to clinically defined behaviour,

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<sup>9</sup> A definition in line with *DSM IV*, although difficulties with defining anorexia will be discussed more fully below.

<sup>10</sup> See Anorexia nervosa (purging type) diagnostic criteria at section 2.1.3.5.

<sup>11</sup> Kamryn T. Eddy, David J. Dorer, Debra L. Franko, Kavita Tahilani, Heather Thompson-Brenner, David B. Herzog, ‘Diagnostic Crossover in Anorexia Nervosa and Bulimia Nervosa: Implications for DSM-V’, *American Journal of Psychiatry* 165 no.2 (2008), 245-50.

<sup>12</sup> American Psychiatric Association *DSM IV*.

‘disordered eating’ will refer to both clinically defined eating disorders and sub-clinical behaviours, such as constant or yo-yo dieting.

## 2.1 Defining anorexia nervosa

### 2.1.1 Introduction

The classification of anorexia nervosa has passed through several phases. In this century, these phases have progressed from the view that the disorder was either entirely a form of pituitary disease or a non-specific variant of many other psychiatric disorders to the more current view that it is a specific syndrome with core clinical features that distinguish it from other states.<sup>13</sup>

Since the end of the nineteenth century when anorexia nervosa was identified as disease within the classification of modern medicine and named “anorexia nervosa”, confusion and debate have surrounded attempts to understand it.

Perhaps the most pressing consideration is why a person would reject food, even to the point of death. That a person continually and wilfully refuses food until their body becomes emaciated and their organs begin to fail is one of the most desperate and illogical aspects of anorexia nervosa. The desire to understand what is happening and thus be able to help reverse this process is one of the driving forces behind clinical research, and also one of the motivating factors of this thesis, which seeks to help those within the Church make a positive difference to those suffering from disordered eating.

A second perplexing factor has been the fact that eating disorders have been so much more common in females than males. Why this is so continues to be a matter of debate and will be discussed more fully below.

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<sup>13</sup> Paul E. Garfinkel, ‘Classification and Diagnosis of Eating Disorders’ in Kelly D. Brownell and Christopher G. Fairburn (eds.), *Eating Disorders and Obesity – A Comprehensive Handbook* (New York: Guilford Press, 1995).

Why disordered eating manifests itself in particular eras and in particular cultures is another factor which is debated, particularly among those addressing the issues from a sociological and historical perspective. The cultural issues which may or may not influence whether eating becomes disordered to the extent that functioning is inhibited will be raised and discussed below.

The task of this chapter involves identifying which disciplines should be used to interpret the behaviours termed “anorexia nervosa” and justifying the grounds on which their insights are considered authoritative. In doing so the chapter will establish the extent to which disordered eating can truly be said to be an individual mental disorder, a symptom of dysfunctional family life, a product of cultural pressure to look and behave a certain way, a rejection of the accepted norms of society, or a genetically predisposed illness.

The following paragraphs focus on the definition of anorexia nervosa, whilst bulimia nervosa is considered subsequently as a separate entity. This can be justified from the historical perspective that bulimia nervosa has only emerged in the medical literature as a separate entity since the nineteen-eighties. Additionally, this also has the benefit of reflecting current medical practice in diagnosis and recognises significant differences between anorexia nervosa and bulimia nervosa whilst acknowledging their close relationship within the broader context of eating disorders as a whole. Treatment of anorexia nervosa will not be explicitly addressed below even though there is much debate about what constitutes appropriate and effective treatment. However we should recognise at the outset that views on treatment depend heavily upon the answer to the question “what is anorexia nervosa?”, for different diagnoses have produced widely varying treatments.<sup>14</sup>

Despite the popular perception that it is not difficult to tell whether a person has anorexia nervosa, either because they are “too thin” or “hardly eat anything”, defining anorexia nervosa is more

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<sup>14</sup> See Kelly D. Brownell and Christopher G. Fairburn (eds.), *Eating Disorders and Obesity*, 289-374, for discussion of a range of approaches.

complex than first appearances suggest. It begins with the question of whose definition is accepted as authoritative. Each discipline which has sought to define and interpret the behaviours we term “anorexia nervosa” has done so within its own framework of understanding. The following discussion will consider the ways in which physicians, psychologists, sociologists, feminists and historians have approached the question “what is anorexia nervosa?”, where the points of convergence in understanding lie, and how the differences affect our view of a phenomenon which is still not fully understood.<sup>15</sup>

### **2.1.2 Anorexia nervosa as a contested notion**

Before attempting to come to an understanding of “anorexia nervosa” with which to work, it is worth stating that it is an essentially contested notion.<sup>16</sup> The dependence of the definition upon our understandings of disease, which are themselves contested, creates a problem when trying to answer the question “what is anorexia nervosa?”.

The debate about what constitutes a disease becomes particularly relevant in this context.<sup>17</sup> Anorexia nervosa exists in psychology and medicine as a disorder.<sup>18</sup> It has been classified by some as a disease using the *clinical-descriptive* or *syndromal* model where there are “a combination of signs and symptoms observed to occur together so frequently and so characteristically as to constitute a recognizable and typical clinical picture”.<sup>19</sup> The diagnostic criteria explored in section 2.1.3.5 of this thesis are an example of this model, seeking to identify the commonly occurring symptoms and signs which indicate the presence of anorexia nervosa.

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<sup>15</sup> A.W. Clare, ‘The Disease Concept in Psychiatry’, in Robin M. Murray, Peter Hill and Peter McGuffin, *The Essentials of Postgraduate Psychiatry* (Cambridge: Cambridge University Press, 3<sup>rd</sup> ed. 1997), 41.

<sup>16</sup> See W. B. Gallie, ‘Essentially Contested Concepts’ *Proceedings of the Aristotelian Society* 56 (1956), 167-198. Gallie identifies how concepts such as ‘art’ or ‘democracy’ are subject to ‘endless disputes about their proper use on the part of their users’, and I argue in the following sections that the same is true of the term ‘anorexia’.

<sup>17</sup> See Clare, ‘The Disease Concept’.

<sup>18</sup> See diagnostic classifications discussed at 2.3.5.1.2.

<sup>19</sup> Clare, ‘The Disease Concept’, 42.

A more difficult enterprise is classifying anorexia nervosa as a disease when using the *disease-as-lesion* model, where disease is understood as an abnormality<sup>20</sup> differing from the usual pattern. As Anthony Clare observes, this model of articulating disease becomes problematic when there is no clear dividing line between variation within ‘normal’ boundaries and that which is ‘abnormal’.<sup>21</sup> The *disease-as-lesion* model cannot determine whether anorexia nervosa or obesity are diseases as there is no means of defining the point on the spectrum at which weight ceases to be ‘normal’ and becomes ‘abnormal’. The greater problem in trying to define anorexia nervosa as a disease under the *disease-as-lesion* model is the absence of any ‘lesion’ or underlying physical pathology. This is not problematic if the psychologically abnormal refusal to eat in anorexia nervosa can be attributed to chemical or physiological changes occurring in the body due to lack of food, or as was once thought, pituitary deficiency. Classifying anorexia nervosa as a disease under this model becomes more difficult if the psychological fear of eating precedes any physical change or abnormality. The medical response in such circumstances is a drive to discover a pathological abnormality which can then be identified as the ‘disease’ which causes abnormal mental states. The psychological symptoms are therefore not seen as disease themselves but “epiphenomena of underlying physical disturbances”<sup>22</sup>.

The use of the statistical model of disease, where deviation from normal is the criterion for disease, incorporates the anorectic as one who refuses to maintain “normal” body weight. The subjective nature of what constitutes ‘normal’ body weight is recognised by Orbach,<sup>23</sup> noting how the boundaries of ‘normal’ are liable to change from decade to decade and country to country. This raises the issue of cultural and social influences as determinants of what is deemed desirable or acceptable and what is not. What may have been considered abnormal a generation ago may now be considered normal, or vice versa, with the consequence that our view of what constitutes a disease changes over time.

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<sup>20</sup> The abnormality is usually understood as having an established organic pathology.

<sup>21</sup> Clare, ‘The Disease Concept’, 43.

<sup>22</sup> Clare, ‘The Disease Concept’, 44.

<sup>23</sup> Orbach, *Bodies*, 15 - 16.

There are however those who contest the view that anorexia nervosa is a disease and see it rather as a social construction.<sup>24</sup> The assertion that disease as a concept, and mental disease in particular, ‘permits a bewildering number of interpretations... [and] ...seems inordinately sensitive to personal, social and political influence’<sup>25</sup> will be discussed further in later sections, which consider the possibility that anorexia nervosa may not be a disease but a response to patriarchy.<sup>26</sup>

Another problem in defining anorexia nervosa is that each discipline has its own understanding of the causes of anorexia nervosa and reference to these causes in turn shapes what constitutes “anorexia nervosa” for the purposes of discussion within that field. Literature in one field may refer to “anorexia nervosa” as wholly distinct from “bulimia nervosa”<sup>27</sup> whereas in a different field anorexia nervosa and bulimia nervosa may be treated as part of the same phenomenon and concept. In much sociological and feminist literature concerned with aetiology there is a greater likelihood of broader categorisation, combining anorexia nervosa, bulimia nervosa and binge eating disorder under the banner of ‘eating disorders’ as a psychosocial phenomenon. Within some interpretations bulimia nervosa is considered, not as synonymous with, but as a feature of anorexia nervosa. Other professionals, even within the same discipline, may treat anorexia nervosa and bulimia nervosa as discrete entities with different causal factors.<sup>28</sup>

The first section of this chapter traces the historical development of anorexia nervosa from the earliest medical definition of particular behaviours as “anorexia nervosa” to the current medical scene. Later sections will discuss the ways in which anorexia nervosa has been perceived in terms

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<sup>24</sup> Julie Hepworth, *The Social Construction of Anorexia Nervosa* (London: Sage 1999); Sharlene Hesse-Biber, *Am I Thin Enough Yet?* (New York: Oxford University Press, 1996).

<sup>25</sup> Clare, ‘The Disease Concept’, 41.

<sup>26</sup> See sections 2.1.7 and 2.1.8, particularly the debate surrounding fasting female saints and whether their inedia was a disease or theology.

<sup>27</sup> For example, medical texts concerned with treating eating disorders separate anorexia nervosa and bulimia nervosa as requiring different types of treatment.

<sup>28</sup> Recent definitions of anorexia have separated it into restricting-type and bingeing-type. Though bingeing-type anorexia may appear to be bulimia, most definitions distinguish them on the basis that binge-type anorexia is often a lapse from rigorous restriction of calorie intake (i.e. restricting-type anorexia) whereas bulimia nervosa involves a recurring pattern of bingeing and purging.

of non-medical understanding. These include the criteria of definition which are not related to physical or psychological symptoms but which address by means of statistical definition the “anorexic type”. Many of these long-held presumptions are now being challenged, resulting in a lack of confidence in the more established definitions and an ongoing redefinition in response to the question “what is anorexia nervosa?” The discussion of non-medical interpretations of anorexia nervosa will look briefly at the wider context of the phenomenon termed “anorexia nervosa”. It will consider the socio-historical understanding of food, eating, identity, self-control and power, themes prevalent across all disciplines discussing anorexia nervosa. Attention will be given to whether anorexia nervosa existed before the modern medical definition and was synonymous with the eating/non-eating patterns of medieval ascetics as well as a consideration of the literature on the contemporary situation of women, society, food and what Sharlene Hesse-Biber terms “The Cult of Thinness”.<sup>29</sup>

The solution proposed in this thesis to the contested nature of anorexia nervosa and other forms of disordered eating is to appeal to a concept of ‘family resemblance’. The eating disorders which are clinically defined share a number of features which bring them within the categorisation of ‘eating disorders’. These ‘family resemblances’ include such things as the sufferer’s attitude toward food, the preoccupations of the sufferer surrounding weight and body image and particular behaviours such as restricting, bingeing and purging. This gives recognition to the similarities which exist in the context, pattern and interpretations of disordered eating, whilst allowing for different strands of individual disorders to be taken into account. In this way it is possible to acknowledge, for example, the common theme of control existing within anorexia nervosa and binge eating disorder but give credence to the very different ways in which it is expressed within each disorder.

This thesis argues that the family of disorders, termed ‘eating disorders’<sup>30</sup> are a medical categorisation of what is actually a biopsychosocial phenomenon of multifactorial origins. In this

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<sup>29</sup> Hesse-Biber, *Am I Thin Enough Yet?*.

<sup>30</sup> See above.

way I endeavour to establish that there is necessarily a biological element to disordered eating, due to physiological changes which occur when non-eating or excessive eating take place. The possibilities of there being a genetic predisposition toward developing an eating disorder is the subject of research which is in its infancy upon which I wish to keep an open mind. The psychological element of disordered eating is well documented and it is argued that the thought processes underlying disordered eating are an essential component of the variety of disorders explored. However we also need to recognise that there is a cultural context to disordered eating and the argument that there is a social aspect to disordered eating recognises the cultural context in which eating disorders appear to develop, taking on some of the observations made by sociologists and feminist writers.

### **2.1.3 Anorexia nervosa as a medical condition**

Having acknowledged the variety of factors which influence disordered eating, I will argue that disordered eating deserves to be recognised as a medical condition. This is not only because historically it has been defined as such, but because the impact of anorexia nervosa, bulimia nervosa or other disordered eating strikes at the biological functioning of the body with which medical science concerns itself.

#### 2.1.3.1 Historical medical origin

The origin of anorexia nervosa is a subject of great debate among historians<sup>31</sup> and will be addressed in relation to social and religious history in a later in this chapter.<sup>32</sup> In the psychological and biomedical literature, it is Richard Morton who is credited as the first to identify and describe anorexia nervosa in his published work of 1689.<sup>34</sup> His identification of physiological symptoms of extreme thinness, amenorrhoea and failure to eat, combined with the psychological features of ‘a

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<sup>31</sup>Joan Jacobs Brumberg, *Fasting Girls* (New York: Vintage Books, 2000); Rudolph Bell, *Holy Anorexia* (London: University of Chicago Press, 1985); W. Ll. Parry-Jones, ‘Archival Exploration of Anorexia Nervosa’, *Journal of Psychiatric Research*, 19 (1985), 95.

<sup>32</sup> Section 2.1.8.

<sup>34</sup> Richard Morton, *Phthisiologia, seu Exercitationes, de Phithisi* (London: Smith, 1689).

multitude of Cares and Passions of [the] Mind...'<sup>35</sup> qualify him, in the opinion of Silverman, as the first medical classifier of anorexia nervosa.<sup>36</sup> Though most histories of anorexia nervosa give a passing reference to Morton, the levels of seriousness with which his diagnosis is treated differ. His patient appears to be an isolated case and though the symptoms are consistent with contemporary anorexia nervosa there are some who would dispute the validity of his classification. One reason for this is an aversion to the methodology of correlating what we now call anorexia nervosa with a seventeenth century case, seemingly overlaying a contemporary concept upon earlier medicine. Others would disregard Morton's diagnosis on the basis that a specific component of anorexia nervosa is its existence in societies influenced by particular cultural features.<sup>37</sup>

If anorexia nervosa is a culture-bound syndrome, as many authors suggest,<sup>38</sup> then its appearance in 1689 is problematic. Either the Morton case is not anorexia nervosa because it does not fit the diagnostic criteria in terms of cultural location, or the assumptions about situations where anorexia nervosa occurs need to be re-evaluated. In defence of Morton, Silverman notes that the circumstances in which Morton made his diagnosis were extremely primitive in comparison to the resources available to contemporary science. Despite this, Silverman claims, Morton identified anorexia nervosa, a disease which has 'confounded physicians for 300 years' and 'has also reached epidemic proportions as the 20<sup>th</sup> century draws to a close'.<sup>39</sup> Silverman's inference is that Morton should be applauded for his observations and for laying foundations for later discoveries, not criticised in the light of modern psychology. In agreement with Silverman, I concur that the seventeenth century physician cannot possibly be expected to have interpreted symptoms in the same way as they would be today, but it is reasonable to suppose that the identification of the

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<sup>35</sup> R. Morton, *Phthisiologia: or a Treatise of Consumptions*, (London: Smith and Walford, 1694), 8-9, quoted in J. A. Silverman, 'Richard Morton, 1637 – 1698, Limner of Anorexia Nervosa: His Life and Times', *Journal of Psychiatric Research* 19 (1985), 83.

<sup>36</sup> J. A. Silverman, 'Richard Morton', 83.

<sup>37</sup> Joan Jacobs Brumberg, *Fasting Girls*, 44.

<sup>38</sup> Joan Jacobs Brumberg, *Fasting Girls*. See the later discussion on relationship between culture and individual psychopathology.

<sup>39</sup> J. A. Silverman, 'Richard Morton', 87.

behaviours Morton encountered sets the precedent for acknowledging disordered eating as a matter of medical concern.

The debate about Morton brings into focus the debate surrounding the extent to which anorexia nervosa is culturally conditioned. Two opposing extremes exist. One states that anorexia nervosa is entirely confined to oppressive patriarchal cultures which aggressively promote thin ideals of female beauty or which give women no other means of achievement than self-starvation. The other approach suggests there are reasons for anorexia nervosa which exist regardless of the culture and that there is a universal element to the disease which means it can occur in any place in any era. My own view is that between these extremes lies a way which recognises the ways in which anorexia nervosa may be culturally determined but also the possibility that the symptoms associated with anorexia nervosa may arise in other eras and contexts. I acknowledge that particular cultural influences may create conditions for anorexia nervosa to flourish, and in some circumstances the cultural pressure promotes disordered eating. This may account for the apparent increase of people suffering from anorexia nervosa in twenty-first century societies exposed to particular ideals and images of beauty. This is tempered by the understanding that there may be a more universal element to anorexia nervosa. Consideration given to the behaviours of some women, including the one examined by Richard Morton, suggests that food restriction may become a response to a given situation in any era, regardless of cultural pressure to be slim.

The next phase in the historical literature from a psychological perspective is a medical reading of the cases of famous fasting women from the sixteenth to nineteenth centuries.<sup>40</sup> W. L. Parry-Jones identified that in these accounts ‘a typical anorexic picture is revealed in only a small number’<sup>41</sup> which is consistent with the interpretation of Joan Jacobs Brumberg who charts this period as the transition from ‘sainthood to patienthood’.<sup>42</sup> Once again the question is raised about the historicity

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<sup>40</sup> W. L. Parry-Jones, ‘Archival exploration of Anorexia Nervosa’, *Journal of Psychiatric Research*, 19 (1985), 95.

<sup>41</sup> Parry-Jones, ‘Archival exploration of Anorexia Nervosa’, 95.

<sup>42</sup> Brumberg, *Fasting Girls*, 43.

of a culture-bound syndrome, when the era of eating disorders began and whether interpretation of particular cultural phenomena has a bearing on diagnosis or emergence of a disorder.

### 2.1.3.2 Modern medical origin

Regardless of the debate about Morton and the intervening period of nearly two hundred years, the majority view is that the first significant scientific research on anorexia nervosa was the concurrent but separate investigations of William Gull and Charles Lasègue. Lasègue was the first to publish his findings in 1873<sup>43</sup> though Gull had given a lecture on his cases in the same year and previously referred to the condition in 1868 as ‘hysterical apepsia’. It was Gull’s report in 1874 which originated the term ‘anorexia nervosa’ and his attributing of lack of appetite to ‘a morbid mental state’ led him to conclude:

I believe, therefore, that its origin is central and not peripheral. That mental states may destroy appetite is notorious, and it will be admitted that young women at the ages named [sic. adolescence] are specially obnoxious to mental perversity.<sup>44</sup>

In contrast Lasègue was more inclined to see the lack of appetite as peripheral.<sup>45</sup> Despite differing on what they emphasised, Gull and Lasègue believed that they were describing the same illness which affected adolescent girls whose symptoms were loss of appetite, amenorrhea, excessive exercise, slow pulse, emaciation, constipation and an absence of physiological cause. Their work, identifying anorexia nervosa as having a ‘core syndrome that distinguished it from other illnesses’<sup>46</sup> triggered much medical debate which resulted in consigning anorexia nervosa firmly to the realms of psychological rather than physiological enquiry.<sup>47</sup> Dwelling upon the historical origins of the psychological and medical literature when there is so much current material may not appear

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<sup>43</sup> C. H. Lasègue, ‘On Hysterical Anorexia’, *Medical Times and Gazette* 2 (1873), 265- 6.

<sup>44</sup> W. Gull in Hilde Bruch, *Eating Disorders*, 214.

<sup>45</sup> Lasègue, ‘On Hysterical Anorexia’.

<sup>46</sup> Parry-Jones, ‘Archival Exploration of Anorexia Nervosa’, 96

<sup>47</sup> *Ibid.*

relevant, yet I argue that many of the debates around the key questions of diagnosis and aetiology which are still happening to day have their roots in these early discussions.

Locating the origins of anorexia nervosa in the area of nervous disorders, many of which were termed “hysteria” and attributed to women, caused the medical profession to look to psychological causes and treatments for a “nervous lack of appetite”. Later research would determine that anorexia nervosa involved a suppression of appetite rather than a loss of it; hence the majority of the literature on anorexia nervosa acknowledges the misnomer of the diagnosis.

This discussion of the early exploration of anorexia nervosa has already identified the complex interrelationships between the psychological symptoms, the physical symptoms and the wider debate surrounding the influence of society or culture. My assertion that anorexia nervosa can properly be described as a biopsychosocial phenomenon of multifactorial origins traces this interconnectedness of body, mind and society back to the foundations of the medical investigation of anorexia nervosa. The research which built upon the work of Gull and Lasègue wrestled with the same issues, attempting to discover which could be described as the causal factor for the patient’s refusal to eat – physiology, psychology, or cultural influence.

#### 2.1.3.3 Psychology versus Physiology

The argument that disordered eating is a biopsychosocial phenomenon does not presuppose either that the biological factors cause the psychological reaction or the reverse. This has not always been the case as the quest for the cause of anorexia nervosa gained momentum.

The emphasis on psychological diagnosis and treatment changed in 1914 when M. Simmonds published an autopsy report suggesting anorexia nervosa was caused by hypopituitarism,<sup>48</sup> based on his treatment of a woman whose pituitary gland had been destroyed. For a time anorexia nervosa

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<sup>48</sup> Hypopituitarism is a condition where the pituitary gland fails to supply sufficient hormones to the rest of the body, resulting in many similar presenting symptoms to anorexia nervosa (such as fatigue, weight loss, dizziness, and physical weakness).

passed from the realms of psychology to a more simple physiological explanation. It appeared that there was a physiological origin to anorexia nervosa which then presented as a psychological disease. In some quarters the quest for a physiological cause for anorexia nervosa has continued to the present day, scrutinising every possible causal factor from head injury to hormonal imbalance. In fact, what has continually challenged medical classification of anorexia nervosa has been the complex interweaving of psychological and physiological dynamics resulting in an inability to comprehensively ascertain the extent to which physiological changes are the cause or effect of mental processes.

The physiological origin view began to wane during the 1930s when a growth in cases of anorexia nervosa was reported and attributed to “the spreading of the slimming fashion” and “the more emotional lives of the younger generation since the War” by psychiatrist John A. Ryle.<sup>49</sup> In 1949, Simmonds’ theory was superseded by the research of H. L. Sheehan and V. K. Summers which concluded that anorexia nervosa could not be attributed to pituitary deficiency.<sup>50</sup> What followed was a rejection of the purely physiological definition and a return to the psychological explanation.

Also focussing on the return to psychology were the psychoanalytic studies reviewed by Bruch which were heavily influenced by Freudian thought and attributed disturbed eating manifested in anorexia nervosa to a fear of oral impregnation.<sup>51</sup> These studies were prevalent from the 1930s and developed into the psychoanalytic thinking of the 1960s which located as its focus the relationship between parent and child, and most usually between mother and child.

The alternative psychological approach to the symptom of non-eating, which existed at a similar period to the psychoanalytic method, was to focus on the lifestyle of the patient, including the total personality. This involved considering the patient’s relationship with food being connected to their

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<sup>49</sup> John A. Ryle, ‘Discussion of Anorexia Nervosa’ *Proceedings of the Royal Society of Medicine* 32 (1939), 735-737.

<sup>50</sup> R. E. Kendell and A. K. Zeally (eds.), *Companion to Psychiatric Studies* (London: Churchill Livingstone, 3<sup>rd</sup> ed. 1983), 538.

<sup>51</sup> Bruch, *Eating Disorders*, 216.

feelings of ineffectiveness and lacking identity, rather than the psychoanalytical view of non-eating as a struggle against parent or sexuality. Whilst different psychological approaches were used in attempting to understand anorexia nervosa, the fact that there was a psychological dimension to the disease became firmly established.

The majority conclusion reached by twentieth-century medicine was that anorexia nervosa must be an illness of the mind, for it was not rational to refuse food to the extreme of emaciation for fear of becoming fat.

Since its modern medical classification by Gull and Lasègue, anorexia nervosa has never been far from psychological investigation. From its origins the key questions which have consistently emerged in the discipline of psychology are: What constitutes anorexia nervosa? How is it defined? What causes it? Is it physiological or psychological in origin? Are some groups of people more prone to develop it than others? How should treatment be administered? These questions have been refined and revisited in nearly every decade since the 1880's, yet the questions addressed in contemporary literature are surprisingly similar.

#### 2.1.3.4 Significant psychological developments – the work of Hilde Bruch

Possibly the most influential book about eating disorders written in the discipline of psychology has been *Eating Disorders* by the psychiatrist Hilde Bruch, published in 1973. Also the author of *The Golden Cage* and *Conversations with Anorexics*, she based her work on her experience of working with patients with anorexia nervosa over a period of nearly 40 years.

Interestingly, she devotes half the book *Eating Disorders* to obesity and half to anorexia nervosa, seeing them as two extremes of a scale of disordered eating, as maladaptive responses to hunger. Her approach differs from much of the current literature which prefers to treat anorexia nervosa and obesity as separate discrete entities, defined exclusively by diagnostic criteria. One reason evinced by Christopher Fairburn and Paul Harrison for not classifying binge eating disorder, a

contributory factor to obesity, as an eating disorder is because it affects a different group of people in terms of age profile and psychological profile from those who are prone to anorexia nervosa or bulimia nervosa.<sup>52</sup> Yet a simplification of Bruch's response to this is the suggestion that disordered eating can be a coping strategy for many different people and that may hinge around treating food as a friend or foe, one leading to anorexia nervosa, the other to binge eating and obesity.

Much of Bruch's work has influenced the literature which followed it and so it is necessary to spend some time on setting out her key ideas.

From the very beginning Bruch is explicit in recognising the complex and different meanings of food.<sup>53</sup> The scene is set for discussing behaviour which relates to a subject matter – food, whose significance or meaning cannot simply be assumed. Also within the contextualisation of the discussion is Bruch's identification of thinness as a cultural ideal:

‘Though anorexia nervosa deserves to be defined as a special clinical syndrome, one may also conceive of it as a counterpart to obesity. In a way, it represents a caricature of what will happen when the common recommendation that reducing will make you slim, beautiful, and happy is taken too literally and carried out to the extreme.’<sup>54</sup>

In an attempt to help readers understand some of the dynamics at work within the anorectic or obese person, there is a description of the course of starvation as having two phases, beginning with intense preoccupation about the absence of food and moving to an apathy and withdrawal from life.<sup>55</sup> This mirrors some of the reactions from anorectics whose starvation is self-imposed, beginning with an almost obsessional desire for the one thing they will not allow themselves to have and then later, when the body has entered the second phase, a seemingly genuine lack of

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<sup>52</sup> Christopher G. Fairburn and Paul J. Harrison, ‘Eating Disorders’, 411.

<sup>53</sup> Bruch, *Eating Disorders*, 3.

<sup>54</sup> Bruch, *Eating Disorders*, 4.

<sup>55</sup> Bruch, *Eating Disorders*, 10.

hunger. The two stage theory proposed by Bruch is developed much later by Brumberg who charts the progression of anorexia nervosa from 'recruitment phase' to 'career phase'.<sup>56</sup>

Despite laying foundations for later work, there are elements within *Eating Disorders* which identify it as a book of its time. Bruch had no reported accounts of anorexia nervosa 'in Negroes or members of other underprivileged groups'<sup>57</sup> living in the USA, nor did she know of cases of anorexia nervosa in the non-industrialised countries of the world, a picture which has now changed.<sup>58</sup>

Research today is currently looking at the existence of anorexia nervosa in families and attempting to determine the extent to which family risk is concerned with possible genetic predisposition, family dynamics or other factors. Bruch examines the nature/nurture debate but only in relation to obesity, not in regard to anorexia nervosa. Her discussion of the biological basis for eating disorders is shaped by the emerging influence of the systems theory of the body. The basis of this is that the body is comprised of a number of internal systems which operate on a cause and effect basis in generating physiological processes. The body is also influenced by external environmental factors which impact the body in particular ways and may affect the internal systems. It is a move to consider the body as an integrated whole and provides the possibility of examining eating disorders as a complex interaction between external influences and psychological mechanisms causing bodily responses which then cause different psychological reactions.

Body image has become a well-worn phrase in discussions about eating disorders. It has generated psychological research into how visual perception links to self understanding and has led to a popular understanding that the anorexic who looks in the mirror has such a distortion of body image that they see the reflection of a fat person. The popular identification of the concept of 'body

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<sup>56</sup> Brumberg, *Fasting Girls*, 39.

<sup>57</sup> Bruch, *Eating Disorders*, 13.

<sup>58</sup> For the impact of eating disorders upon black students see K. K. Abrams, L. Allen, and J. J. Gray, 'Disordered Eating Attitudes and Behaviors, Psychological Adjustment, and Ethnic Identity: A Comparison of Black and White Female College Students,' *International Journal of Eating Disorders* 14 (1993), 55.

image' and eating disorders comes from Bruch. In drawing on the work of Paul Schilder she explains her view of what body image is:

He spoke of body image as "the picture of our own body which we form in our mind, that is to say the way in which the body appears to ourselves." This is a plastic concept which is built from all sensory and psychic experiences and it is constantly integrated into the central nervous system. Underlying it is the concept of Gestalt, which sees life and personality as a whole.<sup>59</sup>

The significance of body image to the ongoing debate is its role in addressing the patient's understanding of themselves and also its role in treatment. Bruch was convinced that 'A realistic body-image concept is a precondition for recovery in anorexia nervosa.'<sup>60</sup> Weight gain is not enough in itself for full recovery as it does not appear to address the underlying problem, namely how the anorectic perceives herself.

In her discussion of the developing concept of anorexia nervosa, Bruch notes that the more observations are made, the fuzzier the concept becomes. This acknowledgement of the elusive nature of a definitive diagnosis for anorexia nervosa is one of the key themes of literature on the subject. In an attempt to clarify the phenomenon to which she was referring Bruch sub-typed anorexia nervosa into 'primary' and 'atypical' cases. She distinguishes atypical anorexia nervosa as having a different 'motivational and dynamic focus' from that of primary anorexia nervosa.<sup>61</sup>

Her definition of primary anorexia nervosa indicated what she saw as its key elements; '...the main issue is a struggle for control, for a sense of identity, competence and effectiveness.'<sup>62</sup> In contrast to the many and varied symptoms suggested as criteria for anorexia nervosa Bruch notes a strong uniformity in the core psychopathology of primary anorexia nervosa comprising three areas of

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<sup>59</sup> Bruch, *Eating Disorders*, 87.

<sup>60</sup> Bruch, *Eating Disorders*, 90.

<sup>61</sup> Bruch, *Eating Disorders*, 228.

<sup>62</sup> Bruch, *Eating Disorders*, 251.

disordered psychological functions. Firstly she perceives a ‘disturbance of delusional proportions in the body image and body concept’,<sup>63</sup> secondly, a ‘disturbance in the accuracy of the perception or cognitive interpretation of stimuli arising in the body, with a failure to recognize signs of nutritional need as the most pronounced deficiency.’<sup>64</sup> and thirdly, ‘A paralysing sense of ineffectiveness, which pervades all thinking and activities of anorexic patients.’<sup>65</sup>

Despite making reference to the role of dieting and cultural preoccupation with thinness, Bruch does not diagnose all eating disturbance as anorexia nervosa, preferring to keep that definition closely defined and subdivided. In this way Bruch focuses on a tight definition where primary anorexia nervosa is caused when the mother fails to accept the child’s independent needs resulting in the misinterpretation of hunger cues and other experiences. Treatment involves therapists correcting the patient’s misconceptions of her experience and seeking to enable her to discover a ‘genuine self’. I will seek to build on this concept of ‘being formed’ and rediscovering identity in Chapter 4, arguing that the most ‘genuine self’ is discovered through participation in the Body of Christ.

Whilst the research of Hilde Bruch is becoming dated as far as it relates to changes in culture which have been effected by globalization, her views on the core nature of disordered eating are arguably as insightful as ever. Though more structured means of diagnosing and categorising eating disorders have arisen since Bruch, I proceed on the basis that her assessment of the origins and key features of anorexia nervosa remain invaluable in seeking to understand the nature of the disorder. Her identification of one of the significant symptoms of anorexia nervosa being delusions in the sufferer’s perception of body image or body concept give us the enduring image of the emaciated young woman staring into a mirror and seeing the reflection of an overweight young woman. Bruch’s understanding that at the heart of anorexia nervosa lay a quest for control, identity, competence and effectiveness, advanced the discussion about anorexia nervosa. Focus moved from

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<sup>63</sup> Bruch, *Eating Disorders*, 251.

<sup>64</sup> Bruch, *Eating Disorders*, 252.

<sup>65</sup> Bruch, *Eating Disorders*, 254.

broad psychological enquiries concerning lifestyle, childhood or sexuality to addressing specific issues surrounding control, identity, competence and effectiveness.

Bruch's view that the more observations are made about anorexia nervosa, the more slippery the concept becomes, is certainly an enduring feature of the history of the disease. Any attempt at forming criteria by which one may make a diagnosis must decide which symptoms to include and which to exclude. The balance must be struck between a broad categorisation which includes all possible symptoms and therefore, many people, and a narrow categorisation which may create arbitrary distinctions and exclude those who should be included. It is to that complex matter of diagnostic criteria that we now turn.

#### 2.1.3.5 Emerging diagnostic criteria

Physiological and psychological diagnostic criteria emerged as anorexia nervosa became medically recognised as a disease in its own right rather than as a form of other mental illnesses. The section which follows charts the development of criteria used to medically diagnose anorexia nervosa and argues that although they have been helpful in identifying symptoms, the classification system is not without its difficulties.

##### *2.1.3.5.1 Diagnostic criteria – defining symptoms or constructing a disease?*

J. P. Feighner published criteria in 1972 based on empirical observation and statistical frequency of symptoms. The six criteria specified for diagnosing anorexia nervosa were:

1. Onset prior to age twenty-five
2. Lack of appetite accompanied by loss of at least 25 percent of original bodyweight.
3. A distorted, implacable attitude toward eating, food, or weight that overrides hunger, admonitions, reassurance, and threats; for example, (a) denial of illness with a failure to recognize nutritional needs, (b) apparent enjoyment of losing weight with overt manifestation that refusing food is a pleasurable indulgence, (c) a desired body image of

extreme thinness with overt evidence that it is rewarding to the patient to achieve and maintain this state, and (d) unusual handling or hoarding of food.

4. No known medical illness that could account for the anorexia and weight loss.
5. No known other psychiatric disorder, particularly primary affective disorders, schizophrenia, obsessive-compulsive disorder, and phobic neurosis. (The assumption is made that even though it may appear phobic or obsessional, food refusal alone is not sufficient to qualify for obsessive-compulsive or phobic disease.)
6. At least two of the following manifestations: (a) amenorrhea, (b) lanugo (soft, fine hair), (c) bradycardia (persistent resting pulse of 60 or less), (d) periods of overactivity, (e) episodes of bulimia (binge eating), and (f) vomiting (may be self-induced).<sup>66</sup>

Bell criticises these criteria for their subjectivity and lack of causal mechanism and the attempt to define anorexia nervosa by means of excluding what it is not in criteria four and five.<sup>67</sup> In fact the criteria are quite objective and Bell's dissatisfaction is illustrative of the difficulties in definition which pervade discussions on anorexia nervosa. The use of criteria to define conditions, diseases or syndromes is a necessary way of forming a consistent diagnosis, but as knowledge advances and criteria change it can be argued that this in fact changes the condition itself. Where criteria change, some who were previously diagnosed may be excluded from the new definition or others who were previously excluded may be included.

Hepworth's categorisation of anorexia nervosa as a social construction is persuasive when consideration is given to the various diagnostic criteria reflecting trends and theories of particular eras.<sup>68</sup> The argument that disease only exists because we define it as such was advanced by Szasz<sup>69</sup> and it is in relation to concepts such as anorexia nervosa that this theory appears to bear weight. It would explain the contrast between attitudes of reverence toward saints who abstained from food for long periods of time and the contemporary desire to medically treat as diseased those who

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<sup>66</sup> John P. Feighner et. al., 'Diagnostic Criteria for use in Psychiatric Research,' *Archives of General Psychiatry* 26 (1972), 57 – 63, quoted in Bell. *Holy Anorexia*, 2-3.

<sup>67</sup> Rudolph Bell, *Holy Anorexia* (London: University of Chicago Press, 1985), 5.

<sup>68</sup> Hepworth, *The Social Construction of Anorexia Nervosa*.

<sup>69</sup> T. S. Szasz, 'The Myth of Mental Illness', *American Psychologist* 15, 113-115.

exhibit similar behaviour. If, however, anorexia nervosa is only a social construction then questions remain about our reaction to the physiological consequence of anorexia nervosa. Attitudes of revulsion toward skeletal anorectic bodies appear to reflect a connection with illness and death which cause us to believe that this is fundamentally a dis-ease, in the sense of a departure from what is 'normal'. It could be argued that the definition of anorexia nervosa is so difficult to ascertain because there is in fact no such thing as anorexia nervosa, yet just because something is difficult to define, it does not mean that it does not exist. In rejection of Szasz's extreme position I acknowledge that there is something about the nature of disease that though it may be mediated through and influenced by cultural expressions and understandings, makes it nonetheless "real". Anorexia nervosa is most properly referred to as a disorder rather than a 'disease' and the appropriate means of classifying it as such must now be established.

#### *2.1.3.5.2 From 'symptoms' to 'stance'*

One of the key authorities on eating disorders in the field of psychology, A. H. Crisp sought to clarify the confusion surrounding the diagnosing of anorexia nervosa thus:

In psychiatry we are very much at the stage of recognising 'disease' entities in terms of clinical phenomena – symptoms and signs. Some would argue that with psychiatric disorders it is not possible to impose this medical model of disease. Others would claim that such disorders do have some common biological and behavioural qualities which distinguish them from each other. It is upon this matrix of syndromes within psychiatry, with emphasis upon underlying neuropathology, that attempts have been made to superimpose the state of anorexia nervosa...I believe this to have been a misdirected endeavour.<sup>70</sup>

Instead of calling anorexia nervosa a disease, Crisp acknowledges that biological factors come into play: 'I see anorexia nervosa more as a psychologically adaptive stance operating within biological

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<sup>70</sup> A. H. Crisp, *Anorexia Nervosa: Let Me Be* (London: Academic Press, 1980), 4.

mechanisms.’<sup>71</sup> In referring to it as an ‘adaptive stance’ Crisp hints at what he sees at the underlying psychopathology, namely an inability to negotiate adolescence and adapt to adult life. The fear of maturing into an adult body with adult weight and the perceived psychological challenges of adult life are what causes the anorexic to stop eating in an attempt to remain pre-pubertal.

What appears to have happened with anorexia nervosa through history, is that an underlying core of symptoms have remained at the heart of anorexia nervosa but they have been added to, modified and attributed different meanings and causes. Crisp’s position acknowledges the difficulty of trying to diagnose anorexia nervosa using the *clinical-descriptive* model of disease. In regard to what he considers a flawed approach of clustering together signs and symptoms to form diagnostic criteria, the practical difficulty remains that the first contact with those suffering from anorexia nervosa is usually a local physician, rather than a psychologist or psychiatrist. I therefore argue that some form of clinical diagnostic criteria are required in order for anorexia nervosa to be identified by the medical profession and appropriate help offered to the sufferer. For this reason, I proceed on the understanding that anorexia nervosa is a disorder taking the form of a ‘psychologically adaptive stance operating within biological mechanisms’.<sup>72</sup> I do however accept the need for clinical-descriptive criteria, despite the flaws inherent in this approach, on the grounds that it is the current understanding upon which the medical profession operates when addressing the question ‘what is anorexia nervosa?’.

The most current diagnostic criteria in the psychological field are the *DSM IV*<sup>73</sup> and *IDC10*<sup>74</sup>, although both are undergoing revision pending new editions.<sup>75</sup> *DSM IV* requires the following conditions to be satisfied for a diagnosis of anorexia nervosa:

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<sup>71</sup> Crisp, *Anorexia Nervosa: Let Me Be*, 5.

<sup>72</sup> *Ibid.*

<sup>73</sup> American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders – IV Revised (DSM –R)* (Washington DC: American Psychiatric Association, 4<sup>th</sup> ed. 1994).

<sup>74</sup> World Health Organisation, *The IDC – 10 Classification of Mental and Behavioural Disorders: Clinical Descriptions and Diagnostic Guidelines* (Geneva: World Health Organisation, 1992).

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

*Specify type:*

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

**Binge-Eating/Purging Type:** during the current episode of Anorexia Nervosa, the person has regularly engaged in binge-eating or purging behavior (i.e. self-induced vomiting or the misuse of laxatives, diuretics, or enemas).<sup>76</sup>

The criteria for a diagnosis according to ICD 10 are:

- (a) Body weight is maintained at least 15% below that expected (either lost or never achieved), or Quetelet's body-mass index is 17.5 or less. Prepubertal patients may show failure to make the expected weight gain during the period of growth.
- (b) The weight loss is self-induced by avoidance of "fattening foods". One or more of the following may also be present: self-induced vomiting; self-induced purging; excessive exercise; use of appetite suppressants and/or diuretics.
- (c) There is body-image distortion in the form of a specific psychopathology whereby a dread of fatness persists as an intrusive, overvalued idea and the patient imposes a low weight threshold on himself or herself.
- (d) A widespread endocrine disorder involving the hypothalamic - pituitary-gonadal axis is manifest in women as amenorrhoea and in men as a loss of sexual interest and potency. (An apparent exception is the persistence of vaginal bleeds in anorexic women who are receiving replacement hormonal therapy, most commonly taken as a contraceptive pill.) There may also be elevated levels of growth hormone, raised levels of cortisol, changes in the peripheral metabolism of the thyroid hormone, and abnormalities of insulin secretion.
- (e) If onset is prepubertal, the sequence of pubertal events is delayed or even arrested (growth ceases; in girls the breasts do not develop and there is a primary amenorrhoea; in boys the genitals remain juvenile). With recovery, puberty is often completed normally, but the menarche is late.

Differential diagnosis. There may be associated depressive or obsessional symptoms, as well as features of a personality disorder, which may make differentiation difficult and/or require the use of more than one diagnostic code. Somatic causes of weight loss in young patients that must be distinguished include chronic debilitating diseases, brain tumors, and intestinal disorders such as Crohn's disease or a malabsorption syndrome.

Excludes: loss of appetite (R63.0) psychogenic loss of appetite (F50.8)

#### F50.1 Atypical anorexia nervosa

This term should be used for those individuals in whom one or more of the key features of anorexia nervosa (F50.0), such as amenorrhoea or significant weight loss, is absent, but who otherwise present a fairly typical clinical picture. Such people are usually encountered in psychiatric liaison

<sup>75</sup> Likely developments proposed in relation to eating disorders include a change to the frequency with which a person purges themselves of food in a diagnosis of bulimia nervosa, see section 2.2.2.

<sup>76</sup> American Psychiatric Association, *DSM IV*, 544-545.

services in general hospitals or in primary care. Patients who have all the key symptoms but to only a mild degree may also be best described by this term. This term should not be used for eating disorders that resemble anorexia nervosa but that are due to known physical illness.<sup>77</sup>

These have become the standard medical definitions of anorexia nervosa, a codification of the core symptoms. Having accepted anorexia nervosa as a clinically defined disorder rather than as social construction the medical profession is faced with the question “What type of disorder?” Is this a primarily psychological disturbance which manifests itself in physical ways, or for those who enter anorexia nervosa through dieting, is there a physiological reaction caused by abstinence from food which generates the psychological features, such as body weight disturbance and intense fear of weight gain? This involves questions of aetiology which there is insufficient space to address here, so I will proceed on the basis that anorexia nervosa is a disease involving both psychological and physiological symptoms related in a way not yet fully understood.

This in fact reflects the position of the most recent clinical textbooks on the diagnosis and treatment of eating disorders which indicate that as more is being discovered about eating disorders and research continues, assumptions that were once seen as central do not necessarily hold any longer.<sup>78</sup> The culture has changed, the world has changed and within this context there is a suggestion that anorexia nervosa and the other eating disorders are not static concepts either.<sup>79</sup> Perhaps the ongoing discussions about the basis of diagnostic criteria would benefit from acknowledging that not only does anorexia nervosa progress through different stages in the life of the patient, but it may itself be a changing entity.

In this section I have considered the criteria which have emerged in an attempt to diagnose anorexia nervosa as a disorder, noting the difficulties inherent in applying the disease concept to conditions which have a psychological element. I have dismissed the contention that anorexia

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<sup>77</sup> World Health Organisation, *The IDC – 10 Classification of Mental and Behavioural Disorders: Clinical Descriptions and Diagnostic Guidelines* (Geneva: World Health Organisation, 1992), 138-9.

<sup>78</sup> For example Bruch’s view that only middle or upper class white people were likely to suffer from anorexia.

<sup>79</sup> G. F. M. Russell, ‘The Changing Nature of Anorexia Nervosa: An Introduction to the Conference’, *Journal of Psychiatric Research* 19 (1985), 101-109.

nervosa is most appropriately referred to as a disease, preferring to accept the term ‘disorder’ in line with its usage in current medical practice, whilst acknowledging the socio-cultural context has a bearing upon the perception of anorectic behaviour. Using the insights of Crisp and the diagnostic criteria of both the World Health Organisation and the American Psychiatric Association I have demonstrated that anorexia nervosa is firmly established within medical and psychological investigation as a disorder.

Having established that anorexia nervosa can properly be referred to as a disorder, the discussion moves on to consider some of the interpretations of anorexia nervosa which are located either on the boundary of medical diagnosis or beyond. The argument of the following sections takes the traditionally held understandings of the disorder - that anorexia nervosa is a medical condition affecting adolescent, middle-class, white women in patriarchal Western societies - and challenges the extent to which they remain true in light of the findings of current medical and sociological research.

#### **2.1.4 Is anorexia nervosa a disorder which *only affects women*?**

Reference has been made previously to the historical context of diagnosing anorexia nervosa in connection with female hysteria. The notion of anorexia nervosa as a “gendered disorder” remains strong despite the incidences of male anorexia nervosa and the suggestion that males may be more likely to develop bulimia nervosa than anorexia nervosa. The ratio of males to females being diagnosed with anorexia nervosa has remained constant at 1:9. Some dispute this figure as an accurate reflection of reality on the basis that men may be less likely to seek medical assistance and doctors may not diagnose men as anorexic due to a perception that it is a “female disease”. Nevertheless, research indicates women are more concerned about their body image and weight than men, more likely to be restricting calorie intake on a diet than men and greater numbers are diagnosed with anorexia nervosa than men.<sup>80</sup>

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<sup>80</sup> Hesse-Biber, *Am I Thin Enough Yet?*

As noted above, amenorrhea is one of the diagnostic criteria for women. This is where one of the medical boundaries of definition lies – is this a disorder which genuinely affects more women than men or are the diagnostic criteria established in such a way that more women are diagnosed than men? The situation of anorexia nervosa is unlike a disease such as ovarian cancer which, physiologically, is restricted only to women and yet it is unlike diseases which affect men and women equally and where there is no biological difference in diagnostic criteria. The association of anorexia nervosa with women has a number of effects. Hepworth<sup>81</sup> suggests that such identification becomes self-perpetuating with doctors failing to diagnose male anorectics.

The nature of the discourse of anorexia nervosa as gendered has been identified as being based on particular assumptions about women.<sup>82</sup> These include the notion that women are prone to irrational hysteria, stemming from the context of Gull and Lasègue's original diagnoses, the view that women are manipulative and deceitful (behaviour typified by the anorectic's relationship with food), and that women are always oppressed in society and will use their bodies or food as a means of addressing that oppression. The aetiological theory which believes anorexia nervosa to be triggered by the onset of puberty and fear of becoming a woman also reinforces the notion of anorexia nervosa as a phenomenon particular to women.

Despite the discussion about real incidence as opposed to diagnosed incidence, this does not account for the strikingly high proportion of females with anorexia nervosa compared with anorectic males. Suggestions about biological predisposition have been made,<sup>83</sup> ranging from the physiological difference between male and female fat reserves, the complexity of female pubertal hormonal development and a view that females may be more prone to endogenous depression, which in turn is linked to the development of bulimia nervosa. This is merely a consideration of the biological material. What is perceived by others to be more significant is the cultural pressure on

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<sup>81</sup> Hepworth, *The Social Construction of Anorexia Nervosa*, 72.

<sup>82</sup> Hepworth, *The Social Construction of Anorexia Nervosa*.

<sup>83</sup> Richard A. Gordon, *Anorexia and Bulimia – Anatomy of a Social Epidemic* (Oxford: Basil Blackwell Ltd, 1990), 50-51.

women to conform to a body image which for many is unobtainable.<sup>84</sup> To develop this further it is necessary to consider anorexia nervosa not only as a medical condition, or as a medical condition affecting predominantly more women than men, but to consider the wider cultural context which appears to have a bearing on the existence of anorexia nervosa.

### **2.1.5 Is anorexia nervosa a disorder affecting women *in developed societies which emphasise thinness as an ideal of female beauty?***

One of the sociological insights into anorexia nervosa is its occurrence in societies where there is ample food and typically its absence in developing non-western countries.

Significance has been attributed to the fact that the desired body of a woman in the post-industrial age has been one of slimness. The idealisation of women as dainty and decorative was prominent at the time of the first modern diagnoses of anorexia nervosa and the current image of slenderness as beauty prevails in Western society. Hesse-Biber links this in the USA to the Puritan heritage which makes body shape a moral issue. Thinness is associated with self-control and goodness, whereas fatness is seen as laziness, lack of control and greed. This can be contrasted with cultures where food is sparser and a rounded body is esteemed as indicative of wealth and prized as having the ability to survive through times of famine. Traditionally, cases of anorexia nervosa have been rare in Hispanic and Black communities in the USA, though the rise in incidences of anorexia nervosa in the current generation of young women suggests that cultural assimilation includes adopting the prevailing views of desirable body image and with them, anorexia nervosa.<sup>85</sup>

Not only is anorexia nervosa bursting its traditional ethnic boundaries in situations where ethnic minorities live in a culture where the prevailing culture recognises eating disorders, but globalisation is transmitting anorexia nervosa further afield.

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<sup>84</sup>Hesse-Biber, *Am I Thin Enough Yet?*

<sup>85</sup> K. K. Abrams, L. R. Allen, and J. J. Gray, 'Disordered Eating Attitudes and Behaviors, Psychological Adjustment, and Ethnic Identity: A Comparison of Black and White Female College Students', *International Journal of Eating Disorders* 14 (1993), 55.

Capitalism is helping to spread (white) Western values across racial, class and ethnic lines...Developing societies import Western norms of beauty through the purchase and consumption of Western media, clothing styles, and beauty products. Increasingly, non-western societies will be presented with an “ideal” of feminine beauty that takes on Anglo-Saxon traits.<sup>86</sup>

Hesse-Biber concludes that with that “ideal” comes the pressure for women to be thin and with that pressure comes anorexia nervosa. Rather than basing the definition of those at risk from or affected by anorexia nervosa on geographical boundaries, this chapter proceeds with the premise that the significant cultural risk factor is exposure to consumerist Western cultural ideals and aspirations.

#### **2.1.6 Is anorexia nervosa a disorder affecting *adolescent middle class females in developed societies which emphasise thinness as an ideal of female beauty?***

Related to the previously stated cultural understandings in which anorexia nervosa has emerged the specific classes of people affected had been narrowly defined as middle class adolescent girls.

##### 2.1.6.1 Socio-economic status

The class dynamic can be explained in similar terms to the reasons for the existence of anorexia nervosa in developed industrialised countries. To be middle class at the time of Gull and Lasègue’s diagnosis was to be aspiring to Victorian ideals of morality and social advancement. In her analysis of the early cases of anorexia nervosa in the late nineteenth century, Brumberg identifies the social status of anorectics as “... drawn from families across the middle classes – from the lowest end, where social respectability was new or precarious, to more established families, with some modicum of financial security and an established social identity”.<sup>87</sup> In some senses this mirrors the wider picture of the international scene – that self-starvation exists not where there is a lack of food but where there is ample. It has been suggested that food takes on greater symbolism and

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<sup>86</sup> Hesse-Biber, *Am I Thin Enough Yet?*, 111-112.

<sup>87</sup> Brumberg, *Fasting Girls*, 111-112.

significance than merely that which keeps us alive<sup>88</sup> and interpretation of food use in anorexia nervosa, particularly in relation to middle class families and anorectic daughters has been a case in point.

Whilst this may have been a typical picture through the early to mid-twentieth century, recent research which reviewed articles written between the early 1970s and early 1990s has challenged the view that anorexia nervosa is primarily a disorder affecting the aspiring middle class, or 'higher socioeconomic group'.<sup>89</sup> The examination of the influence of clinical impression, methodological problems in existing research, bias in referral procedures and a failure to separate anorexia nervosa from bulimia nervosa<sup>90</sup> concludes that the link between high socio-economic status and anorexia nervosa is one of the stereotypes which has developed around the disorder but which lacks evidential basis.

#### 2.1.6.2 Adolescence

Locating the cause of anorexia nervosa in the mother-daughter relationship and defining it as an attempt on the part of the adolescent daughter to establish an adult identity separate from the mother has been a popular theme in the discussion of anorexia nervosa. In reference to the early cases at the turn of the century, it was noted that food preparation was the responsibility of the mother for most middle class families. This provided a focus for the adolescent daughter's behaviour, as rejecting food was a rejection of the mother.

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<sup>88</sup> Caroline Walker Bynum, *Holy Feast and Holy Fast* (Berkeley, CA: University of California Press, 1987).

<sup>89</sup> Maisie C. E. Gard and Chris P. Freeman, 'The Dismantling of a Myth: A Review of Eating Disorders and Socioeconomic Status', *International Journal of Eating Disorders* 20 no.1, 1996, 1–12.

<sup>90</sup> The article suggests that bulimia nervosa may be more closely linked to those of low socio-economic status.

With reference to the anorectic as adolescent, the majority of cases of anorexia nervosa are diagnosed in people under the age of twenty.<sup>91</sup> Psychological literature such as A. H. Crisp's significant work *Let Me Be* had defined anorexia nervosa as

a distorted biological solution to an existential problem for an adolescent...Experienced as adaptive in the face of an otherwise imminent crisis, it results, through its massive and abortive effect on physical, psychological and social development, in increasingly destructive isolation for the individual as the years go by.<sup>92</sup>

His focus on anorexia nervosa as a predominantly teenage failure to cope with the onset of adulthood still holds sway but has been challenged by research indicating onset as early as eight or ten years old and the occurrence of late onset anorexia nervosa. Despite these anomalies the prevailing trend is for anorexia nervosa to develop in teenage years with some anorectics making full recovery but some retaining problems with food for the rest of their lives.

This section has addressed some of the features of anorexia nervosa which have become connected with medical diagnosis but which actually provide norms or types of those predisposed to anorexia nervosa, some of which are being eroded as culture changes. It has argued for treating anorexia nervosa as a disorder with core features but acknowledges that there are increasingly exceptions to the pre-existing categories. The following section raises some of the alternative responses to the question "what is anorexia nervosa?" which do not necessarily define it as a medical disorder. The sociological and feminist responses articulated below argue the case that the medical definition alone is insufficient to fully understand disordered eating. Their assertion that the cultural context of anorexia nervosa explains why it occurs and what it is supports the contention of this thesis that disordered eating is more than an individual disorder and reflects a deep dis-ease within particular societies about the relationship between food, control, consumption and identity.

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<sup>91</sup> Hans W. Hoek, 'Incidence, Prevalence and Mortality of Anorexia Nervosa and other Eating Disorders', *Current Opinions in Psychiatry* 19 no.4, 2006, 389-94.

<sup>92</sup> A. H. Crisp, *Let Me Be*, v.

### 2.1.7 Is anorexia nervosa a modern female response to patriarchy?

Despite the prevailing medicalised definition of anorexia nervosa, the decade of the 1970s appeared to lay foundations for other contributions to the aetiology debate. As the feminist movement grew, questions were asked about the nature of anorexia nervosa as a “women’s problem” and the societal understanding of and influence upon the bodies of women. Hesse-Biber identifies the late 1960s as having combined an ultra slender body ideal, personified in the model Twiggy, the feminist movement, changes in women’s roles, the increasing power of the media and rampant consumerism, a combination which she believes set the scene for an explosion in the number of cases of anorexia nervosa.<sup>93</sup> This becomes important when discussing the causes of anorexia nervosa, and feminist analyses have provided valuable insights into women’s relationship with food in contemporary society and also historically.<sup>94</sup>

Within this discourse there is dispute regarding whether the anorectic is making a statement against patriarchal oppression or being conformed to it. Is this an assertion of power, taking control over perhaps the one thing the anorectic can control? Parallels in this view are drawn with hunger-strikers whose defiance is to shame the system and effect change through self starvation. Alternatively, the view that the anorectic is a victim of patriarchal oppression can be drawn from the same set of actions. In this case the pressure of a culture which only values women who conform to a male ideal of unattainable thinness drives young women to diet to such an extent that they undergo physiological and psychological change, their body image becomes distorted and they starve to death. The latter rather than the former dominates popular literature on anorexia nervosa which seeks to highlight the forces driving the commercialisation of body image and diet culture.<sup>95</sup> As well as socio-feminist approaches there have been feminist critiques of the dominant psychological understandings of anorexia nervosa.

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<sup>93</sup> Hesse-Biber, *Am I Thin Enough Yet?*, 28.

<sup>94</sup> For historical analysis see Bynum, *Holy Feast and Holy Fast*.

<sup>95</sup> A good example of this is Elizabeth Filleul, *Consuming Passion* (London: Triangle, 1996).

One key feminist text on anorexia nervosa, published in the 1980s, focused on the mother-daughter relationship and the quest for identity.<sup>96</sup> Susie Orbach's insight in *Hunger Strike* was significant as it introduced a way of understanding anorexia nervosa into popular discourse which had previously been overlooked. Despite this, the terms used to discuss anorexia nervosa remained those of medical discourse, hence taking on the assumptions of this behaviour as disorder/illness. This raises the question as to whether it is possible to discuss anorexia nervosa in terms that are non-medical and which do not carry the implications of medical terminology with them. This becomes relevant when considering historical phenomena predating the modern medical definition of anorexia nervosa.

Whilst the insights provided by such thinkers broaden the horizons of the debate about anorexia nervosa, framing as they do the experience of disordered eating as something other than an 'illness about food', to remove all reference to anorexia nervosa as a medical disorder is, in the view of this thesis, unhelpful. It is essential to acknowledge the wider framework of relationships and community bound up with and affected by the individual anorectic, and the later chapters of this thesis proceed on the basis that such relationships are significant. This does not, however, require a rejection of the claims of medicine to provide a framework of understanding the psychological and physiological processes involved in anorexia nervosa. It is on this both/and basis of attending to the insights of medical and non-medical disciplines that this chapter proceeds.

The focus on the effect of patriarchy and culture influenced not only debates surrounding twentieth century anorexia nervosa but caused some to reconsider historical cases of non-eating. This raised the question of the effect of cultural context upon the diagnosis of anorexia nervosa.

### **2.1.8 Is anorexia nervosa a *non-modern response to patriarchy*?**

Rudolph Bell's assertion in *Holy Anorexia* is that essentially the fasting of particular saints in the Middle Ages was synonymous with what is now known as anorexia nervosa. He seeks to persuade

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<sup>96</sup>Susie Orbach, *Hunger Strike* (London: Faber, 1986).

students of medieval history that ‘a historically significant group of women exhibited an anorexic behavior pattern in response to the patriarchal social structures in which they were trapped’. Bell’s second stated aim is to suggest to psychologists and physicians that the historical reality of “holy anorexia” ‘may indicate a need to reevaluate certain modern approaches to the disease and in particular to be no less concerned with etiology than with therapy’.<sup>97</sup> His definitions of “holy anorexia” and “anorexia nervosa” are identical in terms of behaviour patterns and attitudes. The difference is the cultural context:

The modifier is the key; whether anorexia is holy or nervous depends on the culture in which a young woman strives to gain control of her life. In both instances anorexia begins as the girl fastens on to a highly valued societal goal (bodily health, thinness, self-control in the twentieth century/ spiritual health, fasting and self-denial in medieval Christendom)... Anorexia becomes her identity, and ultimately the self-starvation pattern continues beyond her self control.<sup>98</sup>

To accept this definition would require altering the understanding of anorexia nervosa as a modern day phenomenon particular to the post-Enlightenment world. The issue at hand is whether the phenomenon currently termed anorexia nervosa has existed for centuries but was not previously treated as an illness. Is this a comparison between two identical forms of behaviour, one defined in religious terms (anorexia mirabilis), the other in medical/psychological terms (anorexia nervosa), or are the variable factors of culture and motivation sufficiently different to make these two different phenomena altogether? Brumberg, author of the highly acclaimed history of anorexia nervosa, evades addressing this question on the basis that the evidence is lacking for all the relevant criteria of diagnosis once one goes further back in history than the documented cases of the late 1800s.<sup>99</sup>

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<sup>97</sup> Bell, *Holy Anorexia*, xxi.

<sup>98</sup> Bell, *Holy Anorexia*, 20.

<sup>99</sup> Brumberg, *Fasting Girls*, 44.

Despite disagreeing with Bell's analysis of medieval women saints as suffering from anorexia nervosa, Brumberg does acknowledge the historical dimension to the use of food by women as significant, "It becomes evident that certain social and cultural systems, at different points in time, encourage or promote control of appetite in women, but for different reasons and purposes".<sup>100</sup> As a historian, Brumberg refuses to be drawn on the question of whether anorexia nervosa predates the industrial age but I find her view convincing that particular cultural ideals shape the behaviour of those within the culture. Just as small feet were esteemed as desirable in women in China, leading to the practice of foot binding, we can imagine cultures existing in non-western, cultures which idolise thin women and result in appetite restriction. Brumberg goes on to identify two such cultures and points in time. The earlier of these is thirteenth to sixteenth century Catholicism, and the later is the post-industrial age, to which I now turn.

### **2.1.9 Is anorexia nervosa an emerging epidemic?**

The difficulties surrounding understanding eating and food practices in history depend on reliability and interpretation of evidence, a feature which is no less problematic in contemporary society. The impression created by print media, glossy magazines and a particular type of television documentary is one of rampant disordered eating, featuring those who are 'too thin' or 'too fat'. I propose in this section that clinically diagnosed eating disorders have increased in incidence over the last forty years, due to a combination of greater awareness among doctors who are more likely to diagnose a condition as anorexia nervosa, but also because of an increase in disordered eating within the population.

Even as recently as the 1970s reported cases of anorexia nervosa were comparatively few, though it is difficult to say whether this is due to there being genuinely fewer cases than today or whether doctors were less likely to diagnose the relatively obscure disorder "anorexia nervosa". In the early 1970s anorectic patients were seen as something of a novel rarity by the psychiatrists entrusted

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<sup>100</sup> Brumberg, *Fasting Girls*, 48.

with their treatment,<sup>101</sup> though it was at this time that anorexia nervosa and eating disorders began to impinge on public consciousness.

Hoek notes that

an upward trend has been observed in the incidence of anorexia nervosa in the past century till the 1970s. The most substantial increase was among females aged 15-24 years, for whom a significant increase was observed from 1935 to 1999.<sup>102</sup>

The difficulty in making such claims is the extent to which it corresponds to actual prevalence within the population (and how this is determined) or whether it refers to an increased incidence of diagnosed cases. The emergence of the diagnostic criteria explored previously has increased awareness of eating disorders among doctors, thus increasing the likelihood of a rise in diagnoses.

In attempting to address whether any rise in reported incidence of eating disorders is exclusively attributable to the willingness of doctors to diagnose the condition, it is useful to consider research conducted by Y. May Chao and colleagues.<sup>103</sup> Their study of high school students in the USA used the Youth Risk Behavior Surveillance System to examine trends in weight control practices from 1995 to 2005. Looking at five marker behaviours<sup>104</sup> across nationally representative samples of students, the prevalence of dieting and diet product use increased among females over a ten year period and all five weight control behaviours increased among males during the decade. Whilst this is not firm evidence of an increase in diagnosed eating disorders within a population, it indicates a trend of behaviours which have a connection with eating disorders and are becoming more prevalent.

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<sup>101</sup> Gordon, *Anorexia and Bulimia – Anatomy of a Social Epidemic*, ix.

<sup>102</sup> Hans W. Hoek, 'Incidence, Prevalence and Mortality of Anorexia Nervosa and other Eating Disorders', *Current Opinion in Psychiatry* 19 no.4, 2006, 389.

<sup>103</sup> Y. M. Chao, E. M. Pisetsky, L. C. Dierker, F. A. Dohm, F. Rosselli, A. M. May, R. H. Stiegel-Moore, 'Ethnic Differences in Weight Control Practices among U.S. Adolescents from 1995 to 2005' *International Journal of Eating Disorders* 41 (2008), 124 – 133.

<sup>104</sup> The behaviours assessed were, dieting, using diet products, purging, exercising and vigorously exercising.

Richard A. Gordon notes that there was a sharp increase in the prevalence of anorexia nervosa and bulimia nervosa during the 1970s.<sup>105</sup> It was in this decade that the first Eating Disorders support group was established in the USA and the high-profile death of Karen Carpenter in 1983 served to increase awareness of eating disorders in general but also their potentially fatal outcome.

The growth in diagnosed cases of anorexia nervosa in the 1980s caused some to believe that this was a fad or passing social trend, where the ever-popular dieting was just being taken to extremes. Talk of an epidemic was rife and greater resources were put into researching eating disorders which were making their way into popular consciousness at a rapid rate.

Since the 1990s awareness of anorexia nervosa among the population has increased and particularly among teenage girls, the most prolifically affected group. In the UK more treatment facilities exist than ever before and yet waiting lists to access treatment are oversubscribed. This, combined with the sub-clinical picture of the number of people in the UK who claim to be ‘dieting’ to lose weight but who medically do not need to, suggests that even if anorexia nervosa has not hit epidemic proportions, disordered eating has taken root within the populace. The high profile given to the news that Diana, Princess of Wales had suffered from bulimia nervosa had a similar effect to the news of the death of Karen Carpenter from anorexia nervosa in generating interest in the phenomenon, and it is to the definition of bulimia nervosa that we now turn.

## **2.2 Defining Bulimia Nervosa**

The purpose of defining the core components for the different eating disorders at this stage of the thesis is primarily to acknowledge the existence of their difference. The specific criteria used to distinguish one from the other are not particularly pertinent to the development of the thesis since the family concept,<sup>106</sup> incorporating all forms of disordered eating, will be the usual means of reference. Whilst the section which follows will argue that anorexia and bulimia nervosa are

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<sup>105</sup> Gordon, *Anorexia and Bulimia – Anatomy of a Social Epidemic*, ix.

<sup>106</sup> See section 2.1.2.

different disorders, the core similarities they share regarding the sufferer's relationship with food, and their attitude toward weight, body and self are the common features which unite them within the category of eating disorders. These shared features are what enables them to be addressed together in later chapters.

### **2.2.1 Introduction**

For two hundred years the evolution of anorexia nervosa was charted and debated by those working in the field of psychology and psychiatry. The DSM III<sup>107</sup> included in its definition of anorexia nervosa restrictive and purging types in order to account for the emerging difference in behaviours of patients with the disorder.

It was as recently as 1979 that G. F. M. Russell's article 'Bulimia Nervosa: An Ominous Variant of Anorexia Nervosa' opened the way for a reclassification of eating disorders within the discipline of psychology.<sup>108</sup> Russell's premise was that the bingeing and purging of bulimia nervosa was not the same as the behaviour of anorexia nervosa patients who lapse from restricting and occasionally binge.

### **2.2.2 A separate disorder**

In a later contribution Russell states his case for bulimia nervosa being a recent development which appeared on the scene without previous history.<sup>109</sup> He builds on the theory of Regina C. Casper<sup>110</sup> that bulimia nervosa has increased concurrently with a greater frequency of body shape awareness from 1940s onward, and that bulimia nervosa recruits a different psychological type of woman from anorexia nervosa, to conclude, 'My own view is that bulimia nervosa is indeed a new illness,

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<sup>107</sup> American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*, (Washington DC: American Psychiatric Association, 3<sup>rd</sup> ed. 1980).

<sup>108</sup> G. F. M. Russell, 'Bulimia Nervosa: An Ominous Variant of Anorexia Nervosa', *Psychological Medicine* 9 (1979) 429-448.

<sup>109</sup> G. F. M. Russell 'The History of Bulimia Nervosa', in David M. Garner and Paul. E. Garfinkel, *Handbook of Treatment for Eating Disorders* (London: Guilford Press, 2<sup>nd</sup> ed. 1997), 21.

<sup>110</sup> Regina C. Casper, Elke D. Eckert, Katherine A. Halmi, Solomon C. Goldberg, John M. Davis, 'Bulimia: Its Incidence and Clinical Importance in Patients with Anorexia Nervosa', *Archives of General Psychiatry* 37 (1980), 1030-1035.

notwithstanding its emergence from anorexia nervosa, and the very occasional description of similar patients in the pre- 1979 literature...'.<sup>111</sup>

Over twenty years later, bulimia nervosa has become accepted as an eating disorder in its own right rather than as a subtype of anorexia nervosa. It has its own diagnostic criteria within DSM IV and ICD10:

#### DSM-IV

A. Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:

(1) eating, in a discrete period of time (e.g., within any 2-hour period), an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances

(2) a sense of lack of control over eating during the episode (e.g., a feeling that one cannot stop eating or control what or how much one is eating)

B. Recurrent inappropriate compensatory behavior in order to prevent weight gain, such as self-induced vomiting; misuse of laxatives, diuretics, enemas, or other medications; fasting; or excessive exercise.

C. The binge eating and inappropriate compensatory behaviors both occur, on average, at least twice a week for 3 months.<sup>112</sup>

D. Self-evaluation is unduly influenced by body shape and weight.

E. The disturbance does not occur exclusively during episodes of Anorexia Nervosa.

*Specify type:*

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

**Nonpurging Type:** during the current episode of Bulimia Nervosa, the person has used other inappropriate compensatory behaviors, such as fasting or excessive exercise, but has not regularly engaged in self-induced vomiting or the misuse of laxatives, diuretics, or enemas<sup>113</sup>

#### ICD-10

(a) There is a persistent preoccupation with eating, and an irresistible craving for food; the patient succumbs to episodes of overeating in which large amounts of food are consumed in short periods of time.

(b) The patient attempts to counteract the "fattening" effects of food by one or more of the following: self-induced vomiting; purgative abuse, alternating periods of starvation; use of drugs such as appetite suppressants, thyroid preparations or diuretics. When bulimia occurs in diabetic patients they may choose to neglect their insulin treatment.

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<sup>111</sup>Russell, 'The History of Bulimia Nervosa', 22.

<sup>112</sup> The proposed revision for DSMV changes the average occurrence of binge eating and inappropriate compensatory behaviours from 'twice a week' to 'once per week'.

<sup>113</sup> American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders* (Washington DC: American Psychiatric Association, 4<sup>th</sup> ed. 1994).

(c) The psychopathology consists of a morbid dread of fatness and the patient sets herself or himself a sharply defined weight threshold, well below the premorbid weight that constitutes the optimum or healthy weight in the opinion of the physician. There is often, but not always, a history of an earlier episode of anorexia nervosa, the interval between the two disorders ranging from a few months to several years. This earlier episode may have been fully expressed, or may have assumed a minor cryptic form with a moderate loss of weight and/or a transient phase of amenorrhoea.<sup>114</sup>

Whilst there may be similarities between anorexia nervosa and bulimia nervosa and some sufferers may move from one to the other, distinct differences have emerged with regard to the types and circumstances of people who develop anorexia nervosa and those who develop bulimia nervosa, though such distinctions are still a cause for debate among those working in the field. Writing in 2003, Bob Palmer states the current situation regarding the classification of bulimia nervosa in relation to anorexia nervosa as follows:

The canon contains only two major categories – anorexia nervosa (AN) and bulimia nervosa (BN). Anorexia nervosa has low weight as an essential criterion. Bulimia nervosa has binge eating as a necessary criterion. The two disorders share the criterion of what in broad terms might be described as an over-concern about body weight and size although some would see a major difference in degree or emphasis in the typical ideas held by sufferers from AN and BN.<sup>115</sup>

There are as many articles in the current literature about bulimia nervosa as anorexia nervosa though the relationship between them continues to be a source of confusion. Palmer concludes, ‘... AN and BN are far from being entirely discrete disorders and can be made to seem so only by a dint of a certain sophistry’,<sup>116</sup> thus recognising that there are differences between the disorders but that their complex interrelation defies simple classification boundaries.

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<sup>114</sup>World Health Organisation, *The ICD-10 Classification of Mental and Behavioural Disorders* (Geneva: WHO, 1993),140.

<sup>115</sup> Bob Palmer, ‘Concepts of Eating Disorders’, in J. Treasure, U. Schmidt and E. van Furth (eds.) *Handbook of Eating Disorders* (Chichester: John Wiley, 2003), 2.

<sup>116</sup> Bob Palmer, ‘Concepts of Eating Disorders’, 2.

## 2.3 Defining Atypical Eating Disorders

### 2.3.1 Introduction

A category of eating disorders has emerged which recognises both the wide scope of disordered eating in some populations and also the restrictiveness of clinical diagnostic criteria for anorexia nervosa and bulimia nervosa. Christopher Fairburn and Paul Harrison identify the close resemblance between atypical eating disorders and both anorexia nervosa and bulimia nervosa. In addition, they note the fact that atypical disorders may also be long lasting and serious.<sup>117</sup> Their analysis of atypical eating disorders is that they comprise many of the behaviours and symptoms of anorexia nervosa or bulimia nervosa but ‘do not meet their precise diagnostic criteria’.<sup>118</sup> This may be because the patient weighs fractionally more than the definition of anorexia nervosa allows, or due to the absence of amenorrhea in post-menarchal females, though this has been queried as a diagnostic criterion,<sup>119</sup> or some other reason.

### 2.3.2 Binge Eating Disorder

Fairburn and Harrison are eager to mark a boundary between binge eating disorder and the three previously discussed categories of anorexia nervosa, bulimia nervosa and atypical eating disorders.<sup>120</sup> Their rationale for this is the profile of those who suffer from binge eating disorder. Age, gender, remission rate and lifestyle context (i.e. a natural tendency to overeat) are seen as factors which distinguish those with binge eating disorder from the other eating disorders. Despite this, Fairburn and Harrison acknowledge that at the present time ‘little is known about binge eating disorder’.<sup>121</sup>

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<sup>117</sup> Fairburn and Harrison, ‘Eating Disorders’, 408.

<sup>118</sup> Ibid.

<sup>119</sup> P. E. Garfinkel, E. Lin, P. Goering, ‘Should Amenorrhoea Be Necessary for the Diagnosis of Anorexia Nervosa? Evidence from a Canadian Community Sample’, *British Journal of Psychiatry* 168 (1996), 500 - 506.

<sup>120</sup> Fairburn and Harrison, ‘Eating Disorders’, 411.

<sup>121</sup> Fairburn and Harrison, ‘Eating Disorders’, 411.

### 2.3.3 Eating Disorder – Not Otherwise Specified (EDNOS)

Fairburn and Harrison identify the problem of atypical eating disorders becoming a catch-all category. The diagnosis may be perceived as a ‘safe’ option for doctors who do not have to justify the tighter criteria of either anorexia nervosa or bulimia nervosa and this leads to uncertainty about treatment which does not help the patient. Others have voiced dissatisfaction with the current state of classification and its effect on the area of eating disorders as a whole. Arnold Andersen, Wayne Bowers and Tureka Watson<sup>122</sup> found that the category of Eating Disorder – Not Otherwise Specified (EDNOS)<sup>123</sup> was too broadly defined and they conducted a study which led them to conclude that a minor change in diagnostic criteria could mean many current cases of EDNOS being subsumed into diagnoses of either anorexia nervosa or bulimia nervosa. They critique the basis of the current categorisation of anorexia nervosa and bulimia nervosa as being too research-derived<sup>124</sup> and instead suggest looking at anorexia nervosa and bulimia nervosa as syndromes. In their revised criteria a diagnosis of anorexia nervosa would no longer require weight to be less than a designated threshold and amenorrhea would cease to be a core criterion for diagnosis. Their extensive proposed criteria include most of the features currently used but they propose excluding numerical values from the criteria in favour of using terms such as “‘decreased” and substantial ... weight loss’ to determine the boundaries.<sup>125</sup> If implemented, this may have the effect of moving patients from one category to another,<sup>126</sup> and perhaps giving credence to the variegated nature of disordered eating, but it also serves to confuse an already unclear situation. Alternatively, Fairburn and Harrison’s view that part of the cause of confusion is the fact that current rigid classification has arisen from historical anomaly and does not reflect clinical reality<sup>127</sup> may support a change in the direction suggested by Andersen, Bowers and Watson.

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<sup>122</sup> Arnold E. Andersen, Wayne A. Bowers and Tureka Watson, ‘A Slimming Program for Eating Disorders Not Otherwise Specified: Reconceptualizing a Confusing, Residual Diagnostic Category’, *The Psychiatric Clinics of North America* 24 (June 2001), 271.

<sup>123</sup> The US term for Atypical Eating Disorders.

<sup>124</sup> They argue that the criteria are too rigid and driven by the outcomes of research into weight and body mass, rather than reflecting clinical experience which observes the existence of eating disorders even if benchmark criteria are not precisely met.

<sup>125</sup> Andersen, Bowers and Watson, ‘A Slimming Program’, 278.

<sup>126</sup> Andersen, Bowers and Watson highlight this as important as health insurance in the USA covers anorexia nervosa and bulimia nervosa but not EDNOS.

<sup>127</sup> Fairburn and Harrison, ‘Eating Disorders’, 414.

## 2.4 Current Opinion

Having reviewed the historical development of eating disorders and the changes in medical and sociological views about the causes, nature and impact of the disorders, this section draws together these threads in stating the current consensus within mainstream medical and psychological research and clinical practice.

In their editorial in the *British Journal of Psychiatry*, Collier and Treasure chart the issues involved in forming an aetiology of eating disorders and conclude;

Increasingly the consensus is that eating disorders are complex disorders consisting of both genetic and social factors, with a developmental component strongly linked to adult illness. This means that integrated research into their aetiology, which includes genetic, biological, developmental and social perspectives, is now realistic.<sup>128</sup>

Collier and Treasure propose a model they call the ‘Empirical Structure of Eating Disorder’ and explain the relationship between the various factors, thus;

Cultural factors include pervasive factors such as diet and cultural attitudes to weight and shape. Cognitive style and personality are influenced by both genes and environment. Correlations exist between biological factors (serotonin function), environment (adverse childhood experiences), personality (e.g. impulsivity) and affect. All of these factors are influenced and mediated by genes.<sup>129</sup>

The model gives credence to the multi-layered nature of the causes of eating disorders and though they cannot specify exactly how each of the factors relates to other factors, the authors recognise the interplay and influence of each of the features identified. The role of genes and serotonin levels acknowledge the biological aspect, the place of cognition and personality refer to the psychological element and the cultural factors (which include the influence of family and social expectations) note the social dimension which make eating disorders a ‘biopsychosocial’ phenomenon of multi factorial origins.

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<sup>128</sup> D.A. Collier and J. L. Treasure, ‘The Aetiology of Eating Disorders’, *The British Journal of Psychiatry* 185 (2004), 365.

<sup>129</sup> Ibid.

I proceed on the basis that the external environment<sup>130</sup> is encountered by the agent who, responds to it in a way shaped by their genetic, physiological, biological and psychological disposition. Factors within each of these categories can either predispose or protect the person from responding to their environment by developing an eating disorder, so the greater the areas of predisposition, the higher the risk. Despite the positive advance of constructing a model of how it is understood eating disorders arise and develop, Collier and Treasure identify a number of questions which continue to be at the forefront of clinical research and debate;

Can a set of valid diagnoses reflecting underlying aetiology be constructed? Why are those affected predominantly women? How can the dual influence of genes and societal pressures be successfully reconciled? What is the exact nature of the developmental component?<sup>131</sup>

As the journey to answer these questions progresses, those researching eating disorders and those working in clinical practice proceed on the most complete information available in addressing these complex disorders.

## **2.5 Conclusion**

### **2.5.1 Eating disorders as biopsychosocial phenomena of multifactorial origins**

In attempting to answer the question ‘what are eating disorders?’, I argue that anorexia nervosa, bulimia nervosa and atypical eating disorders are neither purely an individual psychological disorder *nor* merely a socially constructed problem. I accept the *DSM IV* criteria as a definition boundary because of the biological and psychological factors which constitute eating disorders. I would however, want to place eating disorders in the context of a historical use of food as something more symbolic than mere physical nourishment. To do so gives recognition to the point raised in section 2.1.8 that food has meaning within societies beyond its physical properties and can become a means of expressing particular things about identity and values.

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<sup>130</sup> Which includes societal, ethnic and family cultural ideals, norms and practices.

<sup>131</sup> Collier and Treasure, ‘The Aetiology of Eating Disorders’, 365.

The presence of biological changes<sup>132</sup> and their psychological correlates<sup>133</sup> which occur within those suffering from eating disorders is sufficient to establish these disorders as ‘bio-psychological’. I argue that the influence of society, with regard to the symbolic meaning of food, and the social conventions of what is normal and desirable, is also a key factor in understanding eating disorders. Anthropological studies, such as that conducted by Anne Becker in Fiji,<sup>134</sup> make it difficult to deny the prominence of culture as a critical variable regarding the presence of eating disorders within a population. There has been a rise in diagnosed cases of eating disorders in women over four decades,<sup>135</sup> during which time the projected media images of ideal female beauty have become progressively thinner. It is extremely difficult to scientifically prove any causal link between the two, but the pressure, particularly on young women, can be observed in studies which consider food behaviours and preoccupation with body image.<sup>136</sup> Such indications justify the consideration of culture as an essential feature of eating disorders, hence the appropriate nature of the term ‘biopsychosocial’. My approach is broadly consistent with those researching eating disorders in the field of psychiatry<sup>137</sup> but gives greater credence to the wider social context and the impact of cultural pressure.

With regard to the multifactorial origins of eating disorders, I would also want to use the *DSM IV* criteria in the wider framework of considering family dynamics.<sup>138</sup> This takes into account the

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<sup>132</sup> Such as reduced body weight and amenorrhea in anorexia.

<sup>133</sup> For both anorexia and bulimia nervosa, these would include fear of weight gain and self-evaluation being overly dependent on body shape and weight.

<sup>134</sup> A.E. Becker, R.A. Burwell, S.E. Gilman, D.B. Herzog, P.Hamburg, ‘Eating Behaviours and Attitudes Following Prolonged Television Exposure Among Ethnic Fijian Adolescent Girls’ *The British Journal of Psychiatry* 180 (2002), 509-14.

<sup>135</sup> Academy for Eating Disorders. [http://www.aedweb.org/Prevalence\\_of\\_ED.htm](http://www.aedweb.org/Prevalence_of_ED.htm) (2<sup>nd</sup> March 2011).

<sup>136</sup> Chao, Pisetsky, Dierker, Dohm, Rosselli, May, Streigel-Moore, ‘Ethnic Differences in Weight Control Practices among U.S. Adolescents from 1995 to 2005’ *International Journal of Eating Disorders* 41 (2008), 124 – 133.

<sup>137</sup> Leaders in the field in the UK would include Christopher G. Fairburn and Janet Treasure.

<sup>138</sup> This refers not only to the immediate or nuclear family but to a wider understanding of family which may include extended family or those not related by blood but who have a significant influence within the daily life of the anorectic. Family dynamics are important in possible emotional turmoil linked with the onset of anorexia, but family also has an influence in terms of shaping attitudes to food, eating and control. Ongoing research into genetic factors related to anorexia may also identify another reason for considering anorexia within the context of the family rather than as an individual disease.

family not necessarily as a causal factor in developing the disorder,<sup>139</sup> but as the context of immediate community where the shaping and forming of identity and self-perception occurs. This allows for the possibility that one of the many factors allowing eating disorders to develop in some individuals is their immediate family context, influenced by the prevailing cultural norms and preoccupations.

Attempts to define anorexia nervosa and other eating disorders have often focused on internal psychological states or external physical symptoms. As can be seen above, it has been almost impossible to separate the question “what are eating disorders?” from the question “what causes eating disorders?”. Though I believe the causes of eating disorders are many, varied and not uniform for every sufferer, a significant omission is made when the external pressure of materialistic consumer society is removed from the equation. Disordered eating may be more subtle and more personal than a widespread response to consumer culture but the pervasive nature of dieting, understandings of thinness as beauty, and the impact of advertising images create a context for eating disorders to flourish, even to the extent of being seen as normal<sup>140</sup> (or at the very least as a natural consequence of the “way things are”).<sup>141</sup> Adopting the view of Charles E. Rosenberg that ‘A disease is no absolute physical entity but a complex intellectual construction, an amalgam of biological state and social definition’,<sup>142</sup> I proceed on the basis that anorexia nervosa, bulimia nervosa and atypical eating disorders are such disorders and that within ‘social definition’ there is scope for a theological engagement with disordered eating which contributes a different perspective. In relation to what constitutes social definition, I concur with Brumberg that ‘Culture is the critical variable that explains why and how anorexia nervosa became the characteristic psychopathology of the female adolescent in the late twentieth century.’<sup>143</sup> Any attempt to engage theologically with disordered eating must therefore proceed on the basis that the influences of the

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<sup>139</sup> Unlike the approach which locates the origins of anorexia within the mother-child relationship.

<sup>140</sup> Hesse-Biber, *Am I Thin Enough Yet?*.

<sup>141</sup> *Ibid.*

<sup>142</sup> Charles E. Rosenberg, *The Cholera Years: The United States in 1832, 1849, and 1866* (Chicago: University of Chicago Press, 1962).

<sup>143</sup> Brumberg, *Fasting Girls*, 10.

prevailing culture upon those within that culture have the potential to profoundly affect how particular individuals respond to their bodies, food and eating.

# Chapter 3

## Towards a Theological Response to Eating Disorders

### 3.0 Introduction

#### 3.0.1 Towards a methodology

The first chapter raised the questions posed to the church by the existence of eating disorders and the previous chapter defined the nature and character of disordered eating in its various forms. The purpose of this chapter is to give a critical and in depth account of the methodology I employ in moving toward a theological response. It is my contention that any methodology seeking to address disordered eating needs to take into account both the individual and the broader social factors at work within the disorder and to do so theologically and practically. Within this chapter I argue that current responses to eating disorders advocated by the Church do not adequately address the problem. It is my intention to show in what aspects current approaches are deficient and argue that my own model of using practices of the church creates a more fruitful response. I will consider three commonly advocated approaches; the provision of pastoral support, the use of Cognitive Behavioural Therapy and self-help strategies, and the practical theology methodologies offered as an alternative to my approach, arguing that each in its own way is inadequate to the task of providing a robust theological response to eating disorders.

Addressing the issue of disordered eating through the methodology of practices will be explored through this chapter before it is worked out with reference to particular practices in the subsequent four chapters.

### **3.0.2 Chapter Overview – From critiques to constructive methodology**

In reviewing the variety of approaches available to address the issue of disordered eating I propose indicating the broad modes of engagement, noting their strengths and weaknesses and defending my choice of methodology in the light of those choices. As the Church seeks to address an issue which is faced by society at large, the critique of approaches deals with different strategies employed in three fields of knowledge. This can be understood as the tendency of contemporary mainline churches to look to pastoral care and counselling, the tendency of modern Western cultures<sup>1</sup> to look to the medical discipline of psychiatry, and the tendency of academic theology to look to practical theology with its emphasis on interdisciplinary dialogue.<sup>2</sup>

#### 3.0.2.1 Pastoral support

The first approach is a methodology which sees eating disorders as a pastoral problem and looks to address **them** from **an** individual perspective, beginning with the interior faith life as a starting point. The approach of pastoral support by the church, often exercised through the ordained clergy or a youth leader, can be beneficial to those who seek help from the church as it at least acknowledges the spiritual dimension of a person and the interrelation between body, mind and spirit. Section 3.1 below considers the advantages but also the limitations of pastoral support offered by the church and argues that on its own it is an insufficient approach to addressing disordered eating.

#### 3.0.2.2 Clinical and self-help approaches and theology

The second methodological approach considered is perhaps the dominant unspoken methodology employed by many in the Church when considering eating disorders. It is an approach which begins with the insights of psychiatry as the primary discipline concerned with disordered eating and seeks to build a theological position based on that psychological foundation. What is embarked

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<sup>1</sup> Including a significant number of people who would consider themselves to be Christians.

<sup>2</sup> Another way to consider this would be to see the critique of approaches in relation to the three ‘publics’ identified by David Tracy; Society, the Church, and the Academy. David Tracy, *The Analogical Imagination* (London: SCM, 1981).

upon is an attempt to correlate ‘truths’ emerging from the psychological investigation with theological concepts.<sup>3</sup> The underlying position that is taken is one of accepting psychology as part of God’s gift for bringing healing, wholeness and human flourishing and seeking to affirm all truth as God’s truth whether it is found in cognitive behavioural therapy or theology.

Whilst not expressly articulating this theological position much of the popular Christian literature on eating disorders employs a similar methodology, particularly in use of terminology. Gregory L. Jantz refers to the inherently psychological concept of ‘the self’ in his section entitled ‘losing the sense of self’<sup>4</sup> and also works with ‘denial’ and ‘addiction’ as chapter titles, drawing on terms from popular psychology in a book intended to integrate a Christian theological approach with a pressing societal issue. Section 3.2 below will consider the ways in which psychological approaches such as CBT and self-help programmes can be a useful but incomplete contribution to the Church’s response to disordered eating.

### 3.0.2.3 Other Practical Theology approaches

Section 3.3 acknowledges that there are a variety of theological approaches which may be used when addressing a topic of this nature, most of which would be classed as ‘practical theology’. The focus of this critique is the pastoral cycle, chosen because it has been as the dominant theological method in pastoral theology in recent years. The argument made is that as a method it has deficiencies as a means for addressing the issues of disordered eating which make it a less suitable method than the approach I take.

### 3.0.2.4 Practices

Having considered the key approaches by which the Church seeks to address disordered eating, I propose a method based upon practices of the church as an approach which is both theologically

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<sup>3</sup> Such an approach owes much to the understanding of critical correlation advanced by Paul Tillich and has been pursued by many seeking to relate psychology and theology. This approach is recognised and challenged in the work of Deborah Van Deusen Hunsinger, *Theology and Pastoral Counselling* (Grand Rapids, Mi.: Eerdmans, 1995), x.

<sup>4</sup> Gregory L. Jantz, *Hope and Help for Eating Disorders* (Colorado Springs: Shaw Books, 2002), 27.

and practically convincing. Sections 3.4 and 3.5 which develop this method articulate my understanding of what is meant by ‘practices’, which practices will be considered and how the practices I refer to were chosen. A subsequent section<sup>5</sup> will establish how the practices discussed in this thesis relate to one another, particularly with reference to an understanding of Baptism and Eucharist as overarching sacramental practices with the other practices considered in the light of this.

## **3.1 Inadequacy of Pastoral Support**

### **3.1.1 Inadequacy of Pastoral Support**

In the introduction it was noted that one of the most common points of contact between the church and the world of eating disorders is where a youth leader or member of the clergy is approached by someone with an eating disorder seeking pastoral care. There are interesting questions requiring further empirical research about what manner of care is being sought in these circumstances.<sup>6</sup> At the point at which someone either acknowledges they have a problem and need help, or where they have been diagnosed with an eating disorder and are reacting to that diagnosis, approaching a church leader raises particular issues. The care and support sought is likely to be different than what is expected from a counsellor or therapist or medical practitioner, and this suggests that there is a role for church pastoral support to play.

### **3.1.2 What is the understanding of pastoral care I will be working with in this section?**

Whilst an extensive exploration of the expectations of pastoral care given by church leaders is not possible here, due to the limitations of space and focus, there are particular common themes which may aid understanding of what is intended to be offered. Anorexiabulimiacare, the leading

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<sup>5</sup> Section 3.6.

<sup>6</sup> Goodliff notes the changing relationship between psychology, pastoral counselling and pastoral care within the church in Goodliff, *Care in a Confused Climate* (London: Darton, Longman and Todd, 1998), 16-20; and Kate Litchfield identifies some of the consequences of this, ‘However, confusion can arise because, with an ever-increasing demand for personal counselling and the lack of affordable counselling services, people may turn to their ordained minister for a form of help which may go well beyond the normal expectations of pastoral care’ (K. Litchfield, *Tend my Flock* (Norwich: Canterbury Press, 2006), 16).

Christian Eating Disorder charity in the UK, acknowledges the value of church leaders, youth leaders and pastoral carers in helping those who suffer from eating disorders.<sup>7</sup> ABC include within the elements of pastoral care which might be offered: (i) a better understanding of eating disorders and what the key issues are; (ii) changes to church events or preaching which may make church a less difficult place for sufferers to attend; and (iii) the care given to families and close friends of those with an eating disorder, acknowledging that this is something which has consequences for a wider range of people than just the person with the eating disorder.

Key texts on pastoral care pick up the imagery of the shepherd and flock.<sup>8</sup> As the shepherd leads and tends the flock, the tasks of feeding, nurturing and binding up the wounded sheep are balanced with directing and steering the sheep away from danger. The inference is that pastoral care within the Church involves more than being friendly or compassionate and will involve speaking the truth in love and addressing challenging issues.

The emphasis upon the individual and their needs is an appropriate place to start addressing the eating disorder as a presenting issue. This is similar to the approach taken in psychological and medical fields where, even if wider issues such as family dynamics or relationships with others are brought in at a later point, the method of addressing the eating disorder is to begin with the individual as they present themselves seeking help.

The merits of the Church providing pastoral care to those with eating disorders are significant. Pastoral care provided by the Church can enable the eating disorder sufferer to acknowledge the spiritual dimension of who they are and the impact of the eating disorder upon that. For those seeking pastoral support because they are already part of the church, there is the benefit of receiving unconditional love and support even if they are unable to see themselves as worthy of such care.

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<sup>7</sup> [www.anorexiabulimiare.org.uk/churchleaders](http://www.anorexiabulimiare.org.uk/churchleaders) (Last accessed 12/03/12)

<sup>8</sup> K. Litchfield, *Tend my Flock* (Norwich: Canterbury Press, 2006), 16; John Patton, *Pastoral Care – An Essential Guide* (Nashville: Abingdon Press, 2005), 77.

Pastoral Support given by the church can also encompass the family members affected by the eating disorder if they are also part of or open to the church. This addresses the broader context of eating disorders and the difficulties many families face in supporting a family member with an eating disorder.<sup>9</sup>

### **3.1.3 Clergy response**

In the introduction it was noted that often the initial contact between the church and disorders was often the pastoral encounter between congregant and clergy. At this point it is significant to note the training clergy receive in pastoral care. Across training institutions and programmes, the curriculum for training in pastoral care varies, but common to all is an acknowledgement that clergy will encounter individuals whose problems exceed the skills and competences of the local church minister. Emphasis in pastoral training of clergy is placed on ‘the care of souls’ and being able to discern at what point to refer a person to a specialist in a particular field when the expertise of the ordained has reached its limit.<sup>10</sup> When faced with a person with an eating disorder, many clergy and youth workers may feel 'out of their depth' and refer the person to their GP in order to access services through the NHS or to seek counselling through formally accredited professionals. This, in turn, places the person suffering from the eating disorder in the situation discussed below in section 3.2. Whilst CBT may be helpful or a self-help route may provide a way through disordered eating, it is argued below that as a Church response it is insufficient in theological terms.

### **3.1.4 Helpful but insufficient**

Despite the importance of fulfilling this need for pastoral care, a church response to eating disorders which goes no further than offering pastoral support is inadequate.

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<sup>9</sup> Grainne Smith, *Anorexia and Bulimia in the Family* (Chichester: Wiley, 2004).

<sup>10</sup> John Patton uses the example of alcohol addiction as a situation where the pastor can assist in some aspects but needs to know when to refer a person to an addiction specialist. John Patton, *Pastoral Care – An Essential Guide* (Nashville: Abingdon Press, 2005), 77.

I argue that pastoral care of the individual sufferer does not go far enough in terms of theologically responding to the cultural environment in which disordered eating occurs. It is to focus in upon the individual without addressing the broader context which contains features which if unquestioningly accepted, promote and sustain eating disorders.

Pastoral support concerns itself with dealing with the symptoms of disordered eating, caring for those who have found themselves caught up in the world of eating disorders and trying to stand alongside them as they navigate the path to recovery. It is an important response by the Church as it models weeping with those who weep, showing compassion to those who suffer and speaking the truth in love. Pastoral support and care is a necessary part of the way the Church engages with disordered eating but without also addressing the issues which allow disordered eating to develop the Church will only ever respond to the problem rather than seek to model an alternative way of being which seeks to propose a solution.

Pastoral support alone as a response to disordered eating is of limited psychiatric effectiveness. The reason many clergy are encouraged to refer parishioners on to professional psychiatric help is the recognition that psychiatric help may be more helpful in addressing the eating disorder than pastoral care. The following section will discuss in what sense this is and is not an adequate Church response to disordered eating.

## **3.2 The Inadequacy of CBT and other clinical and self- help approaches as a sufficient Church response**

### **3.2.1 What is Cognitive Behavioural Therapy?**

The dominant professional discipline encountered in relation to disordered eating is that of psychiatry, based on the construction of disordered eating as a mental disorder. The development of

a variety of approaches within the field of psychological investigation has been referred to previously,<sup>11</sup> but the increasing use of Cognitive Behavioural Therapy warrants particular attention.

It is becoming widely recognised that cognitive behavioural therapy<sup>12</sup> is the clinical approach having the greatest success rate in treating eating disorders.<sup>13</sup> Experimentation with specially adapted forms of CBT have yielded encouraging results and generated hope that what is acknowledged to be an extremely difficult disorder to treat can be successfully addressed.

Enhanced forms of CBT for treating eating disorders are identified as CBT-E,<sup>14</sup> with the specific form of CBT for bulimia identified as CBT-BN.<sup>15</sup>

In a departure from traditional psychoanalysis, CBT is based on the principles of identifying maladaptive responses to situations or stimuli and seeking to change how these events are perceived, thus altering the emotional response and the behaviour which flows from it. In his appraisal of CBT, Hofmann articulates the key foundations thus:

The central notion of CBT is simple. It is the idea that our behavioral and emotional responses are strongly influenced by our cognitions (i.e., thoughts), which determine how we perceive things. That is, we are only anxious, angry or sad if we think that we have reason to be anxious, angry or sad. In other words, it is not the situation per se, but rather our perceptions, expectations, and interpretations (i.e., the cognitive appraisal) of events that are responsible for our emotions.<sup>16</sup>

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<sup>11</sup> Chapter 2.

<sup>12</sup> Hereafter referred to as CBT.

<sup>13</sup> Carol B. Peterson and James E. Mitchell, 'Cognitive-Behavioural Therapy for Eating Disorders' in *The Outpatient Treatment of Eating Disorders*, ed. James E. Mitchell (Minneapolis: University of Minnesota Press, 2001).

<sup>14</sup> Michael W. Otto and Stefan G. Hofmann (eds), *Avoiding Treatment Failures in the Anxiety Disorders* (New York: Springer, 2010).

<sup>15</sup> C.G. Fairburn, M.D. Marcus, and G.T. Wilson, 'Cognitive-behavioural therapy for binge eating and bulimia nervosa: A comprehensive treatment manual' in C.G. Fairburn and G.T. Wilson (eds), *Binge Eating: Nature, assessment and treatment*. (New York: Guildford Press, 1995), 361-404.

<sup>16</sup> Stefan G. Hofmann, *An Introduction to Modern CBT* (Chichester: Wiley-Blackwell, 2011).

In terms of what this looks like in practice for those with disordered eating, the best summary of the approach in non-specialist language is contained within the advice given to clinicians on how to tell patients what is involved:

the treatment is a one-to-one talking type of treatment that primarily focuses on what is keeping the eating problem going. It is therefore mainly concerned with the present and the future. It addresses the origins of the problem as needed.

The treatment is tailored to your specific eating problem and your needs. You and your therapist will need to become experts on your eating problem and what is keeping it going.

[For patients with a body mass index over 17.5] Treatment will involve 20 sessions over 20 weeks plus one initial assessment session, the first eight sessions being twice a week, the next 10 being weekly, and the last three being at 2-week intervals.

[For patients with a body mass index between 15.0 and 17.5] Treatment will involve about 40 sessions over approximately 40 weeks, the first 20 or so sessions being twice a week. Thereafter they will spread out.

You and your therapist will agree upon specific tasks (or 'next steps') for you to undertake between each session. These tasks are very important and will need to be given priority. It is what you do between sessions that will govern, to a large extent, how much you benefit from treatment.<sup>17</sup>

Following an initial assessment which aims to identify the perceptions of the eating disorder sufferer about food, eating and body image, the next stage is to reconceptualise how these are thought about and thus address the emotions and behaviour which flow from those perceptions. Exercises will be set to acquire new skills which help reinforce this new way of thinking<sup>18</sup> and further work to consolidate those skills will follow. Later stages look to how this new pattern of thinking, feeling and acting can become the general way of functioning and be maintained over the long term. At the conclusion of treatment will be an assessment of whether it has been successful and how the patient should be followed up.

If CBT is so successful in treating disordered eating it could be argued that all the Church needs to do to help those with eating disorders is to help them through the process of CBT as outlined above and that will constitute an adequate response. Whilst it is good to acknowledge the benefits and methods of healing discovered through the discipline of psychology, I argue that this alone is an insufficient response for the church to make, for the following reasons:

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<sup>17</sup> Christopher G. Fairburn, *Cognitive Behavior Therapy and Eating Disorders* (New York: Guildford Press, 2008).

<sup>18</sup> A. H. Crisp, N. Joughin, C. Halek, C. Bowyer, *The Wish to Change* (Hove: Psychology Press, 2<sup>nd</sup> ed. 1996), 39.

Firstly, CBT addresses the individual, their symptoms and the underlying thoughts and mechanisms which sustain the behaviour which manifests itself in those symptoms. It does not explicitly deal with the wider context of the community in which the individual lives and the views, practices and understandings of that immediate context. This deficiency applies to both the local and broader societal context, as both these environments have an influence over the individual with disordered eating. Whilst advocates of CBT would argue that the strength of CBT is that it enables the individual to navigate their way through these challenging societal environments without resorting to disordered eating as an adaptive strategy, there is nothing within CBT to address the concerns noted in Chapter 2 that part of the context of eating disorders is a culture which promotes unattainable ideals of thinness as perfection. It can be argued that this is not the role or place of CBT. It has no intention of affecting social change on a grand scale or challenging cultural pressures. It is a means of helping individuals work through their disorder. This wider perspective about challenging those things which diminish humanity created in the image of God are things which the Church is called to address and therefore, merely adopting CBT as the Church's sole response to disordered eating is insufficient.

Secondly, CBT makes no claims which could be termed 'theological' and has no place for prayer. In order to give credence to its understanding of the place and story of God, the Church response may want to frame its language and articulate a worldview which looks different to that within which CBT operates. The centrality of prayer to the Church's life and a particular understanding of prayer as significant in healing and wholeness<sup>19</sup> suggests that CBT alone does not fully reflect the kind of response the Church would want to make to the sphere of disordered eating.

The third way in which CBT alone constitutes an inadequate church response to disordered eating is to do with the fact that only addresses the treatment of a disorder once it has taken hold. My view

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<sup>19</sup> John Swinton and Richard Payne (eds.), *Living Well and Dying Faithfully* (Grand Rapids, Mi:Eerdmans, 2009), xxi.

is that a church response in its fullest sense needs to look at what can be done about factors which potentially contribute to disordered eating and act prophetically. The previous chapter established that though much of disordered eating is not about food or thinness, the cultural pressure to achieve a particular weight, size or body shape is a contributing factor in the development of disordered eating. Whilst CBT may help the individual sufferer to identify why this may be an issue for them personally, it does not have the capacity to shape corporate attitudes to what is desirable weight or body size or even the wider question of what the purpose of the body or the person is.

### **3.2.2 Church based self-help approaches: towards an empirical study?**

Some churches have sought to supplement the approach of CBT used by a psychologist and eating disorder sufferer by offering a support or accountability group, to help and encourage the patient to keep going to appointments and working through the programme. Other models of small group self-help programmes have formed in particular church contexts. An original intention of this thesis was to conduct empirical research into the role and effectiveness of such groups as they operate within the Church. As there were few groups established or operating in UK churches at the time, the aim was to conduct observational ethnographical research with an established eating disorder self-help group which was part of a wide-ranging Twelve Step Ministry programme in a large Church in the USA. The questions to be explored included what made it a 'Christian' or 'Church' response to disordered eating, why people went to it, whether this was a group of people who were already part of the Church or whether this was a ministry the Church offered to those outside itself. The intention was to assess to what extent it was helpful in people overcoming their struggle with disordered eating and whether any of the proposed benefits of the approach I pursue in this thesis were experienced in practice. Due to circumstances beyond my control, the effectiveness of the proposed ethnographic research was severely limited by problems within the group with which I had planned to work. It is in this context that the theological reflection on my time spent with the group occurs in Chapter 5. Despite its limitations in terms of the low numbers of those attending the group and the short amount of time I was able to spend with them, the material is included as an illustration of a church response to eating disorders which draws upon the ideas of self-help

through confessing and being accountable. It indicates that the work of self-help groups hosted by or connected to the Church may be a fruitful area for future research into how effective they are and in what sense they consider themselves to be part of the Church's response to disordered eating.

Despite many positive features of both CBT and self-help programmes based on psychological methodologies I contend that, as a Church response, an unquestioning acceptance of CBT as the last word or the only approach to eating disorders is inadequate. CBT was developed as a psychological treatment and therefore obviously falls short of being a theological response, as it was never intended to be one. Work undertaken to explore the relationship between Christian faith, spirituality and CBT<sup>20</sup> suggests a helpful way forward in thinking theologically about CBT and its use within the Church and further interdisciplinary engagement of this kind is to be welcomed. This however does not resolve the difficulty that an adequate theological response to disordered eating needs to be one which is capable of addressing not only the individual and their behaviour and attitudes but the culture within which their worldview is formed. The suggestion may therefore be made that what is required is an approach which integrates both theology and psychology and so the claims of practical theology as a methodology will now be considered.

### **3.3 Inadequacy of other practical theology approaches**

This thesis addresses the contemporary issue of disordered eating, and as such may be categorised by some as an exercise in 'practical theology'. The debates surrounding the existence of practical theology as a discipline and its boundaries and relationship with other strands of theology are too numerous to recount here.<sup>21</sup> It is necessary from a methodological perspective to establish why my approach to the issues of disordered eating, namely the use of practices of the church based on a

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<sup>20</sup> S. Plum and P. Hebblethwaite, 'The 'Third Wave' of Cognitive Behavioural Therapy (CBT) – Can it be Integrated into a Christian Context?' *Accord* Autumn 2010, 24-29.

<sup>21</sup> See J. Woodward and S. Pattison, *The Blackwell Reader in Pastoral and Practical Theology* (Oxford: Blackwell, 2000), 59-72; and Ballard and Pritchard, *Practical Theology in Action*, 9-26.

canonical narrative reading of scripture, has been chosen over other approaches favoured by practical theology.

Space does not allow an extensive exploration and critique of the full range of methodologies and approaches which could have been pursued in this thesis.<sup>22</sup> Instead I intend to demonstrate why the most obvious methodological tool, the pastoral cycle, has not been used and why.

### **3.3.1. The Pastoral Cycle**

The most commonly encountered method of theological practical reflection is the pastoral cycle.<sup>23</sup> In its various forms it has been chosen as a methodology for addressing contemporary issues in a variety of contexts, leading Ballard and Pritchard to assert, ‘Such widespread acceptance clearly suggests that the pastoral cycle should be at the heart of any contemporary perspective on practical theology’.<sup>24</sup> Whilst the overarching process of insertion/analysis/theological reflection/practical outcome can be detected as the overarching structure for this thesis, as a methodology for addressing disordered eating in detail or depth, it proves insufficient. Despite its careful attention to multi-disciplinary analysis and theological reflection the pastoral cycle is not without difficulties. Ward notes how the process of the pastoral cycle can result in the reverse of the outcome it was intended to create:

The pastoral cycle tends to reinforce the dislocation between reflection and the everyday... The problem is that it separates both the analysis of a pastoral situation and the theological reflection as particular stages in the method. Thus experience is effectively distanced or distilled through analytical moves.<sup>25</sup>

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<sup>22</sup> For an account of alternative practical theology methods, see Graham, Walton and Ward, *Theological Reflection: Methods*.

<sup>23</sup> Ballard and Pritchard, *Practical Theology*, see also Emmanuel Lartey ‘Practical Theology as a Theological Form’, in David Willows and John Swinton, *Spiritual Dimensions of Pastoral Care: Practical Theology in a Multidisciplinary Context* (London: Jessica Kingsley, 2000), 72.

<sup>24</sup> Ballard and Pritchard, *Practical Theology*, 74.

<sup>25</sup> Pete Ward, *Participation and Mediation* (London: SCM, 2008), 35.

To use the Pastoral Cycle would be one way to look to how the Church responds to disordered eating. It would, however, require the theological reflection to follow an analysis of eating disorders as understood by other disciplines. Walton notes the difficulty of determining which discipline is given primacy.<sup>26</sup> In the case of disordered eating, as has already been noted, competing claims from sociology, psychology and feminist approaches make a consensus about eating disorders difficult to reach. To then lay a layer of theological reflection upon them creates a number of difficulties including which analysis to theologically reflect upon and if more than one theological reflection emerges, how to reconcile or relate differing responses.

Perhaps the greatest deficiency in using the pastoral cycle is that it allows the disciplines used in analysis to frame the issue, rather than taking the view exemplified in Barth that the centre of all things is the revelation of God in Christ. Taking an approach in which the Church sets the agenda, based on its understanding of the revelation of God about the purpose of humanity, the body, food, and eating constitutes a more faithful response by the Church than letting others determine the grounds and terms within which the Church should respond.

Taking an approach which works out of the tradition of the Church enables a Church response which avoids the danger of simply baptising the latest secular thought and calling it the Christian response. The emphasis of Barth continually causes us to ask how new knowledge and insights relate to the tradition of the Church and God's revelation in Christ as the Church has received it. This is not to say that the church has nothing to learn from other disciplines but ensures that such learning is considered in the context of the Church's own understanding, tradition and practice.

### **3.3.2 Summary of Approaches**

Having considered three key ways in which the Church **has** attempted to engage with disordered eating it has been established that though each approach has its benefits, none of those considered

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<sup>26</sup> Roger L. Walton, 'The Teaching and Learning of Theological Reflection: Case Studies of Practice' (Ed.D Thesis, Durham University, 2002), 34.

above is adequate in itself. The critiques note that any method used needs to be theologically robust, yet engage with the issues central to disordered eating and combine helping the individual sufferer and their immediate support network, whilst asserting at a societal level that particular cultural pressures create an environment which predisposes some people to eating disorders.

### **3.4 Practices of the Church**

The criticism of methodologies which require us to separate out theological reflection from problems as they are encountered in daily life is similar to the criticism of approaches which advocate looking at one area of life in isolation from another, or only looking at theological engagement as a process of stages to be worked through. All of these fail to integrate theology and practice in a seamless whole existing within the same person or within the whole Church. Ward looks to a relationship between theology and practice which sees them held together so faith is an embodied practice:

In the practice of faith, doctrine is performed as it is prayed, sung, preached and enacted in mission.

To be a person of faith means that the theological is embodied as lifestyle, belonging and identity.<sup>27</sup>

This idea of practices being the embodied witness of the people of God is taken from the individual level expressed by Ward, to a corporate level in the writings of John Howard Yoder.<sup>28</sup> The Church therefore engages with the issues it encounters through the practices it enacts. The questions then raised are about where its practices are drawn from and who discerns which practices address which issues.

#### **3.4.1 Canonical Narrative**

Those who advocate the approach of practices as the means by which the Church lives and witnesses to Christ base those practices upon the narrative of the canon of Scripture and

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<sup>27</sup> Ward, *Participation and Mediation*, 35.

<sup>28</sup> Yoder, *Body Politics*.

particularly the story of Jesus as read in the gospels. Graham identifies this as ‘a form of theological reflection that is based upon the story of Jesus as recounted in Scripture’.<sup>29</sup> In engaging with the biblical narrative, the Church hears God’s story told and is challenged to understand its own experience within the light of the ongoing story of God and his people. Graham notes:

The aim of theological reflection in this perspective is not to discover some new truth appropriate to our own age and context but rather to enable believers to locate their diverse and particular stories within the framework of the story *God told* through Christ. Having made this act of committed identification they should then discover how their own lives become transformed into a dramatic re-presentation of the gospel in the contemporary situation.

So Yoder uses the example of Jesus instructing his followers on the practice of ‘binding and loosing’ to shape how the Church understands forgiveness and what that may mean for Christians today.<sup>30</sup>

In the chapters which follow, the questions raised by the existence of disordered eating will be addressed by recourse to a canonical narrative approach to Scripture, looking at the biblical narrative to examine what shapes the Christian church’s view of food and eating, body image and body purpose, identity, and perfection which are all key elements of disordered eating identified in Chapter 2.

The methodology will draw on perspectives of Karl Barth, Stanley Hauerwas and Gerard Loughlin, taking the biblical narrative as the story within which the Church lives. In a thesis focussing upon distinctive practices of the Church, the canonical narrative approach to Scripture enables an identification to be made of practices in the story of the life of Jesus and the early church. Taking the accounts of the practice of Baptism and Eucharist, of Jesus feasting with his disciples, of the early church confessing sin and confessing Christ, it is possible to follow those practices, which

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<sup>29</sup> E.L. Graham, H. Walton and F. Ward, *Theological Reflection: Sources* (London:SCM,2007), 151.

<sup>30</sup> Yoder, *Body Politics*,1.

may seem alien to today's culture, but which somehow speak of God. I argue in this thesis that the Church needs to be different from the culture which allows or promotes disordered eating. The telling of God's story and seeking to live in conformity to it is one way I suggest as an appropriate means by which the Church may be distinctive.

Each of the chapters considering practices of the Church begins with how the practice is patterned in Scripture and only later discusses how it is interpreted in the historically unfolding story of the Church. Only then is the relationship to disordered eating examined. This follows Loughlin's view, building on the work of Karl Barth and Hans Frei, concerning the revelation of God to be the place to begin:

Unlike most modern theology, narrative theology does not look to the world and its possibilities, but to the actuality of God's story as it is told in the Church's Scripture. It does not seek to show the possibility of revelation, but its actuality; not that God can and may speak, but that God has spoken.<sup>31</sup>

Loughlin notes:

The Eucharist enfolds all the themes of narrativist theology. It is itself a narrative that enfolds the participants within the biblical story, not simply in each performance but in the cycle of performances throughout the Church's liturgical year.<sup>32</sup>

Mindful of this, the central chapter of the thesis (Chapter 4) considers what the story of Baptism and Eucharist mean as the Church inhabits and participates in God's ongoing story. It is argued from the consideration of the biblical narrative that living as the baptised who regularly share in the Eucharist shapes the identity of those who are the Church. The shaping and forming of the Church through participation in the Eucharist – a telling of the story of Christ and consuming of bread and wine - can be likened to Loughlin's view of the Church shaped by consuming the narrative of Christ:

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<sup>31</sup> Gerard Loughlin, *Telling God's Story* (Cambridge: Cambridge University Press, 1996), 35.

<sup>32</sup> Loughlin, *Telling God's Story*, 223.

The Church is a Christ-shaped people; its shaping a matter of virtuous discipline, a pedagogy of the body. It is a community in which people learn how to embody the story of Jesus Christ. The Church can only tell the story of Christ if it has first read Christ's story, consumed it in such a way that it nourishes and shapes the consumer, reader and teller of the story.<sup>33</sup>

The means by which the telling and retelling of the story is undertaken is examined in Chapter 5 as the place, purpose and power of confessing is explored.

Having identified the place and significance of food, body and eating within the biblical narrative, the thesis addresses the subject of disordered eating through key practices in the life and history of the Church which flow from response to Scripture and may speak into addressing disordered eating in a contemporary context.

### **3.4.2 Practices**

Aligned with seeking to discern what a canonical narrative approach to Scripture leads the Church to understand about its place in God's story, the core chapters (4, 5, and 6) will draw on the insights of J. H. Yoder, particularly the methodology of *Body Politics*<sup>34</sup> and the significance of the rediscovery of Christian practices. Based on Yoder's proposition that '[t]he people of God is called to be today what the world is called to be ultimately'<sup>35</sup> the thesis looks to how the people of God may live in such a way that their relationship to food is appropriately orientated to God.

What emerges is that by rediscovering Christian practices which have been neglected in some parts of the Church, there is the potential for the Church to engage with disordered eating on a number of levels.

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<sup>33</sup> Loughlin, *Telling God's Story*, 86.

<sup>34</sup> John Howard Yoder, *Body Politics* (Nashville: Discipleship Resources, 1992).

<sup>35</sup> Yoder, *Body Politics* ix.

Firstly, through living in a way which is countercultural there is the possibility of prophetic action. Through its practice the Church articulates to the watching world a different understanding of life. Hauerwas's observation that 'Sin consists in our allowing our characters to be formed by the story that we must do everything (pride) or nothing (sloth)'<sup>36</sup> has particular resonance in the area of disordered eating. The cultural narrative which demands that perfecting the body be pursued through hard work in the gym and minimal consumption of calories (doing everything) is contrasted with the competing cultural narrative which proclaims 'why work at it when you can take a diet pill/ have cosmetic surgery'? In refusing to live within the story of the individual body as an all-consuming project, the Church entertains the hope that there is something different that bodies were created for.

Secondly, through the communal creating of meaning which differs from the prevailing culture there can be a preventative effect regarding disordered eating for those in the Church. Through the practices of the Church there is the potential for people to be formed into those who can discern that, for example, constant dieting to look a certain way is not what humanity was created for. Susie Orbach indicates that what is needed is 'an expanded understanding of our bodies, to bolster our resilience in the face of unprecedented attack and to bring sustainability to our bodies so that we can live with and from them more peaceably.'<sup>37</sup> This thesis will argue that through its practices the Church is exactly a place where such an expanded understanding of bodies, food, eating and identity may be formed and nurtured.

Thirdly, through being Church there is the possibility of healing for those already suffering from disordered eating. The practices shaping and forming the Church have the potential to shape and form those within the life of the Church who suffer from disordered eating. Within this new way of living there is the potential of transformation based on redemption through grace.

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<sup>36</sup> Stanley Hauerwas, *The Peaceable Kingdom: A Primer in Christian Ethics* (London: SCM Press, 1984), 48.

<sup>37</sup> Susie Orbach, *Bodies*, 17.

Despite the strengths of a Church response to disordered eating beginning with the revelation of God in Scripture and flowing into practices which form the Church and witness to a watching world there are criticisms which can be levelled at such an approach. Many have criticised this approach when used by Hauerwas as being sectarian,<sup>38</sup> arguing that it dwells on the Church as not only separate from the world but separated and retreating to a place from which it cannot contribute to society by engaging in what has been traditionally called ‘public theology’. The key argument against taking the approach I follow in regard to disordered eating is primarily to do with the difficulties of engaging those outside the church. The criticism levelled is that it does not engage on the same terms, use the same language or work on the same basis as the medical professionals seeking to help those with eating disorders and therefore will not be recognised by psychologists as having anything to contribute to the field. It is suggested that as an approach it does not make sense to those outside the Church, particularly those with eating disorders, because it is so ecclesiocentric.

However, in a world in which the tenets of Enlightenment rationalism are frequently disputed, the argument advanced by Hauerwas for the Church to seek ways of faithful discipleship which are not dependent upon the upholding of liberal politics is convincing. Any Church response to issues within society must primarily be faithful to Christ rather than the demands of contemporary culture. In this, the Church demonstrates that witness to the kingdom of God is part of faithful discipleship and at times may involve a clash of views with those of Enlightenment rationalism.

The argument can be made that to be credible to psychology the Church cannot work with a methodology which begins with revelation through Scripture and is made manifest through practices. In response to this I demonstrate in the chapters which examine practices in detail how the practices of the Church may be understood and responded to by those outside the Church.<sup>39</sup> The argument that a methodology based on church practices is less capable of engaging with those who

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<sup>38</sup> Most notably James Gustafson, ‘The Sectarian Temptation: Reflections on Theology, the Church and the University’, *Proceedings of the Catholic Theological Society* 40 (1985), 83-94.

<sup>39</sup> See, for example, confessing and accountability as practiced in various forms in chapter 5.

understand disordered eating from a psychological background than any other practical theology approach underestimates the challenges faced by any attempt to bring the two disciplines into dialogue.

When theology has sought to engage with psychology the different perspectives of each discipline have sometimes created problems. Mark Sutherland acknowledges the difficulties experienced when psychiatry and theology have attempted to dialogue.<sup>40</sup> He argues that in its quest to be taken seriously by the medical establishment as a scientific discipline, psychology has increasingly focussed on research which produces 'measurable results' in regard to symptoms and treatments. The result of this is, he argues, 'The human person ceases to exist, becoming simply a collection of symptoms and behaviours which have to be modified or brought under control'.<sup>41</sup> This, he contrasts with theological approaches which endeavour to hold to a more integrated anthropology of humanity rather than a series of issues which can be clinically categorised. Despite this, positive signs are emerging in the relationship between theology, spirituality, religion and psychiatry, suggesting that what was once an area overlooked by both theologians and psychiatrists is now being given serious attention.<sup>42</sup>

Having considered ways in which a more productive relationship between theology and psychology may emerge, Sutherland concludes, 'Perhaps the real task of practical theology is to recall the wider religious tradition to the central task of facilitating human co-operation with a God who maintains an intention and purpose for the whole of the creation.'<sup>43</sup> My contention is that the approach I take enables such a human co-operation with God to occur as the Church lives out its ethic, making manifest God's purposes for creation.

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<sup>40</sup> M. Sutherland, 'Towards Dialogue: an Exploration of the Relations between Psychiatry and Religion in Contemporary Mental Health', in James Woodward and Stephen Pattison (eds), *The Blackwell Reader in Pastoral and Practical Theology* (Oxford: Blackwell, 2000), 272.

<sup>41</sup> Sutherland, 'Towards Dialogue', 277.

<sup>42</sup> Chris Cook, Andrew Powell and Andrew Sims, *Spirituality and Psychiatry* (London: RCPsych Publications, 2009).

<sup>43</sup> Sutherland, 'Towards Dialogue', 281.

The thesis concludes by suggesting that a rediscovery of these practices of the Church offer an alternative pattern for life, counteracting much of what generates and sustains disordered eating and offers healing and hope to those who suffer from eating disorders.

### **3.5 How are the practices within this thesis selected?**

#### **3.5.1 Being the Church and Relating to Bruch**

In the previous section I sought to establish why I believe a methodological approach based on practices of the Church to be the most fruitful means of addressing the problem of eating disorders from a Church perspective. My contention is that this method holds together a theology grounded in biblical and historical tradition with a practical outworking (in fact it is no theology at all until it is enacted in practice), and also holds in tension the corporate and the individual. It is clear that in the course of its life and witness, the Church has many practices and so the next question raised is how one selects which practices are relevant to the topic in hand and defends such choices.

There are many practices of the Christian Church,<sup>44</sup> not all of which are relevant to disordered eating. The previous section noted that one of the perceived weaknesses of this approach is knowing which practices are appropriate to be considered in relation to particular issues. The lack of systematic process in selecting practices to be considered in this thesis is accepted as a valid criticism of this approach within the understanding that, whilst this aims to be a theologically and practically robust engagement with disordered eating, it does not claim to be exhaustive. Future research may explore how other Christian practices relate to different aspects of disordered eating, such as the practice of hospitality as it relates to making welcome those who struggle with eating.

The process by which it seemed best to select practices to be considered in the thesis was to consider the central sacramental practices of baptism and Eucharist, then look to ecclesial practices

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<sup>44</sup> Stanley Hauerwas and Samuel Wells (eds.), *The Blackwell Companion to Christian Ethics* (Oxford: Blackwell, 2004).

relating to eating, identity and food,<sup>45</sup> and conclude by considering the practices related to secular responses to eating disorders.<sup>46</sup> It became apparent that the work of Hilde Bruch which was identified in the previous chapter as key in defining disordered eating, had significant implications for the selection of practices.

Bruch's identification of the core issues at the heart of what she termed 'primary anorexia nervosa' was expressed as, '... the main issue is a struggle for control, for a sense of identity, competence and effectiveness. Many of these youngsters had struggled for years to make themselves over, and to be 'perfect' in the eyes of others.'<sup>47</sup>

This involves considering ecclesial practices which relate to identity,<sup>48</sup> control, competence and effectiveness,<sup>49</sup> and 'perfection'.<sup>50</sup> In this way Bruch's insights form a pivotal link between the defining of eating disorders as a bio-psychosocial phenomenon of multifactorial origins and the practices of the Church which articulate good news about identity, control, competence, effectiveness and perfection. This is not to say that what Bruch means by identity or control is identical to what is meant by the same terms when used by the Church.<sup>51</sup> The significance lies that in identifying these core issues Bruch opens the door for an approach based on ecclesial practices to consider how the story of the Church may be lived faithfully in the midst of such issues.

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<sup>45</sup> Including the central practice of eucharist, along with baptism,.

<sup>46</sup> The practices of confessing and accountability considered in relation to talking therapies, CBT and self-help groups.

<sup>47</sup> Hilde Bruch, *Eating Disorders: Obesity, Anorexia Nervosa and the Person Within*, (London: Routledge & Kegan Paul, 1974), 251.

<sup>48</sup> Hence Baptism as the initiation rite of the Church into a new identity and Eucharist as the regular re-enactment of being united with Christ and his Church.

<sup>49</sup> The desire to increase competence and effectiveness is worked out in the practice of confessing one's incompetence and ineffectiveness and being accountable to others to become more competent and affective.

<sup>50</sup> Though 'perfection' is not a single practice, the element of perfectionism appeared to run through the other elements and practices and raises interesting questions about the doctrine of Christian perfection.

<sup>51</sup> See Deborah Van Duesen Hunsinger, *Theology and Pastoral Counselling* (Grand Rapids, Mi: Eerdmans, 1995), xi-xii.

### **3.5.2 Which practices will be considered?**

Having identified the means by which practices were selected this section builds on the previous one and identifies the practices which will be considered in later chapters of the thesis.

The central practices considered in this thesis are the two sacramental practices of baptism and Eucharist. Their significance and function within the thesis will be addressed in greater depth in the next section, but in a thesis concerning itself with food eating and questions of identity, the central place of Eucharist as a consuming of bread and wine as a regular confirmation of baptismal identity cannot be underestimated. The issue of seeking a sense of identity brings into focus the means by which Christian practices form and shape identity<sup>52</sup> and identify baptism as the practice in which Christian identity is marked, and Eucharist as the practice in which identity in Christ is re-enacted. The selection of baptism and Eucharist as practices of the church with relevance to disordered eating in many ways reflects the relevance of baptism and Eucharist to every aspect of the life of the church. The other practices chosen as part of this thesis are considered as subsequent to baptism and Eucharist.

The struggle for competence and effectiveness looks to those methods by which people seek to increase their competence and effectiveness. This could manifest itself in the practices of study or meditation on scripture but the practices which resonated most strongly were confessing and accountability. The Church's practice of confessing (in the sense of speaking out, as well as admitting sin) has been significant in bringing healing as has the support of being accountable to others for one's actions. The inclusion of confessing and accountability also connects with Bruch's approach of talking therapy bringing positive change, as well as her identification of a quest for competence and effectiveness as core syndromal values of disordered eating.

The quest for perfection identified by Bruch as a feature of many anorexics she had worked with is considered in the chapter looking at the practice of Christian perfection and how it relates to

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<sup>52</sup> Swinton and Payne, *Living Well*, xxii.

perfectionism. Whilst it is acknowledged that Christian Perfection is not a single practice in the sense that the other practices are,<sup>53</sup> it is an element which binds them all together and if omitted would be a serious deficiency in a thesis on Christianity and disordered eating.

Bruch's identification of the underlying issues beneath anorexia nervosa<sup>54</sup> therefore provide a framework for considering which practices of the Church are most appropriate to consider in relation to eating disorders. Having identified the practices to be considered, further exploration of the core practices is required.

## **3.6 Baptism & Eucharist**

The previous sections have identified the practices to be considered and the reasons and methods for their choice. A particular mention needs to be made about the practices of Baptism and Eucharist in regard to the way in which they will be approached.

### **3.6.1. Baptism and Eucharist – A theological or psychological understanding?**

The previous chapter acknowledged the significance of psychology in defining and seeking to treat disordered eating insofar as it falls within the definition of a clinically recognised mental disorder. The relationship between psychology and religion was noted earlier in this chapter as having been at times awkward and at other points, fruitful. This interplay of disciplines raises the question of how the practices of baptism and Eucharist will be understood in the remainder of the thesis.

In *Totem and Taboo*, Freud draws upon Robertson Smith's analysis of sacrifice and famously combines it with the notion of totemism and the Oedipus complex to assert that:

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<sup>53</sup> Christian perfection or 'perfect love' will involve a variety of 'practices' from prayer and worship to acts of mercy such as almsgiving.

<sup>54</sup> Bruch, *Eating Disorders*, 270.

...the old totem feast is revived again in the form of communion in which the band of brothers now eats the flesh and blood of the son and no longer that of the father, the sons thereby identifying themselves with him and becoming holy themselves...At bottom, however, the Christian communion is a new setting aside of the father, a repetition of the crime that must be expiated.<sup>55</sup>

Whilst the acceptance of totemism as a universal phenomenon common to all religions and groups is now widely discredited<sup>56</sup> Freud is not alone in seeking to understand the Eucharist in psychological terms. Gordon E. Jackson considers the connections between the Eucharist and 'primitive oral experiences, dating from the first year of a person's life'<sup>57</sup> tying in remembering within the context of Eucharist with remembering early childhood experiences of feeding and nurture. He seeks to avoid the blunt methodology of explaining religious experience in simple terms of childhood experience but draws upon Freudian primary process thinking as the means by which early experiences shape later adult responses. In the quest for greater understanding of how the mind works, psychology will seek to understand the practices of baptism and Eucharist within the framework of psychological concepts, whether that be totemism or memory, sacrifice or transformation through self-immolation.<sup>58</sup>

Interesting though these approaches are, this thesis proceeds on the basis that the Eucharist is addressed from a primarily theological point of view. In this I concur with Jackson that,

Its content is theological, the act of God by which he continues to give himself to his church. Its power is theological for it is a grace-gift. But its power is also that it meets the primitivism of the unconscious and sublimates this into the profound eucharistic feast.<sup>59</sup>

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<sup>55</sup> S. Freud, *Totem and Taboo*, trans A.A. Brill, (New York: Moffat, Yard & Co. 1919), 254-5.

<sup>56</sup> M. Weber, *The Sociology of Religion*, trans. E. Fischoff, Beacon: Boston, 1963, 40.

<sup>57</sup> Gordon E. Jackson, 'Eucharist: Feeding and Faith' in *Theology Today* 31, no.1 (1974), 19.

<sup>58</sup> G.S. Spinks, *Psychology and Religion* (London: Methuen, 1963), 146-150.

<sup>59</sup> Jackson, 'Eucharist', 23.

Baptism and Eucharist are considered as practices which speak of God and in that sense are theological. Those who practice them may be transformed in ways which may be considered psychological but the emphasis of this thesis is on practices of the Church understood theologically. Partaking in eucharistic bread and wine may cause a psychological transformation in the recipient, linking to positive memories of receiving a gift but the theological emphasis of the practice would include recognition of God as the source of self-giving love. Having established that I will be understanding the practices of baptism and Eucharist in a theological sense, a further clarification is required regarding how they will be understood in relation to healing.

### **3.6.2 Eucharist – specific significance to eating disorders or general significance to healing?**

The Church of England House of Bishops Report, 'A Time to Heal', asserted 'The Eucharist is essentially a service of healing even though many lay people do not appreciate it as such'.<sup>60</sup> This affirms an understanding of healing in a wide sense, acknowledging that as the Church partakes of this sacrament, the grace and power of God is present imparting life and hope. This thesis proceeds on the basis that the Eucharist is significant in a generic role as a sacrament of healing.

However, the inescapable fact at the heart of the Eucharist is that it involves eating and drinking and thus also has particular relevance to disordered eating. Within the aforementioned general understanding of the Eucharist as 'the principal healing sacrament of the Church'<sup>61</sup> there is the possibility that the Eucharist may be a point at which specific healing in relation to disordered eating takes place. In her exploration of the history of healing within the life of the Church, Amanda Porterfield recognises that an understanding of the Eucharist as a context for healing in a general sacramental sense was also consistent with more specific instances of physical healing;

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<sup>60</sup> The Church of England House of Bishops, *A Time to Heal - A Contribution towards the Ministry of Healing*, (London: Church House Publishing, 2000), 37.

<sup>61</sup> Martin Israel, *Healing as Sacrament* (Cambridge: Cowley Publications, 1984), Chapter 7.

Healing was part of the Eucharist from the beginning. Early Christians anticipated bodily resurrection through participation in fellowship with Christ during the Eucharistic meal and physical healings in the course of the meal were not unusual.<sup>62</sup>

The methodological use of baptism and Eucharist on which I proceed is that they have a generic role sacramentally and may therefore be the point at which people experience a sense of God's love, grace and healing. Additionally, baptism and Eucharist are also of specific relevance to eating disorders due to their impact upon identity and also the nature of Eucharist as involving eating and drinking. In such a situation, the actual receiving of bread and wine may be a point whereby they are enabled to eat and drink without fear. Having examined the sense in which these sacraments are understood in relation to psychology and healing, the final consideration to be addressed is the way in which the practices explored in this thesis relate to one another.

### **3.6.3 The relationship of Baptism and Eucharist to other practices within the thesis**

As the core sacramental practices of the Church, baptism and Eucharist stand as primary and overarching practices through which the life of the church is formed and expressed. The chapter which immediately follows this considers the importance of baptism and Eucharist as practices of the Church which speak of identity and what it means to be the Body of Christ. This chapter is foundational to those which follow as it lays the groundwork for what it means to be the Church which seeks to respond to disordered eating.

The later chapters on confessing and accountability and perfection and perfectionism are considered as sub-practices within the overarching framework of baptism and eucharist. This does not mean that the later practices are less significant as regards disordered eating, only that these practices flow from the prior practices of baptism and eucharist.

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<sup>62</sup> Amanda Porterfield, *Healing in the History of Christianity* (New York: Oxford University Press, 2005), 87.

### **3.7 Summary**

In seeking to establish a methodological approach I have noted the established ways that disordered eating has been addressed by those within and outside the Church. The commonly advocated methods which constitute a helpful contribution to supporting those suffering from disordered eating have been shown to be inadequate in various ways as a Church response.

The method of inhabiting practices drawn from a canonical narrative approach to Scripture has been proposed as a unique and superior methodology which will be worked out in subsequent chapters. The reasons for selecting particular practices have been stated as considering those practices core to the life of the Church and then looking to those connected with food, eating and identity. The work of Hilde Bruch has been identified as the connecting link between the church practices and the understanding of eating disorders as bio-psychosocial phenomena of multifactorial origin. Having clarified the ways in which baptism and Eucharist will be understood theologically, rather than psychologically, and having regard to both the general and specific healing possibilities of the Eucharist, it is to those practices I now turn.

# Chapter 4

## Baptism & Eucharist

Christians, of all people, should know that food shapes belief because their religion is defined by a dinner.<sup>1</sup>

### 4.0 Introduction

In a thesis considering the response of the Christian church to disordered eating, the inclusion of the practices of baptism and eucharist is fundamental to the assertion that the Church has something to offer those affected by disordered eating. In the light of this, it is therefore appropriate to consider the impact of baptism and eucharist in forming the Church and its understanding of what food and bodies were created for.

In many ways the practices of baptism and eucharist demonstrate what lies at the heart of the church and what it means to be Christian, and a fuller examination of these themes will be conducted below. Lest this focus be considered exclusive, looking only to the meaning of baptism and eucharist for those within the Church, the assertion of this chapter is that the Church's practice of baptism and eucharist witness to the watching world something of God's goodness and grace. In baptism and eucharist it is argued that fragments of hope are offered to all who suffer from disordered eating as the practices of baptism and eucharist connect profoundly with the issues associated with disordered eating.

The importance of looking at the practice of baptism lies in its role as the initiation rite of the church. Whilst it is acknowledged that different ways of understanding and means of administering the sacrament of baptism exist in the breadth of the church catholic, there is little to be gained in

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<sup>1</sup> Stephen H. Webb, *Good Eating* (Grand Rapids, MI: Brazos Press, 2001), 141.

this context from becoming embroiled in the debate about infant or believer's baptism. The focus is not so much about the one being baptised but what the practice of baptism into the church signifies. The variety of ways that baptism is practiced in different expressions of the church does not diminish the common understanding underpinning baptism, that it is a ritual of initiation into the life of the church.<sup>2</sup>

One of the recurring themes among those suffering with disordered eating is that of identity. In fact, in her seminal work 'Eating Disorders', psychologist Hilde Bruch identified identity (along with autonomy and perfection<sup>3</sup>), as one of the key issues in disordered eating.<sup>4</sup> She discovered that for many of her anorectic patients, their distorted body image and refusal to eat were outward symptoms of an inward lack of a sense of identity. Bruch notes, '[My] view of anorexia nervosa as a desperate struggle for a self-respecting identity developed gradually from contact with many patients'.<sup>5</sup> One of her insights was that her patients exhibited a sense of not being in control of their sensations, not being able to know how they felt and therefore found it difficult to establish an identity, in some cases, particularly an identity independent of the patient's parents.

This being the case, it is imperative that the Church addresses the issue of identity. Building on Bruch's foundational belief that identity is a core issue for those suffering from anorexia nervosa, this chapter explores one key way in which the Church addresses identity - through its sacramental practices of baptism and eucharist. As well as taking a wide focus in addressing the significance of baptism and eucharist in shaping the identity of the Church, this chapter maintains links with Bruch's work at the points where the focus is narrowed to include specific examples where

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<sup>2</sup>The commentary on the text of the World Council of Churches document, 'Baptism Eucharist and Ministry' acknowledges that the 'inability of the churches mutually to recognize their various practices of baptism as sharing in the one baptism, and their actual dividedness in spite of mutual baptismal recognition, have given dramatic visibility to the broken witness of the Church' (World Council of Churches *Baptism, Eucharist and Ministry – Faith and Order Paper No. 111* (Geneva: World Council of Churches 1982), 3). Yet even those who do not recognise baptism conducted within another denomination and only consider legitimate the baptism within their own denomination nevertheless maintain that baptism is a once only event. The previous 'baptism' is not considered as baptism.

<sup>3</sup> Further discussed in 'Perfection and Perfectionism', Chapter 6.

<sup>4</sup> Hilde Bruch, *Eating Disorders*.

<sup>5</sup> Hilde Bruch, *Eating Disorders*, 250.

participation in these practices enables those suffering from eating disorders to connect with their feelings and recover a sense of identity.<sup>6</sup> In this way Bruch's insights provide a standpoint from which to step into theological consideration of ecclesial practices, but also function as a recurring thread running through the chapter whereby the impact of church practices upon identity may be connected with psychological approaches.

To consider Christian baptism is to explore how the church views identity. The biblical references to those 'baptised into Christ'<sup>7</sup> speak of those who have been initiated into a new identity, no longer the 'old self' but a 'new creation'.<sup>8</sup> Exploring the themes of dying to the old self, new life in Christ, participation in the new community which is the Body of Christ are all ways of understanding Christian identity and ways in which the practice of baptism speaks of a way forward for those enslaved by disordered eating who struggle with their own identity and the possibility that they may be able to be different to their current state. Baptism into Christ is an action defying the natural human inclination to define identity through biological kinship, gender, race, sexuality, economic status, nationality or consumer preference. In baptism it is identification with Christ which becomes the primary lens through which identity is understood. It is proposed that this is the practice which addresses the distortion of body image associated particularly with anorexia nervosa. The possibility of dying to false images and regaining true perspective is the theological response to this aspect, whilst the practical means of confessing and being accountable<sup>9</sup> may provide the framework for acknowledging the problem and working through it.

If baptism is considered as a once only transition from one identity to another, eucharist is discussed in the light of it being a regularly performed practice which not only relates to identity but also involves eating and drinking. The combination of identity and eating and drinking is a potent mix when viewed in the context of disordered eating. The significance of looking at the

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<sup>6</sup> See the account of Margaret Bullit-Jonas at section 4.3.3.6.

<sup>7</sup> Rom. 6:3, Gal. 3:27.

<sup>8</sup> 2 Cor. 5:17.

<sup>9</sup> See chapter 5.

practice of eucharist in the context of this thesis revolves around how the central act of the Church's worship not only shapes the identity of the Church but potentially either defines the disordered eater as 'other', excluded from participation, or offers a means of healing and transformation at the Lord's Supper.

The question of whether there is power in the practices of baptism and eucharist in and of themselves will be discussed or whether there is something else happening in the life of the Church and the world to whom the Church witnesses as these practices are undertaken.

To discuss disordered eating and the response the Church can offer without reference to the practices of baptism and eucharist would be to miss what is essential to the life of the Church in its identity and purpose and to omit one of the unique contributions the Church can make to the lives of those affected by disordered eating. Examining the practices of baptism and eucharist will demonstrate how the Church can share the fullness of the hope it has in Christ, albeit offered in the fragmentary way it lives.

## **4.1 Methodology**

In order to discuss the practices it is necessary to have some established understanding of their meaning and purpose. Some prefer to talk about practices in an idealised framework of how it would be if the Church understood and lived them as the author understands them. This thesis acknowledges that though the church is not perfect and has fragmented and at times misused those means of grace ordained by its Lord to unite itself to him, serious attempts have been made to rediscover common ground in theology and practice. The methodology of this chapter is to ground the understanding of baptism and eucharist firmly within the reality of the ecumenical consensus of the discussions of the World Council of Churches, as articulated in the document 'Baptism, Eucharist and Ministry'.<sup>10</sup>

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<sup>10</sup> WCC, *Baptism, Eucharist and Ministry*.

The reason for choosing this as a framework for theological reflection is in part due to the breadth of ecumenical consensus it represents. The report was carefully put together after considerable ecumenical dialogue and though responses from individual denominations commenting on the original document run to four volumes, the positive welcome given to the document makes it a good starting point when considering the practices of the church. Moreover, the headings generated by the WCC are comprehensive enough to encapsulate the different dimensions of the practices of baptism and eucharist and provide some helpful theological avenues to explore in relation to disordered eating, and particularly the themes drawn from previous chapters.<sup>11</sup> To work with *Baptism, Eucharist and Ministry* as a conversation partner in exploring the theology and practice of baptism and eucharist is to engage with both the reality and the aspirations of the Church. As a document *Baptism, Eucharist and Ministry* represents a unity of approach despite the diversity of traditions who contributed to it.

The chapter which follows will bring into dialogue the conclusions of the WCC document, the practices of the Church and the world of disordered eating. In doing so the implications of the practices of baptism and eucharist will be seen from the theological standpoint from those representing what it means to be church, but these understandings will be interpreted in the light of the lived practice of the Church and applied in relation to those struggling with disordered eating. As well as taking this ecumenical, practical approach, the chapter which follows seeks to be aspirational in the sense of looking to how the practices of baptism and eucharist may offer something positive to those whose eating is disordered.

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<sup>11</sup> Such as identity, autonomy, perfection, community, food, and control.

## 4.2 Baptism

Baptism introduces or initiates persons into a new people. The distinguishing mark of this people is that all prior given or chosen identity definitions are transcended.<sup>12</sup>

This section of the chapter considers baptism as a practice performed once only as a rite of initiation into the Church which holds out the possibility of life not as biologically, psychologically or culturally determined, but capable of transformation.

*Baptism, Eucharist and Ministry* introduces the section on baptism thus:

Christian baptism is rooted in the ministry of Jesus of Nazareth, in his death and in his resurrection. It is incorporation into Christ, who is the crucified and risen Lord; it is entry into the New Covenant between God and God's people. Baptism is a gift of God, and is administered in the name of the Father, the Son, and the Holy Spirit.<sup>13</sup>

The following discussion of the meanings of baptism, whilst acknowledging the significance and equal validity of the all the headings stated in *Baptism, Eucharist and Ministry*, dwells particularly on the fourth and fifth emphases regarding how incorporation into the body of Christ has the potential to shape how embodied living is practiced.

### **4.2.1 Baptism: How does 'participation in Christ's death and resurrection', 'conversion, pardoning and cleansing' and 'gift of the spirit' relate to disordered eating?**

Christian baptism in the name of the Father and of the Son and of the Holy Spirit has several facets but the argument of this section is that the change in identity wrought by baptism is the defining mark. The first section considers what the practice means in terms of participating in Christ's death and resurrection and suggests that for those suffering with eating disorders, the practice of baptism

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<sup>12</sup> Yoder, *Body Politics*, 28.

<sup>13</sup> WCC, *Baptism, Eucharist and Ministry*. 2.

speaks of solidarity in suffering, identification with Christ and hope of a life resurrected without the presence of disordered eating. The section on conversion, pardoning and cleansing discusses the importance of new beginnings and the possibility of leaving the past behind. Baptism as a gift of the spirit and the identity confronted by grace is the focus of the third section, exploring how the gift of new identity in Christ challenges the notion of creating one's identity through bodily perfection.

The fourth section suggests how this new identity, received as a gift in baptism into Christ, finds its practical outworking in the way in which embodied existence is re-envisioned in light of participation in Christ. The prevailing worldview of the individual autonomous body shaped by cultural pressures to look in a particular way and thus give meaning to one's identity is challenged by the practice of baptism. The implications of defining the embodied existence of the baptised in relation to participation in the body of Christ will be discussed and lead to an exploration of ways in which that new identity in Christ works out in practice as a sign of the Kingdom of God.

#### **4.2.2 Dying to Self, Risen with Christ, Dying to Disorder, Rising with Hope**

##### A. Participation in Christ's Death and Resurrection

Baptism means participating in the life, death and resurrection of Jesus Christ. Jesus went down into the river Jordan and was baptized in solidarity with sinners in order to fulfil all righteousness (Matt. 3:15). This baptism led Jesus along the way of the Suffering Servant, made manifest in his sufferings, death and resurrection (Mark 10:38-40, 45).<sup>14</sup>

The identification with humanity made manifest in Christ's baptism offers hope to all who struggle with the idea that God does not and cannot understand them. That Jesus was baptised in solidarity with all who have failed in their attempts to live life with God at the centre gives hope. That Jesus, who was perfect, was willing to identify in baptism with all who fall so far short of perfect serves as a reminder that it is by grace and not by works that salvation comes to us.

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<sup>14</sup>*Baptism, Eucharist and Ministry*, 2.

That this document on baptism, on Christian identity, makes reference explicitly to suffering is noteworthy. The understanding that baptism involves baptism into Christ's sufferings has been interpreted various ways. Jesus knew what it was to suffer and whilst not wishing to conflate the sufferings of Christ with the suffering of those in the grip of disordered eating, the notion of solidarity in suffering offers a dimension of hope.

By baptism, Christians are immersed in the liberating death of Christ where their sins are buried, where the "old Adam" is crucified with Christ, and where the power of sin is broken. Thus those baptized are no longer slaves to sin, but free. Fully identified with the death of Christ, they are buried with him and are raised here and now to a new life in the power of the resurrection of Jesus Christ, confident that they will also ultimately be one with him in a resurrection like his (Rom. 6:3-11; Col.2:13, 3:1; Eph. 2:5-6).<sup>15</sup>

In the practice of baptism, to say that it is possible to change one's identity by dying to self – literally putting off who one once was, is a powerful sign of the hope of the gospel. And yet, for those whose lived experience is more closely articulated by Paul's lament that 'I do not understand my own actions. For I do not do what I want, but I do the very thing I hate'<sup>16</sup> rather than being 'no longer slaves to sin, but free',<sup>17</sup> the question of changed identity in baptism raises further questions. If one is enslaved to disordered eating, is that the same as being enslaved to sin, and if so, what of the practice of baptism?

More positively, the eschatological hope expressed in the sentence 'they will also ultimately be one with him in a resurrection like his'<sup>18</sup> may well be the theme which needs emphasising in the context of disordered eating, that though every day the triumph of new life in the power of the resurrection is not felt, just because it is not experienced, does not mean it is not true. On a level beyond

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<sup>15</sup> Ibid.

<sup>16</sup> Rom. 7:15.

<sup>17</sup> Rom. 7:17-18.

<sup>18</sup> *Baptism, Eucharist and Ministry*, 2.

individual experience it can be said that a transition in identity has been made and it is in this transition marked by baptism that identity is different and the door to a future hope is opened. This is not to say that because nothing physical or experiential has happened that therefore something spiritual must have,<sup>19</sup> rather that there is an aspect of the practice of baptism which witnesses to a deeper reality of the way the world is and the categories by which it is defined.

Participation in Christ's death and resurrection witnesses to our need to die to those parts of ourselves and the world we are part of which do not reflect the ways of the kingdom of God. Language about dying to self is particularly emotive in the case of disordered eating where from a psychological point of view it may be suggested that the lack of 'self' or conflict about one's identity lies at the heart of the problem. Understanding baptism in terms of dying to the disorder may frame baptism in a more specific way, particularly for those who have come to define their identity in terms of being 'anorectic' or 'bulimic'. For some whose experience is that an eating disorder has become a dominating force within their life, dying to the disorder has been likened to ending an abusive relationship.<sup>20</sup> Whilst understanding the potentially helpful consequences of likening participation in Christ's death with dying to the eating disorder, caveats need to be raised about the danger of completely equating the sickness of the disorder with sin. On the one hand, having acknowledged that clinically defined eating disorders are classified as a mental illness, the pastoral consequences of increasing the guilt of the sufferer by terming their illness 'sin' are potentially damaging. On the other hand, totally equating dying to sin with dying to the eating disorder narrows the definition of sin much too far and excludes other forms of sin which have nothing to do with the eating disorder.

Perhaps the greatest significance of the element of participation in the death and resurrection of Christ, as practiced in baptism, is the focus on Christ as the one in

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<sup>19</sup> Lysaught identifies this process occurring in relation to sacraments and healing within a healthcare setting. M. Therese Lysaught, 'Suffering in Communion with Christ', in John Swinton and Richard Payne (eds.), *Living Well and Dying Faithfully* (Grand Rapids, MI: Eerdmans, 2009), 66.

<sup>20</sup> Jenni Schaefer with Thom Rutledge, *Life without Ed* (New York: McGraw-Hill, 2004).

whom identity is shaped. His pattern of laying down one form of existence to be raised to another testifies to a means of transformation which entails sacrifice and suffering in stark contrast to easy promises of self-actualisation.

#### **4.2.3 ‘Conversion, Pardoning and Cleansing’**

The baptism which makes Christians partakers of the mystery of Christ’s death and resurrection implies confession of sin and conversion of heart. The baptism administered by John was itself a baptism of repentance for the forgiveness of sins.<sup>21</sup>

Whenever someone is baptised the act of either pouring water over them or immersing them in the waters of baptism testifies to the cleansing power of God. The emphasis on forgiveness in much popular literature on disordered eating bears witness to the guilt experienced by many sufferers.<sup>22</sup>

Whether guilt is the lived experience or not, the symbolism surrounding baptism as an act washing away the past and initiating a new person is powerful. ‘If...Christian baptism proclaims that change in identity, understanding, and behavior (what the apostles call “repentance”) is possible for all, then whether people feel guilt or not may not be so important.’<sup>23</sup>

#### **4.2.4 Incorporation into the body of Christ and a Sign of the Kingdom**

...Through baptism, Christians are brought into union with Christ, with each other and with the Church of every time and place. Our common baptism, which unites us to Christ in faith, is thus a basic bond of unity... When baptismal unity is realized in one, holy, catholic, apostolic Church a genuine Christian witness can be made to the healing and reconciling love of God...Baptism initiates the reality of the new life given in the midst of the present world...It is a sign of the Kingdom of God and of the life of the world to come.<sup>24</sup>

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<sup>21</sup> Mark 1:4.

<sup>22</sup> Gregory L. Jantz, *Hope & Help for Eating Disorders* (Colorado: Shaw Books, 1995) contains chapters entitled ‘Finding the way to Forgiveness’ and ‘The Dance of Fear, Guilt and Shame’.

<sup>23</sup> Yoder, *Body Politics*, 42.

<sup>24</sup> WCC, *Baptism, Eucharist and Ministry*. 3.

The practice of baptism is a physical act involving embodied human beings. The sprinkling of or immersing of the candidate's body in water is a physical sign of a new identity in Christ and as part of his Church.

The following section will explore what it means to be incorporated into the body of Christ. This will involve a consideration of embodied identity and the change that is brought about by baptism into Christ. The focus on this element of understanding identity in relation to union with Christ and participation in the church which is the body of Christ is key to developing the application of this practice so far as it relates to disordered eating.

The understanding that every human experiences life as an embodied person seems almost too simple a statement to make, but its importance lies in the bearing that it has on our understanding of the place and significance of the body. Having a body is a shared feature of human existence, though the subjective experience of being embodied is unique to every person. Since the Enlightenment, the societal conception of the body in the Western world has been founded on the understanding of the whole person as autonomous.

Much ethical debate has sought to engage with this view of the body on its own terms. Particular strands of theology have been at the forefront of such debate. Evangelical theologies have worked on the understanding that in response to the gospel Christians pursue a life of active discipleship and that the sanctification of the believer relates to the whole of life. This includes one's relationship with and use of one's body. Many pronouncements by the church about what should and should not be done with our bodies come from an individualist post-enlightenment treatment of scripture as universal principles to be applied to all, regardless of their relationship or non-relationship with Christ. As such, the view of what bodies are for and what behaviour is appropriate or permissible has been reduced to a series of maxims. Taken out of the context of the community of faith who witness to the centrality of the risen Christ, these pronouncements may at times appear

unconnected, arbitrary rulings for those within the church; and irrelevant, unintelligible dictates to those outside the church.<sup>25</sup>

This section contends that the emphases on individual piety and rationality in a context of modernity leads to an impoverished account of how Christians live embodied lives and that the practice of baptism is disruptive to this way of perceiving embodied existence. The links between Protestant theology which had a formative influence on the cultures of the USA and the UK and its possible outworking as one of the socio-cultural features which forms a breeding ground for disordered eating will be discussed below.

Theology at its worst has prized cognitive understanding of doctrine over the exercise of Christian practices, individual privatised commitment over corporate participation, and an emphasis on redemption at the expense of incarnation. As a consequence some sections of the church have concentrated theological interest heavily on what may be done or not done with one's body in relation to certain areas<sup>26</sup> but virtually ignored other aspects of embodied existence.<sup>27</sup> Indeed, emphases which have stressed the salvation of souls rather than the salvation and redemption of the whole person have generated two opposing extremes. The first is a Gnostic leaning towards viewing the matter of the body as corrupt and corrupting. This results in a retreat from, and suspicion of the body and a renewed pursuit of the 'safer ground' of the intellectual quest for doctrinal purity. In contrast to this negative view of the body, the second response is that identified by R. Marie Griffiths.<sup>28</sup> The individual body is seen as the canvas on which the state of the soul is displayed and therefore to be cultivated to an ideal of 'perfection'. This idolisation of the body of

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<sup>25</sup> An example of this would be the way in which the media approaches the Church's response to issues concerning beginning and end of life, and specifically the woman's body when discussing the issue of abortion.

<sup>26</sup> Bodies which are male or female are gendered and sexual, and in some circles one's stance on sexual ethics is counted as a defining mark of whether one is 'orthodox' or not.

<sup>27</sup> Note for example the limited number of publications during the twentieth century which considered the discipline of fasting or the appropriate response of the Christian toward food.

<sup>28</sup> R. Marie Griffiths, *Born Again Bodies* (London: University of California Press, 2004).

the individual is as much a distortion of the tradition as the neo-Gnosticism and it is toward a third way which avoids both these extremes that in the course of this section is directed.

In his articulation of ‘the sanctified body’, Stanley Hauerwas argues that individual bodies should be interpreted in the light of participation in the body of Christ, precisely that which is initiated in baptism.<sup>29</sup> In engaging with this work, whilst not fully endorsing its conclusions, I seek to formulate how these insights might provide a way of perceiving embodied identity in a way which may liberate those bound by disordered eating. A further development of this possibility looks at how participation in the body of Christ might form disciples who take as their example the incarnate Jesus revealed in scripture and how the embodied existence of humanity may be shaped by his.

Any discussion of the relationship between the individual body and the body of Christ into which the Christian is baptised necessarily acknowledges the complexity of meanings generated by the subject. The variety of interpretations of the individual body and embodied existence which influence any theological treatment of the body need to be named<sup>30</sup> before embarking upon any discussion. As someone culturally located in the UK I am aware that in this society the individual experiences life in a context where the body is more than a functional physicality; it is a signifier of identity, protected by law and laden with meaning. The first part of this section argues that the philosophical foundations stemming from the Enlightenment create a societal understanding of the body as the autonomous property of the individual, defined in the various languages of professional disciplines and separated into spheres of interest. The body and the influences upon it as defined in psychology may differ considerably from what is described in sociology.<sup>31</sup> The consequences of

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<sup>29</sup> Stanley Hauerwas, *Sanctify them in the Truth*, (Nashville: Abingdon Press, 1998).

<sup>30</sup> These would include a dualistic view of mind and body, pursued by those who view the body as simply a vessel to house the important essence of the person which resides in the mind. In contrast, an approach influenced by phrenology would see the importance of the body as a canvas upon which the inner life and character of the person was displayed through their physical features. Feminist analyses of the body note the significance of gender in the way the body is perceived and experienced. These and many other ways of referring to the body and embodiment all have a bearing on how theology relating to the body is understood.

<sup>31</sup> See Chapter 2.

this for how people relate to their own bodies and the bodies of others will be explored and especially the fact that much modern theology has often accepted the claims of Enlightenment thought in its own interpretation of the body and embodiment.

My contention is that in discussions surrounding the relationship between body and identity many have failed to appreciate that the body is not neutral. By 'neutral' I do not refer to the theological sinfulness or redeemed nature of the body, whether Christians perceive their bodies as 'good' or 'bad',<sup>32</sup> but that aware of it or not, many seeking to discuss the relationship of the individual body to the body of Christ carry with them unspoken assumptions about the notion of body which they have adopted from the culture around them. Most typically this will be adopting the prevailing view of the liberal political society that the body of the individual is autonomous and sacrosanct. That the body is the autonomous domain of the individual is likely to be unquestioningly accepted and this position has been defended by the majority of theologians until relatively recent times.<sup>33</sup> Without this principle the political and legal constructs of society are threatened and the close allegiance of particularly evangelical Christians to politics of the liberal state makes it difficult for some to conceive of any other way of understanding the body. That the body as understood by the State and the body as lived in the Church and defined by its relationship to Christ are not the same may cause discomfort among some, but it is on this basis that this argument proceeds.

The naming and defining of the body in terms which are inconsistent with the revelation of God constitute powers which exert influence over the body. The starting point for any opening up of theology concerned with body, identity and disordered eating must be to recognise the existence of these underlying assumptions or powers and hold them to the scrutiny of God's revelation in Christ.

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<sup>32</sup> Though these binary distinctions do little to help our understanding of our bodies as being part of the ongoing process of sanctification.

<sup>33</sup> For perspectives which do not argue for the absolute autonomy of the individual body, see Stanley Hauerwas, *Sanctify them in the Truth*, (Nashville: Abingdon Press, 1998); Dale B. Martin, *The Corinthian Body* (New Haven: Yale University Press, 1995); Robert Song, 'Genetic Manipulation and the Body of Christ' *Studies in Christian Ethics* 20 (3), 399-420.

The extent to which the body is referred to in the language of modern medicine or concepts of sociology, psychology, anthropology or feminist thought frames the values and understandings attributed to it. Modern medicine has as its aim the relief of suffering and as such struggles to conceive of a situation where bodily suffering may serve a purpose or where the death of a patient can be anything other than failure.<sup>34</sup> The viewpoint which almost deifies the medical profession and consequently believes that medicalisation of a problem and hospitalisation of the patient is always for the best, is not necessarily supported by evidence. Current research into the ‘treatment’ of eating disorders in the home of the sufferer demonstrates an awareness within the medical establishment that a purely clinical approach of hospitalisation and medical intervention may not be the best solution for all disordered eaters.<sup>35</sup>

Feminism has highlighted the diversity of embodied experience, particularly making the case for the female experience of patriarchal oppression being borne out in relation to the female body.<sup>36</sup> The influence of feminist thought upon society includes raising questions about how the fact that people are embodied in actual, physical bodies shapes their perception, experience and understanding of the world. The nature of identity as gendered and the relevance of that to disordered eating has been explored previously, but the discussion below brings into dialogue the primacy of identity as being determined by gender with the words of St Paul in Galatians 3, that within the Church there is now neither male nor female, all are ‘one’ in Christ.

Psychology’s description of the relationship of the body and mind or the constitution of the ‘self’ has become a dominant narrative in some quarters, defining how the world is for those who describe themselves by its language. The complex relationship between the body and the mind is

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<sup>34</sup> See Gerald P. McKenny, *To Relieve the Human Condition* (New York: State University of New York, 1997) 180-1, for what McKenny describes as a ‘geography of suffering’. He identifies five kinds of suffering, some which have a purpose and others which do not and argues that the Baconian project tends to conflate all five into ‘suffering which must be eradicated’.

<sup>35</sup> See research in progress conducted by J. F. Morgan reported in *The Northern Centre for Eating Disorders Annual Report 2009* (Leeds: Leeds Partnerships NHS Foundation Trust, 2009).

<sup>36</sup> See discussion in Chapter 2.

not a new issue, but within popular culture there exists a willingness to accept the ‘professional’ opinion of the psychologist in defining the relationship of mind and body. The insights of psychology are not to be dismissed, particularly when referring to a disorder previously defined as ‘biopsychosocial’. There is an acknowledgement that the body of Christ includes the body, mind and spirit of those incorporated into it.

All these disciplines make claims about what embodied identity is and to some extent express value judgements about it. The challenge for Christians in the midst of these competing truth claims is to decide which to accept and which to reject. It matters a great deal whether when speaking of the body we are thinking of merely flesh and bones or a living, breathing canvas of meaning which encapsulates the very essence of a person. Whether we speak of *having* a body rather than *being* embodied reveals our relationship to the body. In the first case, *having* a body takes a possessive stance. It locates the nature of the *real* us as having a totality of existence which is greater than the body. When we talk of *having* a body, it recognises that our physical body is but one aspect of our person, related to the other parts which make us ‘us’. The second expression which speaks of *being embodied* suggests a more closely integrated personhood combining body, mind and spirit.

As human experience cannot be separated from being embodied beings, this will naturally raise questions about the nature, theology and purpose of the body. It is therefore imperative that any discussion of the body is clear about the power language has in defining and controlling debate, and that it is important that Christians do not unquestioningly legitimate the prevailing cultural definitions.

My assertion is that the body in western liberal society bears a plethora of meanings and is subject to influences which Christians are often unable to name because of our complicity in the system which determines how the body is understood. In identifying ourselves so closely with the liberal state which has prized bodily autonomy and privatised belief we struggle to articulate a Christian response to views of embodied identity and practices of the body with which we disagree because

we are so firmly wed to the notion of one's body as one's own inviolable kingdom. This may be one of the reasons the Church has struggled to address disordered eating. Where an individual chooses to starve their body or fill it with food, only to then purge it of that food, the resources of a theology based on the autonomous individual body are stretched. Whilst there is a recognition that something is wrong, the best that can be argued is an appeal to natural law that this is 'against nature'.

#### 4.2.4.1 Incorporating different bodies into the body of Christ – from the body as given to fluidity and modification

As someone located in the UK I am aware that I live in a culture whose attitude toward the body borders on the obsessional. Alongside the challenges identified above in actually conceptualising embodied identity, there is the challenge that the issues surrounding bodies and embodiment are not static. Advances in medical research challenge the very notion of the body as it has historically been understood, as bodies are increasingly described in and controlled by medical terminology. The ethical debates about the beginning and ending of life are often framed in terms of personhood, seeking to delineate when a 'person' and a body are no longer congruent.<sup>37</sup>

Aesthetic developments in body modification also bring into question the fundamental nature of the purpose and 'givenness' of the human body. Cosmetic surgery for aesthetic reasons is on the increase<sup>38</sup> and the flexibility and fluidity of the bodily form is greater than ever before. Media speculation about an obesity crisis in the general population,<sup>39</sup> a rise in eating disorders among adolescents and focus on the weight and body shape of celebrities has heightened societal awareness of the body and placed its size and practices firmly on the political agenda.

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<sup>37</sup> This section does not engage in specific discussion of 'personhood' nor of the anthropological relationship between body and soul. Instead the focus is on the body as the physical manifestation of embodied existence.

<sup>38</sup> The British Association of Aesthetic Plastic Surgeons reported a 6.2% rise in the number of breast augmentation operations performed by their members between 2010 and 2011, taking the total for 2011 to 10,003. (The Guardian, 30<sup>th</sup> January 2012).

<sup>39</sup> For example The Guardian Online reporting on government measures to tackle obesity in the population <http://www.guardian.co.uk/uk/2006/jun/16/health.foodanddrink> (30<sup>th</sup> September 2008).

These are but a few of the challenges flowing from secular culture which seek to shape and define twenty-first century bodies. To lay all blame at the door of secularisation would, however, be a failure to accept the part that Christianity has played in generating a distorted view of the body. In an attempt to separate from the world and pursue individual piety within the confines of American evangelicalism, a disturbing picture has emerged of the ideal of bodily perfection becoming an all encompassing pursuit. Rather than separating themselves from the culture, as is often the evangelical position,<sup>40</sup> American evangelicals have influenced societal aspirations and practices.<sup>41</sup> Over time, however, the failure to ground such practices in the life of the worshipping community in relationship with Christ has caused the evangelical pursuit of a sanctified body to collapse into an individual body project undertaken without reference to God.

#### 4.2.4.2. Bodies in Crisis

Writing from a North American context R. Marie Griffiths contends that analysis of the culture in which she finds herself reveals that individual bodies are in crisis.<sup>42</sup> The drive to cultivate the ‘perfect body’ has, she believes, become a consuming project within mainstream America. The combining of spiritual, moral, political and health beliefs has generated a culture where ‘born-again bodies’ as she terms them are the form to which many aspire as the outward manifestation of an inward spiritual state of holiness. In a thorough and nuanced appraisal of factors influencing this situation she concludes that this is not simply forces of secularisation at work but that the Protestant heritage of the United States has been a significant factor in generating attitudes to the body: ‘Rather than a logical outgrowth of religion’s supposed dislodgment, American fitness culture is an end that Protestantism’s specific American forms boldly pursued: a devotional project aimed at bodily perfectability.’<sup>43</sup> Popular literature aimed at the evangelical market, such as Deborah Newman’s *Loving your Body* make explicit the link between individual piety and the body: ‘You’ll

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<sup>40</sup> This may be expressed in terms of ‘being in the world but not of the world’.

<sup>41</sup> Such as encouraging dietary restraint as an outworking of the moral virtue of self-control and advocating exercise as a means of increasing the effectiveness of the body in service of God.

<sup>42</sup> Griffiths, *Born Again Bodies*.

<sup>43</sup> Griffiths, *Born Again Bodies*, 13.

realise that growing close to the Lord naturally creates a desire to care more for the body He gave you.’<sup>44</sup>

It is not only within the confines of the church that such material flourishes. Griffith identifies the three elements which originated as Protestant practices for individual spiritual growth which have come to exert considerable influence upon the populace in general. Food abstinence, sexual restraint and phrenology (the idea that the visible exterior of the body or face reflects the spiritual reality within) are having an ongoing influence over the bodies of Americans, and Griffith identifies the resulting outcome as a culture which is obsessed with a quest for a perfect body.

It can be seen that the pietistic strand within Christianity, both in evangelicalism in the US and in Griffiths’ examples from early Methodism in the UK<sup>45</sup> provide fertile ground for focus on the individual body as the locus of holiness. Initially, the purpose of fasting and sexual restraint was framed clearly in terms of the individual believer’s sanctification and the use of the body to glorify God. What developed over time, however, was a combining of a quest for individual piety with the privatising of religious faith. What emerged was a situation where the traditional evangelical emphasis placed on personal commitment and personal growth became susceptible to an individualistic quest for holiness separated from other believers.

If the outworking of salvation is framed in terms of developing a ‘born-again body’, in the sense that the toned, disciplined body reflects the disciplined self, then the potential for two serious distortions exists. Firstly there is the possibility of censure of those within the church who do not conform to the ‘healthy’ bodily ideal. When the aesthetic value or fitness of bodies become the means by which a Christian’s life is judged, even based on the justification that what is seen externally reflects the inner life, then the good news that salvation is a gift of God’s grace has been lost. The second consequence of equating ‘born-again bodies’ with growth in holiness is a tendency

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<sup>44</sup> Deborah Newman, *Loving Your Body* (Wheaton, Illinois: Tyndale House, 2002), back cover.

<sup>45</sup> Griffith quotes John Wesley’s advice to the early Methodists to fast weekly, as was the stated practice of the Anglican Church. Griffith, *Born Again Bodies*, 13.

to generate self-righteousness among those who achieve it. This also is a perversion of growth in holiness as it ignores the grace by which salvation comes. Overtones of both these mindsets can be seen in disordered eating. In the anorectic who feels the only thing she can control is her food intake we see the visible representation of her spiritual/mental quest portrayed on her emaciated body.

The evangelical emphasis on personal conversion and individual commitment has often reduced questions about the body to a quest to get right ‘what I do with *my* body’. The jump from biblical texts to application is made without seeking to understand the context and concepts unstated in the text but which form the scaffolding around which they are built.

There are many similarities in attitudes toward the body between those in the UK and the US but significant cultural differences can be detected. These include historical, social and religious differences which have shaped cultural understandings. Although these differences ensure that the situation in the US will not be identically replicated in the UK, sufficient points of congruence exist to hold up a mirror to the UK context that some of the dangers within it might be recognised.

Locatedness in a particular time and context cannot be denied nor escaped from but undoubtedly shapes identity and how the body is perceived. Views about what is beautiful or natural or normal will to some extent have been influenced by the culture inhabited. How Christians read the Bible and seek to discern the purpose and right use of their bodies in such a situation can be problematic. How then might the Church extricate itself from the situation Griffiths describes where the quest for bodily perfection has become an all-consuming feature of individual holiness? Is it possible to prevent incorporation into the body of Christ through baptism collapsing into obsession about one’s individual body, sustained through disordered eating?

#### 4.2.4.3 Recovering fragments – letting go of my body as my autonomous inviolable kingdom

The movement toward what is being termed postmodernity presents both challenges and opportunities in forming a Christian understanding of the body of the individual which is faithful to scripture. As raised above, the increased interest in the body and pressures upon concepts of the body to respond to a changing and diverse context challenge Christians to live a story of embodiment consistent with the claims of faithful Christian discipleship.

Stanley Hauerwas understands ‘postmodernism’ to offer fertile ground for a re-imagining of holiness, including holiness related to embodied existence, because of the change in the way people understand the world to be.

The loss of the ‘self’ and the appreciation of the significance of the body, and in particular the body’s permeability, can help us rediscover holiness not as an individual achievement but as the work of the Holy Spirit building up the body of Christ.<sup>46</sup>

The assertion is that postmodernity entails a loss of the self. As people are confronted by a diversity of complex situations, they adapt to respond to the context in which they find themselves. Their identity in any given situation differs to the point of their existing in a number of different identities, thus breaking down an integrated, stable identity or ‘self’. Without the constraints of tradition or inherited social convention to dictate behaviour there is a fluidity of identity unknown by previous generations. This in part accounts for the focus on the body as a canvas of identity, since in an environment where others form their impressions only from what they see in the body before them,<sup>47</sup> the image projected by that body becomes increasingly important.

Rather than agreeing with Hauerwas that what exists in contemporary western society is a loss of the self, I find more convincing the analysis of Anthony Giddens: ‘[t]he reflexive project of the

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<sup>46</sup> Hauerwas, *Sanctify them in the Truth*, 78.

<sup>47</sup> Rather than by relationship to kin or social class or occupation as would have been the case in previous generations.

self, which consists in the sustaining of coherent, yet continuously revised, biographical narratives, takes place in the context of multiple choice as filtered through abstract systems'.<sup>48</sup> The self is not lost, merely continually redefined in the 'reflexive project of self-identity'. The body is necessarily drawn into this project in the way it is fed, nurtured, styled, dressed, used, sculpted, adorned, articulated and perceived.

Where the body was once an inviolable autonomous unit there is now an openness to otherness, and instead of rigidity there is flexibility. In seeking to form theology at the juncture between modernity and postmodernity the body becomes an example of many of the features of the paradigm shift proposed. What was once controlled, boundaried, and individual is now more fluid, permeable and receptive to participation with the other.

The opportunity this presents is for a relinquishing of understanding the body as the locus of individual piety, which has, as Griffith demonstrates, the potential to lure humanity away from dependence on the grace of God. Instead, while not denying the need for conversion in response to the love of God which reaches out to human beings personally, it is fitting that our understanding of the body moves beyond an individual response to participation with the other.

#### 4.2.4.4 Bodies and the Body of Christ

What the influence of postmodernity and the questioning of the traditional understanding of the body may be leading to is this: the embodied self is most truly who it is in relationship with God through Christ and in the community that is the Body of Christ.

When Paul writes to the Church at Corinth he writes to people concerned with how their allegiance to Christ determines their embodied relationship to food, sex and each other. It appears that they

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<sup>48</sup> Anthony Giddens, *Modernity and Self-Identity: Self and Society in the Late Modern Age* (Stanford, CA: Stanford University Press, 1991), 5.

too were prone to understanding their individual identity and needs as their primary focus,<sup>49</sup> and it is in this context that Paul's use of the image of the Body of Christ expresses something profound about the call to Christian living. In stating the proper end of bodies as glorifying God,<sup>50</sup> Paul challenges them 'Do you not know that your bodies are members of Christ?'<sup>51</sup> and to provide further emphasis, 'Or do you not know that your body is a temple of the Holy Spirit within you, which you have from God, and that you are not your own?'<sup>52</sup>

It has been symptomatic of the individualism which has been embraced that the individual body as the temple of the Holy Spirit has been the dominant image when discussing the body in some Christian circles. Too often the failure to heed the second part of that verse, that we are not our own, has led to a failure to recognise that relating to individual bodies as members of Christ requires living in such a way as to reclaim embodied existence as fully participating with others in Christ. Consequently thoughts, words and actions are to be shaped, not by the theological justification of the prevailing culture (which may have been influenced by a distortion of Protestant theology in the first place), but by faithfulness to Christ who became incarnate and who by his Spirit now lives in his people.

The purpose of embodied identity should not be an autonomous project of self actualisation. The radical disruption to the prevailing worldview, occasioned by attending to Scripture, calls Christians to understand their individual bodies as primarily part of the body of Christ. In sharp contrast to the secular culture which enshrines the autonomous individual body and sections of the church who have appropriated that same concept, the challenge to view individual bodies through the lens of participation in the body of Christ subverts what many have been led to believe the body is for.

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<sup>49</sup> See Paul's condemnation of the Corinthians for their selfishness at communion in 1 Cor. 11:21-22.

<sup>50</sup> 1 Cor. 6:20.

<sup>51</sup> 1 Cor. 6:15.

<sup>52</sup> 1 Cor. 6:19.

As Paul develops the reference to bodies and the body of Christ,<sup>53</sup> Hays notes the fact that, instead of equating the one body with many members and the church, Paul equates them with Christ.

‘Instead by identifying the many members of the church directly with Christ, Paul seems to press beyond mere analogy to make an ontological equation of the Church with Christ’.<sup>54</sup> Whereas we are tempted to reduce this to a metaphor, to understand that the embodied people who follow Christ are in some way Christ’s body has implications for the interpretation of individual bodies.<sup>55</sup>

Most radically to the ears of contemporary Christians, our bodies are not our own, in the sense that we may do with them exactly as we please. The significance of conversion is not merely a conversion of the mind, an assent to a proposition that Jesus Christ is Lord. It is more than that – a submission of the whole person, body, mind and spirit to the Lordship of Christ and a becoming part of the body of Christ. That surrender to Christ involves a surrender of all that we are means that, in contradiction to the voice of the secular culture, I no longer own my body. If bodies no longer belong to the individual but are first and foremost members of the body of Christ, the perception of those members and what may be done with them must be shaped by that understanding. Learning to interpret bodies in the light of this gives understanding of why condemnation of particular practices in scripture matter. In the Christian’s attempts to ‘glorify God in your body’ the question changes from ‘is this the right thing to do with my body?’ to ‘how does my behaviour affect the life of the body of Christ?’ To eat at communion whilst other bodies are undernourished demeans the body of Christ.<sup>56</sup> To unite Christ’s body with a prostitute is unthinkable.<sup>57</sup> In relation to eating disorders, this challenges the Church to offer care to emaciated bodies and address the embodied person with love and grace. For those suffering from disordered eating, the challenge is to see their body as part of a greater enterprise than their own battle with the disorder.

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<sup>53</sup> 1 Cor. 12:12.

<sup>54</sup> Richard B. Hays, *First Corinthians*, (Louisville, Kentucky: John Knox Press, 1997), 213.

<sup>55</sup> It is not clear how Paul would have understood the relationship between the individual bodies and the body of Christ. For further discussion, see Hays, *First Corinthians*.

<sup>56</sup> 1 Cor. 11.

<sup>57</sup> 1 Cor. 6:15.

The worth of the body which was previously expressed in its usefulness, health or beauty is now found in its participation in Christ. Experiencing embodied existence as part of the body of Christ releases those in the Church from the quest for individual bodily perfection in the present age (as defined and sought by particular sections of society). Participation in the body of Christ transforms the understanding of what bodies are and what they are for. Bodies speak of identity, not as canvases exalting individual personal moral choices, but participating in the body of Christ they are bodies shaped by worship of God and service of the other. In moving from interpreting bodies as individual projects of piety to emphasising the relational nature of embodied discipleship within the body of Christ our focus changes. It is less about whether or not it is permissible to have a 'WWJD' tattoo on one's body and more about doing what Jesus does.

The body of Christ speaks prophetically of what true embodiment might be, for there is room within the body of Christ for all types of body. In contrast to the secular culture or even the individual pietistic ideal, there is no pressure for bodies to look a particular way. The diversity of gifts within the body of Christ indicates that a diversity of bodies in terms of colour, ethnicity, disability and size is to be celebrated not ignored. Being embodied has a particularity to it which makes us gendered, sexual, racial beings. The human tendency to create binary categories of black/white, male/female, left-handed/ right-handed, deaf/ hearing, none of which fully explains the complexities of our human experience, does have the potential to generate barriers and false assumptions. When I perceive myself first and foremost as a member of the body of Christ, bodily particularity is no longer the primary marker of identity. It is not the particularity which defines me over and against other Christians but common identity as members of the body of Christ.

The radical disruption of scripture to ethics and the body is seen truly when the body of Christ, the church, is the means by which the individual body is understood. The sharp contrast can be seen with the view undergirded by western liberal capitalist ideals which seek to establish bodily autonomy over and against the bodies of others. In the body of Christ, the mutual submission of

members reveals the interdependence of the 'strong' and the 'weak'. If one suffers, all suffer and so the mutuality and care for the needs of others stems from fact that they are also part of the body of Christ. The attentiveness to the weak, the poor and the suffering which this view of 'body' enables reflects the incarnate Christ's refusal to shun those whose bodies did not meet the standards of health and purity demanded by their society.

Together, the body of Christ seeks to discern the revelation of God in Christ and what that might mean for a Christian response to the many issues facing the body. In worship, this is not merely a collection of individuals, but primarily the body of Christ, each member aware of and attentive to the others. In worship, in praying for the sick, all suffer with them, for when one part of the body suffers, all suffer. In hearing and responding to Scripture those who are the Church seek not what this might mean firstly for each individual body, but what this means corporately for the body of Christ. In confession there is an opening up, speaking truthfully of who we are, so that in receiving the forgiveness of others in the Body we experience the forgiveness of God.

If this emphasis on the body of Christ as a community of Christians sounds more Catholic than Methodist, it should be noted that Christian heritage contains various examples of when we have sought genuinely to live our embodied existence not as a private individual quest but open to others. This requires a depth of commitment to being the body of Christ found in some of the assemblies of the early evangelicals. Their commitment to being the body of Christ entailed openness and vulnerability, acknowledgement of sin, serving the poor, proclaiming the good news and living as the body of Christ. Through participation in the body of Christ discipleship was a communal activity and the shaping and actions of individual bodies formed a natural part of such participation.

I mentioned earlier that Griffith uses John Wesley's instructions to Methodists about fasting as a negative example of the pursuit of individual piety.<sup>58</sup> It is my assertion that early Methodist class meetings and band meetings are examples of being the body of Christ and pursuing embodied holiness which do not collapse into an individual quest or salvation by works.<sup>59</sup> Wesley's consideration of the practicalities of discipleship reveal a concern for the pursuit of holiness which is grounded in the realities of eating, drinking and clothing the body. Rather than becoming a prescriptive moral code, however, these issues were considered in the context of a disciplined community of believers. The band and class meetings constituted an outworking of being the body of Christ as the bodies of early Methodists ordered themselves to receive the grace of God, to be accountable to one another and together, to pursue holiness.<sup>60</sup> Hauerwas alludes positively to the value of Wesley's understanding that the church should be a 'disciplined community',<sup>61</sup> a recovery of which would mark a welcome return to both a neglected heritage and to a place where understanding the body in the light of participation in the body of Christ could be a reality.

For Christians, participation in the body of Christ is the antidote to the quest for 'bodily perfection'<sup>62</sup> as promoted in western industrialised nations. The radical nature of scripture subverts such ideals and instead the body of Christ is a place where 'bodily perfection' is neither a quest for eternal youth in an attempt to deny the onset of age (and with it death), nor a purely spiritual endeavour, denying the reality of embodied living. Instead participation in the body of Christ allows for embodied Christians of all shapes and sizes to encounter Christ in community and as they meet, to be transformed by his grace.

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<sup>58</sup> Griffith, *Born Again Bodies*, 13.

<sup>59</sup> For a fuller discussion of early Methodist class and band meetings, see Chapter 5.

<sup>60</sup> For further discussion, see Barrie Tabraham, *The Making of Methodism*, (Peterborough: Epworth, 1995), 46.

<sup>61</sup> Hauerwas, *Sanctify them in the Truth*, 80.

<sup>62</sup> Namely having a body which is slim, toned, unblemished and conforming to a particular ideal of beauty.

#### 4.2.4.5 The Body of Christ and the Incarnate Christ

If it is through participation in the body of Christ that we understand the purpose and appropriate uses of our bodies, how then do we seek to reconcile this with our understanding of the place of scripture? I will suggest that central to understanding our participation in the body of Christ is our attentiveness to the incarnate Christ revealed in scripture and the risen Christ present in his church by the Holy Spirit.

Being people who are shaped by living in relationship with the risen Christ and participating in the community which is his body re-orientates our bodies. Being shaped and formed in discipleship means being faithful in worship and service, and as we encounter the incarnate Christ in the gospels we become more aware of the Christ present by his Spirit in his body, the church. It would be possible to identify many passages in scripture where the body of the incarnate Christ witnesses to how the church as the body of Christ should be. The following example addresses just one aspect of how those who understand their own bodies as members of the body of Christ may engage with the incarnate Christ. In the gospels we see Jesus unashamed of his body as a woman pours perfume over his feet and wipes them with her hair. As the body of Christ we learn that being embodied is good and that to experience physical devotion or affection need not be primarily sexual.<sup>63</sup> In our practice of discipleship we then become those who welcome the lonely and unloved and witness to the love embodied in Christ which affirms the gift of physicality.

If it is possible to relinquish the overemphasis on piety focussed on the individual body and allow scripture to radically disrupt our self understanding that we are autonomous individuals who gather to be a collective of individuals called church, then we may be able to encounter a richer understanding of embodied existence which flows from the experience of being participants in the body of Christ. In looking to the incarnate Christ, we see embodied existence where physicality is

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<sup>63</sup> In John 12:3, Mary's action in anointing Jesus' feet and wiping them with her hair is a highly sensual act which goes beyond what would be expected social interaction between a man and a woman. Jesus' reaction to this expression of bodies which are sexual is not condemnation but an implicit affirmation that to be a sexual being is part of being an embodied being.

enjoyed and it is pure,<sup>64</sup> where the physical limitations of the body provide opportunities for encountering God's grace,<sup>65</sup> and where Jesus' use of touch demonstrates an affirmation of bodies deemed outcast by society.

Understanding our own bodies through their participation in the body of Christ enables us to draw some conclusions which are counter-cultural. They are not counter-cultural in the sense of what they stand against, which has been a feature of some church pronouncements about the body. Instead they re-orientate our way of thinking about the body, what it signifies and what end it might pursue.

The result therefore is that the Christian's body derives its value from the fact that it is part of the body of Christ, a fact to which other members of the body bear witness. Consequently, the relationship of that member with other members of the body of Christ means they seek only to do those things with their body which encourage and build up other members to maturity, rather than seeking personal fulfilment. This is to suggest that in approaching our bodies this way, Christians might become embodied people on the way to being more fully the bodies they were created to be. That is to understand the body not as something to be escaped from, nor something to idolize, but as integral to a disciplined life lived fully to the glory of God in participation with the community which is the articulation of his body on earth.

#### **4.2.5 Baptism - Conclusion**

Having established that baptism into the body of Christ has a direct bearing on how Christians understand and use their bodies, the conclusion reached is that this witnesses to a new way of being. In baptism, the powerful imagery of death and resurrection serves as a reminder that powers which hold the 'old self' captive can be vanquished and instead, the 'new self' is raised to life. The possibility of dying to the eating disorder and living life in all its fullness is a possibility attested to

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<sup>64</sup> See the anointing of Jesus' feet in John 12.

<sup>65</sup> See Jesus asking for a drink as he meets the woman of Samaria in John 4.

in the practice of baptism. The hope is held out to those within the church and witnessed by those outside the church that identity change is possible. To those defined by the label of ‘anorexia nervosa’ or ‘bulimia nervosa’, baptism, and the community of the baptised, offers hope of a different way of definition which has at its heart being loved, cleansed, pardoned and transformed by the Christ into whom one is baptised. The ‘growing into’ this identity in the sense of ‘becoming what you already are’ is practiced in the eucharist:

Baptism needs to be constantly affirmed. The most obvious form of such reaffirmation is the celebration of the eucharist.<sup>66</sup>

It is to that practice that we now turn.

## **4.3 Eucharist**

### **4.3.1 Introduction**

At the heart of this thesis lies one of the fundamental questions which instigated it: what does it mean for a faith whose central act is eating and drinking to engage with disordered eating? Or to look at it from another perspective, what does a Christianity with eucharist as its defining practice mean for those who suffer from disordered eating?

If baptism into the Church marks being part of a new way of life, a new community, a new identity, and eucharist is a sign and means of affirming that identity, the position of those who suffer from disordered eating presents a challenge to the church. Is it possible for those who suffer from disordered eating to participate in the eucharist, and what does it mean both for those whose eating is disordered and for those whose eating is not?

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<sup>66</sup> WCC, *Baptism, Eucharist and Ministry*, 5.

#### 4.3.2 What sort of meal is the eucharist and does it matter?

When speaking of eucharist as one of the practices of the church it is necessary to clarify what is being spoken of. Whilst it is necessary to enter into some discussion about what is being referred to, it is equally important not to be diverted by the controversies which have arisen through the centuries considering this central Christian practice.<sup>67</sup> Some reference will be made to the debates surrounding the origin and development of the eucharist<sup>68</sup> regarding the transition between common meal, token feast and ritualised act, as this has particular significance when relating the practice of eucharist to disordered eating. The question of whether the practice of sharing a token feast in a ritualised setting is more or less inclusive than a full shared meal including breaking of bread and sharing wine will be explored.

Rather than tracing the historical development of the eucharist, key expressions of eucharist as practiced in the life of the Church will be discussed insofar as they offer ways of exploring the relevance of the practice of eucharist in relation to disordered eating. The main focus of this chapter is less about what sort of meal is shared and more about what the practice itself demonstrates in the life of the church and beyond.

Aside from the debate about whether the Last Supper was indeed a Passover meal,<sup>69</sup> various scholars locate the origins of the eucharist in the Jewish practice of the prayers of blessing at mealtimes.<sup>70</sup> From this, Raymond Moloney notes the link between our dependence on food reminding us of our dependence upon God. He views the Jewish prayer over the food, blessing God for his provision, as denoting all meals as religious meals. The form of prayer before the meal and prayer after the meal combined with the action of eating the meal form a ritual of worship:

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<sup>67</sup> For a background to some of these issues, see Thomas J. Fisch (ed.), *Primary Readings on the Eucharist* (Collegeville, M.N.: Order of Saint Benedict, 2004).

<sup>68</sup> Dennis E. Smith, *From Symposium to Eucharist* (Minneapolis: Fortress Press, 2003).

<sup>69</sup> B. M. Bokser, 'Was the Last Supper a Passover Seder?' *Bible Review* 3 (1987) 24-33.

<sup>70</sup> Raymond Moloney, *The Eucharist* (London: Geoffrey Chapman, 1995); R. H. Gundry, *The Use of the Old Testament in St. Matthew's Gospel with Special Reference to the Messianic Hope* (Leiden: Brill, 1975); L. Johnson, 'The Date of the Last Supper' *Scripture* 9 (1957), 108-115; Craig E. Evans *Mark 8:27- 16:20*, Word Biblical Commentary vol. 34b (Nashville, T.N.:Thomas Nelson, 2001), 389.

A basic thesis of this book is that, in instituting an act of worship for his community, Our Lord did not begin from nothing. For the external form of his worship he turned to the familiar rituals of grace before and after meals. These he celebrated in a new way relating them to himself and his death.<sup>71</sup>

The insights of Moloney are pertinent at this point as the locating of eucharist within the context of ‘giving thanks’ or pronouncing blessing over the food bears witness to the fact that the Last Supper was not the only occasion where Jesus blessed and broke bread. In the feeding of the five thousand we see a foreshadowing of eucharist as Jesus acts as host at a meal of blessed bread shared, communion experienced and the kingdom of God witnessed in the feeding of the hungry crowd. To hold the eucharist within the framework of Jesus’ ministry, including times of table fellowship, and also the still wider framework of Jewish mealtime practice is to see it in context. The eucharist as seen in the institution narrative,<sup>72</sup> has particular, defining characteristics not found in other occasions when Jesus broke bread with his disciples;<sup>73</sup> but to separate it from the rest of Jesus’ ministry is to lose the importance of meals as a time where Jesus welcomed the unwelcome, fed the hungry and taught about the Kingdom.

In considering the wider context of the eucharist scholarly opinion has debated whether the Last Supper was a Passover meal or not.<sup>74</sup> The significance of this lies in the understanding of what Jesus was doing in the meal. The parallels drawn between the Passover lamb sacrificed and the sacrifice of Jesus are woven into the Eucharistic liturgy.<sup>75</sup> The language of covenant is explicit in the institution narrative and so the references to God fulfilling his covenant to Israelites in leading

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<sup>71</sup> Moloney, *The Eucharist*, 10.

<sup>72</sup> Matthew 26: 26-29, Mark 14: 22-25, Luke 22:14-20, and 1 Corinthians 11: 23-26.

<sup>73</sup> Namely the command ‘Do this in remembrance of me’.

<sup>74</sup> The synoptic gospels representing the occasion of the Last Supper as a Passover whereas John portrays Jesus as the Paschal Lamb but not the meal as Passover. See also Bokser, ‘Was the Last Supper a Passover Seder?’.

<sup>75</sup> ‘Christ our Passover Lamb is sacrificed for us, therefore, let us keep the feast’, Holy Communion Ordinary Seasons, Order 3 in *The Methodist Church, Methodist Worship Book* (Peterborough: Methodist Publishing House, 1999).

them out of Egypt and new covenant in Jesus blood leading humanity out of sin are significant points of reference within the eucharist.

This eucharist as instituted by Jesus is more than a token ritual meal. The inclusion of the sharing of bread and wine in the context of a more substantial meal is discussed by Dennis Smith. In *From Symposium to Eucharist* Smith suggests that the banquet was the foundation of social interaction in the ancient world and though there were various forms practiced by various groups, the Christian eucharist finds its place in this social context.<sup>76</sup> It is therefore no surprise that the early Christian community had as one of its foundational practices ‘breaking bread’.<sup>77</sup> Quite what is meant by ‘breaking bread’ has been open to interpretation. Historians have proposed a variety of suggestions, based on the dining culture of the time and the various ritual meals taking place in that era. Smith asserts that his study of the meals celebrated in the culture surrounding the early church leads him to believe that the ‘[e]arly Christians celebrated a meal based on the banquet model found commonly in their world’.<sup>78</sup>

For the early Church, eucharist was not a token meal but a full meal at which Christ was remembered when they broke bread together. The deeply significant feature in Paul’s writings concerning the eucharist is the eating together of Jews and Gentiles. The disagreement between Peter and Paul in Galatians 2 about Jew and Gentile eating together goes to the heart of the identity of the baptised. ‘Breaking bread’ is a visible demonstration of unity in Christ, a primary marker of identity of ‘those baptised into Christ’ and therefore eating with those who are also in Christ is now permissible. Paul is similarly incensed when the eucharist becomes the focus of division between rich and poor. Identity in Christ makes food laws and preservation of Jewish purity secondary as much as it requires the wealthy to share with and attend to the poor.

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<sup>76</sup> Smith, *From Symposium to Eucharist*.

<sup>77</sup> Acts 2:42.

<sup>78</sup> Smith, *From Symposium to Eucharist*, 279.

By the third century it appears that the common meal or agape feast became separated from the more formal liturgy for celebrating the eucharist<sup>79</sup> partly due to the changes in meeting venue from the homes of the believers to gathering in larger assemblies; ‘The community that began its existence in private homes around a banquet table evolved into a church that met in a meeting hall before an altar.’<sup>80</sup>

The essence of the Eucharist as token feast has remained consistent despite changes in wording, language and interpretation of what is taking place within the liturgy. Whilst valuing the eucharist in its form as token feast, various attempts have been made to recapture the early church model of a more substantial meal at which Christ is remembered. From my own tradition, John Wesley’s appropriation of the Moravian ‘Love Feast’ or agape meal was one such attempt to provide some of the benefits of communion when it was not possible due to the constraints of church order to celebrate the eucharist.<sup>81</sup>

Having acknowledged the transition from table fellowship and shared meal to token ritualised feast the question remains: What defines eucharist? In response to this, *Baptism, Eucharist and Ministry* offers the following guidance:

The Eucharistic liturgy is essentially a single whole, consisting historically of the following elements in varying sequence and of diverse importance:

- hymns of praise;
- act of repentance;
- declaration of pardon;
- proclamation of the Word of God, in various forms;
- confession of faith (creed);

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<sup>79</sup> Smith, *From Symposium to Eucharist*, 286.

<sup>80</sup> Smith, *From Symposium to Eucharist*, 285.

<sup>81</sup> As an ordained Anglican priest John Wesley urged members of the Methodist Societies to receive communion at their parish church. As the numbers of Methodists increased Wesley celebrated communion with the members of the Methodist societies. Where there were insufficient ordained clergy to preside at communion, Methodists celebrated the Love Feast, sharing cake, drink, prayer and testimony.

- intercession for the whole Church and for the world;
- preparation of the bread and wine;
- thanksgiving to the Father for the marvels of creation, redemption and sanctification (deriving from the Jewish tradition of the *berakah*);
- the words of Christ's institution of the sacrament according to New Testament tradition;
- the *anamnesis* or memorial of the great acts of redemption, passion, death, resurrection, ascension and Pentecost, which brought the Church into being;
- the invocation of the Holy Spirit (*epiclesis*) on the community, and the elements of bread and wine (either before the words of institution or after the memorial, or both; or some other reference to the Holy Spirit which adequately expresses the "epikletic" character of the eucharist);
- consecration of the faithful to God;
- reference to the communion of saints;
- prayer for the return of the Lord and the definitive manifestation of his Kingdom;
- the Amen of the whole community;
- the Lord's prayer;
- sign of reconciliation and peace;
- the breaking of the bread;
- eating and drinking in communion with Christ and with each member of the Church;
- final act of praise;
- blessing and sending.<sup>82</sup>

This combining of many elements into a single entity in the Eucharistic liturgy is an attempt to differentiate celebrating the eucharist from any number of other events in the life of the church at which some of those elements are present. Where the five facets of eucharist mentioned in Baptism, Eucharist and Ministry<sup>83</sup> are present, that is what distinguishes it from other occasions. The thesis I propose is that the practice of eucharist within the life of the Church is an act which transforms those who participate and initiates ways of living which witness to God in Christ.

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<sup>82</sup> WCC, *Baptism, Eucharist & Ministry*, 16.

<sup>83</sup> These being ;Thanksgiving to the Father, Anamnesis/ Memorial of Christ, Invocation of the Spirit, Communion of the Faithful and A Meal of the Kingdom. WCC, *Baptism, Eucharist & Ministry*.

### **4.3.3 Eucharistic meanings and attendant practices**

The section above discussed the various forms in which Eucharistic practice has developed and which features are considered essential. The purpose of this discussion is to explore whether ‘eucharist’ is synonymous with one or more ‘practices’.

John Howard Yoder looks beyond the controversies of the church from the Middle Ages and Reformation and discusses eucharist in the early church as simply the practice of ‘breaking bread’. This he develops into considering the common table at which Jesus is remembered as a model for economic equality. Yoder puts forth the argument that the act of ‘breaking bread’ is the practice of eucharist, sharing material sustenance in a context where all are of equal status.<sup>84</sup> This is a reinforcing of the new identity and new community initiated through baptism.

Whilst the understanding of eucharist as a single practice of breaking bread may form an overarching narrative about how the church is called to live, I seek here to develop the argument about ‘practices’ by considering how the various elements identified in the WCC document as meanings of the eucharist can be found in scripture as practices or virtues of the Christian community which shape the way Christians live in the world. Specific attention will be given to the ways these practices witness to the world in which disordered eating manifests itself.

#### 4.3.3.1 Thanksgiving and giving thanks

That the word ‘eucharist’ has as its linguistic origin ‘thanks’ or ‘blessing’ should convey something about the practice of the Christian church.

The WCC document in discussing the meaning of the eucharist, identifies ‘thanksgiving to the Father’ as one of the five headings under which Eucharist is discussed:

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<sup>84</sup> Yoder, *Body Politics*, 20-22.

The eucharist, which always includes both word and sacrament, is a proclamation of the work of God. It is the great thanksgiving to the Father for everything accomplished in creation, redemption and sanctification, for everything accomplished by God now in the church and the world in spite of the sins of human beings, for everything that God will accomplish in bringing the Kingdom to fulfilment. Thus the eucharist is the benediction (*berakah*) by which the Church expresses its thankfulness for all God's benefits.<sup>85</sup>

This section will argue that thanksgiving is more than a liturgical framework. It proposes that 'thanksgiving' – to give thanks is an action which flows from the communion table out into the world and as such is a practice the church must attend to. The implications for this in relation to disordered eating will also be discussed.

Thanksgiving to God the Father in the Lord's Supper echoes the prayer of thanksgiving prayed by Jesus at the beginning of his final meal on earth with his disciples.<sup>86</sup> As has been previously indicated,<sup>87</sup> this was not uncommon: in fact the prayer of blessing before meals was a feature of Jewish table practice and served as a reminder to be thankful to God for daily food.<sup>88</sup> Within the Eucharistic liturgy, the great prayer of thanksgiving includes giving thanks to the Father for creation and for the new creation in Christ. No distinction is made between the physical and the spiritual; thanks is offered for both. Likewise, thanks is given for the bread and wine, material, physical substances used to convey divine love.

The thanksgiving which forms part of the practice of eucharist is formative in shaping Christians into a people who are thankful and joyful in the face of the seemingly thankless and joyless challenges of the world. In his chapter on the word 'eucharist', Smith draws together the nature of

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<sup>85</sup> WCC, *Baptism, Eucharist and Ministry*, 10.

<sup>86</sup> Matthew 26: 26-29, Mark 14: 22-25, Luke 22:14-20, and 1 Corinthians 11: 23-26.

<sup>87</sup> See section 4.3.2.

<sup>88</sup> Moloney, *The Eucharist*, 10.

thanksgiving and joy. That the early church ‘broke bread ...and ate their food with glad and sincere hearts’<sup>89</sup> marks one of the facets of Eucharistic practice as joyful celebration.

To give thanks is to express gratitude. To be grateful is to acknowledge indebtedness to the goodness of another and to acknowledge indebtedness generates the realisation that one is not self-sufficient. In the Eucharist, the Church is reminded of its need to depend upon God, for the simple, physical bread which sustains life, but also for the unsurpassable gift of salvation and everything in between. Developing a culture of gratitude flows from the communion table and shapes the lives of those who partake.

Such thankfulness stands in sharp contrast to western consumerist cultural pressures to be constantly dissatisfied with life. This discontentment is deemed necessary in order to suggest the solution might be found in acquiring particular possessions or consuming particular products or having particular experiences to assuage the discontentment. Psychologist Susie Orbach identifies cultural forces which suggest people should be anxious about their bodies rather than thankful for them when she observes, ‘...there is a subtle tracery of outside urgings which works on us, creating a new and often dissatisfied relationship with our bodies.’<sup>90</sup> Exhibiting thankfulness in the face of discontentment and dissatisfaction is a counter-cultural witness, grounded in the goodness and grace of God.

The capacity to be a thankful people is challenged but not overcome when faced with the harsh realities of disordered eating. My contention is that those who have been shaped through the eucharist to practice thankfulness to God for the small and seemingly insignificant things of life as well as the spectacular and obvious, are people well placed to stand alongside those struggling with disordered eating. To be able to see each moment as a fragile step toward recovery and be thankful for progress made is as important as being able to thankfully depend on God’s grace when setbacks

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<sup>89</sup> Acts 2:46

<sup>90</sup> Susie Orbach, *Bodies* (New York: Picador, 2009), 2.

occur. The practice of thanksgiving, learned and enacted in the eucharist, equips the Church to live in such a way as to support those who feel they have nothing to be thankful for.

#### 4.3.3.2 Anamnesis and Remembering

‘Do this in Remembrance of me’

The eucharist is explicitly instituted as an occasion of remembering. Wider questions exist about who is doing the remembering and what is to be remembered.<sup>91</sup>

As the Church remembers Christ’s death and resurrection there is the challenge not to forget what the Church exists to be and do. In faithfully remembering Christ there is more to it than an intellectual process. To merely remember as a thought process is a shadow of what Eucharistic remembrance is about in the life of the Church:

For most twentieth century Christians, remembering is a solitary experience involving mental recall. But for ancient Jews and early Christians (the first of whom were all Jews), remembrance was a corporate act in which the event remembered was experienced anew through ritual repetition. To remember was to do something, not to think something.<sup>92</sup>

This is why the practice of remembering as an action involving the physical participation in breaking bread and drinking wine is so central to the life of the Church. The physical nature of eating bread and drinking wine calls into play the element of embodied memory, where participation involves an ontological connection with sharing in the body and blood of Christ. This remembrance of Christ is more than a memory, and ‘participation’ in the practice of remembering reflects something of the uniqueness of eucharist.

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<sup>91</sup> Andrea Bieler and Luise Schottroff, *The Eucharist, Bodies, Bread and Resurrection* (Minneapolis: Fortress Press, 2007). Brevard S. Childs, ‘Israel’s Theology of Memory’ in Thomas J. Fisch (ed.), *Primary Readings on the Eucharist* (Collegeville, MN: Order of Saint Benedict, 2004), 1-14.

<sup>92</sup> Laurence Hull Stookey, *Eucharist: Christ’s Feast with the Church* (Nashville, TN: Abingdon Press, 1993), 28.

To remember Christ in eucharist is to remember not only Christ's life, ministry, death and resurrection but also to remember that all those who gather round his table are members of the Body of Christ. In this sense what is also regularly remembered is that the life of the baptised is not a solitary pursuit. Those incorporated into the body of Christ through baptism are called together to live in response to his death and resurrection in practical ways.

In sharing in the Eucharist each is reminded of the body of Christ broken and his blood outpoured. In a culture which seeks to avoid suffering and brokenness the Christian cannot escape the realisation that it is Christ's body broken on the cross which is the focus of salvation and hope. In the mystery of the Eucharist the words 'this is my body, broken for you' remind the Church that participation in the body of Christ is at his invitation, through his grace and by his broken body. Such remembrance reveals the futility of the secular quest for the perfect individual body and declares that the way of salvation is not in some construct of bodily perfection or purity, but in Christ whose broken body hung on a cross. In breaking bread and sharing wine the Church participates in the mystery which sustains the body of Christ by remembering that it is Christ who saves and transforms embodied selves. It is Christ, who in becoming incarnate revealed that holiness is not an escape from the body but a purpose of the body, practised in the mess and complexity of life.

In celebrating the resurrected Christ through sharing in the Eucharist we give thanks that though our earthly bodies will die, in Christ there is the promise of the resurrected body. Though we do not know what form or substance the resurrected body will take, we trust the witness of the risen Christ and live our embodied existence in faith that death is not the end. Bodies which do not fear aging or dying stand in sharp contrast to the myth of eternal youth portrayed in contemporary popular culture. The idolising of youthful bodies and the careful sidelining of aged bodies in film, television, fashion and business speak of a society which sees aging as a path to death and thus attempts to deny its existence. Within the body of Christ the presence and acceptance of bodies

which age serves as a witness to the world that to the Christian, aging is not the worst thing that can happen to one's body and death is not to be feared.

With regard to embodied living and eating, the practice of remembering stands as an antidote to the frenetic busyness of elements of twentieth century living and the constant levels of background noise, visuals and distractions existing to entertain and amuse but prevent serious reflection. As the Church shares in eucharist, it becomes possible to collectively remember that the body of Christ exists to 'eat well' in the midst of a culture where disordered eating exists.

To 'eat well' in eucharist is to eat simply, thankfully, discerningly and hopefully. Simply, because in this sharing of bread and wine there is acknowledgement that nourishment, spiritual and physical need not be elaborate or complex. Remembering to eat thankfully resonates with the Jewish practice of meals as sacred events, living in a way which acknowledges the presence of God in the practical details of life. Eating discerningly requires that in remembering Christ in the breaking of bread, the body of Christ also remembers one another. Discerning the body of Christ in the midst of disordered eating is difficult. Does it require that out of love for 'the weaker brothers and sisters'<sup>93</sup> whose eating disorder causes them deep anguish when facing food, the rest of the body of Christ refrains from celebrating the eucharist when those with eating disorders are present? Or does discerning the body of Christ instead mean approaching breaking bread with due care and sensitivity as a visible sign, remembering God's faithfulness that all things can be overcome in Christ?

In a culture where taking time to allow remembering to lead to a deep attentiveness to the present moment is often perceived as 'wasting time', for the Church to practice remembrance enables it to live from eucharist to eucharist reminded of what it means to look to Christ and live in the light of his death and resurrection.

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<sup>93</sup> Rom. 14.

#### 4.3.3.3 Invoking and depending

The Spirit makes the crucified and risen Christ really present to us in the Eucharistic meal, fulfilling the promise contained in the words of institution... The whole action of the eucharist has an “epikletic” character because it depends upon the work of the Holy Spirit.<sup>94</sup>

In the eucharistic liturgy the Holy Spirit as the third person of the Trinity is invoked to make the presence of the risen Christ a reality to those who participate. To invoke is the practice of asking for help, to acknowledge dependence.

In invoking the Spirit the body of Christ acknowledges that it is dependent upon the grace of God alone for everything. This liberates the Church from the understanding that it must work harder or try harder. Practicing dependence upon the Spirit flows out into the life of the church as members learn to live in interdependence upon one another as they are enabled by the Spirit. In this way the regular practice of eucharist inculcates within the Church a means of sustaining that new identity in Christ initiated in baptism. In mutual interdependence, looking to attend to one another, the reality of living as the body of Christ is made manifest.

In relation to those with disordered eating the Church’s practice of invoking, of depending upon God and one another, speaks in several ways. To those within the body of Christ whose eating is disordered, the practice of asking for help involves depending upon grace rather than earned achievement. Within the body of Christ, those who know what it is to depend upon God and who practice mutual interdependence within the Body make themselves available to those with disordered eating to offer help and support through recovery. One of the marks of life within the Church as it depends upon the work of the Spirit is an openness to mutual support within the body of Christ as in humility each part depends upon another. In addition, the practice of invoking and depending may operate within the felt experience of the person suffering from disordered eating.

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<sup>94</sup> WCC, *Baptism, Eucharist & Ministry*.

Knowing oneself to be dependent upon grace may provide release from the relentless pursuit of perfection.<sup>95</sup>

#### 4.3.3.4. Communion and belonging

In *Baptism, Eucharist and Ministry*, the recognition that eucharist is communion of the faithful occurs as the fourth meaning of this sacramental meal. In the two and a half decades since this report was published, the understanding of eucharist as a practice of the Christian community has been increasingly emphasised. The horizontal aspect of the bread and wine shared, its ability to unite and speak of the bonds of the community which is the church has been articulated with some vigour. This may be a counter-cultural corrective to the church in the face of an increasingly fragmented and individualistic post-modern culture, particularly in the church in North America and Europe. It is however striking in a context where eucharist as a practice is seen primarily as a shared meal with its significance located in the relationships between those who partake, that in the WCC document the reminder is present that in Eucharist, Thanksgiving to the Father, Anamnesis/Memorial of Christ and the Invocation of the Spirit all precede the horizontal dimension of Eucharistic practice.<sup>96</sup>

That is not to diminish the valuable insights of what it means to share in the Eucharist with fellow believers and the significance of the church as a community sharing in bread and wine. The point here is that any theology which seeks to establish eucharist as a sign of community as prior to the three elements mentioned above misses the point. Participation in the eucharist is primarily about participating in Christ's death and resurrection until he comes again. We therefore have the re-

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<sup>95</sup> For a fuller discussion of the relationship between the drive for perfection in eating disorders and the operation of grace, see chapter 6.

<sup>96</sup> I do however acknowledge that the element of participation on the part of the Church in Anamnesis/Memorial of Christ makes too clear a distinction between the 'vertically' oriented and 'horizontally' directed aspects of eucharist unsustainable.

enacting of what happens in baptism –being drawn into Christ, in whom sins are forgiven and we are made new creations, and a participation in the eschatological hope of resurrection.<sup>97</sup>

With regard to eschatological imagination, we understand the holy meal practices of the followers of Jesus and of the early churches as celebrations in which experiences of resurrection were shared as a foretaste while social conflicts related to poverty, slavery, and privilege – experiences of the powers of death – were not suppressed. Those who took part in the meal were infused into the body of Christ with their actual bodies. Those meal practices express faith as a relational act of trusting in God’s future with God’s people. Those who followed Jesus participated in resurrection in a fragmentary way.

Also today, eschatological imagination is about the real stuff of life in all its pleasure, pain and alienation. Bodies in pain are and will be transformed into resurrected bodies at the table – bodies that are indeed the temple of the Holy Spirit (1Cor. 3:16) abundantly filled with divine life.

To make the Body of Christ the primary reference in the meaning of the practice of eucharist is to overlook what it means to be baptised into the body of Christ. To remember in communion that we have been crucified with the Christ we gather to remember shapes the way we celebrate eucharist. To remember Christ first and our new identity in Christ subsequently, maintains the link with baptism but is a firmer foundation on which to celebrate eucharist as a meal shared by the faithful. To hold together at table that each person comes with their own story of brokenness, failure, and potential, but also stands there as one of those who has received grace, love and mercy purely because of the resurrection of Jesus is part of the mystery of eucharist.

In the practice of eucharist, through the hearing of scripture, the liturgy and song, the sharing of peace, the eating and drinking and prayer, in Christ the faithful are mystically incorporated and bound together as the Body of Christ. In making reference back to the meaning of baptism for

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<sup>97</sup> Andrea Bieler & Luise Schottroff, *The Eucharist, Bodies, Bread & Resurrection* (Minneapolis: Fortress Press, 2007), 6.

one's identity, eucharist becomes a practice reinforcing another way of understanding identity. All that was expressed about seeing identity firstly through belonging to the Body of Christ rather than primarily as an individual is mirrored as those who break bread together put the needs of others before themselves. In heeding Paul's admonition of the Corinthians, the community who share Eucharist by ensuring others needs are met before one's own exhibit the new identity and new creation birthed at baptism.

In sharing in the eucharist the community of the faithful identify themselves with Christ rather than whatever threatens to overwhelm them. In some contexts this may be eucharist shared in the face of political oppression, violence or persecution. In other cases it may be that for the anorectic the act of receiving communion, of eating the bread and drinking the wine and what is more, doing so in the presence of others, constitutes an act of defiance against the disorder which threatens to control, diminish and consume the sufferer.

To receive Christ in bread and wine is an act of confirming identity in Christ rather than being defined by the label of 'anorectic', 'bulimic' or 'binge eater'. It is an act which affirms Christ as healer, the one who can enable such an act involving food to take place. It is an action which contains in its practice a fragment of hope that what takes place in eucharist may become one day a life free of disordered eating.

#### 4.3.3.5. Meal of the Kingdom and Hoping

The eucharist opens up the vision of the divine rule which has been promised as the final renewal of creation, and is a foretaste of it. Signs of this renewal are present in the world wherever the grace of God is manifest and human beings work for justice, love and peace. The eucharist is the feast at which the Church gives thanks to God for these signs and joyfully celebrates and anticipates the coming of the Kingdom in Christ (I Cor. 11:26; Matt. 26:29)<sup>98</sup>

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<sup>98</sup> WCC, *Baptism, Eucharist & Ministry*, 14.

The eschatological hope expressed in the eucharist holds out a vision of reality not yet here. What then does it mean for the Church to practice hope? How is the kind of hope envisioned in the eucharist made tangible in the practical life of the Church?

The members of the body of Christ who gather to celebrate eucharist in a Methodist Church in Texas became aware of those in their Church and community who suffered from a variety of addictions. From a conviction that celebrating eucharist involved acknowledging Christ's victory over sin and death and all that holds people captive, in hope, the church began a 12 Step Ministry.<sup>99</sup> To practice hope involved small groups of people struggling with addictions, meeting together weekly to share experience, be accountable to one another and live with hope that they can live a life free of addiction.

The hope for those whose eating disorder disables them from consuming the eucharistic elements lies in the fact that as the body of Christ continues this practice, the knowledge that the kingdom of God has been inaugurated but not yet made manifest means that one day, those with disordered eating may be able to partake.

#### 4.3.3.6 One Practice or Many?

Having de-lined the eucharist into five discrete yet interrelated practices it is the contention of this section that to view such practices independently from one another would be a mistake. The following section seeks to discuss these practices as held together in the breaking of bread, that in fact eucharist is one practice with many moments.

Sharing bread and wine in the Eucharist may in itself may be a point of transformation but it is also a practice which may prove the greatest stumbling block to the participation within the church of those with disordered eating.

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<sup>99</sup> For a detailed discussion of this church and its 12 Step Ministry, see Chapter 5.

When considering the central act of the practice of eucharist, sharing bread and wine, it might be assumed that in relation to disordered eating this is the most difficult and exclusionary practice thus far explored. The section which follows (4.5.4) suggests that despite the link between eucharist and consuming which may prove a stumbling block for those in the church suffering from disordered eating, there are both theological and practical indicators which run counter to this view.

Whilst it is commonly assumed that disordered eating is a problem with food, as Chapter 2 established the disordered relationship with food and eating can be observed as the symptom of other complex issues in the life of the sufferer. To make a simple correlation between eating and eucharist and deduce that this will result in the exclusion of those with eating disorders from participation in the central act of Christian worship is to engage in a reductionism which fails to acknowledge the complexity of disordered eating.

In describing her experience of receiving communion, bulimia nervosa sufferer Margaret Bullitt-Jonas articulates how, far from excluding her, eating the bread and drinking the wine become a step on the road to her recovery:

When I stepped forward and stretched out my hands to receive Holy Communion, for the first time I noticed the sheer physicality of the sacramental bread and wine. You literally taste, you swallow, you take in God. I was amazed and moved to tears. It was as if Christ was willing to address me in the only language that I could presently understand, the language of food. Here was the bread that might give sustenance to the starving little horse trapped in the blizzard. Here was the bread that might lead me home.<sup>100</sup>

Whilst Bullitt-Jonas' experience cannot be taken as usual, it does at least suggest that the eucharist may not be always a point of exclusion for eating disorder sufferers, and may for some, be a place of healing.

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<sup>100</sup> Margaret Bullitt-Jonas, *Holy Hunger* (Oxford: Lion, 1998), 120.

Whether the bread and wine in contemporary Eucharistic practice may be perceived as food or as something different is an interesting issue. As can be seen in the accounts of medieval fasting saints there are occasions where the elements of communion are considered in an entirely different category to the food which is being refused. To explore how individuals perceive the bread and wine is highly subjective and cannot be adequately researched here, but the fact that in the context of eucharist, bread and wine may be considered in the mind of the recipient as different from other things they may ingest is of significance.

The practice of breaking bread for those whose eating is disordered may, as with Bullitt-Jonas, be the occasion where deep healing takes place. For those members of the body of Christ who do not suffer disordered eating, the practice of remembering the broken body of Christ and his power to save, transform and nourish should heighten their awareness of the needs of those for whom even partaking of a simple token meal is a major difficulty.

This understanding of Eucharist as a place of transformation or conversion through which those who partake are formed and equipped to live differently in the world will be explored below in dialogue with the Wesleyan view of Eucharist as a means of grace and converting ordinance.

#### **4.3.4 What contemporary significance can be attached to Wesley's view of the Lord's Supper as a means of grace and a converting ordinance?**

John Wesley classed the Lord's Supper as one of the 'means of grace'. In defining his usage of this term he stated:

By 'means of grace,' I understand outward signs, words, or actions, ordained of God, and appointed for this end, to be the ordinary channels whereby He might convey to men, preventing, justifying, or sanctifying grace.<sup>101</sup>

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<sup>101</sup> John Wesley, 'The Means of Grace' in *Forty-Four Sermons* (London: Epworth, 1944), 136.

For Wesley, the eucharist or Lord's Supper as he usually referred to it had no power in and of itself. He was at great pains to ensure his hearers did not believe that the practice of celebrating the eucharist nor the elements themselves were an end in themselves, but that they were a means which God had ordained to convey to the human heart something of his grace. Wesley also took to task those who advocated dispensing with the Eucharist lest it become an outward sign upon which people relied at the expense of what he referred to as 'inward religion'.

Treading the line between those who rejected the need to participate in the Eucharist and those who sought to rely on it, Wesley endeavoured to defend the ways in which the practice of sharing the Lord's Supper may be a conduit of experiencing a transforming encounter with Christ. Taken together with the other 'means of grace', prayer and searching the scriptures, Wesley conceives of an instance where the earnest seeker partakes of the means of grace and it is only after encountering God through the bread and wine that the seeker is assured of his salvation. In this sense, eucharist, which in the majority of denominational traditions is reserved for the committed only, is opened up to those who have examined their conscience but are not at that point able to testify to an experience of conversion.

The implications of this theology when considered in relation to disordered eating are significant. If, as Wesley suggests, the participation in eating bread, drinking wine and remembering Christ, can be the point at which God speaks to the individual with an assurance of forgiveness, salvation and promise of peace, then the possibilities for those who suffer from disordered eating are profound.

Compared with the non-disordered eater it appears the effect of grace is heightened. The mystery of God communicating with his children through the remembrance of Christ's death and resurrection and the eating of bread and drinking of wine appears compounded by the fact that something which is so elementary to most people (and in many ways the profound nature of God communicating

with us in the simple and ordinary) is actually the breaking through of chains which bind those with eating disorders, so that participating in eucharist is extra-ordinary.

Where Wesley's example in the sermon 'The Means of Grace' saw eucharist as the culmination of a series of steps on the sinner's journey to conversion, the potential exists for the receiving of bread and wine to be the moment where an individual is 'converted' from being an eating disorder sufferer to someone not defined by that label, or someone resolved to seek recovery. This is not the same as equating Eucharist as a catalyst for instant healing,<sup>102</sup> but more about either a fraction of a second in time where in eucharist all things are different, or a sense of 'this is a small step on a new journey'.

That the eucharist has the potential to be a converting ordinance is not the same thing as saying every time a person participates in the Lord's Supper they are, in either some tangible or intangible way, transformed. For that to be the case, there would be some guaranteed link between the practice of eucharist and its effect in a mechanistic sense. Nor does it follow that if a moment of 'conversion' or 'transformation' in the life of the communicant does not take place resulting in a physical healing or change, then something 'spiritual' must have taken place.<sup>103</sup>

For the community of faith, the practice of the eucharist with the understanding that what is being performed may be a place of conversion from one way of being, or one framing of identity to another is a way of demonstrating the possibility of transformation. Meeting around the Lord's table as a community of broken individuals and sharing in the narrative of Christ's life, death and resurrection speaks powerfully of the hope of transformation in the present and an eschatological perspective that things will not always be as they are now.

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<sup>102</sup> Which, whilst possible, is not the most common experience.

<sup>103</sup> See Lysaught on 'Instrumental Sacramentality' and the tendency to assert that if a sacrament does not 'work' in bringing physical healing, it therefore must have had some effect in 'spiritual healing'. Therese M. Lysaught, 'Suffering in Communion with Christ', in John Swinton and Richard Payne (eds.) *Living Well and Dying Faithfully* (Grand Rapids, MI: Eerdmans, 2009), 63.

Flowing from the act of breaking bread together the practices of a community united to Christ and one another are shaped. Within the context of a culture where disordered eating is prevalent and bodies are valued according to culturally moderated ideas of size and shape, the fact that those baptised into the body of Christ have shared in an act which is social as well as economic has a bearing on the conduct of life as the community disperses.

#### **4.4. Conclusion**

Those who have remembered Christ's body broken and consumed bread as a physical attestation to that remembering should go into the world ready to act compassionately toward those whose bodies are broken by disordered eating. For some this will mean setting up a support network or befriending scheme for those with eating disorders,<sup>104</sup> for others it may mean choosing not to subscribe to magazines which promote airbrushed images of bodies which are part of the cultural breeding ground for disordered eating. The breaking of bread, sharing the eucharist, also provides a means of communal eating where relationships are fostered which may not be formed in another way. Breaking bread in awareness of those for whom consuming bread is a struggle changes the way food is handled in the family or community. It changes how men and women view and value one another, not as objectified bodies but as fellow forgiven sinners who have met around the Lord's table in a state of grace. To break bread as those united to Christ is to proclaim his victory over that which binds and oppresses and to commit to working to see that victory take hold in individual lives until the kingdom comes and the heavenly banquet is enjoyed.

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<sup>104</sup> See Sarah's story in Appendix.

## Chapter 5

### Confessing and Accountability

‘Therefore confess your sins to one another, and pray for one another, so that you may be healed.’<sup>1</sup>

‘We admitted to God, to ourselves and to another human being the exact nature of our wrongs.’<sup>2</sup>

#### 5.0 Introduction

Previous chapters have addressed the nature of food and identity, concluding that the Church has a contribution to make to disordered eating by rediscovering some of its historical practices. Chapter 4 identified the significance of the Church as the body of Christ, a Eucharistic community exploring together what becoming a new creation in Christ means. One element of this includes Church becoming a place where life can be shared in all its depth and complexity. This chapter has as its focus the practice of confessing and being accountable, which at its foundations requires speaking forth and taking responsibility for what is expressed.

Hilde Bruch discovered that helping her patients speak about their eating disorder and be accountable for their actions enabled them to move forward in treatment. She identified a core feature of anorexia nervosa as lacking ‘competence and effectiveness’ and confessing and accountability is a practice which seeks to enable growth in those areas. Bruch details how she adapted her approach and therapeutic method when treating patients with anorexia nervosa, ‘If there are things to be uncovered and interpreted, it is important that the patient makes the discovery

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<sup>1</sup> James 5:8.

<sup>2</sup> Step 5 of the Twelve Step Recovery Programme

on his own and has a chance to *say it first*.<sup>3</sup> Moving away from a psychiatric approach of listening to the patient then ‘immediately explaining and labelling’<sup>4</sup> their experience, Bruch discovered the value of allowing the anorectic patient to speak out (or confess) their feelings and concerns. This enabled her patients to discover things about themselves, rather than be ‘told’ them by the therapist and with this increased confidence in their ability to think, judge and feel, the patients grew to overcome the sense that they were incompetent and ineffective. This discovery of the ‘power of confessing’ has been developed subsequently through the advances made in CBT and particularly its adaptation for treating eating disorders.

Bruch’s important work in the field of developing a model of ‘confessing and accountability’ among those with anorexia nervosa introduces the issue of whether this is the same as the Church’s ancient practice of confessing and being accountable for one’s actions. Through identifying and leaving behind past failures and aiming for goals with the support and encouragement of others it is a practice which has been adopted by those outside the Church in their work with those with eating disorders. Bruch’s work is significant in identifying the usefulness of confessing and being accountable from the perspective of psychotherapeutic treatment. This is further explored in the sections of the chapter which look at models of secular confession, self-help groups and talking therapies.<sup>5</sup> As with the previous chapter, Bruch’s identification of a core feature of anorexia nervosa opens up possibilities for a much fuller theological exploration of the practice, in the case of this chapter, confessing and being accountable.

In some sections the discussion will deal with confession to and accountability before God, as practiced in the life of the Church, but it also takes into account the practice of confession and accountability to other people as practised inside and outside the Church. The nature of corporate confession by the Church and individual confession within the context of being part of the Church will also be considered.

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<sup>3</sup> Bruch, *Eating Disorders*, 338.

<sup>4</sup> *Ibid.*

<sup>5</sup> See section 5.2.

To confess, in the sense of speaking out, as well as in the sense of admitting sin, has been a practice of the Church through the ages. The fact that it has been an integral part of the life of the Church throughout history is one of the factors which make it a significant choice for analysis in this thesis. The core of the practice has always been there, through creedal confession and confession of sin, though the way in which it has been undertaken has changed in different eras. The choice to consider these particular practices of confessing and being accountable in this thesis is primarily generated by two influences which are separate from one another in origin but which form an interesting framework for discussing disordered eating in relation to the Church.

One factor in considering the power of confessing and accountability is the methodology of this practice as exercised in secular weight loss and weight management programmes. There are striking similarities in behaviour between what occurs in some Christian accountability or discipleship groups and what happens in *Weight Watchers* or *Slimming World* sessions. In a diet culture which speaks of confessing ‘diet sins’, a group support mechanism for individuals to help order their eating has developed whereby mutual confession and accountability is employed to reach a desired goal. Likewise in some programmes designed to support those with clinically defined eating disorders, the practice of ‘confessing’ in the sense of speaking out and being accountable to another for one’s thoughts and actions is increasingly seen as a means of bringing behavioural change and combating disordered eating.<sup>6</sup>

It can be argued that groups such as *Weight Watchers* have identified features which have been inherent in the life of the Church since New Testament times. At a time when many in the church in the West have neglected the regular practice of confessing to one another and being mutually

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<sup>6</sup> See recent research on cognitive behavioural therapy in, C. G. Fairburn, Z. Cooper, H. A. Doll, M. E. O’Connor, K. Bohn, D. M. Hawker, J. A. Wales, R. L. Palmer, ‘Transdiagnostic Cognitive-Behavioral Therapy for Patients with Eating Disorders: A Two-site Trial with 60-Week Follow-up,’ *American Journal of Psychiatry* 166 (2009), 311–19.

accountable, those outside the church have seen their value and harnessed their power to meet their particular aims.

If one of the reasons for considering the practice of confessing and accountability in relation to disordered eating is drawn from the secular popularity of this practice, the other reason for including it in this research is an emphasis which is deeply felt within this author's Methodist heritage.

Ecclesiological questions raised by the growth of 'Cell church' toward the end of the twentieth and beginning of the twenty-first centuries have caused renewed interest in the small group as a particular understanding of church.<sup>7</sup> The distinction is made between *ecclesia* and *ecclesiola*, between a church with small groups (which for example meet for Bible study or fellowship or particular ministries) and small groups which themselves constitute 'church'. This becomes profoundly significant when considering the context of 'confessing sins to one another' in a church context. Accountability within the small group which **is** church is different to the larger gathering where a small group may be viewed as an 'added extra' for those who are especially committed or have particular needs. The possibilities for the church rediscovering the practice of confessing together and being accountable may be greater as the understanding of the purpose and nature of church is subjected to scrutiny and as models and structures of 'church' change.

The interest in small groups has caused a number within Methodism to return to the roots of Methodist practice and revisit the Class meeting or Band meeting as a means of engendering faithful discipleship.<sup>8</sup> The historical practice of the Methodist Band meeting will be discussed in the section considering the nature and purpose of confessing as it illuminates the power and potential of confessing faith in the form of testimony and confessing sin before God and to others.

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<sup>7</sup> See, for example, Phil Potter, *The Challenge of Cell Church* (Abingdon: BRF/CPAS, 2001).

<sup>8</sup> David Lowes Watson, *Covenant Discipleship* (Nashville: Discipleship Resources, 1991).

A later section in this chapter will consider the practice of accountability within the Covenant Discipleship group which is a reworking of the Methodist Class meeting.

It would appear that both groups associated with eating behaviours and those seeking to faithfully be the church have common ground in focussing on confessing and accountability. This raises questions about whether the same thing is happening in both and what processes are at work in each. Is the Weight Watchers group merely a particular form of confessing sins (in the form of failure to keep to an agreed diet) and being accountable to the others in the group (that one will try harder next week or have to endure another week of 'failure'), or is there something fundamentally distinctive about the nature of the accountability group where Christians confess to one another in the sight of God and are accountable for their discipleship which marks it out as different? Drawing on the insights of Walter Wink in his work on 'the powers', it is the assertion of this chapter that although it may appear that the content of both groups may be similar, the nature of those groups is essentially different.

In order to make a case for this difference but also to acknowledge points of congruence this chapter will articulate an understanding of confessing and accountability as practiced by the church and discuss how it relates to disordered eating. The theology of the practice of confessing and being accountable will be explored, suggesting that there is something distinctive in the way this is practiced in Christian community which shapes how the church is enabled to speak into society regarding those elements which provide fertile soil for disordered eating to flourish. It is argued that this goes significantly deeper than the church merely establishing support groups for those with eating disorders (though this is one outcome) but also that the practice of confessing and being accountable may speak into how the church acts as prophet as well as drawing those who are part of it into more wholesome lives of holiness. The final section acknowledges the basis of the secular model as having insight into a richer reality which may be offered by a church which rediscovers the power of confessing and accountability.

## **5.1 What has been the Church's historical understanding and practice of confessing and being accountable?**

### **5.1.1 Introduction**

The introduction to this chapter suggested a twofold rationale for discussing the practice of confessing in relation to disordered eating and the Church. The section which follows considers the notion of confessing in the wider sense of 'speaking out', and what it means for the Church to confess its faith. It is argued that to confess faith goes to the heart of the identity of the Church and it is from that position that it is able to contribute to the field of disordered eating.

### **5.1.2. Confessing Faith**

'Confession is the act of astonished, fearful, and grateful acknowledgement that the gospel is the one word by which to live and die; in making its confession, the church lifts up its voice to do what it must do – speak with amazement of the goodness and truth of the gospel and the gospel's God.'<sup>9</sup>

Within this section I will consider the particular body of work which has emerged in discussing the theology of confessing faith in the words of the creeds, and of those forms of confessing Christ which are found in Scripture as the forerunners to the creeds as recited today. Particular attention will be drawn to what confessing faith is and means in such terms. The non-creedal confession of faith discussed later shares the same attributes as creedal confession as defined by Webster, 'speaking with amazement of the goodness and truth of the gospel and the gospel's God' and yet differs in that it does not share some of the same functions in the life of the church as creedal confession.<sup>10</sup>

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<sup>9</sup> John Webster, 'Confession and Confessions', in Christopher R. Seitz (ed.), *Nicene Christianity* (Carlisle: Paternoster, 2001), 119.

<sup>10</sup> Such as being a corporate act.

### 5.1.2.1 Confessing as creed

One distinguishable type of confessing found in the New Testament is the use of *homologia* to denote a type of faith confession which appears to take a particular form. In his analysis of the use of the Greek word *homologia* Vernon H. Neufeld explores the various meanings of ‘confessing’ in the early church.

In early Christian literature, as one might have expected, the influence of the Septuagint is apparent in the use of *exomologeîn* – *exomologesis* to express *praise* and *thanks* and, increasingly, the *confession* of sin. A few other classical uses are evident, such as the meanings *to promise*, *admit* or *agree*, and *declare* or *acknowledge openly*. But most importantly, and in most instances, the word group is utilized specifically to introduce or express a conviction, i.e. the objective *confession* which especially has reference to “confessing Christ or the teaching of his church.”<sup>11</sup>

Neufeld, among other commentators, asserts that the origins of Christian creedal confession are located in the Jewish Shema. The male Jewish converts to Christianity would have been familiar with reciting the Shema on a daily basis and this is as close to a confession of faith as is practiced within Judaism.<sup>11</sup> The declaration of ‘Hear O Israel, the LORD our God is One’ was a constant reminder of several key factors. Firstly, in pronouncing the ‘LORD our God’ it identified Israel’s commitment as communal as well as individual. Secondly, in affirming that God is one, the Jewish people set themselves apart from their pagan neighbours as they committed themselves to a monotheism which refused to accept the claims of others as equal to or superior to God. Into this situation the early Christians of Jewish heritage required a way of confessing their faith in the risen Jesus Christ and His relationship to them.

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<sup>11</sup> Neufeld, *The Earliest Christian Confessions*, 35.

From his study of the Pauline corpus, Neufeld identifies the confession of the early church in the writings of Paul to be ‘Jesus is Lord’.<sup>12</sup> In his letter to the Romans Paul states that if you ‘confess with your lips that *Jesus is Lord* and believe in your heart that God raised him from the dead, you will be saved’.<sup>13</sup> An almost identical form ‘... every tongue *confess that Jesus Christ is Lord*’<sup>14</sup> appears in Philippians suggesting that the earliest distinctive confession of faith for the Christian Church was ‘Jesus is Lord’. Neufeld explores the significance and meaning of this confession in terms of its shaping of the early church suggesting that such confession had a twofold effect. Confessing ‘Jesus is Lord’ identifies:

(1) it is *Jesus*, the person who lived and died at a specific time in history, who (2) is the *Lord* of the Christian and of the church by virtue of his resurrection from the dead.<sup>15</sup>

In the gospel and letters of John, Neufeld identifies the basic confession of faith as “Jesus is the Christ”<sup>16</sup> but also the additional “Jesus is the Son of God”,<sup>17</sup> and on two occasions the combination of both terms in “Jesus Christ, the Son of God”.<sup>18</sup> The purpose of these forms of confession is noted is being somewhat more developed than the Pauline confession of “Jesus is Lord”. The *homologia* in John functions as ‘the test of true inspiration and belief (1 Jn.4.1-3)’<sup>19</sup> operating as a primitive creedal confession, a ‘test of personal belief and conviction’,<sup>20</sup> and as a ‘statement of “orthodoxy”’<sup>21</sup> to rebut heretical belief, particularly those who denied the Incarnation.

The confession of ‘Jesus is the Christ’ is also prevalent in the synoptic gospels and Acts. The circumstances in which these forms of confession of faith arose and were used are varied. They

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<sup>12</sup> Neufeld, *The Earliest Christian Confessions*, 43. This is echoed by J. D. G. Dunn in *The Theology of the Apostle Paul* (Grand Rapids, MI: Eerdmans, 2006), 175.

<sup>13</sup> Rom. 10:19.

<sup>14</sup> Phil. 2:11.

<sup>15</sup> Neufeld, *The Earliest Christian Confessions*, 67.

<sup>16</sup> Jn. 1:20, 7:26, 7:41; 9:22; 1 Jn. 2:22, 5:1.

<sup>17</sup> Jn. 1:34, 49; 10:36; 1 Jn. 4:15; 5:5

<sup>18</sup> Jn. 11:27; 20:31.

<sup>19</sup> Neufeld, *The Earliest Christian Confessions*, 106.

<sup>20</sup> Neufeld, *The Earliest Christian Confessions*, 107.

<sup>21</sup> Neufeld, *The Earliest Christian Confessions*, 107.

include preparation for baptism, in the practice of exorcism, in times of persecution, as polemic against Jewish opponents, as a defence of the Christian faith against its critics, and as a test of orthodoxy. In these statements, the embryonic form of the creeds can be seen and it is in creedal confession that confessing faith in Christ takes on a different purpose and function within the life of the Church than merely expressing personal belief.

The development of the creeds in response to doctrinal questions and the challenges of heresy is widely documented but the purpose of this chapter however is not to chart the historical emergence of the Church confessing faith in the creed but to explore its theological significance.

It is the assertion of this chapter that the nature and purpose of the Church's practice of confessing faith both creedally and in testimony lies in the dual aims of speaking truthfully and of transformation. The following section explores what it means for confessing the faith in the words of the creed to direct the church in speaking truthfully and the impact that confessing the creed has upon the transformation of the Church and the world.

#### *5.1.2.1.1 Confessing Faith and Speaking Truthfully*

Discussing the creed in terms of 'speaking truthfully' may suggest to some that this is about using the creed as some basis for stating propositional truth based on the clauses of the creed. The argument made here however is that confessing the creed is more about shaping the speech of the Church and setting a framework for thinking and speaking than it is about proclaiming a completed doctrinal formulae.

The complexity of many of the issues faced by those living in the twenty first century means that simple answers are rarely satisfactory. The challenge to the Church is not to provide simplistic answers but to speak truthfully in its witness to God revealed in Christ. It is in this context that confessing the faith of the Church in the words of the creed serves to enable truthful speech, for

‘[S]peaking the truth means acknowledging that, although God is unknowable, God shows himself to us’.<sup>22</sup>

It is from this starting point that the Church begins its speaking from a different perspective to others working in the field of disordered eating. Instead of beginning with a presenting case of an ‘individual problem’ or looking at a ‘societal trend’ or ‘pathological behaviour’ it begins with a God who reveals himself to humanity and shows the nature and purpose for humanity.

Theologically, confessing the creed shapes the speech of the Church in how it speaks of God, itself and others. Adams recognises the content and function of the Creed as follows:

First, the Creed is a summary. It is a summary of Scripture, more particularly of the Gospels. It summarizes who God is, what the Church is, and what the Church hopes for... Secondly, the Creed contains criteria by which certain Christian communities measure their reasoning. The Creed sets limits on how members of such communities think and speak about God, humanity and the future.<sup>23</sup>

To confess such a creed is to speak of the primacy of God in the life of the Church and the believer. Just as the earliest Christian confessions declared the lordship of Christ and thus left no room for the lordship of Caesar nor any other ruler or power, so those who confess the creed today name the priorities of God and his reign over all other competing gods. Yet in speaking this truth, as the Church confesses faith in the creed, the proclamation of those words stand in judgement upon a Church which has failed to live by what it confesses. The complicity of the Church in systems which fail to acknowledge the supremacy of God and fail to assume their true place, in surrender, worship and service before Him is brought before the Church as the creed is confessed. Whilst the creed is a confession of faith it can lead the Church into seeing itself with greater clarity and causing it to confess not only Christ as Lord but also confess its shortcomings in living as the Bride of Christ. This turning of speech from truthfully confessing the rightful place of God to truthfully

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<sup>22</sup> Nicholas Adams, ‘Confessing the Faith’, in Stanley Hauerwas and Samuel Wells (eds.), *The Blackwell Companion to Christian Ethics* (Oxford: Blackwell, 2004), 213.

<sup>23</sup> Adams, ‘Confessing the Faith’, 215.

confessing the failings of the Church theologically and prayerfully holds together these two aspects of confessing and echoes Adams's view that, 'The Creed is a prayer that ends with "Amen." This is good news because it frees Christians from the prison of thinking it a mere bold declaration.'<sup>24</sup>

If to confess is to declare the goodness of God and to declare oneself as part of the Church, caught up in the purposes of God, the corporate nature of that confession defies the individualism which has become ingrained in the western industrialised societies, shaped by the Enlightenment, which has become fertile ground for the development of disordered eating. The truth spoken in corporate creedal confession is indicated in the words 'We believe'. The fact that it is as a community that the creed is confessed opens the way to exploring the understanding that humanity was created for relationship in authentic community with God and with other people. This stands in contrast to a society which sets individuals as competing against one another in the area of body image and proposes that only those whose bodies fit the cultural ideal will find fulfilling relationships. Corporate creedal confession signifies a counter-cultural message and introduces a different agenda for community. This is not a comprehensive outworking of what that community might look like but as Webster notes, 'Creeds serve the confessing community, but cannot of themselves make up the totality of what it means to be such a community'.<sup>25</sup>

Not only does the practice of confessing the Creed corporately speak of community within the Body of Christ, the content of the creedal confession acts as a reminder of the relational nature of the triune God.

The Creed does not operate primarily by silencing certain types of speech but, because it is Trinitarian, by discouraging certain types of silence: the neat, the closed, the finished.<sup>26</sup>

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<sup>24</sup> Adams, 'Confessing the Faith', 220.

<sup>25</sup> Webster, 'Confession and Confessions', in Christopher R. Seitz (ed.), *Nicene Christianity*, 120.

<sup>26</sup> Adams, 'Confessing the Faith', 216.

Building on Nicholas Lash's view of the Trinity as the foundation for discourse, Adams sees the creed not as a set of rules creating intellectual harmony but as a way of legitimately speaking of the one God. Within the one God, the three persons of the trinity also demonstrate that trinitarian confession is grounded deeply in relationship. There is a sense in which creedal confession holds before the Church a reminder of what it is to be in relationship, that the Father, Son and Holy Spirit form the perfect model of community. The perichoresis or theology reflecting on the dance of the Trinity captures something of the movement of God present within the Trinitarian relationship and in confessing the creed the Church resists carefully defining God. Within this absence of 'neat', 'closed' and 'finished' silence is the life-giving possibility that the mystery of relationship within the Trinity and the workings of God can be mirrored in the life of the Church. The possibilities for community where relationships are deep through confessing honestly who one truly is and the practice of holding one another to account in Christian love mitigates against the shallow individualism offered by society.

What is enabled by this confession is an articulation of how community should be, founded not on collusion with an ideal body shape, size or appearance, but welcoming and loving because of an understanding of humanity made in the image of God. The pressure to achieve or fit in, to make the grade or be 'perfect enough' experienced by many suffering from disordered eating should be replaced by a welcoming community which seeks deep relationship as it reflects the triune God it confesses.

Confessing faith in the words of the creed is not an attempt to encapsulate the totality of Christian doctrine or experience. Where the purpose of creedal confession has been misunderstood or the theological challenges of recent years<sup>27</sup> have caused some to abandon creedal confession on the grounds that not all within the church can confess it, calls have been made for doctrinal confession

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<sup>27</sup> For example the debate about the Virgin Birth.

reasserting the place of the historic creeds to be undertaken.<sup>28</sup> Instead, creedal confession speaks truthfully of the God to whom the Christian church bears witness and does so in a practical demonstration of a community corporately confessing something greater than the sum of their individual parts.

#### 5.1.2.1.2 *Confessing faith and transformation*

Confession, we might say by way of definition, is that event in which the speech of the church is arrested, grasped, and transfigured by the self-giving presence of God.<sup>29</sup>

There can be a temptation to assess creedal confession using the interpretive tools of sociology, group dynamics or linguistics. Considering the function of language and the power of words, particularly the use of words repeated in a liturgical manner, it is possible to see creedal confession as significant in its power to shape the individual identity of the one who recites those words.<sup>30</sup>

When the dimension of collective recitation of the creed is added to this perspective of language as formative, there is a temptation to see the significance of confessing faith as linguistic mutual reinforcing of individual and group identity. Analysed from this perspective the content of the confession becomes almost immaterial, it is the act of confessing and the context of confession which matters. To assert one's belief by the act of confession psychologically reinforces those things which are confessed and contributes to the individual or group's sense of identity by laying down boundaries between those who confess and those who do not. They remind those who confess of their core belief or purpose and rekindle their vision to continue practicing or working toward those ideals or principles they confess. In these terms the confessing of faith in creedal confession is no different to Brownies reciting the Brownie promise or Americans swearing allegiance to the flag. Such confessions can all be seen in such terms as having the same purpose

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<sup>28</sup> See William J. Abraham, *Doctrinal Confession and the Renewal of the Christian Church: Confessing the Faith: A View from US Methodism* (Calver: Cliff College Publishing, 1995).

<sup>29</sup> Webster, 'Confession and Confessions', in Christopher R. Seitz (ed.), *Nicene Christianity*, 121.

<sup>30</sup> See discussion on 'consuming belief' in Chapter 4, Baptism & Eucharist.

and outcome: affirming identity, forming purpose, instilling virtue and differentiating insiders from outsiders.

Within the world of disordered eating, creedal confession has been appropriated in an assertion that anorexia nervosa shapes the life practices of the anorectic as a religion shapes the views and behaviour of its adherents. The ‘Ana<sup>31</sup> Creed’ is clearly based on the liturgical format of the Nicene Creed and the content focussed on self-loathing and being trapped contrasts sharply with all that has been stated above about the transformative nature of speaking truthfully the Christian hope.

The Ana Creed has appeared, without attributed authorship, on pro-Ana websites as part of a genre known as ‘thin inspiration’ or ‘thinspo’. The impact and significance of such sites has been a cause for concern and is currently the source of research to determine if their effect is as harmful as has been alleged.<sup>32</sup> The intention behind material such as the Ana Creed is to inspire those with eating disorders to continue restricting calorie intake or to purge food they have eaten.

#### Ana Creed

I believe in Control, the only force mighty enough  
to bring order to the chaos that is my world.

I believe that I am the most vile, worthless and useless person ever to have existed on this  
planet, and that I am totally unworthy of anyone’s time and attention.

I believe that other people who tell me differently must be idiots.

If they could see how I really am,  
then they would hate me almost as much as I do.

I believe in oughts, musts and shoulds as unbreakable laws to determine my daily behavior.

I believe in perfection and strive to attain it.

I believe in salvation through trying just a bit harder than I did yesterday.

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<sup>31</sup> ‘Ana’ is often used as an abbreviation for anorexia nervosa on websites, some of which are designated ‘Pro-ana’ websites as they offer suggestions encouraging anorectics in their quest to not eat.

<sup>32</sup>A.M. Bardone-Cone, K.M. Cass, ‘What does viewing a pro-anorexia website do? An experimental examination of website exposure and moderating effects.’ *International Journal of Eating Disorders* 40 (2007), 537–48.

I believe in calorie counters as the inspired word of god, and memorize them accordingly.

I believe in bathroom scales as an indicator of my daily successes and failures

I believe in hell, because I sometimes think that I'm living in it.

I believe in a wholly black and white world, the losing of weight, recrimination for sins, the abnegation of the body and a life ever fasting.<sup>33</sup>

It is notable that this is a creed which begins 'I believe' rather than 'we believe', highlighting the isolation of those with anorexia nervosa and serves as a personal reflection on being captive to the disorder, rather than a corporate statement of 'faith'.

Whilst these insights may be interesting in the exploration of how practices of the Christian church have been adopted by other groups for the effect those practices have on their participants, if the confession of faith is reduced to analysis in these terms the theological significance of confessing the faith is missed. Webster's criticism of those who focussed purely on the way the creeds came into existence is combined with criticism of those who fail to acknowledge the spiritual significance of confessing the faith in the creeds:

More recent attempts to depict the creeds as instruments of community-description, identity-avowal, social differentiation, or formation and virtue, while they are more alert to the religious functions of the creeds, still run the risk of immanence.<sup>34</sup>

The approaches Webster mentions do not do justice to what those who confess the creed are actually saying as these approaches operate a form of sociological reductionism eradicating the transcendent nature of the creed. It is my assertion that the reciting of the creed is transformative because of the transcendent power of the Holy Spirit operative in those who confess the creed. The presence of God is the factor omitted in analyses of credal confession which understand it as merely a formative tool or exercise in group identity re-enforcement. To equate the orientation to

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<sup>33</sup> <http://www.pro-thinspo.com/proanareligion.html> (28<sup>th</sup> August 2010)

<sup>34</sup> Webster, 'Confession and Confessions', in Christopher R. Seitz (ed.), *Nicene Christianity*, 120.

God with the orientation to the community fails to understand the nature of the creed and action of those who confess it.

As the creed is confessed, the Spirit is at work in breathing life into what is spoken and transforms the language and speakers so that they find themselves drawn into the presence and work of God. In drawing the Christian community back to the heart of what it proclaims, the confessing of the creed is transformative in releasing the Church from merely speaking, - instead it reminds those who confess of their place within God's eternal purposes. 'To make baptismal vows is to announce oneself ready for labour. To say the Creed is for a community to proclaim itself engaged in it. And, because it is uttered publicly, it is to invite the rest of the world to hold us to that promise, and join us in our work.'<sup>35</sup>

As the church recites the creed it becomes accountable before God and before the watching world for the confession it makes and is challenged to live by what it professes – faithfulness to the Trinitarian God.

The formational nature of confessing includes articulating what was previously internalised, that thought or belief becomes real and takes on a power in a way it could not whilst it remained in the mind of the speaker. This is both a theological and a general truth. Theologically it finds expression in such accounts as the creation narrative,<sup>36</sup> where the universe becomes 'real' once it is spoken into being. In a general sense, the power of speaking thoughts into existence is recognised by those who advocate 'talking things through', and the popularity of talking therapies as a means of expressing, naming and addressing problems also recognises the formational power of confessing.

This relates to the nature of speaking truthfully, as discussed above, and the theological significance of the Church speaking truth in its confession of Christ and its articulation of the way

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<sup>35</sup> Adams, 'Confessing the Faith', 215.

<sup>36</sup> Genesis 1.

the world is. Facilitating truthful speech is part of the Church's task in confessing Jesus Christ as Lord and being accountable to that confession requires the re-ordering of life under the lordship of Christ. As the Church confesses faith so it is reminded of its need of transformation, of the power of God who transforms and of the church's calling to exhibit God's transforming work before a watching world. In confessing sin the church recognises both its imperfection, the reality of where it falls short of its calling, but in confessing sin in penitence and faith it finds the joy and hope of forgiveness, a gift of God's grace. It is from this understanding of confessing and accountability that the church proceeds in its engagement with disordered eating; that it is neither arrogant, holding all the answers, but trusting in the one whom it confesses as Lord, Saviour, healer and restorer.

To confess the faith in the words of the creed is to state the position from which the Church engages with the world. This is done not in rigid or doctrinally closed categories, but prayerfully and partially as the church is open to the transformative power of God renewing and guiding it as its life and speech are transformed more fully into the truth of its Lord.

#### 5.1.2.2 Confessing as testimony

Not all confessions of faith recorded in the New Testament have discernable creedal forms. There is a confessing of faith which takes a more general tone of confessing in the sense of speaking out. To confess in this sense is to declare allegiance to Christ, to testify or bear witness, but the precise form of words is unspecified. Within this category of confessing would be the exhortation to 'always be ready to make your defence to anyone who demands from you an accounting for the hope that is in you',<sup>37</sup> or 'do not worry about how you are to speak or what you are to say'.<sup>38</sup> It is to 'declare utterly' faith in Jesus Christ where confessing is to bear witness.

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<sup>37</sup> 1 Pet. 3:15. In his commentary on this passage, Edmund P. Clowney takes this line, whereby confessing equates to speaking out in testifying or bearing witness. Edmund P. Clowney *The Message of 1 Peter* (Leicester: IVP, 1988), 151.

<sup>38</sup> Matt. 10:19. Hagner notes that in the situation Matthew is referring to, the confession will come through 'the Spirit of your Father', who will speak through the disciples enabling them to defend the faith. Donald A. Hagner, *Matthew 1-13 Word Biblical Commentary* vol. 33a (Nashville, TN: Thomas Nelson, 1993), 277.

This confessing of Christ in a way which is not articulated in the New Testament by one of the formulaic descriptions as explored in the section above is congruent with the emergence of several forms of speech: *apologia*, proclamation/preaching, and *marturia*/witnessing.

Examples of this kind of confessing can be found in the words of the Samaritan woman in John 4 who confesses Jesus before her friends and neighbours; ‘He told me everything I have ever done’,<sup>39</sup> and the blind man healed by Jesus who confesses, ‘One thing I do know, that though I was blind, now I see’.<sup>40</sup>

Throughout church history confessing faith through the means of individual testimony as opposed to corporate creedal confession of faith has experienced times of prominence and times of neglect. The features of such confessing which distinguish it from the creedal confession considered above are that it is individual rather than corporate; it has a subjectivity which differentiates it from creedal confession; and it tends to be narrative in form rather than doctrinal.

Confessing as testimony is partially bound up with creedal confession, for any extemporary confession which is not based on speaking of Jesus as Lord and of the goodness of God in his self-revelation and salvation is not within the bounds of confessing Christian faith. Yet there is a place for testimony within the life of the Church which is grounded in the Christian’s experience of God revealed in Scripture, attested in the creeds and witnesses to through personal faith in the Trinitarian God.

To confess faith in Christ which is personal and expressed in a form which is extemporary is one of the dimensions of the practice of the Church. Within some denominations of the Church where

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<sup>39</sup> John 4:39. Indeed, with regard to her testimony, George R. Beasley-Murray notes that, ‘[s]he joined with John the Baptist as a witness before the disciples bore any testimony to her people’. George R. Beasley-Murray, *John* Word Biblical Commentary vol. 36 (Nashville, TN: Thomas Nelson, 2<sup>nd</sup> ed. 1999), 64.

<sup>40</sup> John 9:25.

believers are brought for baptism it is a requirement that candidates confess their faith in Christ through testifying to his work in their life. It is only after this confession of faith that the candidate may proceed to baptism.

Other circumstances within the public acts of worship of the Church are also appropriate settings for confession of faith through testimony sometimes during regular services, in house groups, and in evangelistic meetings or ordinary conversation. In confession which takes the form of testimony the key element of telling one's story – of witnessing to encounter with God - is what distinguishes it from creedal confession.

Confessing faith through the medium of testimony becomes particularly interesting when considering the Church's response to disordered eating. If confessing faith in testimony is essentially reduced to telling one's story as it relates to experience of God, the points of contact with particular therapies used with those suffering with disordered eating become apparent. As will be seen later the place of personal testimony in groups such as the Twelve Step programmes and the use of personal testimony relating to disordered eating by churches reveal the impact of confessing in the sense of speaking out personally about one's experience.

#### 5.1.2.3 Confessing as speaking out

Confessing the creed enables the Church to speak out from its position of attentiveness to God, speaking prophetically into the world. Grounded in the creed, in its experience of the self-giving revelation of God, the Church is enabled to see something of God's purpose for humanity and to speak that truth into the world. It is through both speaking the words of the creed and personally confessing experience of God through the medium of testimony that the Church declares that disordered eating is not what humanity was created for.

It is through testimony that some are able to speak of a God who transforms those enslaved by powers which entrapped them. It is by confessing the creed that the Church names Christ as Lord

and no other authority. In this way the Church is enabled to name the powers which hold captive those who fear to eat and those who are gripped by self loathing because they are unable to control when they stop eating.

### **5.1.3 Confessing sins**

#### 5.1.3.1 Introduction

If the general sense of ‘to confess’ is to speak out, a more focussed and widely acknowledged understanding of confessing is specifically related to confessing wrongdoing. This section will explore the biblical foundations of confession of sin and also various stages of the Church’s practice of confessing sin to God and to other people.

#### 5.1.3.2 Biblical

The exhortation within scripture to ‘confess your sins’ appears in both the Old and New Testaments, anchoring the practice in the context of a humanity which is fallen and prone to sin which needs confessing. Throughout the Old Testament confession occurs both individually<sup>41</sup> and corporately,<sup>42</sup> and the consequences of sin and its confession are evident. The Psalmist records:

Blessed are those whose transgressions are forgiven,  
whose sins are covered.

Blessed are those whose sin the Lord does not count against them  
and in whose spirit is no deceit.

When I kept silent my bones wasted away  
through all my groaning all day long.

For day and night your hand was heavy on me;

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<sup>41</sup> Josh. 7:19, Ps. 38:18. There is debate surrounding the extent to which Psalm 38 is an individual prayer or a psalm of corporate confession. James L. Mays suggests that Psalm 38 was being used corporately in Lamentations 3:1-15, due to the similarity of motifs employed. He also makes the case for corporate use of Psalm 38 in the early synagogues. James L. Mays, *Psalms Interpretation: A Bible Commentary for Teaching and Preaching*, (Louisville: John Knox Press, 1994), 163. This contrasts with Peter C. Cragie who states, ‘It is thus safest to conclude that the psalm had initially no formal associations with cultic or liturgical practice’. Peter C. Cragie, *Psalms Word Biblical Commentary* vol. 19 (Nashville, TN: Thomas Nelson, 2001), 302-3.

<sup>42</sup> Lev. 26:40, Ne. 9:2-3.

my strength was sapped as in the heat of summer.

Then I acknowledged my sin to you

and did not cover up my iniquity.

I said 'I will confess my transgressions to the Lord.'

And you forgave the guilt of my sin.<sup>43</sup>

For the Psalmist, the failure to confess sin results in consequences which are physically experienced. Confessing that sin is the means by which guilt is removed and life is restored. Whilst the Psalm begins with a general pronouncement about 'those' whose transgressions are forgiven, the recounting of confession of sin is a personal, individual instance. The confession appears to be made before God alone, rather than to another person, and the aim of confessing is to uncover transgressions that they may be forgiven.

Interpreting passages which refer to individual confession of sin in the context of a society which both exalts the place and autonomy of the individual, whilst also engaging in a blame culture which seeks to identify the faults of others as a means of absolving self of responsibility, has a potential danger. To dwell exclusively on the individual confession potentially individualises sin, disregarding the location of the individual within a world which is fallen and corrupted by sin. The complexity of what sin is to be confessed by an individual lies with identifying not only what transgression can rightly be attributed to that individual (thus raising questions of free will and the individual's capacity to think or act independently of the structures in which they find themselves) but also complicity in systems which themselves perpetuate sin.

The call to the people of Israel to repent and confess sin in preparation for the Messiah is found later in Scripture. John the Baptist's ministry is a call to repentance, characterised by the people 'confessing their sins' and being baptised in the Jordan.<sup>44</sup> Confessing sin is integral to baptism, hence John's initial refusal to baptise Jesus who was without sin. The purpose of confession in this

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<sup>43</sup> Psalm 32: 1-5 (NIV).

<sup>44</sup> Matt. 3:6, Mk. 1:5.

context was to respond to the message preached by John that repentance was the way to prepare for the coming Messiah. John's baptism was a seal on the repentance confessed. Whether the confession was made to John alone in the waters of the Jordan prior to baptism or whether the confession was made publicly before all who had gathered to hear John and observe the baptisms is unclear. What can be discerned is that confessing sins was practiced in New Testament times and was seen as the appropriate way of preparing to receive Jesus. Despite the prominence of forgiveness in the gospels, there is very little emphasis on confessing sin within the accounts of Jesus' ministry.

The two instances of the word 'confess' used of confessing sins in the New Testament Epistles appear in James and 1 John. The first instance in James 5:16 is where disciples are encouraged to 'confess your sins to one another, and pray for one another, so that you may be healed'. The second speaks of the forgiveness which accompanies confession, 'If we confess our sins, he who is faithful and just will forgive us our sins and cleanse us from all unrighteousness.'<sup>45</sup>

The emphasis on confessing sin as a means of restoration in relationship with God, freedom from guilt and wholeness in body and mind runs like a thread through the biblical passages dealing explicitly with this form of confession. The early church continued to practice confessing sins and being accountable to one another and it is to the development of these practices that we now turn.

#### 5.1.3.3 Church Practice through History

Within the Early Church particular forms of sin soon became identified as particularly serious; these required separation from the Church until penance was completed.<sup>46</sup> For 'lesser' sins private prayers of confession before God would suffice. The practice of appointing presbyters to hear confessions and suggest appropriate forms of penance did emerge during the Patristic era, although it was not until the Early Middle Ages under the influence of monasticism that the practice of

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<sup>45</sup> 1 John 1:9.

<sup>46</sup> J. Halliburton, 'A Godly Discipline', in M. Dudley and G. Rowell (eds.), *Confession and Absolution* (London: SPCK, 1990), 42.

individual confession before a priest became prevalent.<sup>47</sup> Rather than an overview of the historical development of the practice of confessing sin in the Church, the section which follows focuses on practices of confession which may resonate with what is emerging from the field of disordered eating.

#### *5.1.3.3.1 Wesleyan practice – Band meetings*

Whilst the practice of auricular confession before a priest continued within Roman Catholicism, in the midst of the eighteenth century revival a different form of confessing came into being. As Methodism gained converts, inspired by the preaching of the early Methodist preachers, and members were exhorted to pursue lives of holiness, a need arose for avenues to pursue such discipleship. At this point the influence on Wesley of the pietism practiced by the Moravians came to the fore. In his organising zeal, John Wesley gathered together small groups of dedicated Christians who were intent on leading holy lives and who endeavoured to ‘lay aside every weight and the sin that clings so closely and...run with perseverance the race that is set before...’.<sup>48</sup> These gatherings became the Methodist band societies, the aim of which was stated as ‘The design of our meeting is, to obey that command of God, “Confess your faults to one another, and pray for one another, that ye may be healed.”’<sup>49</sup>

These weekly meetings began with singing or prayer and the members would then proceed to speak ‘freely and plainly, the true state of our souls, with the faults we have committed in thought word or deed, and the temptations we have felt, since our last meeting’.<sup>50</sup>

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<sup>47</sup> M. Dudley and G. Rowell (eds.), *Confession and Absolution* (London: SPCK, 1990), 56.

<sup>48</sup> Heb. 12:1.

<sup>49</sup> ‘The Rules of the Band Societies drawn up December 25, 1738’ in *The Works of John Wesley*, 14 vols. (London: Wesleyan Conference Office, 1872); (reprinted, Grand Rapids, Michigan: Baker Book House, 1979), 272.

<sup>50</sup> Wesley, ‘The Rules of the Band Societies’.

According to the rules drawn up in 1738 there were eleven questions which may be asked of any member of the group as often as appropriate <sup>51</sup> but there were another four (initially five)<sup>52</sup> which were to be asked at every meeting. These were:

1. What known sins have you committed since our last meeting?
2. What temptations have you met with?
3. How were you delivered?
4. What have you thought, said, or done, of which you doubt whether it be sin or not?<sup>53</sup>

Not only was this a place for confessing sins but also for confessing temptation toward sin and even those things of which the group member was uncertain whether they were sins or not. This was a comprehensive examination of the conscience and included taking seriously Jesus' words that even sin committed in one's heart but not translated into action was nevertheless sin. Yet this detailed and disciplined confessing and accountability bore fruit in the lives of those who were part of such groups. John Wesley attests the effectiveness and the value of these meetings thus;

Many were delivered from the temptations out of which, til then, they found no way to escape. They were built up in our most holy faith. They rejoiced in the Lord more abundantly. They were strengthened in love, and more effectually provoked to abound in every good work.<sup>54</sup>

Rather than an unhealthy obsession with dwelling on one's sins and reluctantly confessing them to another, this practice successfully balanced the seriousness of sin and its consequences with an assurance of God's forgiveness of the penitent and the exciting possibilities of life ahead when freed from guilt and resisting sin.

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<sup>51</sup> Including, 'Have you the forgiveness of your sins?' and 'Have you peace with God, through our Lord Jesus Christ?'

<sup>52</sup> Later reduced to four in editions after 1779-80 – Frank Baker, *A Union Catalogue of the Publications of John and Charles Wesley* (Stone Mountain, Georgia: George Zimmermann, 2<sup>nd</sup> ed. 1991), 55- 57.

<sup>53</sup> Wesley, *The Works of John Wesley*, 272-3.

<sup>54</sup> John Wesley, 'A Plain Account of the People Called Methodists' in *The Works of John Wesley*, vol. 8 (London: Wesleyan Conference Office, 1872; reprinted, Grand Rapids, Michigan: Baker Book House, 1979), 259.

#### 5.1.3.4. Contemporary thinking

Since the early days of Methodism, confessing and being accountable has waned in popularity and many within the Church today would be uncomfortable with the encouragement to confess their faults plainly to one another. Confession today is more likely to be practiced directly to a priest within the Roman Catholic or Anglo-Catholic traditions of the Church. In his consideration of the practice of confession today, Butler focuses on the experiences of priests and laity within the Anglo-Catholic tradition of the Church of England.<sup>55</sup> Their responses to confession as auricular and sacramental reveal something of contemporary experience.

Features noted by respondents included; a decline in penitents over the last 50 years,<sup>56</sup> confession being made in response to feeling something particular to confess (rather than observed as a regular practice), an uncertainty about what to confess (possibly attributable to the breakdown in moral consensus and lack of clarity about what constitutes 'sin') and a blurring between the boundaries of confession and counselling.

The picture of confession practiced in contemporary Anglo-Catholicism which emerges from Butler's research is one of confusion. He summarises his findings as follows;

The Anglican clergy questioned seemed, overall, to lack a clearly articulated theological rationale for sacramental confession in today's Church – while being able to talk quite interestingly and intelligently from their own experience.<sup>57</sup>

John Stott states the Protestant evangelical position with reference to both biblical interpretation and the 1662 Book of Common Prayer. Stott recognises three types of confession: confession

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<sup>55</sup> Perry Butler, 'Introduction: Confession Today', in M. Dudley and G. Rowell (eds.), *Confession and Absolution* (London: SPCK, 1990).

<sup>56</sup> A variety of reasons were offered for why this may be the case.

<sup>57</sup> Butler, 'Introduction: Confession Today', 11.

before God in secret when the sin committed has been against God alone, private confession where the sin committed is not only an offence against God but also against another person, and public confession where the sin is committed against God and a group of other people, namely the congregation. He concedes that auricular confession to a priest may in rare cases be permissible to assist penitents who otherwise are unable to feel forgiven, though Stott still considers this an inferior option to encountering forgiveness in Christ through the promises of Scripture.

If sin has been committed against God, it should be confessed to God secretly; if it has been committed against the church it should be confessed to the church publicly. Confessing such sins to a priest is not right, since it makes secret confession not secret through including another person and public confession not public through excluding the church.

In an age where those in the church have on the whole become subtly influenced by a secular agenda, and Christians in the West have grown up in an era of consumer choice in matters of faith as well as culture, the idea of confessing sins or being accountable to one another is often seen as the preserve of the very holy or the very committed. The vulnerability entailed in the sort of openness and self-disclosure seen in the band meetings of early Methodism is rarely embraced by members of the average church. Yet the insights of confessing sins to others and watching over one another in love have been appropriated by programmes which seek to help people facing particular temptations and problems. Some of the best known 'self-help' programmes devised to help sufferers of particular addictions or disorders have their roots in the confessing and accountability tradition of the Christian church. There is an irony in the fact that whilst many in the church shy away from the intimacy and accountability of the small group where truth is spoken, sins are confessed and each member is accountable to the others in their thought life and behaviour, some outside the church are embracing the model of small group confession and accountability.

#### 5.1.3.5 From confessing sin to accountable discipleship

The outcome of confessing sin before another is an accountability for one's actions. To confess past wrongdoing and take responsibility for it in the presence of another accepts that one is accountable for one's actions. There is also another sense in which confession produces accountability where what is confessed is a temptation to take a particular course of action. To confess that a particular thing is a weakness or temptation and to know that one will have to give account for this area of life before another person is an accountability which has the potential to shape behaviour.

#### 5.1.3.6 The link between confessing and accountability

What appears to emerge from a variety of contexts is that what begins as a defined confessing of sins appears to naturally evolve into a broader interest in being accountable for the whole of life.

Though the Band meeting worked for those who were maturing in faith and were serious about discipleship, Wesley soon found that the demands were too great for those who were recently converted. The majority of people responding to the gospel preached by the early Methodists were uneducated and had neither the vocabulary nor the grounding in Christian understanding to be able to articulate what their sins and temptations were or how their discipleship was progressing. In response to this, whilst the Band meeting continued for the spiritual elite, the Class meeting emerged as a place for being accountable in discipleship.

Here there was less focus on confession of sin but a wider accountability for discipleship exercised in the whole of one's life. The Class meeting enabled members to confess (in the sense of 'speak out') their experience of following Christ in the week since the group had last met. The aim of the Class Meeting was to 'watch over one another in love', entailing an accountability broader than confessing sins to one another. In this less intimidating form all early Methodists were incorporated into a structure which enabled them to confess the state of their discipleship and hold one another to account in a spirit of Christian love.

Likewise, the priests surveyed by Butler found that whereas confessions earlier in their ministry had been focussed and quite clear about the sin confessed, ‘from the priests’ point of view, confessions today are often longer and looser than in the past and sometimes more akin to the pastoral interview’.<sup>58</sup>

What emerges in each case appears to be a movement from confessing specific sins to a wider consideration of life and faith in general and a desire to confess, in the sense of speak out about, how the sin confessed relates to the rest of life.

The following section will consider ways in which the church is taking seriously the practice of being accountable before God and to others. I propose that only when the elements of confessing and being accountable are brought together that the potential of this practice is realised. Within this framework of confessing *and* being accountable I argue that the vulnerability and acceptance shared within groups which confess to each other and hold one another accountable makes for a depth of community which enables human flourishing.

#### 5.1.3.7 Covenant Discipleship as a model of confessing and accountability

Covenant discipleship originated within the United Methodist Church in North America. The first group was formed in 1975, endeavouring to provide a means to pursue accountable discipleship akin to the early Methodist Class meeting, but contextualised for the contemporary cultural situation.

Groups are comprised of between two and seven members, and are usually mixed in gender, though for particular reasons some single gender groups have been formed. The aim is to pursue committed discipleship in response to God’s grace, whilst remaining within a broad and inclusive church. Each group draws up a covenant to which they agree and hold one another accountable.

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<sup>58</sup> Butler in M. Dudley and G. Rowell (eds.), *Confession and Absolution*, 3.

The details of each covenant are unique to that group, though all will cover the areas of ‘acts of compassion’, ‘acts of justice’, ‘acts of worship’, and ‘acts of devotion’. Groups meet every week for one hour and the primary factor determining membership of a group is availability to meet at the appointed time.

Meetings begin with prayer followed by a reading of the covenant. The leader of the group reads each clause of the covenant in turn and ‘[b]eginning with herself or himself, the leader asks each member whether the intent expressed in the clause has been fulfilled during the last week.’<sup>59</sup> The question and answer format enables each member to both confess the ways in which they have failed but also to confess the grace and goodness of God in his dealings with them during the past week. What is produced by this confessing and accountability is disciples growing in grace and holiness, making a difference in the world. All covenants contain clauses about practical means of showing compassion, mercy and kindness and in this sense the small group becomes as much about confessing faith in words and actions as it is about confessing sin.

#### **5.1.4 On the link between confessing faith and confessing sin**

Though confession of faith and confession of sin have been explored separately because of the different ways in which they shape the life of the Church and the different insights which can be gained from each in the way the Church engages with disordered eating, these two forms of confessing are fundamentally connected.

Webster argues that the sin we confess is the sin of refusing to confess God as Lord of all:

Sin is, in part, the refusal to confess – the sullen and hard-hearted refusal to acknowledge God’s self-gift, failure to respond to God’s lavishness by voicing God’s praise. Confession refuses these

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<sup>59</sup> Lowes-Watson, *Covenant Discipleship*, 147.

refusals. It is a repentant act, a turning, and therefore a decisive “no” to silence about God or to that murmuring against God that is the response of the wicked to God’s generosity.<sup>60</sup>

One way of locating the relationship between confessing faith and confessing sin is in the response to the powers. Wink states, ‘What we are arguing is that *the Powers are simultaneously the outer and inner aspects of one and the same indivisible concretion of power.*’<sup>61</sup> In confessing faith in Jesus Christ as Lord, Christians place themselves in a position to be able to discern the nature of the powers and confess their own complicity within the Powers which Wink asserts are good, fallen and will be redeemed.<sup>62</sup>

Wink’s approach is not the only model for understanding the relationship between confessing sin and confessing faith but it has particular virtues to commend it. In contrast to the model which views sin and faith, or good and evil as a dualistic battle played out solely within the individual, Wink’s understanding of the Powers recognises a wider context and the possibility of being caught up in systems (economic, political or social) which are themselves fallen. This provides an antidote to a purely individualistic view of powers and demons which assumes the world is neutral and the struggle between right and wrong is dependent entirely on the free choice of the individual. The disadvantage of this is that it could be implied that there is no personal responsibility or individual psychological element when it comes to confessing sin or faith, which is not an interpretation of Wink which I would accept, but which others may propose.

The impact of the Powers upon disordered eating lie in the fact that food, which we believe to be created by God and therefore good can be used in a way to dominate, oppress and enslave human beings. In her account of living with her anorectic daughter, Grainne Smith makes a deliberate choice in the language she uses, speaking of ‘when anorexia comes to stay’ and referring to her

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<sup>60</sup> Webster, ‘Confession and Confessions’, in Christopher R. Seitz (ed.), *Nicene Christianity*, 122.

<sup>61</sup> Walter Wink, *Naming the Powers: The Language of Power in the New Testament* (Philadelphia: Fortress Press, 1984), 107. Italics original.

<sup>62</sup> Walter Wink, *Engaging the Powers* (Minneapolis, MN: Augsburg Fortress, 1992), 65-86.

daughter's actions as things 'anorexia' does. This could be interpreted as understanding anorexia nervosa as some form of illness or 'demon' possessing Smith's daughter and causing her to pursue behaviours against her will. A different, and in my view, better reading reflects Wink's interpretation of the Powers. The anorectic's distorted relationship with food, image and identity is a manifestation of the fallenness of the Powers. Smith observes the external aspect in her daughter's refusal to eat and her emaciated body and the internally oppressive force controlling and destroying her life.<sup>63</sup>

It might be assumed that the Church which confesses Christ as Lord and is aware of the Powers would be a place where the 'Domination System' has no hold over the relationship with food and eating, but this is not the case. The Church in the West, particularly in the US, has been squeezed into the mould of the society around. In the name of hospitality food is often manipulated in such a way that the excess consumerism of the world is mirrored in the Church where every event must be amply supplied with food for constant consumption.

For those already enslaved by the operation of the Powers in the workings of media ideals of slimness and constant pressure to diet or be thin, the Church provides no alternative and it can be difficult to observe any redemption of the Powers under the reign of God. It is in this context that the Church confessing faith in Christ needs to confess its involvement in structural sin in order to be redeemed to model a different way of being. Such confession is necessary and important but not the complete solution. Wink notes, 'There are no prepackaged answers that tell us how Christians should engage the powers'.<sup>64</sup> This suggests that in confessing faith and confessing sin, engaging the Powers may require some within the Church to take particular forms of action. For some, this may be to take a stand campaigning against the oppressive projection of ideals of overly-thin beauty in advertising, teenage magazines and other media. Others may form groups to enable people to talk about their issues with food and eating in a confidential and supportive setting. What is apparent is

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<sup>63</sup> Grainne Smith, *Anorexia and Bulimia in the Family* (Chichester: Wiley, 2004).

<sup>64</sup> Wink, *Engaging the Powers*, 84.

that confessing faith and confessing sin are intrinsically linked and are a powerful practice in discerning and resisting the system which seeks to dominate.

## **5.2 What is the role and significance of Confessing and Accountability in relation to disordered eating?**

Having discussed the way in which the practice of confessing and being accountable shapes the church, this section looks at the differences between secular models of confessing and accountability in relation to disordered eating, and considers one church's response to try and provide ministry in this area.

### **5.2.1 The emergence of secular confession – small groups, self help and talking therapies**

#### 5.2.1.1 Weight Watchers

One of the reasons for exploring the theological significance of the practice of confessing and accountability within the life of the Church was that it appeared that it was those outside the church who had adopted similar practices and applied them to the area of disordered eating. Within an organization which claims no spiritual authority, members of Weight Watchers meet regularly and confess to one another their experience of trying to lose weight and adhere to their agreed diet. The nature of the group is to act as encouragement to keep to the confessed path of action and their presence is an incentive to avoid the 'sin' of deviating from one's diet. The notion of sin and confession is subtly but pervasively part of the dieting and weight loss industry, with Slimming World dividing foods into 'free foods' which there are no restrictions on consuming and 'syns' which are permitted foods but less healthy.

#### Content analysis

The previous sections have identified key features of the Church's practice of confessing and accountability. Within the small group there was a clear understanding of the purpose of the group

– the aim being to encourage members in faithful discipleship to Christ. The methods employed in pursuit of this aim involved; open and honest confession about the state of one’s soul, reflection on behaviour over the previous week (or since the group last met), encouragement from other members of the group to continue in one’s aims, possibly exhortation or advice from a more experienced member (class group or band group leader, but not in a covenant discipleship group).

The analysis below takes the stated aims and practice from the organisation ‘Weight Watchers’ and discusses the similarities and difference in structure and aims between it and the Christian accountability groups in the previous section.

### Community

Weight Watchers as an organisation has great appeal to those who have tried on their own to lose weight but have been unsuccessful. A significant part of that appeal is the community created by a group of people working toward the same goal and supporting one another as they do so. The emphasis on support and community features strongly in Weight Watchers publicity:

Support can be an important part of your weight loss success. In fact, in a study of women trying to lose weight, getting support accompanied an improvement in the participants’ ability to control their eating and choose lower-calorie foods.<sup>1</sup>

Along with a weekly discussion topic and guidance from the Leader, you’ll also hear about the struggles and successes of these fellow members. You don’t have to participate in the discussion if you don’t want to, but you’re bound to hear helpful tips and motivating advice that helps you through the week.<sup>65</sup>

The assertion of the earlier part of this chapter was that the creed confessed corporately speaks truthfully of the nature of Christian community and forms the parameters and character of that

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<sup>65</sup> ‘Website of Weight Watchers’, [www.weightwatchers.co.uk/plan/mtg/index.aspx](http://www.weightwatchers.co.uk/plan/mtg/index.aspx) (20th October 2010).

community. The practice of the early Methodists for meeting together to confess and be accountable for their discipleship was based on Wesley's understanding that Christian discipleship could not be adequately pursued alone. The value of community in Weight Watchers is identified as a key feature of helping participants meet their goals, and for some the friendships made and non-judgmental attitudes of others in a similar situation is what attracts them to Weight Watchers.

The key feature of community within the Weight Watchers is being 'supportive'. Members meet because they have the purpose of losing weight and it is taken for granted that this unity of purpose will engender support for others pursuing the same goal. Whilst this may be assumed, a more deliberate feature of engendering support within Weight Watchers is the development of a positive ethos based on 'unconditional positive regard'. There is an acknowledgement that many who struggle with food and eating have a complex relationship with their own emotions and eating, and the focusing of the community around positive affirmation of each other, even in the face of failure to achieve goals is seen as key to long term progress.

Whilst the experience of many who have been part of Christian accountability or Covenant Discipleship groups would be that they are supportive, this is not their primary aim. In relation to Covenant Discipleship groups, Lowes-Watson expresses it thus:

They are not encounter groups...they are not spiritual formation groups... and they are not care and share groups. All of these aspects of Christian discipleship and community will feature in covenant discipleship groups, over and over again; but none of them is the purpose of the weekly meetings. Covenant discipleship groups are nothing more than a weekly checkpoint of accountability, and nothing less.<sup>66</sup>

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<sup>66</sup> Lowes-Watson, *Covenant Discipleship*, 100-101.

The distinction here is that within the Christian accountability group the result of confessing is not to be positively affirmed and encouraged to try harder next week but rather to acknowledge failure and be directed to the all sufficient grace of God.

### Format and Structure

Just as the Methodist Band meetings followed the structure of singing hymns, praying then working through their questions, the covenant discipleship group works through the clauses of the covenant, the penitent and priest follow the liturgical format of confession and absolution, so Weight Watchers structure their meetings to ensure confessing and accountability can take place. Before the meeting begins the weigh-in takes place, then there is opportunity for members of the group to speak of their experiences relating to food and diet during the week. There is input from the Leader and discussion.<sup>67</sup>

### Accountability

Within their explanation of what happens in a meeting, Weight watchers actually use the word ‘accountable’ in relation to the weigh-in. It is argued below that the accountability occurring within Weight Watchers is different in kind to that within the Christian accountability group but that it nevertheless has value and purpose.

Once you’ve decided to lose weight, holding yourself accountable is essential to achieving success. That’s the purpose of the meeting’s private weigh-in. Our members find that meetings and private weigh-ins help them keep their resolve and motivation.

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<sup>67</sup> ‘What happens at a meeting?’

Each meeting is a discussion guided by your Leader, with a new topic every time. One week, the topic might be strategies for curbing stress eating, and the next week might centre on favourite foods and recipes. You’ll pick up great tips from the group and contribute your own—or just listen. This combined with the insights of the Leader and the individuals within the group make each meeting unique.

After your first meeting, you’ll stay for a brief getting started session. The Leader explains what to expect and how to follow the food plans, and will give you a chance to ask additional questions.’ ‘Website of Weight Watchers’, [www.weightwatchers.co.uk/plan/mtg/index.aspx](http://www.weightwatchers.co.uk/plan/mtg/index.aspx) (20th October 2010).

Right before the meeting, you'll be weighed privately and confidentially by the meeting's Leader or helper. The weigh-in is a way to help you track your progress and stay accountable to yourself.

The stated aim of the weigh-in is to enable accountability to self and the reason it happens in private is to avoid disclosure to the other members of the group. This speaks clearly of the understanding of accountability operating within Weight Watchers – it is both individual and partial.

The nature of Weight Watchers being a group which is essentially a gathering of individuals seeking to be accountable to themselves whilst being supported by other individuals pursuing the same goal may appear similar to Church accountability groups. The argument though is that they are by nature different due to the understanding of what it means for the Christian to be part of the Church, the Body of Christ. In accountability groups within the Church accountability is to God and to one another, acknowledging that the Christian belongs not to themselves but to Christ and as brothers and sisters in Christ, the actions of each member of Christ's body have an impact on every other member. This differs substantially from being a collection of individuals whose interests coincide in a particular sphere of life but no deeper relationship exists.

Whilst the Weight Watchers weigh-in happens in private, it does provide a concrete moment of reckoning which cannot be fabricated as there is an objectivity which reveals the truth of the situation. This can be compared with the more complex situation in the Christian accountability group where the desire to cover faults and failings or confess only a partial account of one's discipleship wrestles with the promise to speak truthfully. The nature of the type of accountability practiced is brought out by this contrast between individual and corporate and objective and subjective.

#### *Comparisons and contrasts*

Whilst the elements of the groups above have striking similarities with the Christian discipleship and accountability groups mentioned previously, the foundation of organizations such as Weight

Watchers and Slimming World does not acknowledge any spiritual dimension to the programme. As previously indicated the psychology behind the speaking out in the group and returning to the group week by week to be accountable for one's eating habits owes much to Carl Rogers' theories of person-centred therapy, where the group constitutes an environment for individuals to work out their issues with food and weight.<sup>68</sup> The emphasis on unconditional positive regard for members of the group, offering affirmation whether or not it has been a 'successful' weight loss week or not further confirms the differences between the 'confess, repent, be accountable' model practiced within the Church and the secular basis of groups such as Weight Watchers. The contrast with the discipleship and accountability group is not only seen in the failure to recognize a spiritual dimension to the individual, or their struggle to achieve their stated aims, but more than that the discipleship or accountability group anticipates appealing to God to help in the process.

Another contrast is that between individual and corporate focus. In Weight Watchers, despite seeking to encourage others within the group, the aim is to enable the individual to achieve their stated weigh-loss goals. The group is comprised of individuals joined by a common interest in achieving their individual aims. This can be contrasted with the discipleship or accountability group, which whilst it seeks to encourage spiritual growth in each member, exists primarily for the corporate building up of the body of Christ.

#### 5.2.1.2 Cognitive Behavioural Therapy and 'Talking Therapies'

Confessing in the sense of 'speaking out' is fundamental to Cognitive Behavioural Therapy where a client speaks of their thoughts, emotions and resulting behaviour in a particular situation. To be able to articulate and confess to another person (the counsellor or therapist) is the beginning of the process of behavioural change. In this way confessing can be seen as that which marks the move toward wholeness and restoration in a way parallel to that described by the Psalmist.<sup>69</sup>

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<sup>68</sup> Carl Rogers, *Client-Centred Therapy: Its Current Practice, Implications and Theory* (London: Constable & Robinson, 2003).

<sup>69</sup> See 6.1.3.1. above.

The first purpose behind considering CBT in particular as a form of secular confession in this section relates to the fact that its aim is facilitating behavioural change. Rather than simply being a mechanism for individuals to talk about issues and see this unburdening as the desired outcome, the hope is that CBT will achieve an externally observable difference in the way an individual acts. In this respect it mirrors the practice of confessing and accountability in that the intended aim of confessing is to speak out and be held accountable for what is spoken, and where the confession is a confession of sin, be accountable for altering one's behaviour as a result.

The second reason for discussing CBT in this section is the effectiveness particular forms of CBT appear to be having regarding those suffering from disordered eating.<sup>70</sup> Research continues into why a particular form of CBT is succeeding in helping those suffering from bulimia nervosa to make significant recovery when so many other treatments have failed. The tentative suggestion made at this point is that the practice of confessing and being accountable has a power and value that was recognized by the early Church and is now being discovered in twenty-first century science. Whilst it is an over simplification to equate CBT too closely with the practice of confession and accountability seen in the Church, it is a possibility that fragments of truth are being glimpsed in this area.

### **5.2.2 The secularized/ spiritual or spiritualised/secular model of confessing: Twelve Step**

Between the poles of secular confession and Christian confession lies an interesting third way which emerged from beginnings grounded in faith but which has sought to broaden its appeal by acknowledging spirituality but being quite ambiguous about the nature of that spirituality.

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<sup>70</sup> C. G. Fairburn, Z. Cooper, H. A. Doll, M. E. O'Connor, K. Bohn, D. M. Hawker, J. A. Wales, R. L. Palmer, 'Transdiagnostic Cognitive-Behavioral Therapy for Patients with Eating Disorders: A Two-site Trial with 60-Week Follow-up', *American Journal of Psychiatry* 166 (2009), 311–319.

The Twelve Step movement has its origins in the founding of Alcoholics Anonymous in the mid 1930s, and traces its heritage back to the Oxford Group,<sup>71</sup> an evangelistic revival organisation active in the first few decades of the twentieth century.<sup>72</sup> It is within AA that the Twelve Steps were developed and their spiritual roots are sunk so deeply into the Twelve Steps that, though there is great latitude in how individuals conceive their 'Higher Power' it remains difficult to see how one could follow the programme from an entirely rationalist stance, denying any spiritual force operative in the world.

1. We admitted we were powerless over alcohol - that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God as we understood Him.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics and to practice these principles in all our affairs.

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<sup>71</sup> The Oxford Group was originally known as 'A First Century Christian Fellowship'.

<sup>72</sup> Robert Hemfelt and Richard Fowler, *Serenity: A Companion for Twelve Step Recovery* (Nashville: Thomas Nelson Inc., 1990), 16.

The principles behind Alcoholics Anonymous,<sup>73</sup> have been transferred to other forms of dependency and so there are now Twelve Step groups such as Narcotics Anonymous, Gamblers Anonymous and particularly relevant in this context, Overeaters Anonymous and Anorexics and Bulimics Anonymous. Whereas Alcoholics Anonymous works on the basis of complete abstinence from alcohol, the difficulty with disordered eating is that having declared a powerlessness over food, abstaining from food is not an option. In order to address this Overeaters Anonymous defines abstinence as abstaining from eating compulsively<sup>74</sup> which provides a workable model though is clearly vaguer than its AA counterpart.

The Twelve Step movement has its origins in the USA and it is noted that within that culture there appears to be a greater prevalence of dependency problems than elsewhere in the world but this may be due also to the wider medical acceptance of dependency, treating it as an illness rather than a character defect. In this way, confessing, in the sense of speaking out one's story in a Twelve Step meeting is culturally normative, as is confessing failure to abstain as sin in a culture deeply influenced by Christianity. Culturally, the spiritual element of the Twelve Step Programme fits more closely with the North American context though the groups and programmes are found all over the world.<sup>75</sup>

The nature of confession within the Twelve Steps is interesting as the steps themselves are almost creedal in asserting the beliefs of the founders about what is the core of recovery. Step Two even expresses itself in terms of 'believe', though the phrase 'came to believe' owes much to the philosophy behind AA that recovery is an ongoing journey and so language of process rather than dogmatic statement reflect more faithfully the character of the organization.

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<sup>73</sup>Namely that there is anonymity in the meeting, that no member represents the group as a whole, that there is opportunity within the meeting for members to tell their stories and that the Twelve Steps form the basis for recovery.

<sup>74</sup>Shulamith Lala Ashenberg Straussner and Stephanie Brown, *The Handbook of Addiction Treatment for Women* (San Francisco, CA: Jossey-Bass, 2002), 133.

<sup>75</sup>'Worldwide 12 Step', [www.12stepgroups.com/about](http://www.12stepgroups.com/about) (16th October 2010).

In the area of confessing sin, it is explicitly stated in Step Five that confession of wrongdoing is a threefold confession to God, self and another. The model found in the Twelve Step approach combines the practice of confessing to others within the framework of an individualized spirituality. Whilst the support found within the group forms a context of community, as with Weight Watchers this is a group of individuals looking to pursue individual goals. The benefits of the Twelve Step programme should not be overlooked in their capacity to support and enable ongoing recovery from disordered eating. Its testimony to the power of confessing, both in the sense of speaking out and confessing failure stands as a reminder to the Church of a practical discipline to rediscover. Whilst it is argued that the operation of the nature of the confessing within the Church and in a Twelve Step group is different, the existence of Twelve Step programmes point the Church toward a means of engaging with the specific challenges of disordered eating. The way in which this has been attempted in the life of one congregation will now be explored.

### **5.2.3 Church Appropriation of Confession & accountability group**

#### **Local Church Engagement in Eating Disorder Recovery – A Case Study and Reflections**

One way of aiming to address the gap between secular psychology and weight management groups and spiritual guidance has been a church based programme in Dallas, Texas, which aims to follow the Twelve Step approach, pioneered in Alcoholics Anonymous. The methodology of the research was to observe a session of the Twelve Step Eating Disorders Group with their permission. At a different time structured face to face recorded interviews were conducted with the Director of the Twelve Step Ministry and the Senior Pastor of the Church. Telephone interviews were conducted with one of the founding members of the group, and with a local Psychiatrist who specialises in Eating Disorders and works in an advisory capacity with the church programme.

The section which follows aims to describe the programme, its context and content, its relationship to the church and the experiences of participants. Some reflections and evaluation based on an

ethnographic approach to studying the programme will be offered, as will observations on how cultural factors may affect the transferability of such an enterprise to other situations.

#### 5.2.3.1 Context

The programme was part of the outreach ministry of a United Methodist Church in Dallas. The church has approximately 5000 members and its 40 paid staff are based on the church campus, comprising a 1000 seater Sanctuary, a smaller side chapel, a large multipurpose hall and a suite of offices. Directly across a major highway from the campus is the Center for Spiritual Development which was once a private house but now hosts the Twelve Step ministry of the church. The CSD is set in tranquil gardens and is discreetly hidden from the public and the church campus by trees.

There are a number of meeting rooms including a large lounge downstairs and several bedrooms converted into smaller meeting rooms upstairs. In the small hallway is a notice board detailing the venue and time of groups meeting in the CSD. The atmosphere is very much one of if not secrecy, anonymity. There is no welcome desk and if there is not a meeting due to start or finish there is no one in the building. This is a marked contrast with the church campus across the road where there are always people and highly visible activity. The mission statement of the Twelve Step ministry operating in the CSD is:

**‘The Twelve Step** Ministry of X United Methodist Church is a fellowship of individuals who through shared experiences and mutual support are seeking spiritual growth in Christian faith. By using both the scriptures and the Twelve Steps, participants are able to further their own recovery and faith journey. **The Twelve Step Ministry** programs are not limited to those persons in recovery. A wide variety of educational, spiritual and support groups are offered, as well as other activities. The best mission statement for this ministry is: **“Christian faith, like life itself, is a journey and the Twelve Steps are the road map.”**

At the time of visiting the Senior Pastor of the church was expressing a desire to see the Twelve Step ministry brought more closely together with the other ministry of the church as a whole. This

was being resisted by the leader of the Twelve Step ministry who felt the anonymity which he believed was crucial to the success of the programme would be compromised if there were greater interaction between the church and those attending Twelve Step programmes (some of whom were church members). The relationship between the church and the CSD was interesting to observe. The wider church seemed supportive and proud of having an outreach programme which, as was discovered in interviews with other local agencies dealing with addictions recovery, was well respected outside the church as well as by it. Much of the credibility for the programmes rested on the Director of the CSD who was on the staff of the church and was well known in the small and fairly closed world of addictions programmes in Texas.

The geographical siting of the church and CSD seemed to metaphorically express the relationship between the two: visible to one another and linked by personnel, inhabiting quite different worlds but still needing one another.

#### 5.2.3.2 The Eating Disorders Group

The Eating Disorders group began in February 2004 and was co-founded by a young woman whose testimony has been shared on the church's website and is included in this thesis as appendix A, and by the woman who was the facilitator at the time the ethnographic research took place.

In the time it had been in existence the group's format and membership had altered so that at the time of research there were only two regular members (one of the co-founders having moved away and others having 'come and gone'). The facilitator had also moved the focus away from the Twelve Steps and described the group in terms of being a 'support group' stating her reason for the change that the Twelve Steps did not transfer very well from AA because of the difficulties about defining abstinence.

The usual format of the group was to each person to talk in turn about how they had found the previous week in relation to their relationship with food and eating, identifying what had been

major challenges to avoiding compulsive eating and recalling 'trigger events'. Looking to the week ahead, strategies for avoiding compulsive eating and finding checks and balances were discussed. This was the context for confessing and accountability and though in a group of two there was adequate opportunity for confessing in both senses of speaking out and more specifically, confessing wrong behaviour, the absence of structure led to a very wide ranging sharing of thoughts, feelings and actions in which confessions of specific 'sins' could evade accountability through being swamped with further sharing.

Both members of the group have been to individual psychological therapy and both also attend other support groups. It is the stated aim of the Director of the Twelve Step ministry that the Eating Disorders Group is an added support provided by the church for those with disordered eating, rather than a substitute for individual therapy. He saw the purpose of the Eating Disorders group in terms of accountability and helping members of the group continue in their resolve to seek recovery by attending sessions with their therapist. His view on this is supported by a local psychologist specializing in the field of eating disorders who was interviewed as part of this research. She forms part of the wider team of professionals with specific training in areas which link to the different areas covered by the Twelve Step ministries via the Director.

In a programme run on behalf of the church and operating under the umbrella of the Twelve Step ministry the lack of spiritual content or reference observed within the eating disorders group session was surprising. Other than one participant referring to her 'Higher Power' on one occasion there was no other mention made of the spiritual. Although the group purported to be a support group, suggesting a mutuality and equality between members, the facilitator appeared to want to fill the role of counsellor and the other member of the group accepted and in many ways encouraged this.

The Director initially seemed unaware that this was how the group was operating because he does not attend groups unless problems are brought to his attention, as he feels his presence would

inhibit the freedom of the group to function. On further conversation it emerged that he was aware that the Eating Disorders group was not working as well as it might and that comments had been made to him by others who had left that group and moved on to other groups. As the Director only meets with the facilitator of the Twelve Step groups twice a year there is a lack of accountability in the running of the groups. When things are not functioning well within a group such as the Eating Disorders Group this threatens to damage the reputation of not only the group or the Twelve Step Ministry but potentially the church as a whole. There was an element of irony in the existence of a group set up for individuals to be accountable to one another which lacked accountability to the wider Twelve Step ministry and the church.

#### **5.2.4 A Response to Confessing and Accountability pursued in the context of Disordered Eating**

The willingness of the church in the case study to seek to offer help to those with disordered eating is to be commended and the original attempted use of the Twelve Step process of confessing and accountability points toward a deeper reality of the power of God to bring liberation and healing through such a practice. It does however run the risk of blurring the distinction between the Church's historic practice of confessing and accountability, and confessing to a subjective religious Higher Power, created in the image of the participant in the Twelve Step programme. Where the purpose of confessing and accountability in the Church is to witness to the truth and transforming power of God, the more limited aims of confessing and accountability within the Twelve Step programme and also within Weight Watchers are the personal development of the individual. The benefits found in both these programmes are not to be dismissed and though they may differ in kind from what is practiced in the life of the Church the good that is done through them reveals a reflection of what could be.

Looking to ‘what could be’ runs the risk of creating an idealised programme which glosses over the complexities of dealing with real people in the midst of difficult issues. Nevertheless, the argument of this chapter has been that the practice of confessing and accountability, as practiced by the Church, may have potential in releasing those trapped within disordered eating.<sup>76</sup>

### **5.3 Conclusion**

What can be seen from the preceding sections is that there are significant themes which are both part of the practice of the Church but which have also been appropriated by those outside the Church in a quest for human flourishing. It is the assertion of this chapter that those outside the church have grasped something of the power and potential of confession and accountability. Whilst this may involve a greater depth of honesty and relationship than exists in some church groups, it is still a pale reflection of what could be achieved by rediscovering the practice in the life of the Church as it engages with a God who aids humanity in their longing for wholeness.

The examples explored above demonstrate that there are various ways of working out the practice of confessing and being accountable as far as they relate to the Church and disordered eating. It is vital that the Church rediscovers this practice if it is to connect with those seeking to speak truthfully of how they are and be transformed.

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<sup>76</sup> It is proposed that a programme adopting these insights may run in a similar way to that pioneered by Mercy Ministries. The Mercy Ministries programme in the UK is an explicitly Christian residential programme for women between the ages of 18 and 28. The programme involves a daily structured routine from Mondays to Thursdays, involving worship, bible study and discussion, recreation, one-to-one meetings with a facilitator, appointments with doctors, and classes addressing behavioural, emotional and spiritual aspects of life. Fridays and Saturdays are more relaxed with greater free time and Sunday is spent at the church with which the programme participant is linked.

The residential nature of the programme and the expertise involved in Mercy Ministries make it beyond replication in many places, though the elements of worship, learning, sharing, discussing, confessing and being accountable could all be practiced within the life of a Church community and/or small group.

# Chapter 6

## Perfection and Perfectionism

‘Be perfect, therefore, as your heavenly Father is perfect’<sup>1</sup>

### 6.0 Introduction

The first task of this chapter, as with previous chapters is to explain and justify its inclusion within the wider work of the thesis. This being established it will proceed to argue that whilst in a theological sense sanctification or the pursuit of perfect love<sup>2</sup> is not a practice in the same way that the three preceding chapters focus on practices, it is a thread interwoven through them. The theology of perfection, as articulated by various theologians during the Ante-Nicene period, then by Augustine and later by Thomas Aquinas, will be explored. Particular attention will be given to the extent the theological understanding of perfection is shaped by the prevailing philosophical worldview and also the impact of language in determining and shaping the concept of perfection.

A later section of the chapter examines how the doctrine of perfection is reframed in different historical periods. In the immediate aftermath of the Reformation, few Protestant theologians were willing to press the pursuit of perfection for fear of confusing the primary message of salvation by grace through faith alone.<sup>3</sup> The chapter will discuss the nuances of the understandings of ‘perfection’ in order to establish whether there is a common thread in theological understanding, or whether the word ‘perfection’ and particularly the term ‘Christian Perfection’ are discussing different things by the same name.

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<sup>1</sup> Matthew 5:48

<sup>2</sup> As John Wesley referred to it. See Wesley, *A Plain Account of Christian Perfection* (London: Epworth Press, 1952).

<sup>3</sup> Robert Friesen, ‘Christian Perfection’, *Direction* 13, no.3 (1984), 25-32.

The discussion of theology in the first part of the chapter is significant in interpreting the recourse to dialogue with psychology in the second part of the chapter. In addition to the theological importance of ‘Christian Perfection’ within Methodism, the key reason for discussing perfection within this thesis is the identification of perfection or perfectionism as a personality trait within those suffering from disordered eating, particularly within anorexia nervosa.

The work of Hilde Bruch focussed mainly upon anorexia nervosa and what she sees as its opposite extreme, obesity.<sup>4</sup> She identifies ‘perfection’ along with identity and autonomy as the key psychological issue driving anorexia nervosa.<sup>5</sup> Bruch writes about one of her patients,

She described in many details the agony of living a life of perfection, never being able to do what she wanted to do or felt like doing, always under the compulsion to do what was expected of her.<sup>6</sup>

The identification of perfectionism as a trait within anorexia nervosa requires attention, both from the perspective of contemporary psychology, and in relation to the theological concept of ‘Christian Perfection’ as understood by the Church. If Bruch is correct in suggesting that perfectionism is profoundly bound up with eating disorders then the Church, in seeking to respond compassionately and constructively to those with eating disorders, needs to give serious consideration to the content and communication of the doctrine of Christian Perfection.

It is with this in mind that this chapter takes Bruch’s insights and seeks to explore them further in the light of current psychological research on perfectionism. The sections on the psychology of perfectionism discuss some of the latest psychological research which defines ‘perfectionism’ from the perspective of psychology and identifies its impact upon the emergence, development and maintenance of anorexia nervosa. Again, discussion will draw out whether the concept of

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<sup>4</sup> Hilde Bruch, *Eating Disorders*.

<sup>5</sup> *Ibid.*

<sup>6</sup> Hilde Bruch, *Eating Disorders*, 264.

perfection or perfectionism as understood in psychology is congruent with that discussed in theology.

The final section of this chapter seeks to rediscover what a doctrine of Christian Perfection may look like in an emerging contemporary cultural context. Parallels are drawn with, and lessons learned from the rediscovery of Christian Perfection in early Methodism. The re-emergence of ‘Christian Perfection’ in the early Methodist movement came as such a revelation to many within the church that some called it ‘Mr Wesley’s doctrine’, asserting that this was some new theology rather than a recovery of something with a significant historical pedigree.<sup>7</sup> The focus on this Methodist understanding seeks to tie in with other features of Methodism emphasised in previous chapters, establishing that a rediscovery of some of the practices of Christian discipleship which have been key in Methodism have potential to offer something positive in addressing the issues of disordered eating.

In looking to what Christian perfection may mean for the Church today, consideration will be given to whether or not this is a helpful contrast to the model of perfection pursued by those with disordered eating. The question is raised as to whether, in even articulating a theology of Christian Perfection, the Church is putting a stumbling block before those whose disordered eating is in part generated or sustained by an unhealthy pursuit of perfection in creating an environment which encourages a potentially harmful set of thought patterns and behaviours.

## **6.1 ‘Perfection’ – Theological and Philosophical Foundations**

### **6.1.1 The Early Church**

The early church, comprised as it was of those from Jewish and Gentile backgrounds, inherited two philosophical traditions of perfection. The Hebrew Scriptures spoke of a perfect God<sup>8</sup> whose law

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<sup>7</sup> Wesley, *A Plain Account*, 25.

<sup>8</sup> Ps. 18:30.

was ‘perfect’<sup>9</sup> and who desired the undivided devotion of his people.<sup>10</sup> Alongside this relational concept of perfection stood the influence of the Academy where those schooled in Greek philosophy would be aware of the definition of perfection articulated by Aristotle. What follows is a brief engagement with both those traditions in order to establish their content and significance in order that the way later theologians understood perfection might be traced back to their foundations.

#### 6.1.1.1 Hebrew Perfection – Perfection in Relationship

The Hebrew words *shalem*, *tamim*, *tam* and *kalil* are all translated into English as ‘perfect.’ *Shalem* pertains almost exclusively to people<sup>11</sup> and carries the sense of ‘whole’ or ‘complete’<sup>12</sup> or ‘finished.’ There is a sense of entirety about it as the person who is totally committed, fully focussed upon God finds in him their completion. This understanding of ‘perfect’ which is set in the context of the Genesis account of humanity being created in relationship with the Creator God sees completeness and wholeness in how one relates to God. A ‘perfect heart’<sup>13</sup> is deemed perfect in as far as it finds its end and focus in God; as Donovan notes, ‘The good man will long for the *labh shalem*, perfect heart, or complete devotion which a few are said to have attained.’<sup>14</sup>

The word ‘*tamim*’ is also translated ‘perfect’ and is used of people, God, God’s way, and God’s law.<sup>15</sup> The meaning, like *shalem*, encapsulates ‘complete’ but also ‘sound or unblemished.’ Whereas it could be said that the definition synonymous with ‘complete’ indicates there is no more that could be added to the person or thing, the idea of it being ‘unblemished’ indicates the absence of anything which could detract from or mar it. The use of *tamim* in relation to abstract notions

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<sup>9</sup> Ps. 19:7.

<sup>10</sup> See the command to ‘have no other gods before me’ in Deut. 5:7 and the response of the people articulated in the Shema, ‘Love the Lord your God with all your heart and with all your soul and with all your strength’ in Deut. 6:5.

<sup>11</sup> With the exception of Deuteronomy 25:15 which refers to ‘perfect weight’.

<sup>12</sup> As in wholly or completely devoted to YHWH (1 Kings 8:61).

<sup>13</sup> 1 Kings 8:61.

<sup>14</sup> W. N. Donovan, ‘The Homiletical Worth of the Study of Hebrew’, *The Biblical World* 32, no. 1 (1908), 54.

<sup>15</sup> See Gen. 6:9, Ps. 18:30 and Ps. 19:7.

such as the way of the Lord<sup>16</sup> still retain the relational element in that it is *because* the law is the law of YHWH and because it is God's way that they are perfect, just as the person wholly or completely devoted to God is perfect, due to that relational aspect of perfection. Donovan identifies it thus:

Another phase of goodness is exhibited by the *hasidh*, the pious, godly, man, whose tender heart and loving acts witness his acquaintance with the God who is adored for his *hasidh*, tender mercy or loving kindness. The man of balance and poise who unites these good qualities is well described as *tam* or *tamim*, complete. This "perfect man" of our texts is no theoretical perfectionist who may for a variety of reasons be a marked man, but an all-around, symmetrical man.<sup>17</sup>

Further examples of this understanding of perfection are embodied in the stories of the heroes of the Jewish people. Noah is one of whom the word '*tamim*' is used which in some translations appears as 'blameless' but the King James Version translates as 'perfect'. The use of '*tam*' to describe Job as 'blameless' can also be translated perfect. Those who fear the Lord, walk in his ways, and avoid evil are those deemed blameless or, in some sense, perfect.

In a worldview centred around a God who is perfect in wisdom, providence, and faithfulness to his people, the perfect servant of God is one who seeks and obeys his wisdom, is wholeheartedly (thus perfectly) faithful to God's commands and finds their completeness in him. All this is learned and bound up within the sacred stories of the Jewish people, passed from one generation to another through the community of faith. This concept of perfection as understood as wholehearted devotion to God and living out his ways would have been the context into which Matthew wrote 'Be perfect, therefore, as your heavenly Father is perfect.'<sup>18</sup> It is not so much a call to perfection in terms of primarily obeying precepts and keeping laws, for they are simply the means by which commitment to God is expressed. This is a call to wholehearted devotion in loving God which pours out into

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<sup>16</sup> Ps 18:30.

<sup>17</sup> Donovan, 'The Homiletical Worth', 54-55.

<sup>18</sup> Matt. 5:48.

love of neighbour and, in the particular context of the passage in Matthew, enemies.<sup>19</sup> The centrality of relationship with God in the Jewish understanding of perfection contrasts sharply with the abstract philosophy of the Greek Academy which was the context of many of the converts to Christianity who responded to Paul's preaching. It is into this different worldview that we now enter in order to note the similarities and contrasts within the concept of 'perfection.'

#### 6.1.1.2 Greek Perfection – From Relationship to Abstraction

The earliest philosophically articulated definition of what is 'perfect' is traced back to Aristotle, who gives the concept its philosophical foundations. In his *Metaphysics*, he defines four senses in which something may be perfect, though it is arguable that these may easily be collapsed into three strands of thinking.<sup>20</sup>

The first heading refers to 'That outside which it is impossible to find even a single one of its parts'.<sup>21</sup> This draws heavily on the meaning of perfection being completeness. The example given by Aristotle relates to time but can equally be applied to substance, namely that to be complete or perfect it must be impossible to find additional matter belonging to a thing outside of it.

The second instance of perfection stated by Aristotle concerns itself more closely with the notion of excellence, defining as perfect 'That which in respect of goodness or excellence, cannot be surpassed in its kind'.<sup>22</sup> Here we are presented with perfect used as a superlative adjective, illustrated by Aristotle in reference to the perfect doctor or the perfect musician as one of unsurpassable skill. He acknowledges that in this usage 'perfect' may also be used to describe the most negative of characteristics, as in the 'perfect' thief.

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<sup>19</sup> Wink, *Engaging the Powers*, 267-271.

<sup>20</sup> Aristotle, *Metaphysics* V. X, 1012b -1002a, in *The Complete Works of Aristotle*, vol. 2, ed. Jonathan Barnes (Princeton: Princeton University Press, 1998).

<sup>21</sup> Aristotle, *Metaphysics* V. X, 1012b.

<sup>22</sup> Ibid.

The third suggestion that ‘goodness is a kind of perfection’<sup>23</sup> goes on to combine the first two headings with a suggestion of both being excellent and also lacking nothing.

The final strand of Aristotle’s definition brings into focus the understanding of *teleos* most commonly used in theology, that pertaining to the end of things: ‘Things which have attained their end, if their end is good, are called perfect’.<sup>24</sup> Despite the nuances within his definition, the enduring senses of what it means to be perfect relate to being complete, being unsurpassed and achieving the end for which something exists.

The discussion of perfection in the abstract raises questions about the subjectivity of its application. It may be relatively simple to suggest that a perfect spoon is one which attains its end of enabling the eating of food in a satisfactory manner, being neither too large nor too small to fit in the mouth and capable of containing an amount of food fitting to the user. More complex is defining the perfect person, for this requires agreement on the ‘end’ or purpose of humanity. Aristotle and his contemporaries esteemed knowledge and the faculty of reason and therefore framed the notion of the perfect man in terms of intellect and wisdom and the way in which such qualities combined with others to produce perfection. Throughout history the concept of perfection articulated by Aristotle has been used as the basis of what it means to be perfect in terms of morality,<sup>25</sup> skill,<sup>26</sup> and beauty.<sup>27</sup>

#### 6.1.1.3 Latin Translation – From movement to static

A further shift in the meaning of perfection came with the adoption into English of the word ‘perfect’ from the Latin ‘perficio.’ The Latin notion of things which are *perfectus* is static, whereas the Greek *teleiotēs* has nuances which allow for a sense of movement. *Teleiotēs* and its cognates

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<sup>23</sup> Ibid.

<sup>24</sup> Ibid.

<sup>25</sup> See Thomas Aquinas in later section.

<sup>26</sup> For example Renaissance Man as the image of perfection as one who excelled in many disciplines.

<sup>27</sup> See material on aesthetics, and contemporary discussions on body image in Chapter 2.

are used fifty-three times in the Greek New Testament and is variously translated as ‘make perfect’,<sup>28</sup> ‘fulfill’,<sup>29</sup> ‘mature/ full grown’,<sup>30</sup> and ‘perfect’<sup>31</sup>. As Oden notes,

The Greek *teleiōtēs* (Col. 3:14; Heb. 6:1) has been commonly translated as perfection, but also under metaphors of maturation and completeness. The Christian life is not a static *perfectus* in the sense of no possible improvement, but a dynamic *teleiōtēs* in the sense of the most excellent conceivable contextual functioning of the developing person.<sup>32</sup>

This linguistic difference and its impact on the framing and understanding of the concept of perfection may be the reason why Christians have differed in whether they believe Christian perfection is possible and if so, in what sense.

The construction of meaning through language is a more complex subject than there is scope for discussing in this context and yet the potential implications of recapturing the essence of the Greek over the Latin are significant. The developing conversation within the emerging church<sup>33</sup> about what it means to inhabit and understand the contemporary cultural context has exposed the cultural accommodation of ‘modern’ thought in Christian theology.<sup>34</sup> The neat categorisation and systematisation of theology is being questioned by those taking a narrative approach in line with one of the prevailing themes of contemporary thought. Those within the emerging church conversation are looking to describe being a Christian in terms of being a journey, indicating

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<sup>28</sup> Hebrews 11:40.

<sup>29</sup> James 2:8.

<sup>30</sup> 1 Corinthians 2:6.

<sup>31</sup> Matthew 5:48.

<sup>32</sup> Thomas C. Oden, *John Wesley’s Scriptural Christianity* (Grand Rapids, Michigan: Zondervan, 1994), 320.

<sup>33</sup> The Emerging Church movement is a late twentieth/ early twenty-first century movement seeking to be and ‘do’ church within ‘postmodern culture’. As a movement it is varied and resists simple definition. One of the most useful descriptions is given by Eddie Gibbs and Ryan Bolger, two men considered to be as conversant as one can be with the emerging church scene. ‘Emerging churches are communities that practice the way of Jesus within postmodern cultures. This definition encompasses nine practices. Emerging churches (1) identify with the life of Jesus, (2) transform the secular realm, and (3) live highly communal lives. Because of these three activities, they (4) welcome the stranger, (5) serve with generosity, (6) participate as producers, (7) create as created beings, (8) lead as a body, and (9) take part in spiritual activities.’ Eddie Gibbs and Ryan Bolger, *Emerging Churches: Creating Christian Community in Postmodern Cultures* (Baker Academic, 2005).

<sup>34</sup> Brian McLaren, *A New Kind of Christian* (San Francisco: Jossey Bass, 2001).

movement, change and growth, rather than a view of Christianity as believing or doing the right things until one reaches a point of ‘having arrived’.<sup>35</sup>

In this contemporary conversation, the ability to trace where our notions of perfection have come from and any sense in which the meaning has become ‘lost in translation’ is vital. The above discussion over origins of the concepts of ‘perfection’ indicate three different approaches, broadly pertaining to the same key ideas (completeness, wholeness, attaining the end and goodness) but with some significantly different outcomes. The Hebrew notion of perfection makes no sense without reference to God who is perfection and determines the content and context of what it means to be perfect. The Greek understanding has a clarity of definition and differentiation, allowing for perfection being a state of ongoing existence, for example the perfect pianist being capable of sustaining that ‘perfection’ throughout their career. The punctilliar Latin distinction frames perfection in a static linguistic construction, evoking the sense that until something reaches its final point there will always be the possibility of it becoming better or more complete, so that it is only possible to reach perfection at the end of its existence. The following sections trace the aftermath of the meeting of the Hebrew, Greek and Latin understandings of perfection and how, theologically, the question of perfection was addressed in the work of particular theologians throughout the centuries.

### **6.1.2 The Ante-Nicene Fathers on Perfection**

As Christian theology was being formed and the debates included the relationship between secular philosophy and its relation to the gospel, the early church fathers grappled with the nature of perfection as it related to humanity.

Irenaeus believed in the possibility of perfection in this life for those who followed Christ and in their discipleship were conformed to his likeness through the ongoing work of the Spirit:

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<sup>35</sup> McLaren, *A New Kind of Christian*.

For truly the first thing is to deny one's self and to follow Christ; and those who do this are borne onward to perfection, having fulfilled all their Teacher's will, becoming sons of God by spiritual regeneration, and heirs of the kingdom of heaven; those who seek which first shall not be forsaken.<sup>36</sup>

His focus is upon discipleship and the sanctification of the believer through the regenerating work of the Spirit as the disciple seeks to follow Christ. The sense of 'growing into' perfection and being 'borne on' toward closer conformity to Christ reflects the understanding of sanctification as occurring as a process following justification rather than something instantaneous. In emphasising denial of self and following Christ, Irenaeus considers the pursuit of perfection in the light of what may be termed in contemporary language 'whole life discipleship' rather than in terms of a particular set of behaviours, rituals or doctrinal understandings.

It was in the second century however, that Clement of Alexandria pursued the relationship between knowledge and perfection. Clement entitles Chapter Ten of *Stromata* 'Steps to Perfection'. His exploration examines the extent to which faith, life and knowledge were capable of perfection, concluding that Christian perfection was possible in this life:

For knowledge (gnosis), to speak generally, a perfecting of man as man, is consummated by acquaintance with divine things, in character, life, and word, accordant and conformable to itself and to the divine Word. For by it faith is perfected, inasmuch as it is solely by it that the believer becomes perfect. Faith is an internal good, and without searching for God, confesses His existence, and glorifies Him as existent. Whence by starting from this faith, and being developed by it, through the grace of God, the knowledge respecting Him is to be acquired as far as possible.<sup>37</sup>

Clement viewed faith as a prerequisite for perfection, for by faith all other qualities and attributes are brought into the transformative orbit of the grace of God. The refining and honing of knowledge to bring it to perfection is, in Clement's view, possible for the one who directs

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<sup>36</sup> Irenaeus, 'Fragments from the Lost Writings of Irenaeus XXXVI', *Ante-Nicene Fathers* vol 1.

<sup>37</sup> Clement of Alexandria, *Stromata* Chapter X.

themselves toward God and seeks to be conformed to the likeness of Christ. Later theologians came to treat Clement's views on Christian Perfection as suspicious and too closely allied to the Gnosticism with which they felt Clement had become tainted. It was seen as much safer to avoid the question of whether Christian Perfection was attainable in this life rather than become embroiled in questions of how one may know perfectly and the degree to which this was attributable to human achievement.

As doctrinal questions developed, the focus turned in Tertullian's thinking toward what happens after death. He concluded that perfection was something which happened after death, reflecting perhaps the Latin notion of *perficio* being a static state possible when there is no more earthly living to do. His view was that the perfection promised in scripture referred to that which occurs after death, concluding thus:

We therefore maintain that every soul, whatever be its age on quitting the body, remains unchanged in the same, until the time shall come when the promised perfection shall be realized in a state duly tempered to the measure of the peerless angels.<sup>38</sup>

It is impossible to determine the extent to which the difference in view between whether Christian Perfection is possible in this life or comes only after death is influenced by the linguistic and cultural differences between the early church Fathers. What can be noted is that the identification of Christian perfection with Gnosticism in the writings of Clement and the role of pursuing perfection in the later Pelagian controversy have generated a suspicion within Christianity surrounding any doctrine of perfection which considers it anything other than a response to God's grace in Christ.<sup>39</sup>

Perhaps the clearest statement of this position in the Patristic period came through the writings of Augustine. The key issues in understanding perfection can be viewed through the lenses identified

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<sup>38</sup> Tertullian, *An Answer to the Jews* Chapter LVI.

<sup>39</sup> See Friesen, 'Christian Perfection', *Direction* 13, no. 3 (1984), 25-32.

earlier of the positive movement toward completeness in God and the avoidance of the negative in the avoidance of sin which keeps one from perfection.

### **6.1.3 Augustine**

#### 6.1.3.1 Augustine - Introduction

In 'A Treatise Concerning Man's Perfection in Righteousness' Augustine writes to refute the teaching attributed to Coelestius that human beings had within their power the capacity to live without sin.<sup>40</sup> Augustine then seeks to interpret the passages of scripture pertaining to perfection in a way consistent with such a view of the corrupting nature of sin, concluding that it is not possible to live without sinning and therefore be perfect in this life. The significance of considering Augustine's contribution at this point lies in the similarity of the questions to those addressed by John Wesley.<sup>41</sup> It is important to note the difference between Augustine and Wesley in their understanding of sin in order to comprehend why they arrived at different conclusions regarding the practice and possibility of Christian Perfection.

#### 6.1.3.2 Augustine, perfection and the significance of sin

Regarding perfection, Augustine concluded that to sin was to exclude the possibility of perfection. This is clearly consistent with any of the definitions of perfection developed through the Hebrew, Greek and Latin-speaking traditions, namely that one cannot attain perfection or be complete if something is lacking or if something is dividing the heart from full devotion to God or if something is detracting from the highest moral purity and capacity to love. Augustine's first task therefore was to establish whether it is possible to avoid sin, and if so, how. 'Our answer to this is, that sin can be avoided, if our corrupted nature be healed by God's grace, through our Lord Jesus Christ'.<sup>42</sup> For Augustine, the power of sin within the 'corrupt nature' of humanity was a force which could only be overcome by God's grace operating in the believer through Christ, '... that sin is not natural; but

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<sup>40</sup> Augustine, 'A Treatise Concerning Man's Perfection in Righteousness', in Alexander Roberts, James Donaldson, Philip Schaff and Henry Wace (eds.), *Nicene and Post Nicene Fathers: First Series, 14 Volumes* (Peabody, MA: Hendrickson, 2<sup>nd</sup> ed. 1994), vol. V.

<sup>41</sup> See later section.

<sup>42</sup> Augustine, 'A Treatise Concerning Man's Perfection in Righteousness', II. i.

nature (especially in that corrupt state from which we have become by nature children of wrath Ephesians 2:3) has too little determination of will to avoid sin, unless assisted and healed by God's grace through Jesus Christ our Lord.<sup>43</sup>

Augustine's conviction of the corrupted soul led him to distinguish the sinful act from the sinful self. Even when not acting upon sinful desires by turning them into actions, the human is still sinful because the soul is defective in that it is orientated to evil. The solution to this is the ongoing work of redemption wrought through Christ, whereby his grace at work in the heart of the Christian heals the soul of its evil orientation and deficiency day by day.<sup>44</sup>

This 'healing' is in conformity with the will of God who desires sinlessness in humanity, 'If God wished not that man should be without sin, He would not have sent His Son without sin, to heal men of their sins.'<sup>45</sup> Augustine therefore arrives at the conclusion that God desires that we do not sin and has provided through grace the gift of Christ in whom there is healing from sin, and yet the capacity for humanity to follow their corrupted earthly nature precluded being free from sin in this life; 'It is one thing, therefore, to depart from all sin—a process which is even now in operation—and another thing to have departed from all sin, which shall happen in the state of future perfection.'<sup>46</sup>

Augustine's understanding of sin and the nature of humanity is expressed in his articulation of the four stages of humanity.<sup>47</sup> The first state of humanity before the Fall was the state of innocence in which humanity was able to sin but also able not to sin (*posse peccare, posse non peccare*). As a

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<sup>43</sup> Augustine, 'A Treatise Concerning Man's Perfection in Righteousness', II. iii.

<sup>44</sup> See Augustine, 'A Treatise Concerning Man's Perfection in Righteousness', II. iv, 'Is sin an act or a thing?'

<sup>45</sup> Augustine, 'A Treatise Concerning Man's Perfection in Righteousness', II. vii.

<sup>46</sup> Augustine, 'A Treatise Concerning Man's Perfection in Righteousness', XVII.

<sup>47</sup> Augustine, 'Confessions', in Alexander Roberts, James Donaldson, Philip Schaff and Henry Wace (eds.), *Nicene and Post Nicene Fathers: First Series, 14 Volumes* (Peabody, MA: Hendrickson, 2<sup>nd</sup> ed. 1994), vol. I, X.

consequence of the Fall, humanity entered the second phase, the ‘natural state’ in which man was not able to not sin (*non posse non peccare*). Following Christ’s resurrection, those justified by his death and resurrection entered the state of regeneration where it was possible to not sin (*posse non peccare*). The fourth and final stage identified by Augustine was the state of glorification at the end of time when glorified humanity will no longer be able to sin (*non posse peccare*). The third stage, whereby it is technically possible to not sin, even if the reality is more challenging, causes Augustine to urge the Christian to pursue virtue despite the natural bias toward sin.

#### 6.1.3.3 What then does pursuing righteousness or perfect love entail in Augustine’s understanding?

Augustine anticipates a time when the Christian is sinless and totally devoted to God but cannot conceive of it occurring during earthly life:

In that perfect state the just man shall live absolutely without any sin, since there will be in his members no law warring against the law of his mind, (Romans 7:23) but wholly will he love God, with all his heart, with all his soul, and with all his mind (Matthew 22:37) which is the first and chief commandment. For why should not such perfection be enjoined on man, although in this life nobody may attain to it?<sup>48</sup>

Even though Augustine maintained that Christian perfection could not be achieved in this life, he urges the pursuit of perfection within the Church, perceiving discipleship in this life as preparation for the life hereafter:

In other words, let us, as many as are running perfectly, be thus resolved, that, being not yet perfected, we pursue our course to perfection along the way by which we have thus far run perfectly, in order that when that which is perfect has come, then that which is in part may be done away;<sup>49</sup>

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<sup>48</sup> Augustine, ‘A Treatise Concerning Man’s Perfection in Righteousness’, IXX.

<sup>49</sup> Ibid.

and

For the way in which we walk, that is, the road by which we reach perfection, is cleansed by clean prayer. That, however, is a clean prayer in which we say in truth, Forgive us, as we ourselves forgive. (Matthew 6:12) So that, as there is nothing censured when blame is not imputed, we may hold on our course to perfection without censure, in a word, blamelessly; and in this perfect state, when we arrive at it at last, we shall find that there is absolutely nothing which requires cleansing by forgiveness.<sup>50</sup>

For Augustine, the starting point in the quest for perfection was about rejecting the ever present pull of the power of original sin. Whilst he theoretically acknowledged God's power to eradicate sin in the life of the Christian the practical reality was that Augustine could not bring himself to assert that perfect love of God was possible in this life.

The ways in which Augustine considered perfection might be pursued are stated and supported by scriptural reference:

Our righteousness in this pilgrimage is this— that we press forward to that perfect and full righteousness in which there shall be perfect and full love in the sight of His glory; and that now we hold to the rectitude and perfection of our course, by keeping under our body and bringing it into subjection, (1 Corinthians 9:27) by doing our alms cheerfully and heartily, while bestowing kindnesses and forgiving the trespasses which have been committed against us, and by continuing instant in prayer; (Romans 12:12) — and doing all this with sound doctrine, whereon are built a right faith, a firm hope, and a pure charity.<sup>51</sup>

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<sup>50</sup> Augustine, 'A Treatise Concerning Man's Perfection in Righteousness', IXX.

<sup>51</sup> Augustine, 'A Treatise Concerning Man's Perfection in Righteousness', XVIII.

The themes of subjection of the body, giving to the poor and pure charity are taken up and developed in the monastic period by Thomas Aquinas. As the next major theologian in history to address Christian perfection it is to his thinking that we now turn.

#### **6.1.4 Thomas Aquinas**

Thomas Aquinas addressed the doctrine of perfection within *Summa Theologiae* and also *On Perfection in the Spiritual Life*. Of the eight questions pertaining to perfection within *Summa Theologiae*, those which are of most import to this discussion are the first four, namely;

- (1) Whether perfection bears any relation to charity?
- (2) Whether one can be perfect in this life?
- (3) Whether the perfection of this life consists chiefly in observing the counsels or the commandments?
- (4) Whether whoever is perfect is in the state of perfection?<sup>52</sup>

Taking various biblical texts relating to ‘being perfect’ or ‘things perfect’ Aquinas raises objections to the notion that perfection in the Christian life is predominantly about love, considers the objections and then responds with his definition of perfection; ‘A thing is said to be perfect in so far as it attains its proper end, which is the ultimate perfection thereof.’<sup>53</sup> As can be seen this relies heavily on the definition of perfection espoused by Aristotle, looking to the extent someone or something corresponds with its *teleos* or ultimate end as the measure of perfection. Aquinas then articulates that God is the ‘last end of the human mind’<sup>54</sup> and therefore concludes that ‘the perfection of the Christian life consists radically in charity.’<sup>55</sup>

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<sup>52</sup> Aquinas, *Summa Theologiae*, trans. Timothy McDermott (Cambridge: Cambridge University Press, 2006) II. ii. 184.

<sup>53</sup> Aquinas, *Summa Theologiae* II. ii. 184.

<sup>54</sup> Ibid.

<sup>55</sup> Ibid.

In addressing the proposition that perfection consists not only of love (charity) but also of other virtues, Aquinas sets forth two definitions of perfection:

A man may be said to be perfect in two ways. First, simply: and this perfection regards that which belongs to a thing's nature, for instance an animal may be said to be perfect when it lacks nothing in the disposition of its members and in such things as are necessary for an animal's life. Secondly, a thing is said to be perfect relatively: and this perfection regards something connected with the thing externally, such as whiteness or blackness or something of the kind.<sup>56</sup>

By means of application Aquinas considers perfect love as the paramount defining characteristic of the nature of the perfect Christian, and other virtues as relative.

Perfection is said to consist in a thing in two ways: in one way, primarily and essentially and in another, secondarily and accidentally. Primarily and essentially the perfection of the Christian life consists in charity, principally as the love of God, secondarily as to the love of our neighbour both of which are the matter of the chief commandments of the Divine law, as stated above.<sup>57</sup>

As asserted previously, one of the greatest difficulties in discussing the nature of perfection is the multiplicity of meanings generated within such a debate. Within his discussion of the 'state of perfection in general' Aquinas speaks not only of perfection as pertaining to a thing or person but in answer to questions from four to eight introduces the notion of a 'state of perfection': '...one is said to be in the state of perfection, not through having the act of perfect love, but through binding himself in perpetuity and with a certain solemnity to those things that pertain to perfection.'<sup>58</sup>

This leads him to the view that, having made a vow to pursue perfection by attending to such things as enable one to love perfectly, the religious, priests and bishops are in a state of perfection. He is

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<sup>56</sup> Ibid.

<sup>57</sup> Aquinas, *Summa Theologiae* II. ii. 184.

<sup>58</sup> Ibid.

clear to state that this does not mean such people are perfect, nor does it mean that those who have not pledged themselves in perpetuity to love God and neighbour perfectly cannot be perfect.<sup>59</sup> This separating out of the discussion into perfection and a state of perfection muddies the waters in contemporary discourse of what is being set forth. As will be seen later<sup>60</sup> the semiotics of ‘perfection’ has been a cause of confusion, not only in understanding concepts but the consequent implications for theology.

It is also imperative that any discussion of Thomas Aquinas’ understanding of perfection acknowledges the world in which he lived and the worldview within which he was operating. Within the order, structure and hierarchy of the worldview inhabited by Aquinas and his contemporaries the differences between how a notion of perfection relates differently to bishops, the religious and others was an obvious distinction to make. The stratification of degrees of perfection may appear arbitrary and contrived to those reading Thomas’ work today, but such structure mirrors the worldview of hierarchy around which it was understood the universe was created and functioned.

As well as drawing upon Aristotle’s foundational propositions of perfection, Aquinas references Augustine, Jerome, Ambrose and Dionysius in his discussions on the nature of perfection and the interpretation of biblical texts. His reference to the Patristic debates surrounding perfection serve to illustrate how the doctrine of Christian perfection is one which passes through times of intense debate and then much longer periods of neglect.

The conclusion reached by Thomas Aquinas is that in order to love God perfectly it is necessary to renounce all things which may compromise one’s capacity to love God wholeheartedly. This involves renunciation of temporal possessions, fleshly affections and the capacity to choose as one wills, or more succinctly, poverty, chastity and obedience.

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<sup>59</sup> Ibid.

<sup>60</sup> See Wesley’s attempts to define what perfection is and is not.

#### 6.1.4.1 Did Thomas Aquinas believe perfection was possible in this life?

Three arguments are put forward in objecting to the possibility of perfection attainable in this life. Firstly, the eschatological argument from 1 Corinthians 13 that if when perfection comes that which we see and know in part will be taken away, we therefore exist in a state of incompleteness and therefore imperfection. Aquinas differentiates the heavenly perfection from what is perfection attainable in this life on the grounds that it is a different sort of perfection. He takes the view that essentially heaven and earth are different worlds and that it is impossible to compare like with unlike.

The second argument explicitly takes the definition of perfection as ‘that which lacks nothing’ from Aristotle and states what is known from observation and experience that there is ‘no-one in this life who lacks nothing’.<sup>61</sup> Supporting this argument with Scriptural reference from James 3:2 which acknowledges ‘we all offend’ it appears that the point is made that none can be perfect in this life. In reply, however, Aquinas begins ‘those who are perfect in this life...’ attributing the offences mentioned in James to weaknesses in this life which make them imperfect in comparison to what they will be in heaven, but in an earthly state of perfection nonetheless.

Thirdly, the argument of impossibility is suggested, that because our love of God will be greater in heaven and because we cannot know and therefore actually love all our neighbours in this life, we are in some senses deficient in our capacity to love in a way deemed ‘perfect.’ Therefore,

Hence we may consider a threefold perfection. One is absolute, and answers to a totality not only on the part of the lover, but also on the part of the object loved, so that God be loved as much as He is lovable. Such perfection as this is not possible to any creature, but is competent to God alone, in Whom good is wholly and essentially.

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<sup>61</sup> Aquinas, *On the State of Perfection in General*, II.ii.

Another perfection answers to an absolute totality on the part of the lover, so that the affective faculty always actually tends to God as much as it possibly can; and such perfection as this is not possible so long as we are on the way, but we shall have it in heaven.

The third perfection answers to a totality neither on the part of the object served, nor on the part of the lover as regards his always actually tending to God, but on the part of the lover as regards the removal of obstacles to the movement of love towards God, in which sense Augustine says (QQ. LXXXIII, qu. 36) that "carnal desire is the bane of charity; to have no carnal desires is the perfection of charity." Such perfection as this can be had in this life, and in two ways. First, by the removal from man's affections of all that is contrary to charity, such as mortal sin; and there can be no charity apart from this perfection, wherefore it is necessary for salvation. Secondly, by the removal from man's affections not only of whatever is contrary to charity, but also of whatever hinders the mind's affections from tending wholly to God. Charity is possible apart from this perfection, for instance in those who are beginners and in those who are proficient.<sup>62</sup>

Building on the foundations laid by Augustine, Thomas Aquinas also approaches the pursuit of perfection in this life from the perspective of prioritizing the removal of obstacles to perfect love. That Aquinas quotes Augustine's denunciation of carnal desire is significant as the theological theme continues; the route to perfection is to reject the desires of the flesh, to overcome the impulses of the body and to exercise such control over the mind that it is no longer focused on the material aspects of the self but directed toward focus on the spiritual. The layers and levels of perfection articulated by Thomas Aquinas lend themselves to a process of striving to attain the next step on the ladder, ascending ever higher until full perfection is achieved in heaven. This leaning toward self-improvement and works of charity undertaken in the pursuit of perfection easily turns into a grasping at salvation by works.

The teaching of Aquinas on perfection held sway until the upheaval of the Reformation, at which point the doctrine of Christian perfection became submerged in the wake of the Reformers' passion for salvation by grace through faith. There simply was not room for any doctrine which could start

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<sup>62</sup> Aquinas, *Summa Theologiae* II. ii. 184.

people back on the road to seeing salvation as in any way related to their own actions. Whilst some continued to see sanctification in terms of practicing ‘perfect love’,<sup>63</sup> it was not one of the dominant issues of the time. It was not until the mid-eighteenth century that the doctrine of Christian Perfection resurfaced as a contentious feature of the emerging Methodist movement.

### **6.1.5 Summary and Conclusion**

Throughout the centuries a doctrine known as Christian Perfection has been discussed and its practice has been attempted and sought after. Having noted some of the key theological thinkers in this area, what becomes apparent is that in each case there are significantly different approaches. These differences are shaped by the reason Christian Perfection was being discussed, other doctrinal issues which were pressing at the time, and how the nature and operation of sin was understood. Despite the divergent opinions it is possible to see a common thread running through the material examined which enables us to identify core issues about the doctrine of Christian Perfection without attempting to synthesise the varying interpretations of what the doctrine entails.

The value of reflecting upon and engaging with the tradition of the Church lies in its ability to offer understanding regarding human capacity and propensity to sin or wrestle with not sinning. Holding in tension Augustine’s insight regarding the influence of sin, ingrained within the fallen nature of humanity with the inbuilt human longing for the freedom, forgiveness and cleansing understood as salvation generates the theme explored in the final section of this chapter, namely ‘how can we become more than we are?’.

Before that, the outworking of perfection is examined in the present day quest of striving to be good enough. In this endeavour many find the shadow side of seeking perfection, borne out in perfectionism, and it is to that we now turn.

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<sup>63</sup> See for example the books which greatly influenced John Wesley; Jeremy Taylor *Rules and Exercises of Holy Living and Dying* and William Law’s *Christian Perfection*.

## 6.2 What is perfectionism? The Perspective of Psychology

### 6.2.0 Introduction

The pursuit of perfection is generally upheld as a noble ideal. It inspires the fastest athletes, the most beautiful art and the greatest music. This striving for perfection in any given field requires sacrifices and dedication, often to the detriment of other areas of life, but there are those whose ideal is to be perfect in every area of life becomes a form of oppression. The question emerges, when does the pursuit of perfection actually become detrimental to human flourishing? The discipline of psychology concerns itself not with the philosophical or theological definitions of perfection but with the perceived maladaptive thought processes which manifest themselves in 'perfectionism'. Within the field of psychology, 'perfectionism' can be clinically assessed<sup>64</sup> though as Caroline Riley et al. have acknowledged, 'Despite the clinical problems that can be associated with perfectionism, there is little agreement as to the nature of the construct.'<sup>65</sup>

### 6.2.1 Perfection perverted - Perfectionism

A simple definition of perfectionism was published in the American Journal of Psychology in 1984. It stated perfectionism was 'the belief that a perfect state exists that one should try to attain.'<sup>66</sup> On these grounds every Christian who acknowledged the doctrine of Christian perfection would be deemed to be suffering from perfectionism. Since that broad definition, attempts to more clearly categorise types of behaviour have resulted in the definitions of 'clinical perfectionism' and 'multidimensional perfectionism.'<sup>67</sup>

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<sup>64</sup> Using the Clinical Perfectionism Examination or Frost's Multidimensional Perfectionism scale for example. See R.O. Frost, P. Marten, C. Lahart, R. Rosenblatte, 'The Dimensions of Perfectionism' *Cognitive Therapy and Research* 14 (1990), 449-468.

<sup>65</sup> Caroline Riley, Michelle Cooper, Zafra Cooper, Christopher G. Fairburn and Roz Shafran, 'A Randomised Controlled Trial of Cognitive-Behaviour Therapy for Clinical Perfectionism: A Preliminary Study', *Behaviour Research Therapy* 45, (2007), 2221.

<sup>66</sup> A. R. Pacht, 'Reflections on Perfection', *American Journal of Psychology* 39 (1984), 386-390.

<sup>67</sup> Katharine Halmi et al., 'Perfectionism in Anorexia Nervosa: Variation by Clinical Subtype, Obsessionality, and Pathological Eating Behavior', *American Journal of Psychiatry* 157 (2000), 1799-1805.

Riley et al. identify a significant difference, distinguishing between the pursuit of perfection which one may celebrate as producing people of virtue or athletes or musicians of excellence, and the crushing restriction of human flourishing seen in those who fear making mistakes, thus failing in their attaining perfection:

A critical component of clinical perfectionism is not simply that the individual strives for high standards, but rather, the impact of not meeting those standards on self-evaluation... “self-criticism substantially accounts for the relation between perfectionism measures and depressive, anxiety and eating disorder symptoms” (p. 80) which is consistent with the view that self-evaluation is at the heart of perfectionism, rather than striving for high standards per se.<sup>68</sup>

This insight has particular relevance in regard to the interaction between the doctrine of Christian perfection and the world of disordered eating. It allows for a pursuit of holiness which is not synonymous with a clinically defined mental disorder. The ideal of loving God and neighbour perfectly can be pursued without an automatic negative impact upon the one seeking this. The problem according to Riley only occurs when the failure to achieve perfection results in negative self-evaluation in the form of self-criticism.<sup>69</sup>

Alongside the classifications of clinical and multidimensional perfectionism stand the terms ‘self-orientated perfectionism’(SOP) and ‘socially prescribed perfectionism’(SPP). Rather than defining the severity or areas of perfectionistic behaviour, these indicators measure where the individual perceives the source of the pressure to be perfect. In the former, the perfectionism is located in self-criticism and self-imposed standards, whereas the latter is about the individual’s perception that others are making demands upon them to achieve perfection.<sup>70</sup> Perfectionism is a recognised

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<sup>68</sup> Riley et al., ‘A Randomised Controlled Trial of Cognitive-Behaviour Therapy for Clinical Perfectionism: A Preliminary Study’, 2222.

<sup>69</sup> Riley et al., ‘A Randomised Controlled Trial of Cognitive-Behaviour Therapy for Clinical Perfectionism: A Preliminary Study’, 2222.

<sup>70</sup> G. L. Flett, P. L. Hewitt, ‘Perfectionism in the Self and Social Context: Conceptualization, Assessment and Association with Psychopathology’, *Journal of Personal and Social Psychology* 60 (1991), 456–470.

disorder in its own right but is also an aspect of other disorders addressed within the discipline of psychology. The following section explores the relationship between perfectionism and disordered eating in its various forms.

### **6.2.2 Perfectionism and disordered eating**

There is a substantial body of research exploring the relationship between perfectionism and disordered eating. The work of Hilde Bruch, which identified the quest for perfection as one of the driving forces behind anorexia nervosa, was atypical in the fact that it also addressed obesity (or compulsive eating as it is more commonly termed today). Both the refusal to eat and the compulsion to eat were, in her view, bound up with issues of perfection. More recently the departure from equating anorexia nervosa alone with perfectionism has been made by Christopher Fairburn, Zafra Cooper and Roz Shafran in their pioneering work identifying the similarities and differences within the core mechanisms which maintain eating disorders of varying types.<sup>71</sup> The multifactorial nature of eating disorders means that not all people with eating disorders are perfectionists,<sup>72</sup> though Bastiani claims, ‘it is well accepted that most patients with anorexia nervosa are perfectionistic’.<sup>73</sup> Conversely, not all those with perfectionism will manifest it through their eating behaviour but may exhibit perfectionism in relation to other aspects of life, such as ‘checking behaviours’.<sup>74</sup> From this it can be determined that though there is clearly a relationship between eating disorders and perfectionism, the two are not co-dependant in the sense that some people with eating disorders do not exhibit perfectionistic traits and not all perfectionists suffer from disordered eating.

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<sup>71</sup> Christopher G. Fairburn, Zafra Cooper and Roz Shafran, ‘Cognitive Behaviour Therapy for Eating Disorders: A “Transdiagnostic” Theory and Treatment’, *Behaviour Research and Therapy* 41, no. 5 (2003), 509-528.

<sup>72</sup> Kelsie Forbush, Todd F. Heatherton, Pamela K. Keel, ‘Relationships Between Perfectionism and Specific Disordered Eating Behaviors’, *International Journal of Eating Disorders* 40 (2007), 37-41.

<sup>73</sup> Andrea M. Bastiani, Radhika Rao, Theodore Weltzin, Walter H. Kaye, ‘Perfectionism in Anorexia’ *International Journal of Eating Disorders* 17 (1995), 147.

<sup>74</sup> C. Bouchard, J. Rhéaume, R. Ladouceur, ‘Responsibility and Perfectionism in OCD: an Experimental Study’ *Behaviour Research and Therapy* 37 (1999), 239-248.

The relationship between perfectionism and disordered eating may initially appear to be an attempt to attain the ‘perfect’ body and thus be a response to external cultural pressures. Certainly, within the sub-clinical world of food restriction and body image, otherwise known as the dieting and exercise industry, much is made of the link between particular diets and attaining ‘the perfect body’. From here it is only a short step to striving for perfect control over the appetite in order to achieve a desired physical appearance, in a psychological mechanism which is taken to the extreme in the anorectic. This simple equation that the perfectionism encountered in disordered eating is merely a pursuit of the ‘perfect’ body presented in western media images is championed by some but tells only part of the story. To suggest that the relationship between disordered eating and perfectionism is that disordered eaters are perfectionists who are attempting to beat their appetite into submission in order to attain a slimness which is not possible may be true in some cases but is too simplistic a conclusion in most.

Perfection within anorexia nervosa is more likely to manifest itself in relation to perfecting control over oneself, being able to fight the urge to satisfy hunger or to need food at all. In this way there are obvious parallels with the struggles Augustine identified in relation to sex, control of the urges to indulge sexual desire and the ‘need’ for sex at all.

#### 6.2.2.1 Perfection, Desire and Dualism

What Augustine ought to have concluded was that to be fully human was to be present to another in body, mind and soul. This would view sex as the consummation of that ‘being present’. Instead, a notion of perfection based on rational control was what led Augustine to his negative view of sex. The animalistic attention and loss of rational control is noted by TeSelle:

Sexual desire was striking to him as that area of human life in which passion farthest outruns the control of reason, and he could not think this “natural” to so exalted a creature as man. It is to be noted, however, that concupiscence, though it consists chiefly of sexual desire, is not that alone for

there are many other ways in which the animal aspects of the soul can escape rational control and tempt man.<sup>75</sup>

If the salient point in the pursuit of perfection is about self-control and not departing from rational control then the links between Augustine's theology and the disordered eating of our own times becomes interesting.

Anorexia nervosa, Bulimia nervosa and Binge Eating Disorder all have a close correlation with Augustine's understanding of sex as far as they relate to desire. The 'lust' for food, in the sense of succumbing to either the temptation to binge or to purge, appears to be the operating of desire in the same way Augustine referred to sex. In fact, Augustine's words in relation to sexual desire can be applied to the experience of the anorectic in the area of resisting food or the bulimic or binge eater in purging revealing powerful similarities, 'Those hankerings (*concupiscentia*) that came from sin are in principle resistible, but in practice no one ever resists them. We suffer addiction with no known cure.'<sup>76</sup>

The influence of Platonic thought upon Augustine has been noted as significant in Augustine's understanding of sin and the soul.<sup>77</sup> Augustine's reticence to commit himself to the means by which he believed original sin to be transmitted left four options open. Within these four options, the understanding that God created the soul which then became sinful by choosing to be united with the body is a view laden with body/mind dualism. It is this very dualism of body as the corrupting enemy of the mind or soul which continues to exist in the world of disordered eating. The anorectic quest to overcome the desire to eat and to maintain perfect control over the body with its 'dangerous' and negative flesh is as strong an example of dualistic thinking as the commercial dieting industry encouraging people of all body sizes to 'take control' of their bodies and appetite and to 'overcome cravings' for food, setting up an internal battle between mind and body.

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<sup>75</sup> Eugene TeSelle, *Augustine the Theologian* (Eugene, OR: Wipf and Stock, 2002), 316-317.

<sup>76</sup> James J. O' Donnell, *Augustine* (New York: Harper Collins, 2005), 301.

<sup>77</sup> *Ibid.*

Augustine's destructive legacy has been the framing of sex and the body as deeply dangerous, threatening and negative aspects of human existence. This has set the scene for a Christian viewpoint mired in guilt, almost overwhelmed by the inescapability of failure and sin and in danger of being unable to address the problem of disordered eating.

The ongoing battle between suppressing desire for food or sex and succumbing to that desire is a source of deep feelings of guilt. Yet for those who can temporarily attain such control another danger lies in wait. As was noted in relation to the theology of Augustine and his understanding of desire, the pursuit of perfect mastery and control over desire was applauded by Augustine but has the potential to collapse into the very thing he refuted most ardently. The danger of the pursuit of perfect control over the body and its appetite for food in order to regulate its shape is the potential for it to become a form of 'salvation by works'.

Once a sufferer has entered the 'career phase'<sup>78</sup> of an eating disorder and the disorder has become established, traits of perfectionism can be significant in maintaining the disorder and the fear of 'failing' by departing from the course of disordered eating can have a negative impact on the effectiveness of treatment.<sup>79</sup> The perfectionism at work within eating disorders has the potential to distort thinking so that the perfection aimed for is the ability to not eat which becomes the *telos* of existence. The altered perception of the body results in a striving for an ideal which cannot be attained. The goal may appear possible if 'perfect' control can be maintained, but the unreliable self-perception inherent in clinically diagnosed eating disorders means that the sufferer will move the goalposts without acknowledging it, resulting in an impossible target.

Throughout this section the close relationship between the psychological understanding of perfectionism and the theological view of perfection has been demonstrated by references to the

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<sup>78</sup> See section 2.3.1.4 on recruitment and career phases of eating disorders.

<sup>79</sup> S. J. Blatt, D. M. Quinlan, P.A. Pilkonis, M.T. Shea, 'Impact of Perfectionism and Need for Approval on the Brief Treatment for Depression: The National Institute for Mental Health Treatment of Depression Collaborative Research Programme Revisited', *Journal of Consulting and Clinical Psychology* 63 (1995), 125-132.

similarities between Augustine's views and those of contemporary disordered eaters. This is not intended to indicate that these two approaches are identical, rather it is to note the points of integration and overlap. Perfectionism as a psychological concept is much broader than the quest for perfect self-control. The theology of perfection, or perfect love, extends far beyond a narrow focus on resisting forbidden desire. The point of convergence comes at precisely the issues with which many suffering from disordered eating become preoccupied. The adoption of perfect self-control over appetite and resisting all desire to eat as the 'goal' joins the Augustinian theology of rational control to the psychological concept of a perfectionism pursuing that ideal.

In seeking 'salvation' through adhering 'perfectly' to particular goals or regimes it becomes impossible to see what 'salvation' one desires. What it recognised within psychology is the harm done by perfectionism as it twists the noble desire to attain the best and exchanges it for a slavish adherence to a set of life-diminishing practices in the mistaken hope that they will attain some form of 'salvation'.

### **6.2.3 Physical Perfection and the quest for the perfect body**

Whilst it is acknowledged that disordered eating is more likely to centre around perfect control and conforming to a set of behaviours which, in the mind of the sufferer constitute doing things 'perfectly,' this is the micro-perspective. This is the conclusion reached by psychologists encountering disordered eaters of a clinically diagnosed severity on a one-to-one basis.

The assertion of a previous chapter in this thesis was that whilst disordered eating is a recognised psychological phenomenon, it is also a culturally located, and to some extent societally generated situation. The wider perspective recognises that in an era where visual media dominate, the ideal of perfection is expressed not in terms of moral virtue, noble character or even wisdom or intellect but in physical perfection. The images promoting the 'perfect' body, particularly the female body, are on billboards, in magazines, on television, the internet and any other available advertising space.

### 6.2.3.1 Who shapes the perfect body?

Ideals of beauty change from decade to decade and from culture to culture<sup>80</sup> but the question rarely asked is who is promoting or shaping the ‘ideal’ or perfect body?

One of the most disturbing developments within the digital age has been the use of software to alter photographed images without the appearance of them being ‘airbrushed’. The transition is made from reality to unreality and the vision of the ‘perfect body’ becomes a mirage that even the model herself was unable to attain. In the manipulation of images leg lengths are stretched, curves are minimised, skin blemishes are erased and differences between the left and right sides of the face are eradicated in order to maximise the desired effect of symmetry. The result is promoted as the ‘perfect body’ to aspire to but the truth is, it is physically unattainable.

This promotion of falsehood sets up women to fail and to be permanently dissatisfied with their bodies. Just as John Wesley criticised his brother Charles for setting the standard of Christian Perfection too high, thus setting people too daunting a target to aim for, so the goal of the ‘perfect body’ is becoming impossible to achieve. It is not sufficient to state that most women know that the images they see of other women’s bodies are digitally altered. The impact of the image overrides the cognitive process and so the deceit has a subtle undermining effect on female perception of what is real.<sup>81</sup>

How then should the Church respond to this emphasis on the body being the marker of perfection and also the pressure and deceit in the actual images of ‘perfection’ promoted?

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<sup>80</sup> See previous discussion in Chapters 2 and 3.

<sup>81</sup> For empirical research on the effect upon the psyche of being exposed to particular images of the body, see Anna M. Bardone-Cone and Kamila M. Cass ‘What Does Viewing a Pro-Anorexia Website Do? An Experimental Examination of Website Exposure and Moderating Effects’, *International Journal of Eating Disorders* 40 (2007), 537–548.

Taking the Hebrew understanding of perfection as that which is wholly devoted to God in relationship with him and drawing upon the Aristotelian definition of perfection as achieving its end, it would appear that the *telos* of the body is to glorify God. Paul writes to the Corinthians, ‘For you were bought at a price; therefore glorify God in your body.’<sup>82</sup> Whilst this may appear merely an exhortation it does indicate some notable differences between the aesthetic ideal promoted in society and a biblical view. This means that the perfect body is not simply a visual representation or a primarily aesthetic ideal, the question to be asked of whether a body is perfect is, is it glorifying God, i.e. is the embodied person engaged in loving God and neighbour?

This understanding has profound implications for re-envisioning the ‘perfect body’. Bodies which are dismissed in society as imperfect because they are ‘too fat’, ‘too thin’, ‘disabled’, ‘sick’ or ‘suffering’ can be ‘the perfect body’ if they are the means by which something of God is encountered. Perfection is no longer about function, achievement or a subjective projection of beauty, it is about relationship with God. This rediscovery of the purpose of embodiment and rethinking of what constitutes ‘the perfect body’ stands in sharp contrast to the airbrushed or dangerously thin ideal often presented as ‘perfection’. In drawing together the insights from theology and the experiences of psychology the section which follows endeavours to present a pursuit of perfection which is neither oppressive nor perfectionistic. The desire is to offer hope to those who have only encountered the pursuit of perfection as a negative experience, suggesting instead ways of growing into perfect love.

### **6.3 Rediscovering Christian Perfection for the Present Age**

Before offering suggestions for a contemporary discovery of Christian Perfection, it is worthwhile examining how such a rediscovery was effected by John Wesley in the eighteenth century. He urged ‘the people called Methodist’ to pursue Christian Perfection in a culture where many had never heard of the doctrine. The consequences of the call to perfect love were profound in their

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<sup>82</sup> 1 Cor. 6:20.

impact upon the local communities of believers. It is argued that the rediscovery of Christian Perfection by John Wesley may form a pattern for a contemporary re-engagement with the doctrine.

### **6.3.1 Wesleyan rediscovery**

The doctrine of ‘Christian Perfection’ was the source of much controversy when preached and taught by John Wesley in the early years of Methodism. It was such a bone of contention and open to such misunderstanding that it was debated and discussed at the conferences held between Wesley and his ministers and preachers in 1744, 1745, 1747 and 1759.<sup>83</sup> Frequently Wesley’s detractors levelled at him the charge of neo-Pelagianism, suggesting that attaining Christian Perfection was merely another means of declaring salvation by works.<sup>84</sup> Others attacked him on the grounds that if we can be made perfect in this life there is no need to continue attending to the ordinances of God or the means of grace, and others still contended, as Augustine had, that perfection this side of heaven simply was not possible.

There were yet others who referred to Christian perfection as ‘Mr Wesley’s doctrine’, suggesting that it was a new theology created by Wesley as one of the idiosyncrasies of the emerging Methodist movement. This was a charge Wesley vehemently denied and asserted most strongly the existence of the doctrine within Scripture.<sup>85</sup>

Over the course of 30 years John Wesley preached the doctrine in several sermons,<sup>86</sup> and articulated it and defended it at the various Conferences of early Methodists. He published it in both the preface to the second book of Charles Wesley’s hymns and in publications endeavouring to assist members of the Methodist Societies in their pursuit of holiness. Finally, in 1767 he

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<sup>83</sup> Wesley, *A Plain Account of Christian Perfection*.

<sup>84</sup> See Victor Shepherd, ‘Can You Find Anything More Amiable Than This? Anything More Desirable?’ Paper given at the Oxford Institute of Methodist Theological Studies, Oxford, 1997.

<sup>85</sup> Wesley, *A Plain Account of Christian Perfection*.

<sup>86</sup> Notably ‘Circumcision of the Heart’ and ‘Christian Perfection’ in Wesley, *Forty-Four Sermons* (London: Epworth, 1944).

endeavoured to express, in a plain account, his journey to believing this doctrine, what he understood to be its content and also to defend (with reference to the occasions mentioned above) that this was no new doctrine but a tenet he had proclaimed for at least 30 years.

The discussion below will set out the doctrine of Christian Perfection as John Wesley understood it and discuss the implications and challenges for its place in the church today.

#### 6.3.1.1 What did Wesley mean by 'Christian Perfection'?

It is widely acknowledged that John Wesley's primary theological motivation was the pragmatic drive to teach and equip the new converts.<sup>87</sup> It was theology conducted literally on the hoof rather than in abstract and therefore in the case of the understanding of Christian Perfection, many accounts take the form of question and answer in a catechetical style, rather than as propositional narrative. The exception to this is where Wesley puts forth this doctrine in a sermon. Even in his sermon Wesley is determined to make it quite clear what he is proposing as the nature of Christian Perfection and what he is not:

In this I endeavoured to show - (1) In what sense Christians are not, (2) in what sense they are, perfect.

'1. In what sense they are not. They are not perfect in knowledge. They are not free from ignorance; no, nor from mistake. We are no more to expect any living man to be infallible, than to be omniscient. They are not free from infirmities, such as weakness or slowness of understanding, irregular quickness or heaviness of imagination. Such, in another kind, are, impropriety of language, ungracefulness of pronunciation; to which one might add a thousand nameless defects either in conversation or behaviour. From such infirmities as these are none perfectly freed till their spirits return to God. Neither can we expect, till then, to be wholly freed from temptation: "for the servant is not above his Master". But

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<sup>87</sup> Oden, *John Wesley's Scriptural Christianity*, 19.

neither in this sense is there any absolute perfection on earth. There is no perfection of degrees; none which does not admit of a continual increase.<sup>88</sup>

Wesley is quick to acknowledge that it is possible to be ignorant, mistaken, tempted and physically or psychologically disadvantaged and yet still attain Christian perfection. This initially appears to be a list of factors which preclude perfection when conceived as Aristotle's definition of complete, surpassing, lacking nothing and yet there remains the possibility of perfection as achieving one's end.

The acknowledgement that there is no 'absolute perfection on earth' sounds like an oxymoron, that if perfection is the end, the complete, the absolute, in what sense is Wesley speaking of 'perfection'? His assertion that there is no perfection in degrees stands in opposition to Thomas Aquinas<sup>89</sup> who correlated perfection with a state of perfection inhabited by the religious, a state which may be separated into degrees. Having succinctly introduced the senses in which a Christian is not perfect Wesley advances to argue that perfection is possible in this life by defining perfection as perfect love:

Q. What is Christian Perfection?

A. The loving God with all our heart, mind, soul and strength. This implies that no wrong temper, none contrary to love, remains in the soul; and that all the thoughts, words and actions are governed by pure love.<sup>90</sup>

Wesley also responds 'But whom then do you mean by "one that is *perfect*?" We mean one in "whom is the mind which was in Christ," and who so "walketh as Christ also walked".<sup>91</sup>

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<sup>88</sup> Wesley, *A Plain Account of Christian Perfection*, 16.

<sup>89</sup> See above.

<sup>90</sup> Wesley, *A Plain Account of Christian Perfection*, 42.

<sup>91</sup> Wesley, *A Plain Account of Christian Perfection*, 29.

Part of the difficulty in Wesley's articulation of Christian Perfection was the paradox that stated plainly, it is simple and easy to understand but elusive to achieve. To love God with the totality of one's being is not a complex concept, and yet the difficulties and questions arise in the act of doing so. In order to explain humanity's inability to love perfectly the discussion ultimately turns to the nature and role of sin. The questions levelled at Wesley were no exception and mirrored many of the questions posed to Augustine.

#### 6.3.1.2 Wesley and sin

It appears that the very position Augustine opposed, namely that sin could be overcome and avoided, was raised in similar terms centuries later in the lifetime of John Wesley.

Wesley was challenged by those who quoted Scripture at him in an attempt to prove by his own reasoning and interpretation that he could be not right.<sup>92</sup> Having countered their challenge to his satisfaction, Wesley makes this astounding statement, 'A Christian is so far perfect as not to commit sin'.<sup>93</sup>

In order to defend such a statement, it is imperative to clarify what is meant by the term 'sin'. In the light of the historical debate about sin and perfection the notion that the Christian who is perfect does not commit sin initially appears heretical. Perhaps the reason why the notion of Christian perfection was so controversial was the recognition within human beings that 'I do not do what I want, but I do the very thing I hate'.<sup>94</sup> This ingrained sense that in this life we will be ever liable to battle against sin and not always emerge victorious flies in the face of a doctrine which claims we may attain a form of perfection in this life. The constant definition and re-iteration of what Christian Perfection is and is not suggests that part of Wesley's difficulty was in the way he encountered and challenged the understandings of the idea of sin and its relationship to 'perfection'.

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<sup>92</sup> Wesley, *A Plain Account of Christian Perfection*, 17-19.

<sup>93</sup> Wesley, *A Plain Account of Christian Perfection*, 19.

<sup>94</sup> Rom. 7:15.

Yet the reason Wesley was able to hold the position he did on perfection was, to a greater extent, due to the narrowness with which he defined sin. Stating that sin was a ‘transgression of a known law’, Wesley ruled out a number of things which others may regard as sin and therefore a stumbling block to perfection.

To Wesley there was no such thing as ‘unconscious sin’ and having already dismissed honest mistake as to fact as not being sin it becomes clearer why Wesley believed avoiding sin was less difficult than Augustine had.

John contended with his brother Charles on a number of occasions for setting the standard of Christian Perfection too high and sought to ensure that none of the other leaders in Methodist societies did likewise, as John felt that this had the effect of discouraging disciples from ‘pressing on’ to perfection.<sup>95</sup> He endeavoured not to set the standard higher than that provided in Scripture, and in contrast to Augustine who prioritised avoiding sin, Wesley stressed the ‘first thing about perfection was positive: it was loving God with all our heart and serving Him with all our strength’.<sup>96</sup>

Wesley’s understanding of Christian Perfection is so closely bound up with his understanding of what constitutes sin that any change of heart about the nature of either element had serious implications for the other. It can be seen that the divergence between Wesley and Augustine is located primarily in their understanding and definition of sin and its power. Wesley takes sin seriously but interprets scripture in such a way as to believe that theoretically, sin can be avoided through the imparting of the ‘Divine gift’ of perfect love. Despite his experience of life and its temptations, he is also led to believe that in some cases it is possible to live the Christian life

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<sup>95</sup> W. E. Sangster, *The Path to Perfection* (London: Hodder & Stoughton, 1943) 79.

<sup>96</sup> Sangster, *The Path to Perfection*, 79.

without sinning. Notably he never claimed this experience directly for himself, but made detailed accounts of those whom he believed to have attained this goal.<sup>97</sup>

#### 6.3.1.3 Wesley's understanding of Christian perfection as a 'temporary' state

Wesley's understanding of the state of Christian Perfection latterly acknowledged that a person who had attained it may fall from it. His assertion that it was possible to be so utterly filled with the love of God that one's intentions were pure and devotion unalloyed, but the best way to understand this state was in a moment-by-moment. Perfection was not a goal which, once reached became a permanent state, rather an ongoing series of moments in which perfect love was experienced and practiced. In this way Wesley avoids the situation explained by Aquinas whereby Aquinas could conceive of those in the state of perfection who were not perfect but those who had not made a vow and entered a state of perfection who were perfect.

Seeing life as a series of moments in which every moment is an occasion to love perfectly and grow in love or to turn away from loving, Wesley is able to perceive Christian Perfection as allowing for 'continual increase' but also a state which is 'of the moment'. Of course, the cumulative effect of many moments spent loving God with heart, soul, mind and strength was that for some of the Methodists mentioned by Wesley, Christian perfection was their experience from the moment they believed they had received it as a gift from God until the moment they died. In this sense, it was not temporary, but Wesley maintained that Christian perfection was not an automatically permanent state, which once experienced was irreversible.

At its heart, Christian Perfection is to love God with heart, soul, mind and strength and love one's neighbour as one's self. This is in response to the grace of God and in no means an attempt to earn or win favour with God. To love perfectly is to overcome the sin which is at its heart selfish and

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<sup>97</sup> For a comprehensive account, see Sangster, *The Path to Perfection*, 124- 130.

self-seeking. In trying to describe what Christian Perfection looks like in practice, John Wesley embarked upon an eloquent description of the ‘perfect Christian’ as;

...[o]ne who loves the Lord his God with all his heart, with all his soul, with all his mind and with all his strength. God is the joy of his heart, and the desire of his soul, which is continually crying, “Whom have I in heaven but Thee? and there is none upon earth whom I desire besides Thee.” My God and my all! “Thou art the strength of my heart and my portion forever.” He is therefore happy on God; yea, always happy; as having in Him a well of water springing up into everlasting life, and overflowing his soul with peace and joy. Perfect love having cast out fear, he rejoices evermore.<sup>98</sup>

In the light of the previous sections of theological and psychological exploration and analysis, this section seeks to suggest ways in which the Church needs to practice perfection in its current historical and social context.<sup>99</sup>

### **6.3.2. The power of grace**

Those throughout history who have misunderstood Christian Perfection have always seen in it the potential to collapse into Pelegianism. This was the fear of the Reformers, that emphasis on ‘work out your salvation’<sup>100</sup> too quickly becomes ‘work at your salvation’ and the power of the gospel of grace becomes one more system to work one’s way to heaven. Despite Wesley’s consistent preaching of the doctrine of Christian perfection, urging the ‘people called Methodist’ to love God and neighbour to the best of their ability, there was no doubt that he believed salvation was by grace and that it came prior to the pursuit of perfect love.

The most significant offering the Church can make in a world which speaks of tolerance and acceptance but which leaves many striving to become something in order to be accepted, is to live in response to God’s grace. The key difference lies between ‘becoming what we are’ and striving to

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<sup>98</sup> Wesley, *A Plain Account of Christian Perfection*, 11.

<sup>99</sup> Specifically, cultural contexts in which disordered eating is found.

<sup>100</sup> Phil. 2:12.

become what we think we should be. For those who have responded to the gospel of grace but have become caught up in a culture of works within the life of the Church this will require a re-orientating of life.

The earlier chapter in this thesis on Baptism and Eucharist holds out the possibility of lives being re-orientated around the communion table in remembering Christ as risen Lord and in the remembering of baptismal vows and new identity in Christ. Participation in the practices of Baptism and Eucharist reminds those who partake of the gift of God's grace and his power to bring transformation. It is in this participating, remembering and re-orientating of life and priorities, rather than in frenetic activity or following rules or programmes that Christian perfection is made possible.

The security which comes from knowing worth comes from the unmerited favour of God and that the love of God cannot be earned stands in sharp contrast to the driven-ness and frantic questing of those seeking to earn approval. A living out of Christian Perfection must be in response to God's grace and woven through with the love and grace seen in Jesus Christ. In practice this will mean welcoming people as Jesus did and not judging them by their clothes, eating habits or body shape. It may mean creating small groups where people can develop trusting relationships and be real with one another without fear of rejection. It should mean valuing people whether or not they 'do' anything in the life of the Church.

This indeed is the great insight of the Reformers whose interpretation of Paul's theology declares loudly that we are not justified by ourselves, nor our works but by the grace of God in Christ. Such a response strikes at the heart of perfectionism, becoming a fertile ground in which a response of perfect love may grow.

### **6.3.3 Community**

Rediscovering the doctrine of Christian perfection would be best done in conjunction with the practices which form the earlier part of this thesis. In a community which confesses to one another and is regularly and honestly accountable, the excesses of Christian Perfection can be avoided. The accountability before others mitigates against the pride which results if one is doing well and provides the encouragement to persevere following failure. Those to whom one is accountable also stand as a reminder that the pursuit of perfect love is in response to God's grace, thus preventing Christian perfection becoming an individualistic endeavour or salvation by works.

Learning in practical ways to love God through loving others is an essential feature of operating as a community. The practicing of hospitality through offering unconditional love and welcome is a means by which perfect love, or Christian Perfection, may be realised.

### **6.3.4 Becoming**

The notion of Christian Perfection when understood as a path or a journey allows for what a static understanding of 'perfect' never could. In responding to God's saving grace by seeking to love wholeheartedly there is a recapturing of 'becoming what you are'. There is growth and movement and the possibility of change in a growing into perfect love. The notion of being 'transformed' by the power of God who became incarnate in order to draw his creation to himself is expressed by C. S. Lewis thus:

In the Christian story God descends to reascend. He goes down to come up again and bring the whole ruined world up with Him. <sup>101</sup>

Lewis uses the imagery of a diver plunging into murky waters to rescue a prize found on the sea bed. The diver plunging from glorious sunlight into murky depths, only to draw the prized object

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<sup>101</sup> C. S. Lewis, *Miracles* (San Francisco: Harper Collins, 2001), 179.

through the waters to the radiance of the world above the water illustrates the process of the incarnation and then the sharing in the life of the divine saviour by the object saved.

Through this process of theosis, the salvation found in Christ enables a sharing of the attributes of the divine, for he who became flesh and was perfect now draws into his dynamic risen life all those who are 'in Christ'. Instead of the anorectic pursuing an elusive perfection dependent upon her own self-control, the notion of 'becoming', to follow Lewis' imagery, is like being caught up into a different world. In this process of 'becoming what you are' the divine love and power are available to overcome the grip of disordered eating and the desire to pursue perfection through extreme self-control. This understanding of being perfected, based on the saving grace of God allows for a 'becoming' which is of more profound value and significance than anything which could be achieved by human effort.

## **6.4 Conclusion**

Initially the question was raised as to whether the Church should even revisit the doctrine of Christian Perfection for fear of being misunderstood or placing stumbling blocks before those for whom perfectionism is an appealing but detrimental predisposition. The conclusion of this chapter is that the rich heritage of Christian Perfection and the exhortation to live lives marked by the depth of their love, joy, peace and other virtues is too precious a gem to be lost through neglect. What is required is careful handling of this area in order that the aspect of response to the grace of God is always understood as the motivation and the desire to imitate Christ in character is the purpose.

Particular elements need to be stressed, particularly in the cultural context which is fertile ground for disordered eating. The importance of community as a context for 'becoming what you are' stands in contrast to the competitive desire within some eating disorder sufferers to 'achieve' secretly and alone. The understanding of sanctification as an ongoing process or the 'continual increase' of perfect love resonates with the theme of journey, enabling those who have emerged from disordered eating, or who are currently suffering from eating disorders, to see the potential for

moving on from their current state to a better place. This offering of hope is a significant contribution which can be made by the Church to the world of disordered eating. Such hope stems from the understanding of the God who offers salvation and transformation and is active in perfecting his people in love.

# Chapter 7

## Conclusion

Late capitalism has catapulted us out of centuries-old bodily practices, which were centred on survival, procreation, the provision of shelter and the satisfaction of hunger. Now birthing, illness and ageing, whilst part of the ordinary cycle of life, are also events that can be interrupted or altered by personal endeavour in which one harnesses the medical advances and surgical restructurings on offer. Our body is judged as our individual production.<sup>1</sup>

### 7.0 Introduction

It has been argued in previous chapters that the Church as the Body of Christ has a distinctive contribution to make to societies where disordered eating manifests itself in both clinically defined eating disorders and at a sub-clinical level in non-medical dieting or in persistent overeating. This is not to undermine the valuable work done by specific Christian organisations whose primary focus is to support those suffering from, or at risk from developing eating disorders.<sup>2</sup> It is simply to acknowledge that the Church as a whole has the potential to make a difference by the very nature of being the Church.

It would be interesting to know, and the content of further study to explore, the ways in which specific Christian organisations are effective in their ministry to those with disordered eating.

Whilst this thesis is unable to independently verify the efficacy of organisations such as AnorexiaBulimiaCare, Mercy Ministries or the various independent groups attached to churches in the UK and USA, I have sought to mention, critique and offer a theology of some of the practice which takes place within them. This is not based on extensive field research but takes the form of

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<sup>1</sup> Susie Orbach, *Bodies* (New York: Picador, 2009), 6.

<sup>2</sup> For example ABC and Mercy Ministries.

reflection upon telephone and face-to-face conversations, and review of their published literature and website material. This has informed the theological exploration of what may be helpful practices for those with disordered eating within the life of the whole church.

## **7.1 A Context in which to Discern**

The first element which is distinctive to the Church's contribution is the way in which the Church understands eating disorders. At the outset, the Church has the ability to discern that disordered eating is a distortion of the intended function of humanity and it also has theological resources to support that assertion which extends beyond mere biological consequentialism. Whilst the medical profession may conclude that anorexia nervosa, bulimia nervosa, binge eating disorder and compulsive eating are disorders because they inhibit physical and mental functioning and if unchecked, result in premature death, the conclusions of the Church come from a different perspective.

To be oppressed by a constant focus on food, either overcoming the urge to eat, or persistently thinking about and following the craving to eat strikes at the disordered way food and the will relate when in the grip of disordered eating. Interpreted within a biblical frame of reference themes of idolatry and oppression can be seen operating as food, self-control, or 'perfect' body image become an all-consuming goal. Idolatry, defined as giving to another the worship due to God, at first seems a harsh accusation to level at those suffering from disordered eating but it does reflect the nature of all-encompassing focus which the eating disorder demands as a relentless tyrant dominating the life of the sufferer. Understanding an eating disorder as a 'false god' which makes destructive demands upon those who originally turn to it for help, only to oppress and control them, should not be a means of heaping further guilt upon sufferers but point the way toward possible healing. It enables the disorder to be 'named' as something separate from the identity of the person

with the disorder and from that point, to be addressed as an unwanted part of life. This approach has been tried in secular psychology and has proved helpful for some people.<sup>3</sup>

The Church's understanding of sin and the fallen nature of the Powers<sup>4</sup> also has a contribution to make in reference to the nature and purpose of humanity. The capacity of good things, such as food, beauty and the body, to be distorted, and in this distorted form to hold people captive to destructive ideals, is an insight neither shared with a view of inevitable human progress nor a pessimism regarding the futility of life and the impossibility of change. The Christian narrative of salvation is centred around the crucified and resurrected Christ who fulfils the prophecy to liberate the oppressed.<sup>5</sup> In holding together the stories of idolatry, enslavement, oppression and liberation, the Church witnesses to a story in which those suffering from disordered eating are 'invited to "create" themselves in finding a place within this drama – an improvisation in the theatre workshop, but one that purports to be about a comprehensive truth affecting one's identity and future.'<sup>6</sup> Shaped by seeking to live in the story of God, with its ultimate revelation in Jesus Christ, the Church approaches the issue of disordered eating from a profoundly different place to the society in which it finds itself, a culture which in some ways may generate disordered eating. This is not to conclude that disordered eating is only a problem for those outside the Church, or that the Church has not been complicit in generating disordered eating, but to state that when the Church faithfully attends to living within the story of God there is a unique insight into disordered eating which may be a means of addressing its destructive consequences.

This insight extends beyond being able to articulate why disordered eating is a problem to naming the factors at work in the disorder. In contrast to those who wish to define disordered eating as a

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<sup>3</sup> Jenni Schaefer with Thom Rutledge, *Life without Ed* (New York: McGraw-Hill, 2004).

<sup>4</sup> Walter Wink, *Naming the Powers: The Language of Power in the New Testament* (Philadelphia: Fortress Press, 1984).

<sup>5</sup> Luke 4:18.

<sup>6</sup> Rowan D. Williams, 'Postmodern Theology and the Judgement of the World', in *Postmodern Theology: Christian Faith in a Pluralist World*, ed. Frederic B. Burnham (New York: Harper Collins, 1989), 97.

purely individual problem<sup>7</sup> or, at the other extreme, a societal phenomenon impacting every woman<sup>8</sup> the Church has the capacity to see the inter-relation between the individual and the larger group. The theological understanding of belonging to the Body of Christ shapes how the Church understands identity, but also the influence of wider society upon the actions of individuals. In defining disordered eating as a biopsychosocial phenomenon with multifactorial causes I have sought to balance the individual and societal aspects of disordered eating in a way which reflects the Church's understanding of life shaped by the community which it inhabits. Chapter 4 examined the significance of Baptism and Eucharist in their ability to demonstrate a new framework for understanding identity, concluding that perceiving the individual body in the light of the corporate Body of Christ addresses some of the issues generated by disordered eating.

Though many in the field of diagnosing and treating eating disorders have acknowledged a spiritual dimension to those they seek to help<sup>9</sup> this is by no means universally recognised. At a basic level the Church asserts that humanity is more than mind and body and that therefore when eating becomes disordered it is not only 'mind' or 'body' which suffers and needs treatment, but that the whole person is affected. Even those who have sought to understand 'spiritual issues' in the context of eating disorder sufferers have been required to separate out some notion of 'spirituality' in order to attempt to scientifically assess its impact within the framework of psychological research.<sup>10</sup> The conclusion of both Chapter 2 in defining disordered eating and Chapter 4 on identity within the Body of Christ is to resist the view that 'spirituality' or 'religious faith' is an optional add-on to personhood. Rather than treating it as a peripheral choice of the sufferer which may impact their eating disorder, the approach taken in this thesis argues for considering humans as beings with inherent 'spiritual' capacity, as legitimate as physical or mental capacity, which is core to their being, whether it is expressed by them or not.

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<sup>7</sup> As can be the case in treating individual sufferers without reference to external societal factors.

<sup>8</sup> Which is the conclusion reached by Orbach and Bordo.

<sup>9</sup> P.S. Richards, R. K. Hardman, H. A. Frost, M.E. Berrett, J. B. Clark-Sly and D.K. Anderson, 'Spiritual Issues and Interventions in the Treatment of Patients with Eating Disorders', *Eating Disorders* 5 (1997), 261-279.

<sup>10</sup> *Ibid.*

It is in this context that the Church's response to disordered eating begins by creating a context within which people can discern glimpses of the nature of humanity, the purpose of embodiment, the boundaries of appropriate eating and the practices which help and sustain such ongoing discernment of God's revelation.

## **7.2 An Identity to Explore: Counter-Cultural Communities of Transformation**

... there is a social practice lived out by the early Christians, under divine mandate, which at the same time offers a paradigm for the life of the larger society.<sup>11</sup>

Not only is the Church a place to begin discerning what eating, identity, perfection and control look like when orientated toward God, it becomes the place where in practice they are worked out. Even the simple practice of saying grace before a meal has a number of far reaching consequences. It reminds the one who prays of the provision of God and the rightness of living every aspect of life in relation to God. Saying grace inculcates the virtue of a thankful heart, and reminds the one who prays of their participation in the Body of Christ, including the needs of their brothers and sisters who go hungry. If such small actions shape the Church in particular ways, the Church as a place to form disciples of Christ who find their identity in him and order their eating accordingly is a further contribution that is made in response to disordered eating.

The proposition established in Chapter 4 was that Baptism and Eucharist were practices which shaped identity and allowed for the possibility of transformation. The practice of baptism forms a central part in locating identity within the Church and Eucharistic participation is a means of inhabiting the story of the crucified and risen Christ, consuming that belief in a physical act. The significance of the formational nature of participation in the Body of Christ is paralleled by

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<sup>11</sup> Yoder, *Body Politics* x.

research into the influence of established communities in determining appropriate perception of body image.

The research of Petra Platte, Joan F. Zelten and Albert J. Stunkard investigates the relationship between cultural sub-context and self perception in their study of body image among the Old Order Amish.<sup>12</sup> In this context religious culture forms the only way of developing self-understanding due to the closed nature of the Amish community and its separation from Western industrialised society. Platte, Zelten and Stunkard's research is based on the premise that disturbance in the way body image is perceived is not only experienced by the few extreme cases of clinically diagnosed eating disorders but is something which affects 'healthy women of normal weight'.<sup>13</sup> To ascertain whether this disturbance in perception is in any way related to western culture, the choice of Amish subjects as a research group provided the opportunity to examine those separated from the dominant influences of media and materialist consumerism.

The limitations recognised within the study included the absence of a group for comparison with the Amish sample. Platte conceded that the disturbance of body image perception in women in western industrialised cultures was assumed rather than established via conducting the Figure Rating Scale test upon a sample. Nevertheless, the findings concerning the lack of body image disturbance among Amish young people stands in sharp contrast to what is observed in the attitudes and behaviour of adolescents in western industrialised culture. What can be deduced from these findings regarding the relationship between religion and eating disorders is less clear. A fair assumption would be to conclude that the religious community of the Amish served to protect young people from unrealistic views about the shape their bodies should conform to. There may also be the dimension noted by Joughin that strong religious or moral frameworks provide

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<sup>12</sup> Petra Platte, Joan. F Zelten, and Albert. J. Stunkard, 'Body Image in the Old Order Amish: A People Separate from "The World"' *International Journal of Eating Disorders* 28 (2000), 408.

<sup>13</sup> Platte, Zelten, and Stunkard, 'Body Image in the Old Order Amish: A People Separate from "The World"', 408.

protective boundaries in which adolescents may develop, thus negating the need for self-definition through anorexia nervosa.<sup>14</sup>

The absence of the cultural appendages of post-industrial life cannot be adopted by most mainstream churches, but the concept of counter-cultural communities may be a significant insight. If body image dissatisfaction is a contributing factor in disordered eating and/or the development of clinical eating disorders and body image disturbance can be minimised by participation in counter-cultural communities where values differ from the prevailing materialist beauty myth, then the practical outworking of finding identity through baptism in the life of the baptised and practiced through participation in the eucharist takes on great significance.

The witness of baptism and the participation in Eucharist are practices which form those who partake and those who observe. The outworking of the impact of these practices is aided by involvement in confessing and being accountable as the Church seeks to live out the consequences of baptismal identity and Eucharistic participation in the rest of life. The possibility of the Church being an environment which, by its practices, shapes those within it to develop the kind of character which can resist some of the influences which may predispose individuals to developing disordered eating, is a contribution in taking preventive measures. Assessing whether participation in the life of the Church did indeed have a protective or preventative influence over those at risk of developing disordered eating may not be as easy to quantify as the study of the Amish, but that is insufficient reason to attempt it. One of the practical consequences of the Church seeking to be shaped by the practice of baptism and eucharist has been the work undertaken by some churches among young women. In various ways, youth workers, church leaders and members of congregations have developed and delivered material aiming to build self-esteem in teenage girls. The purpose is to help young women most at risk of being drawn into disordered eating, negative body image and low self-esteem to find their worth in more than physical appearance, and

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<sup>14</sup> Neil Joughin, Arthur H. Crisp, Christine Halek, and Heather Humphrey, 'Religious Belief and Anorexia', *International Journal of Eating Disorders* 12 (1992).

ultimately in Christ. The impact for some members of the Church of meeting around the Lord's table and being aware of their identity in the Body of Christ has manifested itself in taking action to share this identity and the release it brings from pressures to view identity through physical beauty, thinness or achievement, with others.

The conclusion of this final chapter is that, theoretically, a Church rediscovery of the practices discussed in chapters 4-6 could model to the watching world a way of living which mitigates against some of the most powerful influences in disordered eating and thus form a preventative environment from disordered eating becoming established or seen as normative.

### **7.3 A Community in which to Belong: Counter-Cultural Communities of Transformation, Part 2**

The understanding of identity shaped and formed through baptism and eucharist is that the corporate nature of the Church as the body of Christ is profoundly significant in how disciples live. Whilst the section above argued for an understanding of identity and purpose formed through baptism and eucharist and witnessing to a watching world, this section considers the ways in which the breadth and depth of community within the Church offers hope in the face of disordered eating.

The significant rediscovery in this area is the place of the Church (particularly in focussed smaller gatherings) for confessing<sup>15</sup> and accountability, through which the Church may be formed as disciples learning, among other things, appropriate relationship to food and healthy relationships with one another. Within this context it becomes possible for those struggling with disordered eating to share their experience with others in a safe and supportive environment, receive prayer and participate in a community which shares the deep things of life and sees in Christ the hope of salvation and potential for transformation.

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<sup>15</sup> In all the senses articulated in Chapter 5.

The establishment of support groups for those with eating disorders is a valuable ministry of the Church as a whole, but not a realistic possibility for every local congregation. Well run and resourced support groups within the life of the Church find their place in the long tradition of confessing and being accountable, and also in the ministry of healing.<sup>16</sup> The diversity which exists within the Church, both in the imagery of the Body of Christ having different parts with different gifts, graces and functions, and the practical experience of the various people who constitute the Church, stand as a reminder that there cannot be said to be a ‘normative’ outworking of the practices. Some may find Twelve Step programmes work where other forms of confessing and accountability have failed, others will find a designated support group or an accountability partner or triplet more helpful. Whilst the similarities with secular weight loss and support group structures can be found, the chapter arguing for a rediscovery of confessing and accountability within the Church identified the different nature of what occurs in the practice of the Church. Confessing and accountability as part of a group which acknowledges the power of God to operate through his Spirit has a different dynamic to a group established to encourage other individuals in their goals. The potential for God to reveal truth to and affect transformation of those within the group is more overt as they open themselves to the challenging, comforting and healing presence of God.

## **7.4 A Purpose to Re-imagine – Life after Perfectionism**

The difference between the doctrine of Christian perfection and the perfectionism with which many eating disorder sufferers struggle gives the Church much to consider, particularly in the way it communicates in this area. Whereas many outside the Church, and some within it, still believe that Christianity is about trying as hard as possible to be morally good, the Church is ultimately dependant upon the grace of God. The re-orientating of perspective to understand life lived in the context of grace is a powerful challenge to the perfectionistic drive with which many have lived, and which sustains many forms of disordered eating.

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<sup>16</sup> See Chapter 5.

Working with a model of perfection which, dependent on the grace of God, recognises salvation has already been attained through Christ, allows for a thankful response to that grace to be made in ‘growing in grace and holiness’ into what one already is in Christ. The sense of ‘becoming’ rather than ‘striving’ indicates a fundamental difference between peace which exists because the prize has already been won and an anxiety that it may never be attained unless one works harder.

In a thesis which may be deemed to take an approach based substantially on virtue ethics and the developing of Christian practices, the place of grace as a significant foundational contribution to the debate may be questioned by some. It may be suggested that for the Church to focus on developing practices of virtuous eating in feasting and fasting and pursuit of holiness through confessing and being accountable for behaviour, there is much which sounds like seeking salvation by works. Yet this is fundamentally not the case. Whilst the practices rediscovered are helpful in the life of the Church particularly in the way it understands and responds to disordered eating, the fact that much of the discussion of these practices highlights their operation in response to God’s grace should be sufficient to counter claims of Pelagianism.

The central place of grace within the life of the Church, reflecting the grace of God and permeating the relationships of those within the Church, means it can be a place of transformation for those who are locked into a world of perfectionism in disordered eating as they find a different way to understand their purpose.

In speaking of grace and transformation, it is hoped that the Church is gracious enough to not claim a monopoly on bringing help and healing to those who suffer from disordered eating. Whilst I argue for a distinctive contribution being offered by the Church in both theology and practice, it would be foolish to deny the benefits many disordered eaters have found through medical intervention and through counselling. The breadth of the impact of the Church proposed in this thesis is significant. It ranges from seeking to challenge cultural pressures which provide fertile soil

for disordered eating to flourish, through communal discovery of ‘good’ eating practices, to individual support and accountability. Churches may find themselves running ‘identity and esteem-building’ sessions for youth groups as an outworking of understanding ‘baptism’ as encompassing identity in Christ and in an attempt to prevent young adults developing eating disorders. Support groups such as the Twelve Step group in Chapter 5 may be formed across a group of local churches and operate in addition to individual counselling provided through referral from a GP. A designated core of people from the Church may provide emotional, physical and prayer support to individuals and their families where disordered eating has become so severe as to require admission to hospital. Testimonies to the grace of God, shared in church services may be a means by which some caught in the grip of perfectionism are enabled to hear the call of God to a new way of life. The outworking of this may be undertaken through a combination of psychiatric assistance and the companionship of someone within the Church to whom the sufferer is accountable on their journey to wholeness.

## **7.5 Conclusion**

The Church does not have all the answers, nor does it claim to be able to solve disordered eating alone. The argument advanced in this thesis is that there are particular contributions the Church can make by living in the light of God’s revelation in Christ, demonstrated through a rediscovery of particular practices. These seek to address the societal context in which disordered eating flourishes, the underlying issues generating and sustaining disordered eating, and its impact upon individual and communal life. This thesis has identified and explored practices of the Church which have a particular bearing upon eating disorders. It has argued that a rediscovery of those practices will enable the Church to recognise why eating disorders are a problem, shape the identity of those within the Church in a way which challenges cultural pressures which form the context for eating disorders; model healthy relationships with food and self- control, create safe spaces for talking through and recovering from eating disorders, and bring relief from the tyranny of perfectionism. In re-interpreting ancient practices of the Church it is hoped that the body of Christ

in the present age may be equipped to engage with disordered eating and be a conduit of God's healing and hope for those who long to know freedom and release.

# Appendix

## Sarah's story

One person who experienced the Twelve Step Eating Disorder Group described in Chapter 5 of this thesis and went on to find it a way into the church has mixed feelings about the group. On the one hand, the church to which the Twelve Step programme is attached has been a significant and helpful feature in her recovery, yet the Twelve Step group itself has not been quite so positive. The following excerpt from her story is part of her journey, told in her own words:

“They say you have to hit bottom before you can recover. I was no exception. For me, bottom was Easter of 2000 and I was a tender age 21. My holiday was spent in an oversized cloth gown sipping lukewarm soup in a sterile cafeteria. For the first time I intimately knew loneliness, emptiness, and helplessness as I envisioned my family gathering around the dining room table in Iowa without me. I realized this vicious cycle that had consumed my world for seven years would continue to ravage my body and spirit until I confronted the true issues.

Prior to being admitted for my fourth hospitalization, I hadn't eaten a solid, well-balanced meal in months. My vital signs were dangerously low and anorexia and bulimia had begun to slowly, yet violently, eat through my organs. At one point during my illness, the doctors gave me two weeks to live but I knew that something, somewhere was pushing me onward. I knew that I had a purpose in life, but I was desperately lacking the sense of direction and stability I needed to understand that purpose.

When I was released from the security of the hospital and sent back into the big, bad world, I was aware of the steps I would have to take in order to stay healthy. The one that took precedence was finding a healthy mental and spiritual outlook. Because I was un-churched, I had no idea if my personal spiritual beliefs fell in line with any specific denomination. I had regularly driven by a beautiful, large white church and decided to start there. Truthfully, I was terrified to walk through

the doors of X Church. I assumed that I would be judged for my religious ignorance and condemned for the way I had treated my body.

To my surprise, I was warmly welcomed into the sanctuary on that day and into the membership two months later. On my second visit, I met a smiling woman named Suzanne who has since become my Dallas “surrogate” mother. I confided in her that I had never learned how to pray. She squeezed my hand and told me to have a conversation with God. To this day I am grateful for that patience and guidance that X Church continues to show me.

As I became more confident at X Church, I told others about my struggles. They embraced me for my courage and asked me to share my story with various youth and Sunday School groups. The church also supports me in my pursuits to implement an eating disorders support group within its 12-Step Ministry program.

Attending X Church has become a gentle, prodding reminder that I was starving for much more than food. In fact, my church has filled a void in my life with which no other hunger can compete. This large church family brings meaning and joy to my life. I now have a passion for helping others as X Church has helped me.”<sup>1</sup>

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<sup>1</sup> This account featured on the ‘Testimonies’ page of the church’s website, though to attribute a reference would be to compromise the anonymity of the church involved.

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