



## Eating Disorders and Religious/Spiritual Beliefs

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Eating disorders have been conceptualized in the addiction field as process addictions (Hagedorn, 2009; Smith & Seymour, 2004). Authors have asserted that eating disorders fit into an addiction framework, as they involve key elements which define addiction: compulsivity, a loss of control, and continuation of behavior despite harmful consequences (Garner & Gerborg, 2004). The tendency to deny that a problem exists and the potentially fatal outcomes of eating disorders have also been cited as evidence of the addictive nature of disorders such as bulimia nervosa, anorexia nervosa, and binge eating (Garner & Gerborg, 2004). Substantial literature has documented the propensity of individuals to deny eating disorder symptoms (e.g., Couturier & Lock, 2006); and Neumarker (2000) noted that “the overall mortality rate in eating disorders is one of the highest of all the psychiatric illnesses” (p. 185).

One area of emerging interest in the field is the link between religion/spirituality and eating disorders (Richards, Hardman, & Berrett, 2007). While some researchers have found no connection, other authors have suggested and/or documented: 1) religious/spiritual belief as a beneficial force, i.e., reducing eating disorder symptoms; and 2) religious/spiritual belief as a harmful force, i.e., increasing eating disorder symptoms (Boyatzis & Quinlan, 2008). The latter discusses, in part, how certain religious/spiritual beliefs may be used as a justification to engage in eating disordered behavior and will be explored in this digest.

### Religion as an Explanation for Anorexia

A body of theoretical work has traced the history of religious fasting in the Judeo-Christian religious tradition (Bell, 1985; Brumberg, 2000; Bynum, 1987; Vandereycken & Van Deth, 1994). According to these accounts, Medieval Europe saw a marked incidence of female fasting from the 11<sup>th</sup> to 16<sup>th</sup> century. These fasts were undertaken for a range of purposes, including ascetic practices and penance for sin (Vandereycken & Van Deth, 1994). Authors have generally agreed that the self-starvation behavior of these medieval saints appears similar to that of modern day women struggling with anorexia nervosa (Bell, 1985; Brumberg, 2000; Bynum, 1987; Vandereycken & Van Deth, 1994).

However, authors disagree on the extent to which these parallels persist. Some feel that the etiology of these starvation behaviors is distinct (e.g., Bynum, 1987; Vandereycken & Van Deth, 1994). Others, however, support a more substantial connection between religious fasting and eating disorders, noting that present day eating disorder sufferers may give religious meaning to their food restriction (e.g., Banks, 1992).

### History of Asceticism

Asceticism has been defined as a form of self-sacrifice, self-discipline, and self-surrender (James, 1902/2002). Vandereycken and Van Deth (1994) explained the ascetic mindset as rooted in a spirit-body duality, where the evil, carnal, sinful body must be

overcome by the soul. The asceticism of the Judeo-Christian religious tradition has gained notoriety in its examples of austere Catholic saints (Rampling, 1985).

Vandereycken and Van Deth (1994) provided a detailed account of the history of ascetic fasting in the Christian tradition. Fasting became a significant way in which asceticism was practiced in the early Christian religion. It took on both ascetic and penitential meanings signifying denial of physical desires and atonement for sin. There are numerous accounts of desert fathers and medieval female saints, such as St. Catherine of Siena, who went on extreme fasts, denying the body food to reach a spiritual pinnacle. Despite early endorsement of fasts, however, the Roman Catholic Church opposed excessive fasts in the 12th century. Church officials disputed this practice on theological grounds, claiming that extreme fasts ignored Biblical tenets about the goodness of creation and created a public display, countering the Biblical principle of private sacrifice. Eventually, extreme religious fasting became less common and self-starvation became associated with mental illness.

### Modern Day Anorexia and Religious Fasting

While several authors have discussed the behavioral similarities between medieval fasting saints and modern day women with eating disorders, there is debate as to how far these comparisons extend. Brumberg (2000), Bynum (1987), and Vandereycken and Van Deth (1994), do not support an etiologic link between the historical form of self-starvation and modern day anorexia. They argue that these fasting saints were not in pursuit of thinness and driven by a fear of fatness—the distinguishing features of modern day anorexia.

Others, however, have asserted that religious motives may play a role in anorexia and have supported an etiologic connection between Judeo-Christian religious asceticism, fasting saints, and modern day eating disorders (e.g., Banks, 1992; Rampling, 1985). Banks (1992) presented the case of Margaret who defined her anorexia practices in the form of religious asceticism; she perceived that her body was being nourished through spiritual beliefs, rather than by food. Morgan, Marsden, and Lacey (2000) documented a case example of a woman with anorexia who felt her thinness brought her closer to God and used her faith to justify self-starvation.

While behavioral similarities between historical and modern forms of self-starvation may be unavoidable, etiologic similarities are arguable. The dearth of empirical research makes conclusions only preliminary. However, the small body of research does support the claim that, for some individuals, eating disorders may be motivated and perpetuated by spiritual/religious factors. For example, Marsden, Kargianni, and Morgan (2007) conducted semi-structured interviews with 10 females undergoing inpatient eating disorder treatment. Several explained their eating disorder in terms of religious fasting and submitting

to God's will. The connection between ascetic religious fasting and eating disorders is also bolstered by a study conducted in Ghana. Bennett, Sharpe, Freeman, and Carson (2004) studied 10 females with a Body Mass Index (BMI) in the range for clinical diagnoses of anorexia nervosa. However, these individuals reported no fear of fatness or aim of thinness. Rather, their self-starvation was couched in explanations of fasting in the Christian or Islamic faith tradition, including the case of a participant who abstained from food in order to seek pardon for her sins.

### Implications for Counselors

While authors have debated the etiologic similarity between religious asceticism and modern day eating disorders, literature reveals that, for certain individuals, religious/spiritual beliefs serve as a way to explain and perpetuate eating disorder symptoms. This may have implications for counselors, particularly if they are familiar with such approaches as motivational enhancement, cognitive behavioral strategies, and twelve-step facilitation. For example, with Motivational Interviewing (Miller & Rollnick, 2002), counselors may need to inquire about the emotional benefit of fasting from a religious standpoint as they do a cost-benefit analysis and explore their client's ambivalence about changing their behavior. Likewise, a counselor using cognitive-behavioral strategies (Daley & Marlatt, 2006) that emphasize understanding a client's thinking and belief systems might explore a client's overall religious schema concerning the pattern of their eating behaviors. And finally, if one is using a twelve-step facilitation approach, then careful consideration may need to be given to how the client makes meaning in terms of the religious aspects of their eating disorder versus the spiritual aspects of their recovery.

Additionally, clients may find pastoral counseling and/or involvement with community religious resources beneficial (Mitchell, Erlander, Pyle, & Fletcher, 1990; Morgan et al., 2000). Authors have discussed the complexity inherent in working with clients who use religious/spiritual beliefs as an explanation for their eating disorder; it can be an intricate and complicated process to treat eating disorder symptoms which are rooted in a client's spiritual/religious beliefs, as a client may feel that their faith is being discounted (Morgan et al., 2000).

### References

- Banks, C. G. (1992). 'Culture' in culture-bound syndromes: The case of anorexia nervosa. *Social Science and Medicine*, 34(8), 867-884.
- Bell, R. M. (1985). *Holy Anorexia*. Chicago, IL: The University of Chicago Press.
- Bennett, D., Sharpe, M., Freeman, C., & Carson, A. (2004). Anorexia nervosa among female secondary school students in Ghana. *British Journal of Psychiatry*, 185, 312-317.
- Boyatzis, C. J., & Quinlan, K. B. (2008). Women's body image, disordered eating, and religion: A critical review of the literature. *Research in the Social Scientific Study of Religion*, 19, 183-208.

- Brumberg, J. J. (2000). *Fasting girls: The history of anorexia nervosa*. New York, NY: Random House.
- Bynum, C. W. (1987). *Holy feast and holy fast: The religious significance of food to medieval women*. Los Angeles, CA: University of California Press.
- Couturier, J. L., & Lock, J. (2006). Denial and minimization in adolescents with anorexia nervosa. *International Journal of Eating Disorders*, 39, 212-216.
- Daley, D. C., & Marlatt, G. A. (2006). *Overcoming your alcohol or drug problem: Effective recovery strategies: Therapists guide* (2<sup>nd</sup> ed.). New York, NY: Oxford University Press.
- Garner, D. M., & Gerborg, A. (2004). Understanding and diagnosing eating disorders. In R. H. Coombs (Ed.), *The handbook of addictive disorders: A practical guide to diagnosis and treatment* (pp. 275-311). Hoboken, NJ: John Wiley & Sons.
- James, W. (2002). *The varieties of religious experience: A study in human nature*. New York, NY: The Modern Library. (Original work published 1902)
- Hagedorn, W. B. (2009). The call for a new *Diagnostic and Statistical Manual of Mental Disorders* diagnosis: Addictive disorders. *Journal of Addictions and Offender Counseling*, 29, 100-127.
- Marsden, P., Kargianni, E., & Morgan, J. F. (2007). Spirituality and clinical care in eating disorders: A qualitative study. *International Journal of Eating Disorders*, 40(1), 7-12.
- Miller, W. R., & Rollnick, S. (2002). *Motivational Interviewing: Preparing people for change* (2<sup>nd</sup> ed.). New York, NY: Guilford.
- Mitchell, J., Erlander, M., Pyle, R., & Fletcher, L. (1990). Eating disorders, religious practices and pastoral counseling. *International Journal of Eating Disorders*, 9(5), 589-593.
- Morgan, J. F., Marsden, P., & Lacey, J. H. (2000). "Spiritual starvation?": A case series concerning Christianity and eating disorders. *International Journal of Eating Disorders*, 28, 476-480.
- Neumarker, K. J. (2000). Mortality rates and cases of death. *European Eating Disorders Review*, 8, 181-187.
- Rampling, B. (1985). Ascetic ideals and anorexia nervosa. *Journal of Psychiatric Research*, 19, 89-94.
- Richards, P. S., Hardman, R. K., & Berrett, M. E. (2007). *Spiritual approaches in the treatment of women with eating disorders*. Washington, DC: American Psychological Association.
- Smith, D. E., & Seymour, R. B. (2004). The nature of addiction. In R. H. Coombs (Ed.), *The handbook of addictive disorders: A practical guide to diagnosis and treatment* (pp. 3-30). Hoboken, NJ: John Wiley & Sons.
- Vandereycken, W., & Van Deth, R. (1994). *From fasting saints to anorexic girls: The history of self starvation*. New York, NY: University Press.

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