

Lucy was the ideal daughter. Her parents basked in the sunshine of her many accomplishments. She worked hard and excelled in all she did. Everything about her life seemed perfect. When she began to lose weight and carefully restrict her eating, her parents initially saw it as part of her already ingrained habits of doing everything right.

By Marleen S. Williams

This article is taken from Helping and Healing Our Families, published by the BYU School of Family Life and Deseret Book.

They became alarmed and confused when her weight dropped dangerously low and she adamantly refused to eat many of the foods prepared for the rest of the family. She became secretive about her eating and disappeared into the bathroom after meals. Her parents could not understand what was happening to their “perfect” daughter. They struggled to understand the tempest raging inside her that was ruining her health and causing her to withdraw emotionally from the family. Like many high-achieving, perfectionist women, Lucy had developed an eating disorder. This was her way of feeling “in control” as pressures in her life mounted.

Most individuals with eating disorders are women, but men are also at risk.² The prevalence for both men and women is rising sharply.³ Although on the surface these disorders appear to be about food and eating, it is important to understand that they represent struggles with deeper problems. You might think of struggles with food, weight, and eating habits as the tip of a large iceberg. The tip is visible. Underneath the surface, however, is a larger mass of concerns that can be even more dangerous to the person’s physical, emotional, and spiritual welfare.

Many individuals develop eating disorders as they attempt to master the skills

necessary to live in the adult world. When these seem overwhelming, life may feel beyond their control. Some of these skills include learning how to have healthy relationships; becoming independent; understanding and regulating emotions; understanding new feelings and changes in their bodies as they enter puberty; managing social and cultural pressures to achieve; countering false media messages about thinness, beauty, and individual worth; and developing an adult identity. Difficulty in mastering these skills may flood young people with fear of not being “good enough.”

Young people in today’s world have more choices and opportunities than ever be-

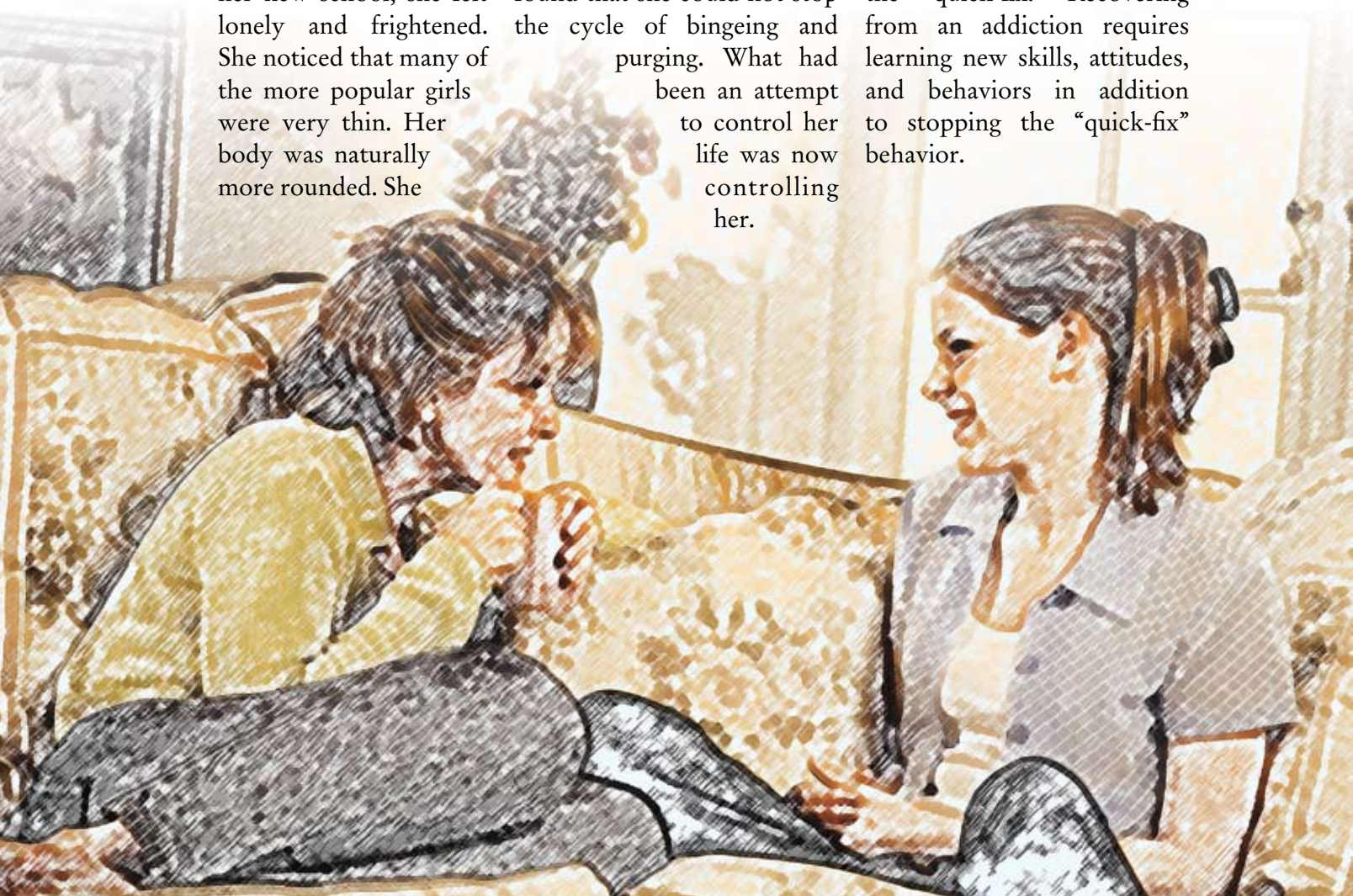
fore in history. However, the expectation to do everything and do it all with excellence can create stress. Teens may not always have sufficient opportunity to learn important skills for managing stress, choosing between possible options, and setting priorities. They may also be required to perform beyond their current capabilities. When faced with these impossible situations, they frequently turn to the belief that keeping their eating and weight perfectly under control can provide a solution to their distress.

Mary's family moved when she was in the ninth grade. When she entered her new school, she felt lonely and frightened. She noticed that many of the more popular girls were very thin. Her body was naturally more rounded. She

believed that her classmates would like her more if she could lose weight. She also began struggling to keep up in school.

Mary began to feel overwhelmed, left out, and under stress. She heard from some of the other girls that you could "eat whatever you wanted if you just throw it up after you eat." At first, she believed that this was the solution to her problems. She thought she could comfort her loneliness with food and still get thinner through purging (throwing up). This did not provide any real, lasting solutions to her problems, however. After a while, she found that she could not stop the cycle of bingeing and purging. What had been an attempt to control her life was now controlling her.

Eating disorders involve dynamics similar to other addictions. When skills are lacking to manage painful emotions, a person may turn to "quick-fix" solutions such as food, drugs, pornography, compulsive sex, alcohol, or compulsive shopping. These "quick-fix" solutions may temporarily soothe painful feelings but result in even more painful consequences. In addition, the "quick fix" does not provide a real solution to the original problem. The person begins to feel helpless, inadequate, and out of control. This creates more emotional pain and even further reliance on the "quick-fix." Recovering from an addiction requires learning new skills, attitudes, and behaviors in addition to stopping the "quick-fix" behavior.



Mary had always trusted her parents. When she expressed her loneliness and fear of failing in school, her mother listened attentively without judging or punishing. She gently told Mary that she knew Mary had an eating disorder and that she wanted to help Mary. She reassured her that her health and happiness were more important than being a high achiever. She asked Mary what kind of support she needed to feel more confident at school. Her parents hired a tutor to help with her hardest classes. Her mother also agreed to prepare healthier meals and have healthy food available. This made it easier for Mary to manage her weight without bingeing and purging. Mary also agreed to see a counselor and a dietitian. Her parents took the counselor's suggestion to let Mary invite friends over to the house more often and even included a friend on some family outings.

Mary's father and brothers eliminated any negative comments about women's weight and body size. They

complimented Mary on her strengths and positive qualities. She began to appreciate her own unique beauty. As Mary began to feel more comfortable, she seldom resorted to bingeing and purging.

Many Latter-day Saints and other religiously-oriented individuals who struggle with eating disorders also struggle with spiritual concerns. They may misinterpret gospel concepts and see God as a demanding, punitive parent who is angry or withdraws love when they fail to perform well or struggle with weaknesses. They may not understand the difference between a frantic drive for a flawless performance and a healthy quest for wholeness, growth, and eternal perfection. Christ's admonition to be perfect (see Matthew 5:48) is not a command to immediately possess all possible skills and good qualities without ever making a mistake. It is a commandment to enter into a covenant process that involves repentance, change, and growth.

This process is dependent upon Christ's Atonement and

takes time, experience, and patience. Christ is the only one who ever lived a perfect life. However, even He "continued from grace to grace, until he received a fulness" (D&C 93:13). The Prophet Joseph Smith clarified the spiritual quest for perfection:

When you climb up a ladder, you must begin at the bottom, and ascend step by step, until you arrive at the top; and so it is with the principles of the gospel—you must begin with the first, and go on until you learn all the principles of exaltation. But it will be a great while after you have passed through the veil before you will have learned them. It is not all to be comprehended in this world; it will be a great work to learn our salvation and exaltation even beyond the grave.⁴

People with perfectionist tendencies experience excessive shame over mistakes and struggles. They believe they are lovable and valued only if their lives are perfect. If young people have experienced abuse or other painful life events,

Christ's admonition to be perfect (see Matthew 5:48) is not a command to immediately possess all possible skills and good qualities without ever making a mistake.

they may interpret these traumatic events as evidence that God has abandoned them because they are unlovable. They may then turn to perfectionism and eating problems as a way to compensate for deep feelings of inadequacy and perceived unworthiness. Helping Latter-day Saints and others come to an accurate understanding of God's love, the Atonement, and the purposes of mortality can help them develop spiritual resources to combat the eating disorder.

How can parents and loved ones help to calm the emotional, psychological, and spiritual storm that accompanies an eating disorder? Do not try to control the person's eating for them. People with eating disorders often struggle with confusion about control of their own behavior. Tightening control by trying to force them to eat, forcing them on a diet, monitoring their eating, or other coercive measures usually backfires. It is important to understand, however, that eating disorders can be extremely dangerous.

They contribute to serious health problems such as heart irregularities, osteoporosis, severe dental problems, infertility, gastrointestinal problems, and kidney failure and have a mortality rate as high as 20 percent.⁵

Warning signs that professional help is needed include rapid weight loss of 25 percent or more, or body mass index (BMI) below 19 (e.g., 5'7" and 121 lbs., 5'1" and 100 lbs.); prolonged exercise despite fatigue and weakness; intense fear of gaining weight; peculiar patterns of handling food; amenorrhea in women; episodes of bingeing and purging more than once a week for 3 months or longer; depression, suicidal thoughts, frequent insomnia, or extreme mood swings; insistence on dieting even though build/body is very slim; hair loss, fainting spells, gastrointestinal disturbances, frequent sore throats, and swollen glands or cheeks. Suggestions for those who wish to help a loved one with an eating disorder⁶ include the following:

- Reinforce definitions of success that focus on personal qualities rather than performance, achievement, and appearance. For example, being a good friend may be more important than winning a competition.
- Honor diversity of appearance and body build. Beauty is found in many sizes, shapes, and colors.
- Be aware of how competition and perfectionism can negatively affect relationships.
- Be inclusive rather than exclusive. A Zion community has a place of value and belonging for all of its members.
- Keep conversations about eating supportive and confidential rather than adversarial. Focus on concern for health rather than weight or appearance.
- Do not try to change the behavior yourself. Seek help from God and appropriate Church leaders. Seek competent professional help if necessary.
- Be supportive. Be available

He who calmed the tempest and stilled the sea
can also calm the soul and bring peace
to a troubled heart.

to listen with understanding. Show you care. Encourage the person to get help.

- Be yourself. Share your own struggles and challenges. Be open and real.
- Remember that a person with an eating disorder is just that—a person first and only secondarily a person who has problems with food.
- Provide positive reinforcement for strengths. This builds feelings of self-worth.
- Understand that recovery can be a slow process and may involve setbacks.
- Give nonjudgmental feedback. Use “I” statements such as, “I worry about you when you don’t join us for dinner.”
- Model healthy eating habits and attitudes.

A spiritual perspective can strengthen family relationships when a

family member struggles with an eating disorder. Christ promised peace to those who have faith in him (see John 14:27; 16:33). That peace is not a promise of a “perfect” life without struggles, temptations, and challenges. It is not peace “as the world giveth,” but the peace that comes from a correct understanding of the plan of salvation and from faith in Christ. He who calmed the tempest and stilled the sea can also calm the soul and bring peace to a troubled heart. This peace enables us to continue toward exaltation and eternal life with patience and hope. *mf*

Marleen S. Williams works as associate clinical professor of counseling psychology at Brigham Young University. Her Ph.D. is in clinical psychology and she specializes in women’s mental health. She and her

husband, Dr. Robert F. Williams, have nine children and sixteen grandchildren.

ADDITIONAL READING

Deborah Low (2002), *The Quest for Peace, Love and a 24" Waist* (Springville, UT: Bonneville Books).

Mary Pipher (1994), *Reviving Ophelia: Saving the Selves of Adolescent Girls* (New York: Random House).

Evelyn Tribole and Elyse Resch (1995), *Intuitive Eating* (New York: St. Martin’s Press).

NOTES

1. Names have been changed.
2. Eating Disorders Coalition website, <http://www.edauk.com>
3. Eating Disorders Coalition for Research website, <http://www.eatingdisorderscoalition.org>
4. In L. E. Dahl and D. Q. Cannon (1997), *Encyclopedia of Joseph Smith’s Teachings* (Salt Lake City: Bookcraft), 519.
5. Eating Disorders Coalition website, <http://www.eatingdisorderscoalition.org>.
6. Gurze Books is an excellent resource for books on eating disorders; visit <http://www.gurze.com>

