



ABBA Ministries

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Illuminating Life through Scripture

Eating Disorders

Anorexia Nervosa and Bulimia are two of the most common eating disorders. Both result in self-induced starvation and both require extensive, professional help to overcome.

Victims of anorexia nervosa continue perceiving themselves as fat despite overwhelming evidence to the contrary. They limit their intake, often through elaborate rituals or limitations on the types of foods they eat even though their family encourages or insists that they eat more. Anorexics frequently use extensive exercise to bring their body shape more into line with their distorted ideal image. They also frequently use laxatives, diet pills, diuretics, and excessive coffee as weight loss aids.

Bulimia is more frequent and less noticeable than anorexia. Bulimics go through cycles of bingeing and purging, taking in large quantities of food, often high caloric foods, and then eliminating them through regurgitation or the use of laxatives and diuretics. Typically not as thin as anorexics, bulimics often feel dominated by their disease and desperately seek help.

Control is a central issue for all those with eating disorders. Anorexics typically allow others to control them. They then find satisfaction by substituting control of their eating for the satisfaction which should come through mastering far more important areas of their lives. Growing up as well-behaved and submissive children of good, directed, and ambitious parents, anorexics never developed a sense of independence or self-determination.

Bulimics, on the other hand, use their eating as a way of avoiding uncomfortable emotions. They "eat" their emotions with their food and then expel their emotions while also purging themselves of their food. The resulting guilt gives them more to stuff and so the cycle continues.

Long term physical symptoms include tooth decay or loss, brain shrinkage, poor hair texture or hair loss, poor complexion, cessation of menstruation, skin dryness, abdominal pain, heart shrinkage, depression, muscle weakness or spasms, electrolyte imbalances, kidney problems, and sometimes, death.

Treatment for an eating disorder may begin with a confrontation in which family and/or friends present their concerns in a loving and supportive way. Treatment only becomes more difficult and prospects for success decrease the longer an eating disorder goes untreated. Hospitalization may be necessary at the beginning of treatment to safeguard the well-being of the patient and monitor food intake. Victims of eating disorders have become masters at deception and denial while perhaps even deceiving themselves into thinking that they don't have much of a problem. When possible, the whole family (or at least the parents) should be involved in therapy.