Eating Disorders

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Scriptures

Genesis 1:29
And God said, "Behold, I have given you every plant yielding seed that is on the face of all the earth, and every tree with seed in its fruit. You shall have them for food.

This is one of the first verses that shows how food is a good thing, how God gave us food to enjoy and eat.

Genesis 2:17
…But of the tree of the knowledge of good and evil you shall not eat, for in the day that you eat of it you shall surely die."

This verse does not speak on eating disorders but gives the first example of a way that eating can be a sin. It is simply showing that food can be both good and bad.

Genesis 9:3
Every moving thing that lives shall be food for you. And as I gave you the green plants, I give you everything.

The second verse showing that food is good for us. These animals and plants were given to us for food.

1 Corinthians 11:29
For those who eat and drink without discerning the body of Christ eat and drink judgment on themselves.

It is not enough to simply eat, for eating is not simply eating; it is always more
than that; therefore, we must have discernment when we do so – discernment of what we eat.

Philippians 3:18-19

For many, of whom I have often told you and now tell you even with tears, walk as enemies of the cross of Christ. 19Their end is destruction, their god is their belly, and they glory in their shame, with minds set on earthly things.

These people worshipped their stomachs. “Their god is their belly…” The way they would worship this god is through the food they ate. They were gluttonous.

1 Timothy 4:3

…Who forbid marriage and require abstinence from foods that God created to be received with thanksgiving by those who believe and know the truth.

These false teachings would forbid the eating of God given food. Food that God never said should be stayed away from.

Proverbs 23:21

…Or the drunkard and the glutton will come to poverty, and slumber will clothe them with rags.

Ruin will come to the glutton. This may not be simply in means of money but potentially spiritually as well.
Anorexia

- Anorexia- Nervous loss of appetite. Suffering from extreme hunger pains but refraining from eating in order to achieve thinness.
- American Anorexia Nervosa Association defines it as “a serious illness of deliberate self starvation with profound psychiatric and physical components.”
- Anorexia is a life-threatening, self induced starvation syndrome characterized by the relentless pursuit of thinness and a morbid, near-phobic fear of being fat.
- Impairs biochemical functions such as hormone balance, pulse and heart rate, body temperature, and the menstrual cycle.
- Even when weight has been reduced by more than 25% of the original body weight, an anorexic adolescent can not see her emaciated state.
- 2 Million Americans suffer from eating disorders, most are women.
- .5 to 1% of women during adolescents and early adulthood are thought to be effected by anorexia.
- Recent research is showing an increase in eating disorders amongst boys, between the ages of 14-18.
- Anorexia is not a problem that will simply go away with time, without serious intervention it can be fatal.
- Some studies report a death rate from anorexia nervosa as high as 20%.
- The risk of death is significant when weight is less than 60% of normal.
- Suicide has been estimated to comprise half the deaths or anorexia.
- The primary characteristics of anorexia include the following:
  - Intense fear of becoming obese, which does not diminish as weight loss progresses.
  - Disturbance of body image. For example, victims may claim to “feel fat” even when emaciated, or believe that one area of the body is “too fat” even when they are obviously underweight.
  - Refusal to maintain body weight over a minimal normal weight for age and height, and failure to make expected weight gain during a period of growth.
  - In females, the absence of at least three consecutive menstrual cycles when they are otherwise expected to occur.
• No known physical cause of weight loss.

**Bulimia**

• Bulimia- ox hunger or insatiable hunger. Characterized by repeated cycles of binge eating and compensation for food intake by self-induced vomiting, laxative abuse, diuretic abuse, and/or fasting and excessive exercise.

• Bulimic individuals are normally within the normal weight range, with frequent weight fluctuations due to their binge-purge episodes.

• During binge phase, most people consume enormous amounts of high calorie, energy-rich, fattening foods like ice cream, candy, and junk food. This phase lasts two hours or less and is terminated by:
  • physical exhaustion, exhaustion of food supply, self-induced vomiting, sleep, abdominal pain, exercise, laxative use, or interruptions by visitors.

To restore a sense of control, relieve painful fullness, and reduce anxieties about weight gain, the bulimic engages in self-induced vomiting, laxatives, diuretics, fasting, exercise, or severe diets.

Between these phases, the adolescent is likely to maintain a strict diet and avoid energy rich foods.

In bulimia weight loss is not so extreme or so life-threatening as in anorexia.

Major consequences of repeated cycles of binge-eating, purging, and fasting include:
  • potassium depletion, deterioration of tooth enamel (from the gastric acid vomiting creates), abdominal pains, kidney problems, dehydration, and electrolyte imbalances (which can cause heart irregularities).

  • Also, the adolescent is aware that her eating pattern is abnormal, therefore she is more likely to suffer depression and self-criticism about her eating behavior.

  • Peak risk for binge eating occurs at age sixteen, whereas peak risk for purging occurs at age eighteen.

  • Primarily effects middle class late adolescent and young adult white females of average weight who are beginning college.

• 90% of bulimic young people are females.

• Research also suggests that about 4% of college aged women have bulimia.

• 50% of people who have been anorexic develop bulimia or bulimic patterns.
Most bulimics prefer to binge alone, at home, or in private. However, in recent years, the binge-purge cycle has become more of a shared experience.

Primary characteristics of bulimia nervosa include the following:

- Recurrent episodes of binge eating in which large amounts of food are consumed rapidly in a discrete period of time.
- A feeling of lack of control over eating behavior during the eating binges.
- Regular self-induced vomiting, use of laxatives or diuretics, strict dieting or fasting, or vigorous exercise to prevent weight gain.
- A minimum average of two binge-eating episodes a week for at least three months.
- A persistent over-concern with body shape and weight.

Causes of anorexia and bulimia

- Anorexia and bulimia affect as many as 20% of today’s adolescent population.

- Eating disorders are a result of a complex web of factors including the following matters:

  - Stressful Situations-
    - Stressful life where adolescents do not possess adequate coping skills often play a role in developing eating disorders. Such a situation may be rejection, perceived rejection, a sexual encounter, or any number of other events.
    - Peak onset for anorexia coincides with the transition from middle school to high school.
    - Bulimia most often occurs during the transition from high school to college.
    - In the midst of their changing lives, the one thing they believe they can control is their quest to lose weight.

  - Developmental Changes-
    - Mostly a reaction to the stresses of puberty.
    - Anorexia is sometimes theorized as a rejection of female sexuality and an attempt to remain a “little girl”.
    - Intimacy issues and responsibility may also be avoided to some degree through maintenance of an eating disorder.

  - Society-
    - Heightened consciousness of nutrition and physical fitness. In the last twenty to thirty years, health and fitness have become major concerns.
    - National obsession to slimness. In contrast to heightened nutrition, a thin body is better than a healthy one.

  - Family Issues-
    - Anorexic adolescents tend to come from families concerned about food.
    - Food may be a sign of love and caring or as the center for family gatherings.
• Peer Relationships-
  • Most people have between six and ten close friends with thirty or so acquaintances.
  • An absence of close friends is considered to be one feature in the onset of an eating disorder.
  • Anorexics have a pattern of developing one relationship at a time and they are often short lived. They cheat themselves out of the aid of peers to help them through the process of individualization.

<table>
<thead>
<tr>
<th>Anorexia</th>
<th>Bulimia</th>
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<tbody>
<tr>
<td>Voluntary starvation often leading to emaciation and sometimes death.</td>
<td>Secretive binge eating can occur regularly and may follow a pattern. Caloric intake per binge can range from 1,000 to 20,000 calories.</td>
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<tr>
<td>Occasional binges, followed by fasting, laxative abuse, or self-induced starvation.</td>
<td>Binges are followed by fasting, laxative abuse, self-induced vomiting, or other forms of purging. Person may chew food but spit it out before swallowing.</td>
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<tr>
<td>Menstrual period ceases. May not begin if anorexia occurs before puberty.</td>
<td>Menstrual period may be regular, irregular, or absent.</td>
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<td>Excessive exercise. Hands, feet, and other parts of the body are always cold.</td>
<td>Swollen glands in neck beneath jaw.</td>
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<td>Dry skin. Head hair may thin, but downy fuzz may appear on other parts of the body.</td>
<td>Dental cavities and loss of tooth enamel.</td>
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<tr>
<td>Depression, irritability, deceitfulness, guilt, and self-loathing.</td>
<td>Broken blood vessels in face. Bags under eyes.</td>
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<td>Attitude: “I’m much too fat,” even when emaciated.</td>
<td>Fainting spells. Rapid or irregular heartbeat.</td>
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<td>Obsessive interest in food, recipes, and cooking.</td>
<td>Miscellaneous stomach and intestinal discomforts and problems.</td>
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<td>Rituals involving food, exercise, and other aspects of life.</td>
<td>Weight fluctuation due to alternating periods of binges and fasts.</td>
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<td>Perfectionism.</td>
<td>Desire for relationships and approval of others.</td>
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<td>Introverted and withdrawn. Avoids people.</td>
<td>Loses control and fears she cannot stop once she begins eating.</td>
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• Helping an anorexic or bulimic adolescent
  • Pinpointing the Severity
  • Require a Medical Examination
  • Focus on Nutrition
  • Consider Inpatient Treatment
  • Establish Trust
  • Gather a Detailed History
  • Assign a Diary
  • Explore the Meaning of the Weight Loss
  • Explore Cognitive Disorders
  • Explore Feelings
  • Consider Family Issues
  • Consider Group Treatment

Obesity

• 67% of women say they weigh more than they should and 43% consider themselves over-weight.

• 10 to 15% of all adolescents are truly obese, girls more than boys.

• Obesity leads to serious health problems including:
  • cardiovascular disease, joint disease, and gynecological disorders.

• The National Institutes of Heath recommends that weight reduction be considered by anyone with one or more of the following medical conditions:
  • family history of diabetes, high blood pressure, coronary disease, or history of obesity in childhood.

• Being overweight not only represents a health hazard, but also effects adolescent social relationships, self-esteem, ego-identity development, and emotional adjustments.

• The best way to measure for obesity is through a weight index based on height, weight, age, and sex.

• Mild obesity ranges from 15-35% overweight, moderate obesity ranges from 35-100% overweight, and severe obesity is over 100% overweight.

Causes of Obesity

• Genes-
  • Some adolescents are born to be overweight.
Selective breeding experiments show a strong genetic contribution to obesity. If both biological parents are overweight, there is an 80% chance of that their kids are going to be overweight.

Biology -
- Adipose cells and of metabolic adaptation to weight reduction make it clear that biology plays a major role in obesity.
- For obesity to develop, the amount of energy consumed must be greater than the amount of energy expanded.
- Adolescents of parents who are obese are much more likely to be obese than adolescents whose parents are lean.

Eating Style and Behavior Patterns -
- Obese adolescents typically show a “high-density” eating style.
- Some evidence also shows that obese adolescents are less active than their leaner counterparts and if activity level is low, fat accumulates and metabolism declines.
- Some people out of ignorance are quick to label inactivity as lazy, more often than not it is avoided out of embarrassment.

Food Preference -
- Obese adolescents do not necessarily eat more food overall, but they almost always prefer foods that are calorie dense and highly flavored.
- After eating foods high in carbohydrates or sugars, their insulin levels are elevated, which increases hunger and food consumption. In fact, just the sight and smell of foods can elevate the insulin level in obese people.

Family Factors -
- The beginnings of obesity may be found in the early relationships between parents and their children.
- Childhood is often characterized by intense parental involvement, overprotectiveness, and rigidity.
- Parents often have a unusually high concern for their child’s welfare.
- In extreme cases, some parents may not want their child to be put on a diet because they don’t want to deprive them of anything.

Psychological Factors -
- Eating is often a greater positive reinforcement for obese people because they find it to be a more pleasurable activity than do people of normal weight.
- It can also be used as a means of self-punishment.
- Adolescents who are obese, already feeling ineffective, may become more inactive and withdrawn and turn to eating as a form of comfort and security.
Helping an obese adolescent

Assess the Conditions
Require a Physical Exam by a Physician
Plan for the Long Run
Assess the Goals
Boost Confidence
Begin a Weight Graph and Eating Diary
Modify Eating Style
Implement an Exercise Routine
Use Behavioral Contracts
Activate Parental Involvement
Consider Intensive Treatment Centers
Examine Your Expectations

Annotated Sources


This book is an excellent resource as it has practical information on identifying not just eating disorders but many other issues youth encounter. It also provides good information on how to identify the disorder, what it is like, and how to approach it.


This online article offers good advice and aid for parents and people wanting to help with someone with an eating disorder. Also provides practical do's and don'ts for parents to help with the transition to a healthy lifestyle.


This online article provides a good look at eating disorders in general and also gives insightful information for psychological and physical issues related with eating disorders.

This organization is an excellent source for information on eating right and staying fit. It also offers a hotline allowing people to speak to a licensed dietitian. It also provides a list of local dietitians for help, I highly recommend this site.


This corporation gives great resources and tools to help with people with eating disorders. It also provides news and encouragement to those who are struggling.


This book offers great help to people who are struggling with self image and perfectionism.


This book is an excellent aid for people who struggle with obesity. It gives a practical look into the causes and potential mental risks of being overweight and gives a guide to coping and recovering.


This book offers a great approach to helping adolescents that are obese.


This book gives a solid definition of the disorders and the potential risk they have on people.


This book gives great ways to cope and recover from eating disorders as well as ways to keep yourself entertained and busy without eating food.
Lesson Plan

• Definition of Anorexia, Bulimia, and Obesity
  
  • Anorexia- Nervous loss of appetite. Suffering from extreme hunger pains but refraining from eating in order to achieve thinness.
  
  • Bulimia- ox hunger or insatiable hunger. Characterized by repeated cycles of binge eating and compensation for food intake by self-induced
  
  • Obesity – Grossly fat or overweight
  
• What does the Bible say about food?
  
  • Genesis 1:29
  
  • Genesis 9:3
  
  • Philippians 3:18-19
  
  • Proverbs 23:21

• What does this mean?

• Talk about how food is meant for us and how it is good, then talk about how it is bad.
  
  • God have food to us, for us

  • We then perverted it and used it, or haven't used it for our own selfish desires

• Talk about anorexia and bulimia

  • Reasons for doing it
• Stress, developmental changes, society, family issues, peer relationships

• Potential health issues
  • Hormone imbalance, affects heart-rate, body temperature, menstrual cycle/
potassium depletion, deterioration of tooth enamel, abdominal pain, kidney
problems, dehydration, electrolyte imbalances

• **Talk about Over-eating/obesity**

  • Reasons for doing it
    • Genes, biology, eating style and behavior patterns, food preference, family factors,
    psychological factors

  • Potential health issues

    • cardiovascular disease, joint disease, gynecological disorders

• **Explain the importance of healthy eating**

  • Reduced chances of some diseases

  • Body feels better

  • Have more energy

  • Think better

• **If you are seeking help**

  • Online resources

  • Books

  • Counseling