

# LEAD ON

## WHAT CAN CHURCHES DO ABOUT EATING DISORDERS?

BY DI ARCHER

**Trigger Warning: This article discusses eating disorders and related mental health challenges.**

Want to talk about eating disorders? Not many people do. It is difficult to do so. Whether we are directly affected by them, supporting someone who is, or just interested, the words are hard to find. Even among those of us familiar with mental health issues, it is still tricky. We fear making the situation worse, and worry about what not to say, as much as what to say. When we suspect that someone has issues with eating, it is easier to just hope – and perhaps pray – that it will go away on its own.

Certainly, that was the situation for us when the tornado of eating disorders hit our family. We knew our daughter was a bit slim, but had no idea that a deadly mixture of Bulimia Nervosa and Anorexia Nervosa had taken hold of her. Looking back, it's not surprising that we missed it. Talk about mental health was minimal in society, compared to how it is now, a couple of decades later. So, we were bewildered and scared by our daughter's eating difficulties, and overwhelmed to learn that anorexia has the highest mortality rate of all mental health conditions, whether through starvation or suicide.

While our daughter eventually recovered, throughout that long, dark tunnel of struggle to regain her life, we discovered two major things. One, eating disorders are hell on earth, not just for the person affected, but also for their family and friends. Two, understanding and help were – and still are – limited in general society and statutory services. While the latter are gradually improving, our wonderful NHS necessarily must prioritise the most severe cases. Yet eating disorder statistics show no signs of abating, both in the UK and worldwide. Indeed, the most recent statistics suggest

that 12.5% of teenagers aged 17-19 have an eating disorder:<sup>1</sup> over the last five years, hospital admissions for eating disorders have increased by 84%.<sup>2</sup> While national figures are hard to count, it is estimated that we are heading for 4 million affected.

However, it is highly likely that we will be unaware if someone in our congregation has an eating disorder – unless it is physically obvious (such as developed Anorexia), or it has been disclosed. In a congregation of 100 people there could be anywhere between two and 12 people struggling with these conditions. Eating disorders are hidden, powerful, and addictive life-stealers.

### HOW TO UNDERSTAND EATING DISORDERS

Eating disorders include a wide range of unhelpful food behaviours. The major types are:

- Anorexia Nervosa: restricting food intake to a dangerous degree.
- Bulimia Nervosa: compulsive bingeing and purging behaviours.
- Binge eating disorder: compulsive bingeing with no purging behaviours.
- Atypical eating disorders: e.g. ARFID (Avoidant Restrictive Food Intake Disorder, increasingly prevalent among younger children); OSFED (Other Specified Feeding and Eating Disorders, a catch-all phrase including a range of compulsive eating behaviours); Orthorexia (clean eating taken to extreme); and more.

1. <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2023-wave-4-follow-up>.
2. <https://www.rcpsych.ac.uk/news-and-features/latest-news/detail/2022/05/18/hospital-admissions-for-eating-disorders-increased-by-84-in-the-last-five-years>.

Eating disorders are serious mental illnesses, and affect people of all ages, genders, ethnicities and backgrounds. They can often begin very simply and spiral out of control. There are some typical profiles, such as high-functioning, sensitive, intelligent people, but this is not prescriptive.

All eating disorders have negative implications for mental and physical health. The dangers for those with anorexia are more obvious, and include all the consequences of lack of nutrition, significantly affecting the brain and rational thought. Bulimia may also deplete the body of the nutrition it needs, harm the oesophagus and severely disrupt the digestive system. Binge eating overloads the body with excess food, which may cause bowel and bladder problems amongst others.

In addition, eating disorders may be linked to other aspects of mental health, such as depression, obsessive compulsive disorders and autism.

#### **WHY DO EATING DISORDERS HAPPEN?**

However, none of these physical symptoms are the real issues. Eating disorders are not essentially about food. While obsession with food may dominate their thoughts, for the vast majority of people directly affected, the real issues are hidden behind the behaviour. Eating disorders are usually a coping mechanism for perceived difficulties, pressures and trauma in life. They begin as a solution to a problem, making people feel better in the moment. Then, like any addiction, they take over, as the person's body adjusts to the behaviour.

#### **IS RECOVERY POSSIBLE?**

The good news is that recovery can happen. It is, however, really hard to achieve on your own, which is why most people need support. It is complex, even to admit the problem, as eating disorders may include a

strong element of denial. Supportive relationships are absolutely key. It takes time, and involves coming to terms with the issues that triggered the eating behaviour. Specialist help may be needed, and a local GP should always be the first port of call. The experience within tastelife Recovery Course is that small 'baby' or 'training' steps towards change are the most effective way ahead. We have seen the most encouraging recoveries, from all stages of eating disorders, and many of our trained Course Leaders have recovered from eating issues themselves. As one participant said, 'Now I know there is life beyond eating disorders!'

When we were in the middle of our family's eating disorder crisis, our church community at the time supported us well. They offered prayer, patience, practical support and kindness. I don't know what we would have done without them. As our daughter began to recover, another Mum (who was an eating disorder counsellor), a GP and I created the supportive resources and services that are now available through the charity we founded, tastelifeuk.

#### **HOW TO ENCOURAGE RECOVERY – A GOD-GIVEN OPPORTUNITY?**

I am convinced that church communities have a unique opportunity right now to respond well to the eating disorder epidemic. We have so many advantages! Think about how we deal with other issues. We already support people on emotional and physical journeys, of all kinds – we know how to walk alongside people in crisis. We generally acknowledge that we need a Saviour, and that we need each other – we know about need. The emotional distress inside someone affected by an eating disorder is huge, however hidden it may be to the observer and person themselves – and we have experience of dealing with pain. We know about supporting one another, and creating community. Most of all, we know that our God of compassion always meets us where we are, and that his Holy Spirit can reach places inside us that no one else can. We are dealers in hope.

But don't just take my word for this. In 2020, tastelifeUK undertook research in collaboration with Coventry University and Worcester University, exploring spirituality and faith in recovery from eating disorders. The research included four online focus groups, comprising participants of the tastelife Community Recovery Course. They talked about their lived experiences within local churches, in particular what support they had



received, which someone described as a 'mixed bag'. To summarise their responses, and give us a steer as to priorities then:

#### WHAT DO CHURCHES DO WELL ALREADY?

1. They are 'compassionate and emotionally supportive'. Relational support and belonging to a community were foundational to the recovery journey.
2. They encourage sufferers and carers to engage with God as understanding, accepting and offering 'encouragement to get better'; 'a creator God who cares'; God 'on their side'.
3. They offer a safe place of hope for recovery, where 'staying behind for prayer' can be key to their recovery journey.
4. They build rapport and help people to rediscover their 'identity in Christ' through biblical teaching coupled with non-judgemental care.

#### WHAT MORE COULD CHURCHES DO TO HELP?

1. Be intentional about mental health generally and eating disorders specifically.
  - a. Encourage understanding about eating disorders, especially their addictive nature, but also that recovery is possible.
  - b. Create a culture where it is OK not to be OK. Otherwise, sufferers may feel that others 'don't really know what to do or say'. Just ask what is helpful. Listen well.
2. Establish safe spaces to talk.
  - a. Communicate acceptance, without judgment. No 'brushing it under the carpet'. Let those affected 'be real', rather than having to 'put on a face'.
  - b. Acknowledge that eating disorders cause immense suffering.

3. Make a space for God by his Spirit to act.
  - a. Help people to reconnect with a personal and secure faith in God. Many have lost this, worrying they are 'letting God down', fearing he is angry with them – or feeling far from him, guilty and ashamed. They may need reassurance that God is 'bigger than an eating disorder'.
  - b. Help those affected by eating disorders, both sufferers and families, to deal with any 'spiritual struggle' that emerges through unanswered prayer for immediate healing. 'I pray for it to go away, but it never does, and I don't understand why.'

To help you with this, [tastelifeUK](http://tastelifeUK.org) offers resources specifically tailored for churches to use. The need in our communities is too great for me to be shy about this here. While we are a Christian charity, our Community Recovery Course, preventative resources for young people in schools and youth groups, and education for all interested are suitable for those of all faiths or none, with optional Christian supplements. We know they work.

If this is all too close to home because you or someone you know are affected, please do find help. You deserve it.

And if you are reading this as someone who freely enjoys the gift of good food from a good God, please pause and give thanks. It is not to be taken for granted.

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#### REFLECT ON THESE QUESTIONS

- What would we say to someone who revealed that they or their loved one had an eating disorder and felt far from God because of it?
- What one thing can your church community do to create a supportive and non-judgmental environment that encourages open discussions about eating disorders?
- What could a next step look like on the way to becoming a church that offers both spiritual and practical support for those affected by eating disorders and their families?