

## Re-ordering Desires: A Trinitarian Lens on Eating Disorders

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*This paper uses the doctrine of the Trinity to demonstrate the unique role God as Father, Son, and Holy Spirit can play in the healing of eating disorders and explores how a trinitarian framework may be brought alongside healthcare services to aid in recovery. Drawing on the theological work of Sarah Coakley, the paper considers various trinitarian models and practices that can redirect our minds, hearts, and imaginations to a new participation in the trinitarian God. This essay seeks to show that it is also possible to challenge the idolatrous thought patterns of an eating disorder by redirecting the mind to participation in life through the lens of the life-giving Trinity.*

Among us are shrivelled women  
who in despair do not eat,  
who in powerlessness weep downcast,  
whose lips tremble, and  
who barely dare ask otherwise.  
We in our compassion and sensitivity  
stand alongside those shrivelled women,  
who in despair do not eat,  
who in powerlessness weep downcast,  
whose lips tremble, and  
who barely dare ask otherwise.

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Down deep in all candour we ourselves  
 are among those shrivelled women;  
 we also in despair do not eat,  
 we also in powerlessness weep downcast  
 we also have lips that tremble, and  
 we also barely dare to ask otherwise.

They wait . . .

We wait alongside them . . .

We wait.

And you . . . sometimes . . . speak shalom and the world  
 is made new.

This day in our despairing hope,  
 grant that we, along with all the shrivelled women,  
 may—before sundown—eat and praise and  
 depart in peace.

For now, we wait. Amen.<sup>1</sup>

Eating disorders<sup>2</sup> are complex conditions that arise from a combination of long-standing behavioral, biological, emotional, psychological, interpersonal, and social factors, including low self-worth, feelings of inadequacy and powerlessness, anxiety, anger, loneliness, troubled personal relationships, difficulty expressing emotions, and physical or social abuse.<sup>3</sup> Tragically, up to one-third of adults with eating disorders have experienced physical, emotional, or sexual abuse.

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<sup>1</sup> Walter Brueggemann, "Our Despairing Hope: On reading 1 Samuel 1:9–28 / February 8, 2001," in *Awed to Heaven, Rooted in Earth: Prayers of Walter Brueggemann* (Minneapolis, Minn.: Fortress Press, 2003), 42.

<sup>2</sup> The term "eating disorder" includes the categories of Anorexia Nervosa, Bulimia Nervosa, and Eating Disorder NOS. For simplicity, in this paper the terms "eating disorder" and "anorexia" will be used interchangeably and refer to a broad spectrum of pathological eating behaviors. See Carrie Gottlieb, "Disordered Eating or Eating Disorder: What's the Difference?" *Psychology Today* (February 23, 2014); [www.psychologytoday.com/blog/contemporary-psychoanalysis-in-action/201402/disordered-eating-or-eating-disorder-what-s-the](http://www.psychologytoday.com/blog/contemporary-psychoanalysis-in-action/201402/disordered-eating-or-eating-disorder-what-s-the).

<sup>3</sup> See "Factors That May Contribute to Eating Disorders," National Eating Disorders Association, [www.nationaleatingdisorders.org/factors-may-contribute-eating-disorders](http://www.nationaleatingdisorders.org/factors-may-contribute-eating-disorders); "Eating Disorder Types and Symptoms," National Association of Anorexia Nervosa and Associated Disorders, [www.anad.org/get-information/about-eating-disorders/eating-disorder-types-and-symptoms/](http://www.anad.org/get-information/about-eating-disorders/eating-disorder-types-and-symptoms/); and *The Human Face of Mental Health and Mental Illness in Canada 2006*, [www.phac-aspc.gc.ca/publicat/human-humain06/pdf/human\\_face\\_e.pdf](http://www.phac-aspc.gc.ca/publicat/human-humain06/pdf/human_face_e.pdf), especially chapter 7, "Eating Disorders."

Over time, compensatory behaviors, such as restriction and binge eating and purging, eventually become a burden and create personal and social loss, as well as physical injury. Sufferers become isolated, helpless, and hopeless, as friends and family distance themselves, unable to help or understand. Their performance in activities, work, school, and social situations becomes impaired, and hospitalizations are sometimes necessary. They become physically and psychologically exhausted from battling disordered thoughts and ritualistic behaviors, and often lack feelings of belonging. Over time they may well have acquired a capacity to enact lethal self-injury. Anorexia has the highest mortality rate of any psychiatric disorder, with death rates estimated as high as 17 percent. It was previously thought that the majority of anorexia-related deaths were a result of physical complications secondary to the disorder; however, recent research reveals that most anorexia-related deaths are due to suicide.<sup>4</sup>

The journey to healing is long, hard, traumatic, and expensive. Relapse after initial treatment is common and stable weight does not equate with psychological stability. After weight has been regained, sufferers continue to live absorbed by fears of becoming fat, devoting incredible energy to organizing their lives around food and exercise. Even while engaged in multiple levels of supportive care, patients average at least seven years to simply reach a stage of management.

A widespread yet false assumption about people suffering from eating disorders is that they have caused their own demise through self-absorption with the aesthetics of weight, shape, food rituals, beauty, and appearance. They are stigmatized as having a self-absorbed ego and told the issue would be easily resolved if they just ate like everyone else. The public's lack of compassion and misunderstanding of the disease misses the complexity of the disorder and the associated suffering from behaviors that serve as a source of life in a sea of misery and provide meaning to an otherwise meaningless life.

It can be argued that "eating disorders in general, and anorexia in particular, are actually distorted pictures of the behaviors and obsessions that characterize our culture,"<sup>5</sup> reflecting a loss of meaning and soul that we all suffer from in some shape and form. In a world

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<sup>4</sup> Pamela K. Keel, David J. Dorer, Kamryn T. Eddy, Debra Franko, Dana L. Charatan, and David B. Herzog, "Predictors of Mortality in Eating Disorders," *Archives of General Psychiatry* 60.2 (2003): 179–183.

<sup>5</sup> Pamela Fickenscher, "From Catherine to Katniss: Disordered Eating, Resistance, and the Eucharist," *Word & World* 33.4 (Fall 2013): 361.

where poverty is so prevalent, what does it say about our cultural and ethical values that the diet industry is worth \$61 billion and the fitness industry \$40 billion?<sup>6</sup> How might the church challenge the ideal of a perfect physical body by acknowledging its own brokenness and imperfection in embodying Christ? Rather than being ignored as a marginalized population, the broken bodies of the eating disordered need support to heal from corporate sin. The church needs to bring to consciousness the things that make God weep and ask, How are we being called to be the prophetic voice of Christ against the Western cultural view that bodies are marketable entities? A church that engages a pastoral application of trinitarian theology can offer a healing pathway for eating disordered individuals who feel starved of meaning, powerless to make change, angry, voiceless, and deeply unhappy.

### *Trinity and the Reordering of Desires*

It would be naive to entertain the hope that an intellectual concept of Being would offer an individual a cure for such a pernicious disease. However, if faith in the Trinity is more than an idea, and rather “involves a personal process . . . [of] ‘appropriation’ or ‘inwardness’” of a Christian relationship to a trinitarian God,<sup>7</sup> it can come alongside healthcare services and offer an alternative pattern of being which informs the journey of recovery. I am suggesting that the doctrine of the Trinity can provide an alternative frame of reference that challenges the authority of the eating disorder.

In Sarah Coakley’s work on the Trinity, she offers the proposal of reimagining desire for God through contemplation, specifically contemplation through a trinitarian lens. For Coakley, the Trinity points to something “*beyond* literalism and ideology to something both richly symbolic and at the same time apophatic in its imaginative dimensions.”<sup>8</sup> Coakley’s *théologie totale* suggests that the aesthetic realm and the powerful arena of fantasy and imagination add creatively to our theological reflection. As eating disorders are embedded in the

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<sup>6</sup> Fickenscher, “From Catherine to Katniss.”

<sup>7</sup> William C. Placher, *The Triune God: An Essay in Postliberal Theology* (Louisville, Ky.: Westminster John Knox, 2011), 26.

<sup>8</sup> Sarah Coakley, *God, Sexuality, and the Self: An Essay ‘On the Trinity’* (Cambridge: Cambridge University Press, 2013), 260.

realm of aesthetics, it may be possible for the doctrine of the Trinity to offer a powerful tool of reimagination for eating disorder sufferers.

Coakley presents a historical and artistic analysis of the iconographic expressions of the Trinity.<sup>9</sup> She demonstrates that the Trinity, as it is experienced, struggles to be adequately captured artistically. This suggests that in the physical realm a trinitarian God defies being contained in a fixed image. In contrast, an eating disorder lens is fixated. The fixation is upon one idolized, static image of thinness. By reflecting on the Trinity via contemplation and imagination, the Trinity presents a powerful tool of reimagination for eating disorder sufferers because it challenges the foundation the eating disorder is built upon, this fixated image of self. If our memory and imagination give us access to God's memory and imagination for us, then attending to this imaginative practice has the capacity to draw us and God closer in relationship.<sup>10</sup> If God as Trinity refuses to be contained in one image, so also should our own fabricated image refuse to be contained by and limited to a single image. To engage a conversation between the Trinity and an eating disorder is to entertain the idea that our physical body, formed in the image of a trinitarian God, can also have multiple expressions.

### *Breaking and Renewing Covenants*

Most, if not all, people with eating disorders can recall a significant time, even an exact day, when they made a covenant with the disease. Precursors for the disease may have been present for years prior, but a psychological breaking point is reached when engagement with their own ideal image of the body becomes an all-or-nothing endeavor of pathological thinking along the lines of, "I will never be fat again," or "I will only weigh less than one hundred pounds," or "I will not eat white carbohydrates," or "There must be 'x' amount of distance between my thighs." A false covenant with an associated image of thinness becomes so binding the person is willing to adhere to its perceived safety, regardless of health risks, in order to manage the emotional turmoil in his or her life, the true source of the disorder.

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<sup>9</sup> See "Seeing God: Trinitarian Thought through Iconography," chapter 5 in Coakley, *God, Sexuality, and the Self*, 190–265.

<sup>10</sup> Michael Welker, "Relation: Human and Divine," in *The Trinity and an Entangled World: Relationality in Physical Science and Theology*, ed. John Polkinghorne (Grand Rapids, Mich.: Eerdmans Publishing, 2010), 165.

Once a covenant with the disease is made, the person's physical image becomes an idol of worship and imposes severe structures on eating behaviors.

Sarah Coakley's work offers a remedy to the false covenant. Reflecting on trinitarian art, her goal was to find in the art forms a means toward the purgation of (often unconscious) idolatry, and then redirect our minds, hearts, and imaginations toward a new participation in the trinitarian God. It is my goal in this essay to show that it is also possible to challenge the idolatrous thought patterns of an eating disorder by redirecting the mind to participation in life through the lens of the life-giving Trinity.

Coakley explores the meaning of *desire* and argues that our primal desire is for union with God. A desire for God is physical, erotic, and intense by nature. She suggests that if this desire for God is misguided in its seeking it results in a fallen world of sin and disorder. Gerald May refers to this as a "displacement of spiritual longing."<sup>11</sup> The physical, erotic intensity of desire Coakley describes is likewise felt in the often intense physical desire to be thin. The parallel of physical desires here suggests there is a spiritual element required for healing from an eating disorder. It is not that the physical behaviors are sinful, but that the longing for wholeness, meaning, and a sense of godliness has unfortunately been displaced by a physical desire to be thin, which leads to spiritual as well as physical emptiness.

The spiritual work for those struggling with an eating disorder is gradually undoing the original covenant made with the disease, while also relearning the primal covenant God made with all of creation that affirms the creation as good. Contemplating the Trinity helps us to delve into the way God has revealed God's Self to us, and to consider how the Father, Son, and Holy Spirit challenge our values, challenge the way we live and the meanings we fabricate to make sense of our world, and inevitably challenge our culturally created rules of living. Coakley refers to this contemplation as the "discipline of *particular* graced bodily practices which, over the long haul, afford certain distinctive ways of knowing."<sup>12</sup> Contemplating the iconography of the Trinity through the lens of an eating disorder during the journey of recovery influences how someone experiences herself (or himself)

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<sup>11</sup> Gerald G. May, *Addiction and Grace: Love and Spirituality in the Healing of Addictions* (New York: HarperCollins, 1988), 92.

<sup>12</sup> Coakley, *God, Sexuality, and the Self*, 19.

physically and becomes a tool for redirecting the mind to a memory of a God forgotten.

*Confronting a False Covenant with an Economic Trinitarian Lens*

I take seriously Karen Kilby's caution against viewing social theories of the Trinity as society's latest ideals of how human beings should live in community simply projected on to God.<sup>13</sup> My intention is not to extract from the Trinity a formula for better living that eating disordered patients need to follow. Rather, I suggest that a person living with an eating disorder and seeking a healing path through Christian faith may find that an economic trinitarian lens is able to challenge the false covenant. An eating disordered mind is plagued with constant chatter about what to do in order to keep eating rituals in check. Sufferers can be so engaged in this inner dialogue that they cannot calm their minds to be present to tasks or conversations at hand. The Trinity offers an alternative set of values that the sufferer uses to talk back to the mind chatter and gain power over the eating disorder's authoritarian dialogue.

I hasten to caution that not all terms and models used to explore the Trinity are helpful in an eating disorder context. For instance, in her recent book *Blessed Are the Consumers*, Sallie McFague introduces a model of the Trinity based on *kenosis*.<sup>14</sup> This model addresses well the problem of ecology; however, her language of restraint, sacrifice, and death as necessary for new life is a dangerous remedy in the context of an eating disorder. Sacrifice especially is a dangerous model for someone with the ability to sacrifice his or her own well-being as a precarious substitute for real control (termed the "Control Paradox").<sup>15</sup> Women in particular are often socialized to take care of others, and too often this training teaches women to take care of others' needs before their own. Eating disordered individuals manage a massive pool of unexpressed, overwhelming emotions following years

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<sup>13</sup> Karen Kilby, "Perichoresis and Projection: Problems with Social Doctrines of the Trinity," *New Blackfriars* 81.957 (November 2000): 441.

<sup>14</sup> Sallie McFague, "'It's Not About You': Kenosis as a Way to Live," chapter 6 in *Blessed Are the Consumers: Climate Change and the Practice of Restraint* (Minneapolis, Minn.: Fortress Press, 2013), 141–170.

<sup>15</sup> Catrina Brown, *The Control Paradox: Understanding and Working with Anorexia and Bulimia*, National Eating Disorder Information Centre (NEDIC), <http://nedic.ca/sites/default/files/control-paradox-understanding-and-working-anorexia-and-bulimia.pdf>.

of suppressed needs and feelings by seeking to take control in two ways: by taking care of others while sacrificing themselves, and by self-abasement in order to make the physical sacrifices needed to lose weight. These two behaviors are the tools used by anorexics to become unwell. Self-diminishment is used to manage unexpressed emotions so the sufferer does not need to feel overwhelming emotions. Therefore, a sacrificial trinitarian model reinforces the foundation of behaviors that feed the disease.

In contrast to McFague's proposal for *kenosis* and the Trinity, I am emphasizing the image of an abundant God who no longer requires sacrifice. The trinitarian relations are those of a God who loves in freedom and lives in communion, who continually gives from an un-emptying font of life.<sup>16</sup> This is also *kenosis*, but the difference is there is never an "empty," only more love. The hope, over time, is that the person with an eating disorder will embrace the capacity to receive life again as a grace that wills only to create more life. The God of an abundant Trinity acts via the Word made flesh, the eternal Son, intrinsic to God's very being. Through the Word God gathers to God's Self all created being and the life-giving Holy Spirit animates it with its own powers and freedoms dependent on the movement between Father and Son, bestowing itself within all created life.<sup>17</sup> Working with this model of the Trinity, individuals struggling with an eating disorder are drawn ever closer to the fullness of what God intended them to be, drawing them toward the fullness of life lived with the Divine.

To see a woman or man physically suffering from anorexia nervosa is shocking, but people with eating disorders do not always show their emptiness physically; rather, they practice incessant eating rituals in order to remain emotionally empty. Their unspoken aim is to have an empty soul, not just an empty stomach. The caregivers' instinct is to want to feed them, but long-term healing is not a quick-fix meal: it requires spiritual healing. In the Trinity, God is trying to communicate the goodness of God's own life outward to consume what is not of God; it is the overflow of life or the effulgent radiance of something supremely bright because the Father is continually receiving what the

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<sup>16</sup> Kathryn Tanner, *Economy of Grace* (Minneapolis, Minn.: Augsburg Fortress, 2005), 66.

<sup>17</sup> John Webster, *The Domain of the Word: Scripture and Theological Reason* (London: T&T Clark, 2012), 7.

Son and Spirit are returning.<sup>18</sup> This is trinitarian nutrition for the eating disordered soul who, when healed, can absorb God's love and allow it to overflow from a wholeness that never depletes.

Let us turn now to consider the unique role each source of the Trinity—Father, Son, and Holy Spirit—plays in the healing of an eating disorder. Following this discussion, the Trinity as a community will also be added to demonstrate the pastoral application of the Trinity for eating disorder sufferers.

### *The Father*

*For you did not receive a spirit of slavery to fall back into fear,  
but you have received a spirit of adoption. When we cry,  
“Abba! Father!” it is that very Spirit bearing witness with our spirit  
that we are children of God. (Romans 8:15–16)*

In 1991, a new book appeared on the market called *Father Hunger*, written by psychologist Margo Maine. In her review of Maine's book, Susan Campbell observed that while studying girls with eating disorders, Maine had noticed that the research literature rarely considered “the role fathers play in the upbringing of the walking skeletons” whom she was treating: “When the girls painstakingly pieced together how they went from being chubby, happy infants to emaciated shadows trying to starve themselves, they rarely mentioned Dad. Or, if they mentioned Dad, he wasn't a distant ogre. Instead, he was inept at connecting with his daughter.”<sup>19</sup> In her book Maine sought to address the oversight of “father hunger”—the emptiness experienced by women whose fathers were physically or emotionally absent, unable to connect with their daughters. Maine believes this absence creates a void that leads to unrealistic body image, yo-yo dieting, food fears, and disordered eating patterns. The term “father hunger” is now part of the psychology lexicon.

Where the need for an intimate relationship with a father has not been met, the divine fatherhood of the Trinity can play a significant pastoral role for an eating disorder sufferer. In relationship to a divine Father, as a replacement for the father she did not have, the

<sup>18</sup> Tanner, *Economy of Grace*, 66.

<sup>19</sup> Susan Campbell, “Fathers' Roles Often Overlooked in Girls' Eating Disorders,” *Hartford Courant*, December 17, 1991, [http://articles.courant.com/1991-12-17/features/0000208176\\_1\\_bulimia-association-american-anorexia-father-hunger](http://articles.courant.com/1991-12-17/features/0000208176_1_bulimia-association-american-anorexia-father-hunger).

sufferer contemplates the Father in relationship to the Son. The reestablishment of trust between daughter and father takes place in the setting of a divine image. Ultimately, “although God as our transcendent Creator is indeed a kind of parent, God is far more intimate with us than human parents ever could be, even closer than a pregnant woman is to her unborn child. God’s love pervades us, flows through every molecule, vibrates every particle of our being.”<sup>20</sup> This is the God of Jesus when he says, “The Father and I are one” (John 10:30). The Father’s love of the Son in the Trinity is more constant than human parental love can ever be and in this environment the daughter learns to trust again the constancy of relationship. It is through contemplating the Father’s love for Jesus that she comes to know “the love that God has for us,” for “God is love, and those who abide in love abide in God” (1 John 4:16).

Likewise, the sufferer can contemplate the divine Father in relationship to the Holy Spirit. In this relationship the divine Father makes space for the “other” child, the Holy Spirit. The Holy Spirit, understood in this way, is not simply the love created by the Father’s love for the Son (and vice versa) but a mode of being of its very own, suggesting God’s love stretches to include more than one. The love of God the Father is not selfish love but love that freely overflows to be available for more than one. Divine love is not love turned inward, but as Kallistos Ware explains, quoting Richard of St. Victor: “Shared love is properly said to exist when a third person is loved by two persons harmoniously and in community, and the affection of the two persons is infused into one affection by the flame of love for a third.”<sup>21</sup> The Father of the Trinity is able to be present to the Holy Spirit just as he is to the Son. The intra-trinitarian *kenosis*, then, is not so much emptying, but rather a continual mutual self-giving and reception in God’s freedom to give God’s life.<sup>22</sup> Once again, as eating disordered individuals engage with God the Father in this model of the Trinity, they find themselves in a relationship of love, filling the gap of what was lacking in an absent father.

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<sup>20</sup> May, *Addiction and Grace*, 122.

<sup>21</sup> Kallistos Ware, “The Holy Trinity: Model for Personhood-in-Relation,” in Polkinghorne, *The Trinity and an Entangled World*, 122. Ware is here quoting Richard of St. Victor, *On the Trinity* 3.14.

<sup>22</sup> Aristotle Papanikolaou, “Sophia, Apophasis, and Communion: The Trinity in Contemporary Orthodox Theology,” in *The Cambridge Companion to the Trinity*, ed. Peter C. Phan (Cambridge: Cambridge University Press, 2011), 244.

The Creator Father, the source of infinite tenderness and joy, dazzles us with unspeakable presence and reminds the person with an eating disorder of the primal love of a Creator that transcends the love of any father. The work of the sufferers is owning their worthiness to receive the love of God the Father. A gradual opening up to regard themselves through the eyes of what “father” ought to be in relationship occurs and they move toward giving themselves the right to expect that need in all relationships. Notably the pastoral work is not to damn the limitations of their own fathers, but to acknowledge the essential need of connecting with a father figure as a loving presence who freely wills to be in a relationship of mutual love. Healing acknowledges and enters into the grieving loss of a limited parent and embraces the father of trinitarian faith in order to move beyond being stuck in long-term grief.

To repress the trinitarian vision of divine fatherhood, as some feminists urge, is to deny individuals with eating disorders an effective image through which to relate to God. As an alternative to removing male language from the Trinity, Coakley argues that when the term “Father” is used “appropriately” (*proprie*) of God in the sense of the true inner-trinitarian relations described above, it can offer an assault on patriarchal authority. “As Freud above all knew so well,” says Coakley, “to kill the Father is to remain with and reaffirm the rule of the Father’; so there has to be another way out other than enforced repression” and complete removal of male language.<sup>23</sup> This is not to say that the Trinity cannot be referred to in feminine terms, but rather that it is the relationship among all three members which ultimately offers an interpretive meaning for our lives. Coakley asks, “Can a feminist call God Father’, then? One might more truly insist that she, above all, *must*; for it lies with her alone to do the kneeling work that ultimately slays patriarchy at its roots.”<sup>24</sup> Those who suffer from eating disorders do the kneeling work needed to slay their wounded pasts and create a new future for themselves. This requires the absent father be replaced by a passion for a healing relationship to God as Father. The work of the church is to provide guidance to this God, as Father, and to promote contemplative practices and supportive spiritual counseling to guide the journey which ultimately brings us all to our knees in worship and praise.

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<sup>23</sup> Coakley, *God, Sexuality, and the Self*, 326.

<sup>24</sup> Coakley, *God, Sexuality, and the Self*, 327.

*The Son*

*This is my body.* (Mark 14:22)

*Those who want to ascend advantageously to the love and knowledge of God should abandon the human metaphysical rules concerning knowledge of the divinity and apply themselves first to the humanity of Christ. For it is exceedingly godless temerity where God has humiliated Himself in order to become recognizable, to seek for oneself another way.<sup>25</sup>*

A dualistic relationship between the soul and the body has troubled Christianity since Paul's negative attitude toward sexual bodies (Rom. 1:27). The rigorous self-abnegation and self-discipline of extreme fasting has a history in the aesthetic practices of the desert fathers. Admittedly a form of this soul-body split is present in eating disordered persons. Self-abnegation and self-discipline are also the "tools of the trade" of the self-made slender body.<sup>26</sup> However, Jesus, the Word made flesh as a member of the Trinity, reveals a God that loves embodiment. The created body of God in Jesus the Son is held as equal in value to God the Creator and the creating Holy Spirit. Augustine and Paul may have imagined that "no one hates himself," that "we would prefer good for our souls and bodies, rather than harm."<sup>27</sup> But this is not true for someone with an eating disorder who wants nothing more than to be rid of the physical self. The disgust of the body maintains disciplined eating patterns in order to escape the disgust. However, in contrast, the Trinity denies escaping to a spiritual realm as being God's will, and claims that physical creation is of God.

To contemplate the historical human acts of Jesus as acts of an embodied God challenges the eating disorder. To disregard the body is to disregard Jesus. To deny the body is to deny that God said "yes" in Jesus. It is the physicality of the Trinity that refuses to intersect with an eating disorder. Jesus' work in the world, done in relationship with God the Father and revealed through the Holy Spirit, allows us to participate in the life of the Trinity through the living flesh of our

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<sup>25</sup> Martin Luther, *Lectures on Hebrews* (on Hebrews 1:2), quoted in Placher, *The Triune God*, 45.

<sup>26</sup> Debra A. Reagan, "Reclaiming the Body for Faith," *Interpretation: A Journal of Bible and Theology* 67.1 (2013): 43.

<sup>27</sup> Matthew Levering, *Participatory Biblical Exegesis: A Theology of Biblical Interpretation* (Notre Dame, Ind.: University of Notre Dame Press, 2008), 67.

own inescapable form. In the Incarnation, God freely and lovingly assumes human life and claims it is “good.”

One of the more recent developments in the treatment of people with eating disorders is somatic psychotherapy. This therapy helps clients attune their nervous system to sensations and emotions that they have suppressed in order to manage trauma. It encourages them to be fully present to their physical body by recognizing and naming the sensations in the here-and-now.<sup>28</sup> Somatic therapy is associated with the spiritual practice of mindfulness. It is necessary for eating disorder sufferers to relearn how to embody their frame and feel their edges without any associated self-hatred. A trinitarian faith can support somatic therapy because it invites believers to enter courageously into a loving and conscious relationship to the body, just as the body of Christ was lovingly raised up in resurrection.

As already mentioned, Sarah Coakley’s solution for overcoming spiritual displacement is contemplation, which in her words requires the “willingness to endure a form of naked dispossession before God; the willingness to surrender control (not to any human power, but solely to God’s power); the willingness to accept the arid vacancy of a simple waiting on God in prayer.”<sup>29</sup> If we assume this solution is best experienced in a seated prayer practice, it represents a challenge for those who find embodying their frame uncomfortable and sometimes even frightening. When our eyes are closed, contemplation enters more directly into our physical bodies; our physical edges become more distinct and sensations are heightened. For someone with an eating disorder, embodying the whole of life contemplatively, that is prayerfully, avoids the possible distress of feeling the body’s uncomfortable edges in a seated prayer practice. Embodying a contemplative life is to intersect Jesus’ way of being in the world with our own within the contexts of our relationships, our career choices, and even our eating choices. It is to respond to the call of the Son to journey on his path.

Recovering from an eating disorder involves the discovery of a new mission for life correlating with the primal covenant made with a compassionate God. It is an invitational mission. The Trinity speaks

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<sup>28</sup> Ron Manley and Carrie DeJong, “A Therapeutic Approach to Working with Trauma and Dysregulation: The Example of Eating Disorders and Substance Use Disorders,” *Insights into Clinical Counselling* (December 2014): 27–29, 31, 33; <http://bc-counsellors.org/app/uploads/2016/02/IICC-December2014-web.pdf>.

<sup>29</sup> Coakley, *God, Sexuality, and the Self*, 19.

to a unification of the will of the Father, Son, and Holy Spirit, aligned to one purpose of love for the other. Based on what we know of Jesus' life work, it was not out of sacrifice that he acted but out of love for the Father—a love so nourished that it became available for neighbor and the world. What we know of Jesus through scripture can be brought into creating a new life purpose rather than a life absorbed by a displaced desire to be thin. The commitment to creating life anew in the name of the Father, Son, and Holy Spirit is a vocation in contemplation; it is a life fully lived in contemplation. Caregivers focus on helping eating disorder sufferers rediscover lost passions that are life-giving. With new experiences the eating disorder sufferers grow to trust they have a purpose that contributes to the greater whole. Eventually they find meaning for life outside of the eating disorder. Like each member of the Trinity, they discover they are uniquely gifted and are invited to participate in life using those unique gifts rather than physically and emotionally disappearing.

Helping clients attach to a higher purpose that transcends unhealthy cultural values holds them in good stead when the struggles to return to old patterns of living resurface.<sup>30</sup> In God's trinitarian life, the Father makes space for the creation of something other (*koinonia*). Eating disorder sufferers also make space for something other, by finding new things to include in their lives. The caregiver gently invites them to new goals, new activities, new patterns of behavior to liberate these individuals from the blinkered vision they have formed of themselves. To quote Paul, "It is no longer I who live, but it is Christ who lives in me" (Gal. 2:20). In this contemplative therapeutic work individuals move from brokenness into a new vision in Christ revealed in the Trinity. The Trinity in this sense brings God's life into their own.

The Trinity then becomes a model for living, not in the sense of self-sacrifice but of continually creating the self out of love, for the sake of the love that has already been given. The call to that vocation rivals the call to an eating disorder in never being a task completed to fulfillment. There is no bottom to an eating disorder—that is, no size is ever small enough, no weight ever light enough—and becoming thin becomes a relentless task needing an equally bottomless task to rival its power. The Christian life is an incomplete pattern of being

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<sup>30</sup> May, *Addiction and Grace*, 149.

asking for ongoing choices to be made out of the need to transcend our small self and connect with the God of our divinely perfected self.

The God who is revealed in Jesus Christ is a God who elects, and God has elected humanity.<sup>31</sup> In choosing to work to recover, eating disorder sufferers live into being elected by God and re-entering their bodies, entertaining the idea that these bodies are, by God's judgment, deemed to be good.

### *Holy Spirit*

*No one can say "Jesus is Lord" except by the Holy Spirit. (1 Cor. 12:3)*

God as Holy Spirit is the enabler, transformer, and sustainer. The Holy Spirit is present as its own member of the Trinity whose role, while not independent from Father and Son, is unique to itself. It is present because of the love between the Father and Son but it is not limited to being the product of that love. Rather, the Holy Spirit participates in the love as Father and Son make space for the Spirit to inspire the love between them to burn.

The Holy Spirit is life-giving and yet it is also unpredictable and uncontrollable. The unpredictability of the Holy Spirit is potentially terrifying for those with an eating disorder because through eating disorder behaviors they are seeking to gain control over the perceived chaos of emotions and relationships. Out of a fear of change, eating disorder sufferers become trapped in the perceived safety of ritualistic behaviors and routines. Entrapment represents security but also identity. The Holy Spirit threatens that unhealthy foundation and participates in the recovery process not as if by magic, but by enabling sufferers to emerge from insecurity, fear, and paralysis, and to find they can release control and find resilience in the spirit of life again.<sup>32</sup>

God as Holy Spirit is the work of grace. Medical science informs us that brain plasticity enables humans to create new neural pathways in order to change behaviors. But what initiates the desire to change those pathways and what maintains the changes when they are in their infancy remains unclear. The pernicious nature of eating disorders

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<sup>31</sup> Eberhard Jüngel, *God's Being is in Becoming: The Trinitarian Being of God in the Theology of Karl Barth* (Grand Rapids, Mich.: Eerdmans Publishing, 2001), 86–88.

<sup>32</sup> Michael Welker, *God the Spirit*, trans. John F. Hoffmeyer (Eugene, Ore.: Wipf and Stock, 1994), 87.

and the length of time it takes to recover from the disease tells us that change for someone with an eating disorder is complex and not simply a matter of will. The will of the eating disorder sufferer is limited and most patients have little desire to be well and lose the security of achieving weight loss and all the safety that goal entails. The eating disorder takes on a persona all of its own.

The work of child psychiatrist John Bowlby has encouraged a growing interest in the area of attachment theory which has significance for understanding eating disorders. For an eating disorder sufferer, often significant relationships to people they love have been deeply scarred, usually in the earlier stages of development or at key developmental times, and certainly during the course of the disorder.<sup>33</sup> The attachment between the three persons of the Trinity suggests that attachments are important theologically, that they ought to be considered precious, valued, and protected. The recovery process for eating disorder clients involves learning how healthy attachments work. In a clinical setting, the attachment between therapist and client, for instance, is often experienced as grace. It is grace given to someone isolated by the shame associated with eating disorder behaviors. This shame and the insecurity of the client requires fluidity between two people, as the client learns how to engage in a relationship based on trust. In this process the client learns how to accommodate change, learns how to feel emotions, learns how to be vulnerable to speak her or his truth and not have the relationship dissolve. And most importantly, the client learns how to receive again.

The Holy Spirit plays a helpful role in the dynamic movement of attachment to another person beyond empirical reality. The health of the client–therapist relationship is essential for eating disorder recovery. As in the Trinity, it is as if the relationship creates a third person: client, therapist, and the client–therapist relationship. The path of faith and the path of recovery involve an inner testimony of trust to walk without knowing where one’s feet might fall. It is a graceful journey of being in relationship, where the client can safely experiment with new ways of being. “The inner testimony of the Spirit results not in a purely intellectual realization of the truth of which it

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<sup>33</sup> Judy Scheel, “Linking Early Attachments to Eating Disorders Later On,” *Psychology Today* (November 1, 2011): [www.psychologytoday.com/blog/when-food-is-family/201111/linking-early-attachments-eating-disorders-later](http://www.psychologytoday.com/blog/when-food-is-family/201111/linking-early-attachments-eating-disorders-later).

persuades believers,” writes William Placher, “but more in a heartfelt sense that, ‘Yes, this makes sense: I can trust this; I can live my life this way.’”<sup>34</sup>

### *Community of Love*

*It is in the Eucharist that the Holy Spirit constitutes the community literally as the Body of Christ; Christ becomes the one and the many, the one in whom the many are united through Christ to each other and to God the Father in relations of freedom and love.*<sup>35</sup>

The eucharist lends itself to speaking about the Trinity as a single relationship of One. A recent change in eating disorder treatment has been the move away from focusing on self-esteem issues, once believed to significantly contribute to the disease, toward focusing on self-compassion, through the work of psychologist Kristin Neff. People with eating disorders consider themselves profoundly different from people without the disorder. It is a pathology of thinking that they do not need what other people need. The development of that common mindset is complex and unique to each individual’s narrative. In order for the eating disorder to hold power it must convince sufferers that they are not worthy of needing what other people need, so that over time clients develop the ability to ignore their own pain and physical nourishment. It is to completely numb out the self. But with self-compassion, the goal is to give ourselves the same kindness and care we would give a good friend.<sup>36</sup> Compassion requires that we see the shared human condition, the common imperfections of humanity, rather than the differences. Self-compassion denies the belief that everyone else is perfect and we are flawed by comparison, and rather confirms that we are all imperfect beings and our separate self is actually part of a larger imperfect commonality.

Likewise, the trinitarian relationship of three consists in the unbreakable unity and equality among the members, who are

<sup>34</sup> Placher, *The Triune God*, 93.

<sup>35</sup> Papanikolaou, “Sophia, Apophysis, and Communion,” in Phan, *The Cambridge Companion to the Trinity*, 252–253.

<sup>36</sup> Kristin D. Neff, “The Science of Self-Compassion,” in *Wisdom and Compassion in Psychotherapy: Deepening Mindfulness in Clinical Practice*, ed. Christopher K. Germer and Ronald D. Siegel (New York: Guilford Press, 2012), 79–92. See also Dr. Neff’s website, <http://self-compassion.org>.

individually unique yet cannot be uniquely identified without the other.<sup>37</sup> What the Son receives from the Father is no greater in need than what the Son gives back to the Father. The Holy Spirit does not have a separate job description to the Son but simply effects what Jesus did. Therefore, there is no setting of one apart from the other. Individualism is absolutely inconceivable in their case. The three are differentiated but dependent on each other. To the eating disorder sufferer this argues that having needs is part of God's world, that receiving from another is part of God's way of being, and that deserving equally in a non-hierarchical order is inherent to the very nature of God. It invites eating disorder clients to see a new world order for themselves of which they are a part. Self-compassion is affirmed through the Trinity. Entering the mystery of the one God in three persons points to a way of being which precludes individualism and separation (or self-sufficiency and self-existence) as a criterion for multiplicity.<sup>38</sup>

When the Trinity does speak to eating disordered sufferers, it often speaks loudest at the eucharist, the feast of love celebrated by the body of Christ through the work of the Holy Spirit. It is true that the meal at the heart of Christian practice consists of anorexic portions of food.<sup>39</sup> But the eucharist has never been solely about physical nourishment, and so it can actually provide a safe environment for someone with an eating disorder. The ritual of the eucharist becomes the testing ground for different ways of being with one another.<sup>40</sup> On reflection, the eucharist "reminds us that no food is ever eaten 'individually'";<sup>41</sup> it welcomes everyone to the table, and it is, as in the Trinity, distributed equally with no room for diminishment of one person's intake compared to another's. It is a defiant act that disrupts the eating disorders' usual calculations of costs, calories, and appearance.<sup>42</sup> Sharing in the eucharist proclaims life as sacred, as the Holy Spirit acts as the *anamnesis* of the love of the Son for the Father and

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<sup>37</sup> John D. Zizioulas, "The Doctrine of the Holy Trinity: The Significance of the Cappadocian Contribution," in *Trinitarian Theology Today*, ed. Christoph Schwöbel (London: T&T Clark, 2004), 48–49.

<sup>38</sup> Zizioulas, "The Doctrine of the Holy Trinity," in Schwöbel, *Trinitarian Theology Today*, 49.

<sup>39</sup> Fickenscher, "From Catherine to Katniss," 359.

<sup>40</sup> Fickenscher, "From Catherine to Katniss," 365.

<sup>41</sup> Fickenscher, "From Catherine to Katniss," 365.

<sup>42</sup> Fickenscher, "From Catherine to Katniss," 364.

the receipt of created life which moves from the Father to the Son in the resurrection.

Partaking in the eucharist is a prophetic resistance to excluding oneself from participating in life. The economic Trinity is experienced at the meal collectively as participants gather as Christ's body across time and space, as one body. It is a practice geared toward healing the broken body of Jesus. This trinitarian practice "calls us to be with Christ and one another in transformed ways, ways that might have the power to even change the next meal we eat."<sup>43</sup>

### *Conclusion*

Eating disorders fill a gap when security, trust, and love are missing. Within a cultural context that values lean bodies as the ideal and where thinness offers a promise for adoration and self-worth, eating disorders thrive. Media, cultural language, and explicit values about physical bodies reinforce the false covenant that being thin will provide the missing security, trust, and love. A primal desire for God, the true source of security, trust, and love, is misplaced and falls prey to a covenant with an idolatrous image of bodily perfection. Tragically, an eating disorder fails to give the life it promises, and the desired security, trust, and love are not found while a life is destroyed.

Contemplation of the Trinity offers an alternative, a faithful hope that acts to counter the despair of the false covenant promised by an eating disorder. The Trinity welcomes participation when life is practiced as a way of being, rather than as an intellectual problem to solve, and thus results in a life more fully lived. Sarah Coakley's work on the multiplicity of trinitarian images breaks down the rigid ideal of one perfect form for God and challenges the foundation of eating disorder thought patterns. Entering vocational contemplation by allowing each member of the Trinity and the trinitarian relationship itself to reorder desires provides the opportunity for a new road map of life to emerge. Reattachment is made to the one true trinitarian God through exploring the divine Father and the embodied Son, and developing relationships infused with the Holy Spirit's presence. Eventually the false covenant of an eating disorder is seen for what it is.

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<sup>43</sup> Fickenscher, "From Catherine to Katniss," 366.

In a post-Christian, secular age, trinitarian language is too often dismissed as outdated or too complicated rather than seen as a powerful pastoral tool that can speak truth to power, as it has been demonstrated to be in the recovery from an eating disorder. The increasing number of people who are actively starving themselves, despairing of meaning and hope, is a modern cultural crisis. The church needs to bring the language of Father, Son, and Holy Spirit in its liturgy alongside therapeutic medical interventions, reconfiguring a truthful reality based on the image of a trinitarian God for shriveled sufferers of eating disorders who need to be spiritually nourished in order to be spiritually and physically healed.