

**Unhooked by Grace: My Inner Work with St. Paul
on Recovering from Binge Eating**

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Introduction

According to the National Institute of Mental Health, the overall prevalence of BED, binge eating disorder (or compulsive overeating) among US adults age 21 and older is 1.2%, with the prevalence being twice as high among females. Eating disorders are serious, biologically influenced mental illnesses. People suffering with binge eating disorder can experience a wide range of harmful consequences, including a 23% co-morbidity with substance abuse and 78% co-morbidity with “any disorder.”¹ According to ANAD, National Association of Anorexia Nervosa and Associated Disorders, recovering from an eating disorder takes a long time and relapse rates are high. People with BED often suffer from low self-esteem, and get into a vicious cycle of dieting to lose weight, and then gaining it back because strict dieting results in overeating.² As a binge eater since early childhood, and as the daughter of alcoholics, I can testify to the reality of these statistics.

When I entered Virginia Theological Seminary in August of 2018, as well as starting my first CPE (Clinical Pastoral Education) training for chaplaincy, I was at my highest weight of 258 pounds. After 25 years of restrictive dieting to lose weight, (think Stillman, Atkins, old Weight Watchers, fasting) and another 25 of gentler but nonetheless restrictive “non-diets,” or “life-style choices (think “vegetarian, Keto, sugar-free, newer Weight Watchers) and regaining all the lost weight each time plus more, I decided to see if I could just eat a little less at meals and cut back a little on

¹ *Eating Disorders*, National Institute of Mental Health, Washington, DC, accessed 4/14/19. <https://www.nimh.nih.gov/health/statistics/eating-disorders.shtml>

² “Binge Eating: Breaking the Cycle,” National Association of Anorexia Nervosa and Associated Disorders, 2020, accessed 4/1/20, <https://anad.org/product/donate-to-download-binge-eating-breaking-the-cycle>

sugary desserts, while at the same time still working on the mental health issues that I had learned to ease by eating since infancy.

“Losing weight” seemed too negative a notion, so I focused on “energy taken in and energy used up.” I created a mantra: “Take in little less; use up a little more,” which I said at every meal. I was no longer binge eating for the most part, but at least several times a week I struggled with an urge to have something sweet while doing my school work or watching television. I was frustrated and angry with myself, even as the number on the scale slowly went down. I knew I was going to deepen my sense of the spiritual as I prepared for my work as a chaplain. But I did not know that my ongoing struggle with my overeating and my weight was going to merge with that preparation.

In a class on St. Paul’s letter to Romans, I rediscovered his powerful description of his inner conflict around unwanted behaviors. In Romans 7:13-25, after lamenting in four different passages that he does what he does not want to do, and does not do what he wants, he answers the haunted question, “Who will rescue me from this body of death?” (24) with “Thanks be to God through Jesus Christ, our Lord. My accepting this declaration as a call to investigate how God would achieve this rescuing resulted in a powerful transformation of my spiritual practice and a “using up” of 40 pounds of stored energy within 18 months, with no sign of regaining this weight. This transformation was the result of more work with my Inner Child as holding unconscious trauma memories and, finally, finding the invaluable support of calling on God’s love, calling on Grace.

The goal of this project is to broaden and strengthen my own story of suffering and recovery in order to create a workshop that will help others suffering from BED to

discover and transform their own stories. In Chapter One, I will examine the research explaining the two main reasons that recovery is so difficult.

1. Unconscious memories, often of severe trauma, that are stored below consciousness in the brain, drive behaviors that offer immediate relief but are harmful in their consequences.
2. While not all suffering with BED are at an unhealthy weight, many are, and nearly all have great difficulty accepting their body size and shape, reflecting our culture's extreme weight prejudice.

In Chapter Two, I will explore the theology of Paul's inner conflict as background for accepting his declaration that God will "rescue" those suffering from BED. In Chapter Three I will continue my story, supported by research, highlighting my use of the Internal Family Systems approach to uncovering the unconscious, buried memories of early childhood drama and discovering Grace, God's love, as the missing support that finally enabled me to successfully transform my BED.

Finally, I will present the workshop, which is designed to be delivered by me as a live Zoom workshop that can be recorded and distributed widely. Through a combination of my personal story of recovery and a review of the research, I hope to reach many people, especially women, who will be inspired to examine and expand their own stories to include calling on Grace and coming to love and accept themselves as the beloved children of God that we are.

Chapter 1 – The Science Behind the Suffering **How David Levitsky, Ph.D. introduced me to the science of Eating Disorders**

In 1993, Carroll and Graf published a book that I wrote on dieting and weight prejudice, *Fed Up! A Woman's Guide to Freedom from the Diet/Weight Prison*. I had not planned to write a book. But I was fed up! At age 45, I decided, after 25 years of dieting, losing weight and gaining it all back and then some, that this was a crazy way to treat myself.

So I started to read and discovered that I was not alone. Over 90% of people who lost weight by restrictive dieting gained it back, most of us thinking it was our fault – no will power. But the science at the time said something different. Our body size is determined partly by genetics. And if we decide we are not thin enough and start restrictive dieting, consuming significantly fewer calories than we need to maintain our body size, our body's metabolism changes. It thinks it's starving so it begins to slow down to conserve calories, thus making it even easier to gain back the weight plus more.³

I also learned, after years of therapy, that there was some emotional connection to those times that I ate more than I needed or even wanted. So I advocated that we pay attention to our feelings, and if we are feeling the urge to overeat, we stop and try to determine if there are some feelings that need attention.⁴ Perhaps most important, I learned how our culture's obsession with weight loss and being thin was actually contributing to an increase in eating disorders, especially among women and, at that time, mostly gay men.

³Terry Nicholetti Garrison with David Levitsky, Ph.D., *Fed Up! A Woman's Guide to Freedom from the Diet/Weight Prison* (New York: Carroll & Graf Publishers Inc., 1993), 187.

⁴ This awareness was partly correct. We did not know at the time that feelings caused by memories of childhood trauma are stored differently in the brain and cannot be accessed by conventional methods.

I was attending a 12 Step program for “compulsive overeaters,” based on Alcoholics Anonymous, because I wanted to stop eating when I wasn’t hungry. I wanted to be able to resist the urge to eat beyond fullness, sometimes even to an amount that felt like a binge. The meetings were supportive, but as we read aloud from AA’s *Big Book*, I saw that when we substituted the word “food” for “alcohol” much of what we were saying about food and weight simply wasn’t true. I started expressing my thoughts and feelings (I was angry at the misinformation and the suffering it caused!) and it was becoming clear that this was no longer the right group for me.

Inspired by members’ responses to my ideas, I started speaking in free venues like the community center. I called my presentation, “Don’t Call me Fat Ass! Facts and Fiction about size discrimination, dieting, weight loss and compulsive eating.” (This was in memory of one of my most embarrassing moments in high school when, in my senior year, the star quarterback yelled “Hey, fat ass!!” as I slinked down the hall past him and his friends. (Now if anyone tries that, I’m not quite so withdrawn or humble!) An attendee at one of my workshops said to me, “You sound an awful lot like Dave Levitsky. He’s a pretty famous obesity researcher at Cornell, (in Ithaca, NY where I was living at the time) and you should give him a call.”

Why in the world would a Cornell professor want to speak with me? I don’t have any credentials! But I took a chance and gave him a call, expecting to wade through a staff of secretaries and maybe leave a message. Instead, someone picked up the phone on the third ring, and I heard, “Hi, this is Dave.” I barely got over my shock enough to say, “Hi Dave, this is Terry Nicholetti.” Dave listened to my story and invited me to his office to speak further. When I told him all that I had learned, and that I had

stopped dieting and was trying to focus on health and pleasure and fitness, he said, “You’re on the right track; keep doing what you’re doing!”

David also invited me to speak to his obesity class, and became my mentor as well as an advocate when I sought other speaking engagements in the region. I developed a workshop-style, interactive presentation, which included a questionnaire about dieting history and experiences of what some advocates at the time were calling “size oppression” or “weight prejudice.” I invited attendees to explore their own feelings and history about food and weight. I encouraged them to get out of what I called “The Diet/Weight Prison,” and try focusing on health and fitness and pleasure instead of getting thin. After about a year, I had presented more than a dozen workshops, and had collected hundreds of questionnaires. Dave said, “Terry, it’s time for you to write a book about your story and your workshop process.” I answered, “Why would anyone read a book by me? I have no credentials!” Dave answered, “You write your story. I’ll be your credentials and guide you through the science.”

Following instructions in *The Writer’s Market*, I completed the proposal with a section on David’s credentials to validate the science, a description of the personal data from hundreds of workshop questionnaires and a title that came to me out of prayer - *Fed Up! A Woman’s Guide to Freedom from the Diet/Weight Prison*. David put me in touch with a Cornell reporter and she brought my proposal to her agent. That night I got a call from Bob Silverstein, who called me back immediately to say he liked my book and wanted to represent me! After rejections from 12 publishers, we signed a contract with Carroll and Graf, and the writing began in earnest. When the book was published in September 1993, one of my friends at Cornell’s Public Affairs department prepared a

national press release which we sent out. The response was exciting, and I was invited to speak on *The Today Show*, *CBS This Morning*, and 32 radio stations across the country. It was a wild ride!

I thought from the initial responses to my efforts that this would be my life's work – helping women free themselves from the destructive influences of a thin-obsessed culture. But I didn't realize that even though I was on the right track in recommending that we focus on feelings, health, and fitness instead of getting thin, the approach wasn't complete. Depression and fear set in after the first flourish of success and I wrestled with my demons in therapy. Now, 28 years later, the foundational messages of *Fed Up!* remain the same, and, painfully, so do some of the healthcare and cultural prejudices about eating and weight. At the same time, there is progress to report.

What is Binge Eating Disorder?

When *Fed Up!* was published, eating was pretty much still considered a failure of self-control or will power and not recognized as a disorder on its own. The American Psychiatric Association's DSM 4 (*Diagnostic and Statistical Manual of Mental Disorders, 4th Edition*, published in 1952) recognized Bulimia Nervosa (binge eating followed by some way of getting rid of the food) and Anorexia Nervosa (extreme restriction of intake resulting in very serious health issues) as individual mental health disorders, but not binge eating, which was placed in a category called "eating disorder not otherwise specified." Ten years after *Fed Up!* (2013), the American Psychiatric Association released the fifth edition of Diagnostic and Statistical Manual of Mental Disorders (DSM-5) and the changes in the section on eating disorders

were significant. DSM-5 has now included binge eating as a separate category of eating disorder. According to DSM-5, “Binge eating disorder (BED) is defined as recurring episodes of eating significantly more food in a short period of time than most people would eat under similar circumstances, with episodes marked with feelings of lack of control...(they) may eat too quickly even when...not hungry.”⁵ People suffering from BED average a binge at least one time a week over three months, and may experience guilt, embarrassment and disgust. They usually binge alone because of these distressing feelings.⁶

This change in category was made because health care professionals and researchers have come to realize that many individuals who did not fit into the designation of anorexia nervosa or bulimia nervosa should not be diagnosed with non-specific eating disorders because they might actually suffer from BED.⁷ “A primary goal is for more people experiencing eating disorders to have a diagnosis that accurately describes their symptoms and behaviors. Determining an accurate diagnosis is a first step for clinicians and patients in defining a treatment plan.”⁸

Is Binge Eating Disorder Different from Overeating?

The APA DSM-5 fact sheet states that one intention of distinguishing BED is to make the point that there are significant differences between BED and the more common experience of overeating. “While overeating is a challenge for many Americans, recurrent binge eating is much less common, far more severe, and is

⁵ American Psychiatric Association (APA), “Feeding and Eating Disorders Fact Sheet,” *Educational Resources – DSM-5 Fact Sheets*, 2020. Accessed February 12, 2020, APA_DSM-5-Eating-Disorders.pdf

⁶ APA, “Fact Sheet,” 1.

⁷ APA, “Fact Sheet,” 1.

⁸ APA, “Fact Sheet,” 2.

associated with significant physical and psychological problems.”⁹ People who overeat on occasion may experience physical discomfort, and perhaps a bit of shame after the event. But they do not experience the extreme and ongoing distress of those with BED.

What Are Causes and Indicators?

There is not one specific cause of BED. It’s not like a bacterial infection that you can cure with the right antibiotic. Rather there are risk factors that can predict the onset of eating disorders. In a paper reporting data from three prevention trials including three years of follow-up, whose subjects were young women, Stice et al. determined that the onset of all eating disorders could be predicted by emotional distress and functional impairment, while the “pursuit of the thin ideal and the resulting body dissatisfaction, dieting, and unhealthy weight control behaviors,”¹⁰ were predictors more specific to BED.¹¹

Another difference between BED’s and other types of illnesses is that they can start very slowly. A child can discover at a very young age that if they are upset, food can be very comforting. They may experience negative comments about their weight. They may grow up in a family where the parents were either very controlling or not very present. Here are a few other signs:

- Binge eating only in private
- Basing one’s self esteem on weight and body size

⁹ APA, “Fact Sheet,” 1.

¹⁰ Eric Stice et al., “Risk factors that predict future onset of each DSM-5 eating disorder: Predictive specificity in high-risk adolescent females,” *Journal of abnormal psychology* vol. 126,1 (2017): 38-51, <http://dx.doi.org/10.1037/abn0000219>

¹¹ The report distinguished the predictors for Bulimia Nervosa (BN) as “thin-ideal internalization, body dissatisfaction, dieting, overeating, and mental health care.”

- Feeling depressed and/or tormented about one's eating
- Ongoing sequence of dieting/losing/regaining weight¹²

What About Diagnosis and Treatment?

In a review of 101 publications, Kornstein et al. discovered that “although BED is the most prevalent eating disorder, it is under-diagnosed and under treated. This recognition must begin with the primary care physician, who can pay attention to eating behaviors and weight fluctuation. They can then take an active role in treatment selection and long-term follow up.¹³ The practitioner should also be aware of “traumatic life events or the presence of life stressors and evaluate how the patient is handling these life stressors.”¹⁴ When I wrote *Fed Up!*, the concept of traumatic life events or adverse childhood experiences had not yet been conceived. Since then, studies such as “The long shadow of adverse childhood experiences,”¹⁵ bring to light how these experiences can have long-term effects on one's physical and mental health and development. “Children who have experienced adversity are more likely to develop mental health problems than children who have never encountered adversity.”¹⁶ This is complicated by the fact that “Some stressful experiences – such as chronic childhood abuse – are so

¹² Marian Fraser, MSN RN and Raymond Kent Turley, BSN MSN RN, “Understanding Compulsive Overeating,” *University of Rochester Medical Center Health Encyclopedia*, (n.d, para. 1-4) Accessed January 16, 2019, <https://www.urmc.rochester.edu/encyclopedia/content.aspx?contenttypeid=56&contentid=4132>

¹³ Susan G Kornstein et al., “Recognizing Binge-Eating Disorder in the Clinical Setting: A Review of the Literature,” *The primary care companion for CNS disorders* vol. 18,3, 26 May. 2016, accessed February 11, 2020, <http://dx.doi.org/doi:10.4088/PCC.15r01905>

¹⁴ Kornstein, “Recognizing.”

¹⁵ Katie McLaughlin, PhD, “The long shadow of adverse childhood experiences: Adverse environments early in life have lasting consequences for children's health and development,” *Psychological Science Agenda Science Brief* (2017): accessed February 20, 2020, <https://www.apa.org/science/about/psa/2017/04/adverse-childhood>

¹⁶ McLaughlin “Shadow.”

overwhelming and traumatic, the memories hide like a shadow in the brain,”¹⁷ and are consciously inaccessible. I learned from my own experience that these “buried memories” can drive behaviors such as binge eating. Recognizing and retrieving these memories made a huge difference in my being able to make progress in my recovery.

Psychotherapy and Mindfulness-Based Cognitive Therapy have been shown to be highly effective tools to help someone with these behaviors.¹⁸ Goals may include:

- Identifying binge eating and its function of adapting to difficult circumstances and feelings
- Developing skills that help interrupt binge eating
- Recognizing how weight prejudice contributes to developing BED
- Recognizing how internalizing weight prejudice leads to unhealthy efforts to lose weight and change shape to make oneself worthy of self-esteem and love
- Learning how to have a healthy relationship with food – to eat enough for their bodies to be nourished completely¹⁹

One controversy about the new diagnosis is that there are also a number of people who may not exhibit the extreme and ongoing distress of BED, but who do experience urges to overeat which they experience as very difficult to overcome. They

¹⁷ Marla Paul, “How Traumatic Memories Hide in the Brain and How to Retrieve them,” *News Center Northwestern Medicine Feinberg School of Medicine*, August 17, 2015, accessed February 2, 2020, <https://news.feinberg.northwestern.edu/2015/08/how-traumatic-memories-hide-in-the-brain/>

¹⁸ JoAnne Nuccio, LHMC, CAP, “Binge-Eating Disorder and Compulsive Overeating: Are They the Same Thing?” *Eating Disorder Hope (2020)no pages*, accessed February 13, 2020, <https://www.eatingdisorderhope.com/information/binge-eating-disorder/binge-eating-disorder-and-compulsive-overeating-are-they-the-same-thing>

¹⁹ Tamara Pryor, Ph.D., “Binge Eating Disorder Recovery – It’s Not About Weight Loss,” *National Eating Disorders Association Blog, 2019* Accessed February 26, 2020, <https://www.nationaleatingdisorders.org/blog/binge-eating-disorder-recovery%E2%80%94not-about-weight-loss>

may have a history of restrictive, yoyo dieting, which “slows their metabolism and sets up mechanisms which virtually guarantee that they will regain the weight they lost.”²⁰ Their weight begins to reflect even a small increase of calories which increases their preoccupation with their body size. They also experience some level of shame and distress, and are often reluctant to seek treatment because of that. They might consider themselves a “food addict” or “compulsive eater.” According to eating disorder specialist JoAnne Nuccio, the question of whether BED and Compulsive Overeating are the same can be debated, but “as a clinician who works with those who are struggling, it is the severity of the symptoms that concern me the most, and how I may help that someone learn more productive coping skills to avoid the urges to binge and compulsively eat... matter what you call it.”²¹

How does weight stigmatization make suffering worse and recovery more difficult?

BED and compulsive overeating usually include shame and distress about one’s body size and weight, spurring a harmful cycle of striving for thinness through dieting and then regaining weight. There are many factors included in how we got to this point where body size is completely intertwined with health, self-esteem and physical attractiveness. The ideal woman’s body has ranged from the voluptuous hour glass figure of the late 1800’s to the flat flappers of the 1920’s, back to voluptuous women of the 50’s such as Marilyn Monroe and again to the stick thin silhouette (modified by photographic tricks!) of fashion models today. While there has been some progress since *Fed Up!* with various organizations promoting a healthier relationship with one’s body, we are still subjected to a flood of messages about weight, mostly fueled by a

²⁰ Nicholetti, Levitsky, *Fed UP!*, 224.

²¹ Nuccio, “Same?” no page.

multi-billion dollar weight-loss industry, an industry that has no oversight as to effectiveness of their products in the long-term. A study from the University of Minnesota surveyed every weight loss study they could find with at least a two-year follow-up between 2007 and 2013. The results were clear:

Although dieters in the studies had lost weight in the first nine to 12 months, over the next two to five years, they had gained back all but an average of 2.1 of those pounds. Participants in the non-dieting waitlist control groups gained weight during those same years, but an average of just 1.2 pounds. The dieters had little benefit to show for their efforts, and the non-dieters did not seem harmed by their lack of effort. In sum, it appears that weight regain is the typical long-term response to dieting, rather than the exception.²²

And yet, millions of women and an increasing number of men torment themselves daily in efforts to achieve an “ideal body.” Feminist author Hannah Bacon, Acting Head of Theology and Religious Studies and Associate Professor in Feminist and Contextual Theology at the University of Chester, UK, has shed new light on religion’s contribution to weight prejudice. “Faith-based dieting is a big business. Gwen Shamblin’s Weigh Down Ministries is the most successful to date, growing from humble beginnings in 1986 into a multimillion dollar industry with an international market.”²³ Bacon reports that Shamblin is “famed in the American Tabloid Press for suggesting that fat people don’t go to heaven because ‘grace does not go down into the pigpen.’”²⁴ In other words, if you are fat, you are eating in a sinful way, and you will go to hell.

²² Traci Mann, “Why Do Dieters Regain Weight?” *APA Psychological Science Agenda*, (2018), accessed February 26, 2020, <https://www.apa.org/science/about/psa/2018/05/calorie-deprivation>

²³ Hannah Bacon, *Feminist Theology and Contemporary Dieting Culture: Sin, Salvation and Women’s Weight Loss Narratives* (London: t & t clark, 2019), 2.

²⁴ “Fat People Don’t Go to Heaven,” *Globe*, November, 2000, cited in Bacon, *Feminist*, 2.

I called Shamblin's organization to find out what they say to prospective customers. I asked the representative if they had any statistics on what percent of people who lose weight with Weigh Down maintain the loss for 5 years. "No, I'm sorry I don't. Our founder says the weight loss is permanent if you eat the way God wants you to... God wants us to fill our hearts and get in love with how he created us." Sounds good at first, right? But Bacon discovered that Shamblin's "faithing of fat" shows just how happily Protestant expressions of Christianity in America sit alongside secular fears about fat and the secular search for the body beautiful."²⁵

Discussing further how fat has been intricately tied to the notion of sin, Bacon tells of a report by the British House of Commons in which it asks directly, Should obesity be blamed on **gluttony, sloth** or both? This language was taken from an earlier article in the *British Medical Journal*, "Obesity in Britain: Gluttony or Sloth?" Bacon asserts that the bolding of the words **gluttony** and **sloth** ensures that even greater stress is put on the idea of sin, adding that they both are considered "deadly sins" by the Church.²⁶

Another major factor in weight stigmatization is the attitude of professionals in healthcare. The medical profession uses BMI to measure health in terms of weight. BMI is calculated using a simple math formula. It was created in the 1830s by Lambert Adolphe Jacques Quetelet, a Belgian astronomer, mathematician, statistician and sociologist, and is calculated by dividing their weight in kilograms (kg) by their height

²⁵ Bacon, *Feminist*, 3.

²⁶ Bacon, *Feminist*, 50.

in meters squared.²⁷ The resulting chart ranks people as Underweight, Healthy Weight, Overweight, and the very pejorative Obese.

There are many challenges with this method, not the least of which is that people are not two-dimensional. For another challenge, the range of healthy weight BMI's is quite narrow, allowing millions of otherwise healthy people to be classified as overweight or obese. Also, one's BMI does not take into account the amount of body fat or where it is located on the body, both of which can affect one's health. For example, a 5'7" man who does not exercise and weighs 155 pounds and carries some fat around his abdomen is considered to be of healthy weight, while a 5'7" man who exercises and is physically fit, (and we know that muscle weighs more than fat) who weighs 165 pounds is "overweight." While BMI calculation might be useful for looking at weight distribution among groups of people, measuring an individual person's health by their placement on the chart is neither helpful nor accurate. Even the Centers for Disease Control website page on defining obesity states, highlighted in blue,

Note: At an individual level, BMI can be used as a screening tool but is not diagnostic of the body fatness or the health of an individual. A trained healthcare provider should perform appropriate health assessments in order to evaluate an individual's health status and risks. If you have questions about your BMI, talk with your health care provider.²⁸

I asked Professor Levitsky what he thought about health professionals' still using BMI to assess individual patients when clearly, by itself it does not give useful information about an individual's health status. For example, it does not include other

²⁷ Yvette Brazier, "How useful is body mass index?" *Medical News Today*, (2017), accessed February 28, 2020, <https://www.medicalnewstoday.com/articles/255712>

²⁸ "Defining Adult Overweight and Obesity," *Centers for Disease Control and Prevention*. April 11, 2017, accessed March 4, 2020, <https://www.cdc.gov/obesity/adult/defining.html>

significant metabolic factors such as sugar level and blood pressure. His answer was honest and disturbing. “There are a lot of problems with using BMI. But it’s the only quick and dirty measure. It is not always unhealthy to be large. The term “healthy obese” refers to large people whose vitals are all normal.”²⁹ I wonder why can’t we just say healthy and leave off the pejorative.

This leads to another very serious problem with using BMI classifications - how it contributes to weight stigmatization in our culture, starting with healthcare professionals. I asked Doctor Levitsky about this and he said, “From a medical perspective, as soon as they (healthcare professionals) see a large person, they think pathology.”³⁰ One study of the attitudes of healthcare professionals in Germany observed that there are a lot of studies, mainly in the US, that show that attitudes of weight stigma or prejudice towards obese patients are prevalent among health care professionals. They found the same attitudes in Germany, noting that almost all of the respondents to their questionnaire displayed moderate to high negative attitudes towards the obese woman patient described in the questionnaire.

The researchers concluded that if healthcare professionals were educated about the complex causes of obesity, they might be less likely to hold these negative attitudes. “By making complex models on the causes of obesity known among health care professionals, stigmatizing attitudes might be reduced. Ongoing further education for health care professionals ought to be part of anti-stigma campaigns in the medical

²⁹ David Levitsky, Ph.D., Professor, Nutrition and Psychology, Cornell University, phone interview by author, Ithaca, NY, February 10, 2020.

³⁰ Levitsky, phone interview.

field.”³¹ Another review of 70 studies stated very forcefully that clients classified as “obese” receive poorer quality healthcare than non-obese and that weight stigmatization is a health hazard that needs to be eliminated.³²

Recovering from BED or compulsive overeating is a difficult and complex undertaking. In the next chapter on the theology of recovery, we will explore how believing in and drawing on God’s love, on grace, can make all the difference in the outcome of our efforts.

³¹ C. Sikorski et. al, Attitudes of health care professionals towards female obese patients. *Obesity facts*, 6(6), (2013): 512-522, accessed January 27, 2020, . <http://dx.doi.org/10.1159/000356692>

³² Tomiyama, Janet et al. *BMC Medicine* (2018) 16:123. Accessed February 27 2020. <https://doi.org/10.1186/s12916-018-1116-5>

Chapter 2 - The Theology of Paul's Inner Conflict Leading Us to Grace

Why Romans 7:13-25?

In *The Story of Romans*, Katherine Grieb states that the letter to Romans was written so that the community in Rome would experience the same effect of the Gospel of God as Paul had. She points to the value of stories in teaching: “By telling our own stories and listening to each other’s stories, we become resources for one another to discern the ways and works of God.”³³ Paul seems to know that instinctively, especially in Chapter 7:13-25.

In his letter to Romans, Paul is dealing with some tough questions about sin and the law as he addresses the Jewish Christians and Gentile Christians in Rome. As N.T. Wright observes, “In the gospel announcement of the risen Jesus as Messiah and Lord, the one true God has unveiled covenant faithfulness and justice, God’s own faithfulness and justice, for the benefit of all who believe.”³⁴ Paul does a delicate “dance” of balancing the ideas of God’s chosen people (Israel), the law (Torah), the covenant with Abraham and sin, drawing through all of these the fact that “the gospel of Jesus the Messiah unveils the righteousness, the covenant faithfulness, the justice of God in such a way as to bring into being the single family promised to Abraham, characterized by faith in this Jesus,”³⁵ adding that chapter 7 is part of Paul’s laying the

³³ Grieb, *Story*, xx, xxi.

³⁴ N.T. Wright, “Romans 7:13-20, Living Under the Law: Sin Works Death,” in *New Interpreter’s Bible, Vol X: The Acts of the Apostles, Introduction to Epistolary Literature, The Letter to the Romans, the First Letter to the Corinthians* (Nashville: Abingdon Press, 2002), 413.

³⁵ Wright, “Romans 7,” 414.

foundation for the points he wants to make in chapters 9-11 and 12-16. It is also where he tells the story of his own inner conflict.

Paul laments his inner conflict in four different ways throughout verses 13-24, and then follows with an answer in v 25A, and a caution in 25B.

Did what is good, then, bring death to me? By no means! It was sin, working death in me through what is good, in order that sin might be shown to be sin, and through the commandment might become sinful beyond measure. (13)

For we know that the law is spiritual; but I am of the flesh, sold into slavery under sin. (14)

I do not understand my own actions. For I do **not** do what I want, but I **do** the very thing I hate. Now if I do what I do not want, I agree that the law is good. But in fact, it is no longer I that do it but sin that dwells within me. (15-17)

For I know that nothing good dwells within me, that is, in my flesh. I can **will** what is right...but I cannot **do** it! (18)

For I **do not do** the good I want, but the evil I do not want is what I do! But if what I do not want **is** what I do, it is no longer **I** that work it out, but **sin** that dwells in me. (19, 20)

For I **delight** in the law of God in my inmost self, (22)

But I see in my members, my flesh, another law at war with the law of my mind, making me **captive to the law of sin that dwells in my members.** (23)

Then he exclaimed in v. 24, “Wretched man that I am! Who will rescue me from this body of death?” (How many times have I felt that way about my body?)

His answer: “ Thanks be to God, through Jesus Christ our Lord!!!! (25A)

(Finally he finishes with his view of the flesh and sin.) So then, with my mind, I am a slave to the law of **God**, but with my flesh, I am a slave to the law of sin. (25B)³⁶

Scholars debate whether Paul is really speaking of himself when he uses the word “I” in describing this conflict.³⁷ Most, including N.T. Wright, conclude that he is

³⁶ Rom. 7: 13-25, *The Harper Collins Study Bible: New Revised Standard Version, with the Apocryphal/Deuterocanonical Books*, ed. Harold W. Attridge (New York: Harper Collins, 1989) emphasis mine.

not. Wright affirms that the “I” here is to be understood as Israel under the Torah, and that “even under Torah, Israel belongs under the Adam-sphere, the realm of sin and death.”³⁸

While I do not claim a scholarship that can challenge Wright’s position, I would offer a reading of this passage that takes trauma theory into account, and suggests that in this argument, Paul was at least drawing on his own story. When he switched to the first person, perhaps he thought that using his own story, one that his readers could identify with, would help to make his argument. While Paul believed that we are captive of the inevitable law of sin, and many modern folk believe that there is something evil inherent in our nature, I wonder whether Paul would have defined sin and written his own story very differently had he lived and studied today. We now know so much more about how the pain and suffering of unprocessed early childhood trauma is buried in the deep recesses of the brain, affecting its development and driving behaviors that the more conscious part of us does not want to do.

Although Paul’s theology is centered in his belief that Jesus is the Messiah, the “Christ,” the Son of David,³⁹ and therefore might be seen as meaningful only to Christians, most people can identify with the idea of doing what they don’t want to do, and not doing what they want to do. I found that this passage spoke directly to my own

³⁷ *NRSV Cultural Backgrounds Study Bible* (Zondervan, 2019) section 5, accessed March 10, 2020, <https://www.biblegateway.com/passage/?search=romans+7%3A1-8%3A10&version=NRSV>

³⁸ Wright, “Romans 7,” 565, 566.

³⁹ Brant Pitre, Michael P. Barber and John A. Kincaid, *Paul: A New Covenant Jew*, (Michigan: William B. Eerdmans Publishing Company, 2019), 251.

experience with BED. My own story has led me to see the profound value of Paul's insight in this chapter of Romans.

My Inner Conflict

Back in 1974, I was in therapy at the Karen Horney Clinic, founded by Horney, a famous psychoanalyst contemporary of Freud who based much of her work on uncovering "our inner conflicts."⁴⁰ I was blessed to be there, as I had left the convent several years before, quite wounded by my experience. Years later, I serendipitously walked into an exhibit at the Smithsonian entitled, "The American Nun." In the section on the 1960's, the printing on the wall said that because of the shortage of nuns, the Catholic Church sent out many young women to teach with no training, no aide and no mentor, much to the detriment of the young women and the children they attempted to teach. I was one of those young women. My students were among those children.

I stood there in the hall, sobbing at the awareness that someone knew my story – I was sent out to teach and manage 48 first-graders, all by myself at age 20. There were 35 women in my novitiate. Four of us had what was called in those days a nervous breakdown from our teaching experience. The others were able to say, "This is BS! I'm doing the best that I can with no tools. I'm not a failure; the situation is wrong!" I had to ask, "Why couldn't I do that?" It took me years to realize that it wasn't the convent's fault or mine. It was the unfair experience triggering conflicts that were already inside of me, buried in that part of the brain that cannot be accessed by the conscious mind – conflicts that drove my compulsion to overeat or binge.

⁴⁰ Karen Horney, *Our Inner Conflicts* (New York: W. W. Norton & Company, 1945) Chapter One.

In her book, *Our Inner Conflicts*, Horney distinguishes between healthy conflicts where we can see both sides, check out our values and preferences and decide what to do, and neurotic conflicts where we lose a sense of choice. The book was published in 1945, when there was very little known about the effects on the brain of early childhood trauma. But they knew that the battle took place in the unconscious, leaving the person feeling as though they had no choice.

And I learned that I needed to spend some time uncovering the source of my “inner conflicts” if I hoped to be free.⁴¹ This would be years of hard work. Who would help me?

Even after I left the convent and stopped going to church, I remember hearing a phrase from scripture about not doing the things I want to do and doing things I don’t want to do. I really liked that phrase because it described what it felt like when I had an overwhelming urge to binge and couldn’t overcome it, no matter what I tried. I thought, “The writer of this dilemma really gets it.” But I didn’t know where it came from. And I didn’t know the lament was followed by an answer. So I struggled mightily year after year with various approaches to the “problem,” occasionally praying for help. Sometimes it felt like I was “getting it,” such as when I stopped dieting, offered my workshops on overcoming weight prejudice and wrote *Fed Up!* – but I never got it enough for any lasting recovery from “giving in” to the urge to binge.

Meanwhile, searching for a spiritual community whose teachings did not conflict with my values around sexuality and the role of women, I discovered Unity Worldwide Ministries. Unity defines itself as

⁴¹ Horney, *Conflicts*, 74.

a positive, practical, progressive approach to Christianity based on the teachings of Jesus and the power of prayer. Unity honors the universal truths in all religions and respects each individual's right to choose a spiritual path.⁴²

Unity's Five Spiritual Principles offered a metaphysical approach to spirituality that suited me. I found myself working with affirmations and finding other writers who believed in our co-creative nature as I faced challenges of work and residence.

1. God is absolute good and everywhere present.
2. Our essence is of God; therefore we are inherently good. This God essence, the Christ spirit within, was fully expressed in Jesus, the Christ.
3. We are co-creators with God, creating reality through the activity of our thinking and affirmations.
4. Through the creative thinking of prayer and meditation, we align our heart-mind with God and bring forth wisdom, healing, prosperity and everything good.
5. Knowing and understanding the laws of life, the Truth, are not enough. We must live the truth we know through thoughts, words and action.⁴³

I had many positive experiences as I applied these principles to my daily life, but not when I tried to apply them to my struggle with BED. I was making some progress with uncovering the feelings that had been buried from my childhood traumas, but using affirmations to see myself as someone free from BED wasn't working. Something was still missing What was it?

Finding Paul

Three years ago, I was talking to a friend about how I would need to get a "real job" but I wanted it to be something meaningful. She told me about a friend who had just completed chaplain training and really loved her new work. I felt a spark of inspiration and after many moments of connection that truly felt divinely led, I began

⁴² "Unity: Who We Are," *Unity Worldwide Ministries*, 2020, accessed March 19, 2020, <https://www.unityworldwideministries.org/about> .

⁴³ "Unity: Who We Are," *Unity Worldwide Ministries*, 2020, accessed March 19, 2020, <https://www.unityworldwideministries.org/about> adapted by author.

CPE (Clinical Pastoral Education) training while working towards a diploma in theology at Virginia Theological Seminary. I loved the work so much that I decided to take another unit of CPE and expand my diploma to a Master's Degree in Religion and Culture.

In the fall of my second year, I took a course on Paul's letter to Romans and I came across the section in Romans 7 where Paul laments his inner conflict. It was Paul all those years ago who "got" what an overwhelming urge to do what you don't want to do felt like! I had never been drawn to Paul because all I remembered were negative comments about women and sex and homosexuals. But now I wanted to know more about this man who was able to capture perfectly what it feels like when you cannot do what you want to do or stop what you do not want to do. So I started by accepting that there are scholarly issues I could explore.

Scriptural Positioning

Although the NRSV begins this section of Paul's letter at 7:14, under the heading "The Inner Conflict," N. T. Wright argues that although v 13 works to bridge vv. 7-12 and 14-20, it seems really more related to the second section. It asks and answers a question that sets up the flow of the verses to come. That question is, "Did what is good bring death to me? By no means! It was sin, working death in me through what is good in order that sin might be shown to be sin, and through the commandment, might be sinful beyond measures."⁴⁴ Paul thought it was sin that was causing this conflict.

⁴⁴ Rom. 7: 13 , *The Harper Collins Study Bible: New Revised Standard Version, with the Apocryphal/Deuterocanonical Books*, ed. Harold W. Attridge (New York: Harper Collins, 1989).

Found in Translation

While there were several smaller issues around translation, the two most relevant to this work were noted by renowned bible translator Roger Omanson. First, the NIV, NEB and NRSV all translate the first word of 7:14, οἶδαμεν, as “We know.” Omanson tells us that “a few copyists and church Fathers divided the verb οἶδα μεν so as to read, ‘I know indeed,’ but argues that this overlooks “the need at this point in the argument for a statement with which the readers would agree.” He adds that Paul often started such statements with “We know.”⁴⁵ Paul knew how to connect with us.

Second, most translations answer the question in v. 24, “who will rescue me from this body of death?” with “Thanks be to God through Jesus Christ our Lord!”. (25A). Omanson explains that two Western readings, “the Grace of God” and “the Grace of the Lord” arose as copyists changed the text in order to provide a direct answer to the question in v.24, “Who will deliver me?”⁴⁶ Whether we say God, or the Grace of God, the rescue will come through the embodiment of God in Jesus. (This aligned with the second of Unity’s principles.) But the change inspired me to explore further the notion of Grace as I strove to create a more personal relationship with God.

How Paul Used the Hebrew Bible

In *The Story of Romans*, Katherine Grieb, discussing Romans 7: 1-13, shows how Paul (who was a Pharisee before becoming a follower of Jesus) was steeped in the

⁴⁵ Omanson, *Textual, Guide to the Greek New Testament* (Stuttgart: German Bible Society, 2006), 301.

⁴⁶ Omanson, *Textual*, 101.

Hebrew bible. “Drawing on interpretive traditions that relate Adam’s fall (Genesis 3) to the whole of humanity and the golden calf incident (Exodus 32) as Israel’s particular fall,” Paul used these stories ‘in parallel’ to show that both Jews and everyone else were “trapped in Sin and rescued by God in Christ.”⁴⁷ Then in v.23, Paul argues that “the inevitability of sin makes it *another law*. The self is not the achiever of the good but a *captive* of the inevitability (law) of sin. Paul uses the Jewish concept of ‘the evil impulse,’ which, implanted in the self along with ‘the good impulse’ generates perpetual inner struggle.”⁴⁸

How Paul Engaged His Audience

Romans 7:13-25 occurs in part one of the two-part theological argument section of Paul’s letter. In this part, 1:18-8:39, Paul explores the significance of God’s righteousness. While earlier studies of Romans have focused on Paul’s ideas such as justification, grace and law, more recent studies have emphasized his use of Greco-Roman rhetorical techniques and Jewish study methods to develop his argument, which he crafted as an argument to be read aloud. An example is his use of *anacoenosis*, where the speaker asks a question of the audience to establish common interest and set up the answer. Paul did this at the beginning of the section immediately preceding this one, 7:7,

⁴⁷ A. Katherine Grieb, *The Story of Romans, A Narrative Defense of God’s Righteousness* (Louisville . London: Westminster John Knox Press, 2002) 74.

⁴⁸ Keck, “Romans,” 1919.

“What then should we say? That the law is sin? By no means!”⁴⁹ That is how Paul set the stage for the discussion of inner conflict in 7:13-25.

Who is the “I” in 7:13-25?

As we said earlier, many theologians and scholars claimed that Paul wasn’t really talking about himself but about Israel and all its faults.⁵⁰ But I am certain, no one could write about this conflict with such passion and accuracy if they hadn’t experienced how frustrating and even hopeless it feels. Paul, whom I had dismissed because of what I saw as anti-women and anti-gay teachings, gave us this gift – he showed us a way out. First he asked in his lament, “Wretched man that I am! Who will rescue me from this body of death?” (24) So many of us can relate to the self-hatred of “wretched” because we and society have called ourselves that and more. So many of us can relate to the self-judgment of “body of death” because we and society have condemned us when we cannot stop binge eating or overeating, when we cannot keep off any weight that we might lose on a diet.

Then Paul gave the solution, and I imagined him pausing for a moment before answering his lament. “ Thanks be to God, through Jesus Christ our Lord!!!! (25A) We already know that Paul’s God was a God of powerful love. In the next chapter, he proclaimed,

No, in all these things we are more than conquerors through him who loved us. For I am convinced that neither death, nor life, nor angels, nor rulers, nor things present, nor things to come, nor powers, nor height, nor depth, nor

⁴⁹ Leander E. Keck, “The Letter of Paul to the Romans,” *The Harper Collins Study Bible: New Revised Standard Version, with the Apocryphal/Deuterocanonical Books*, ed. Harold W. Attridge (New York: Harper Collins, 1989), 1910.

⁵⁰ *NRSV Cultural*, section 5.

anything else in all creation, will be able to separate us from the love of God in Christ Jesus our Lord. Rom 8:37-39

Jesus is the embodiment of God's love. When asked what is the greatest commandment, he didn't stop at "You shall love the Lord your God with all your heart, and with all your soul, and with all your mind, and with all your strength." Mark 12:30 He added as of equal importance, "The second is this, 'You shall love your neighbor as yourself.'" Mark 12:31. Not more than yourself, but as yourself. That means loving all of us, including our bodies. By following Paul's example, by believing in this powerful love of God, shown to us through the life, death and resurrection of Jesus Christ, we are no longer alone as we move through the complex, sometimes painful and always challenging process of recovery, which is perhaps the most significant act of self love.

I know that verse 25 has a part B: "So then with my mind I am a slave to the law of God, but with my flesh I am a slave to the law of sin." I think if Paul lived today and got to know the science, he also might have had a different interpretation and more hopeful view of his body. This allows me to accept the passages that I used to resent, on slavery, women and homosexuality, as reflective of his time, and allows me to explore these passages and find the meaning for me and for the people I hope to serve in pastoral care. If we can support our own inner work knowing that God's love is right there for us, we can gradually free ourselves from our inner conflicts and live more fully the lives of love and joy to which we are called. In Chapter 3, I will discuss how this process has evolved for me and allowed me to experience recovery for nearly two years.

Chapter 3 - More About My Story

I remember one session back at the Karen Horney clinic in group with our psychiatrist, Dr. Malen. I was telling about all the things that were improving in my life. I was getting along better with my husband and my step-daughter. I finally was making progress in my job as a “detail girl” (sales representative) for a major pharmaceutical company. But I wasn’t losing any weight. I cried out, “I feel like my whole body is fine except that I have this giant growth coming out of my side. I wish I could just cut it off!” I had no idea at the time what a violent action towards my own body I was imagining. Dr. Malen said, very quietly, “Be careful; you may find your heart is in there.”

Writing about his own experience with sex addiction, theologian David Tremaine echoes Dr. Malen’s wise words when he says that addiction can be a teacher about ourselves, others and God.

It can reveal to us the deepest truths of our spiritual lives and journeys. It is a mistake to look for such revelations solely in historical dogmas and scripture and ignore the wisdom of our human experience because we are made “in the image of God. (Gen 1:27)⁵¹

It was time for me to learn something about myself. I had heard for years that compulsive overeating was eating “over my feelings,” but when I was at that point of pressure and craving, I could not identify any feelings except extreme distress. In exploring my “perfectionism,” I had learned that my mother’s arbitrary eruptions of rage, both physical and verbal, were quite terrifying to me as a small child, (I never knew until afterwards that I had done something “wrong,) and I suspected there was a

⁵¹ David Tremaine, *The Beautiful Letdown: An Addict’s Theology of Addiction* (Eugene: CASCADE Books, 2019), 3.

connection, but at the moment of urgency to eat, even if I screamed silently to myself, “For God’s sake what are you feeling??!!” I couldn’t tell what was going on.

More About Trauma

The ancient Greek word for trauma **τραυμα** means a wound or an injury inflicted upon the body by an act of violence. To be traumatized is to be slashed or struck down by a hostile external force that threatens to destroy you.”⁵²

In the 1970’s and early 80’s therapy, most lay people and some therapists did not know about trauma and buried memories. For nearly two decades I went to therapy for anxiety and depression, and made some progress. But there was always a core that seemed untouchable, until the late 1980’s when childhood sexual abuse was more prominent in the news. I found myself crying whenever there was such a story and it made me wonder about myself. I asked a dear friend who ran the Sexual Abuse Task Force in Ithaca and she said, “It may be. Just give it time and you will know.”

Several months later, I had my first flashback, unknowingly triggered by my then-husband, who shushed me for making too much noise during sex. Next thing I knew, I was lying flat on the bed and it was as though I was actually being held down as a small child. I “heard” a man, whom I later identified as a fishing buddy of my dad’s, hissing at me, “Be quiet! Be still! Don’t make a sound!” I did not know anything about flashbacks. Terrified, I ran into the shower stall, turned on the hot water, and sat trembling in the corner. And so it began – a thirty-year journey back to myself.

I learned about PTSD (Post Traumatic Stress Disorder) from therapists who were beginning to realize that talk-therapy was not enough, employing methods such as

⁵² Cathy Caruth, *Unclaimed Experience: Trauma, Narrative and History* (Baltimore: Johns Hopkins University Press)1996, as quoted in Serene Jones, *Trauma + Grace: Theology in a Ruptured World Second Edition* (Louisville: Westminster John Knox Press, 2019), 12.

EMDR, SE and EFT⁵³ that brought my body into the process. I learned, for example that all those times I hated myself because I lay on the couch and could not get up to go to work were not manifesting a character defect, but rather the result of “freeze,” one of the three biological responses (fight, flight, freeze) to threat. Each new piece of knowledge brought a bit more freedom, but I continued to struggle with times of overeating, almost as though a parallel self was carrying out part of my life. I did not know until I worked with David Levitsky how much of that parallel self was reacting to decades of restrictive dieting.

Before working with David, I had bought the “addicted to food” model of Overeaters Anonymous and for a while, was elated that I had found the answer. All I had to do was admit I had a disease, turn it over to a Higher Power and then follow the 12 Steps. Reverend Tremaine’s description of AA’s founder Bill W.’s view of alcoholism as a spiritual disease, including the risk of such a notion, was fitting for overeating as well.

Bill W. viewed alcoholism as a spiritual disease requiring a spiritual recovery. This was important because it challenged previous notions of shaming and blaming that had been directed at alcoholics for so long. But we must not stop at the idea of healing a disease, which is about removing a suffering. It can lead to the notion that there is a diseased part of ourselves that needs to be removed.⁵⁴

OA was my first glimpse of calling on spiritual support for this “problem” and I was grateful. For two years I struggled with the idea of “abstinence,” and listened week after week to other people who were elated when they kept their abstinence and distressed when they did not. But, just as when I had cried out that I wanted to cut off this part of myself, I saw many examples of OA members who indeed thought there was

⁵³ Eye Movement Desensitization & Reprocessing, Somatic Experiencing, Emotional Freedom Technique (Tapping).

⁵⁴ Tremaine, *Letdown*, 8.

a part of themselves that needed to be removed. I heard shame and regret when someone “lost their abstinence this week.” When I finally decided that “abstinence” was just another version of restrictive eating, I felt very conflicted because “for the first time in my life I experienced love and support on a daily basis for a problem I thought was disgusting and should be hidden from others.”⁵⁵ I lamented, “It’s so hard to listen to people call “insanity” behaviors that may very well be the only SANE reaction to restrictive eating.”⁵⁶

I left OA, thinking I had found the answer by focusing on eating for nourishment and pleasure and accepting whatever size body resulted from that decision. I also had begun to use the model of “finding my inner child” in an effort to find out more about what was happening within me. But it didn’t take long after *Fed Up!* was published for the urges to overeat and times of depression to return. In spite of successful workshops and media interviews, I once again experienced “freeze.” Tremaine says, “But if recovery stops at the physical there is a great spiritual opportunity missed.”⁵⁷ There was still some part of myself that I could not access.

More About My Inner Child(ren)

The archetypal Jungian notion of the *puer aeternus* (male) or (female) *puella aeterna*—the eternal child—provides the basis for what has come in pop psychology and self-help movements (see for example, the writings of Dr. Eric Berne, Dr. Alice Miller, or John Bradshaw) to be known as the “inner child.”⁵⁸

The notion of communicating with my “inner child” appealed to the writer and performer in me. I have been working in various form of therapy for most of my adult

⁵⁵ Nicholetti Garrison with Levitsky, *Fed Up!*, 50.

⁵⁶ Nicholetti Garrison with Levitsky, *Fed Up!*, 50.

⁵⁷ Tremaine, *Letdown*, 5.

⁵⁸ Stephen A. Diamond, Ph.D., “Essential Secrets of Psychotherapy: The Inner Child,” *Psychology Today* (June 7, 2008): no pages, accessed April 3, 2020, <https://www.psychologytoday.com/us/blog/evil-deeds/200806/essential-secrets-psychotherapy-the-inner-child>

life, but none of the work seemed to affect my compulsive eating disorder for long. It's only recently that therapists are incorporating research about the unconscious effects of early childhood trauma, "where the original traumatic event serves as an unconscious template for anxiety-driven plays of mind and actions like cutting oneself, eating disorders or substance abuse."⁵⁹ The memories are unconscious, which means that the survivors often do not get the connection between their troubling behaviors and the trauma.⁶⁰

I did not realize the connection, and felt a great deal of anger at this struggle and at my "inner child's" rebellious nature. "Why can't you eat like a normal person? What's wrong with you?" I continued to do the emotional work, experiencing great discouragement that I was still losing and regaining weight no matter how much progress I made.

In 2016, I was invited by a friend to attend the first ACES conference in Richmond, VA, where I learned of the CDC-Kaiser study of ACEs (Adverse Childhood Experiences). This study surveyed 17,000 HMO members from Southern California about their childhood experiences and their current health and behaviors.⁶¹ The findings were conclusive: "as the number of ACEs increases so does the risk for negative outcomes (in adulthood)."⁶² I took the survey and found that I had experienced seven out of the ten ACEs they were monitoring. I began to feel more compassion for my struggles.

⁵⁹ Jones, *Trauma*, 17.

⁶⁰ Jones, *Trauma*, 17.

⁶¹ "Violence Prevention: About the CDC-Kaiser ACE Study," *Centers for Disease Control and Prevention*, last reviewed April 3, 2020, accessed April 3, 2020, <https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html>.

⁶² "Violence Prevention," *CDC*, no page.

Then in 2018, during my first CPE (Clinical Pastoral Education) course, I learned about a psychotherapy developed by Richard C. Schwartz, Ph.D. that he calls Internal Family Systems (IFS). Schwartz guides people to healing by “accessing and loving their protective and wounded inner parts.”⁶³ It turns out, I have more than one Inner Child to learn about and pay attention to! IFS believes that, just like members of a family, inner parts can be “forced from their valuable states into extreme roles within us,” which they call exiles, managers and fire fighters.⁶⁴ These roles can push us to take actions that may not be good for us. Schwartz also asserts that everyone has a core Self, that is beyond wounding and understands how to heal. His approach is to help clients access that Self and then from that central core, connect with and come to understand and heal their parts.⁶⁵

While discussing the concept of Self with Schwartz, physician Lissa Rankin came to the conclusion that Self is a universally acknowledged aspect of being human. She writes that each of us is born with what she calls “an umbilical spot of grace where we were first each touched by God.”⁶⁶

Psychologists call this spot the Psyche, Theologians call it the Soul, Jung calls it the Seat of the Unconscious, Hindu masters call it Atman, Buddhists call it Dharma, Rilke calls it Inwardness, Sufis call it Qalb, and Jesus calls it the Center of our Love.”⁶⁷

⁶³ Richard C. Schwartz, Ph.D., “What Is Internal Family Systems?,” *IFS Institute: About Us*, 2020, accessed March 25, 2020, <https://ifs-institute.com/about-us>

⁶⁴ Schwartz, *IFS*.

⁶⁵ Schwartz, *IFS*.

⁶⁶ Lissa Rankin, MD, “Internal Family Systems (IFS) Is A Game-Changer For Medicine, Psychiatry, & The Spiritual Path,” *Lissa Rankin, M.D.*, March 4, 2019, accessed April 3, 2020, <https://lissarankin.com/internal-family-systems-ifs/>

⁶⁷ Rankin, MD, “IFS.”

This approach aligns perfectly with the second Unity principle that our essence is of God and therefore we are inherently good. I was inspired to look inside for my expanded “family,” and I found three: Little T, who is about four or five years old, Terry, who is between 13 and 17, and Theresa, who is 28. Each of them “holds” emotions they have been storing ever since they were first experienced as “too much to bear.” For the past several years, I’ve been blessed to work with Emily Pitt, LCSW, in Kaiser’s Behavioral Health clinic, who is helping me learn how to reconnect with those parts of me that were banished during childhood trauma, when, since infancy, I learned to use food for comfort and survival instead of feeling what “they” were feeling.

This new approach did not stop me from getting angry and frustrated that I still had to “fight off” urges to overeat. Sometimes I would “scream” internally, “What the heck is going on here? Why can’t we all just get along and stop eating?!” Emily told me several times that this wasn’t going to work if I stayed angry at my Inner Children, that I needed to learn how to love them, not so I could stop overeating and lose weight, but so I could become more whole, reconnecting with those banished parts of myself with love. Clearly I was going to need more help. Where would it come from?

More About My Finding Grace

When Paul asked who would rescue him from this body of death, he answered his own question with, “Thanks be to God, through Jesus Christ our Lord!” (Rom 7:25) I was excited to find that answer, and then I realized I didn’t know how that would happen. As I took courses in New Testament and Pastoral Care, I figured out why I didn’t know when I discovered what was missing from my spiritual life. When I was a

little girl, I used to wrap the beads of my rosary around Jesus on the crucifix because I thought he must be cold. And I wrote letters to Saint Theresa the Little Flower which I kept in my jewelry box. In letting go of the traditional Christianity of my childhood and convent days, and focusing on the metaphysical aspects of God as Source, I had lost a sense of personal relationship with God. While I was glad to let go of the notion of myself as a miserable sinner who caused Jesus to suffer and die for my sins, I found it difficult to have a personal relationship with a Source of Energy or a Universe. I was supposed to love God, but how would I know if God really loved me?

There was another possible reason for the disconnect, as explored by Serene Jones, President of Union Theological Seminary in New York city. She asks how people whose inner selves have been wounded by violence and whose internal capability to know and feel has been broken come to feel and experience God's grace. Jones concludes, "It is hard to feel divine love when your capacity to feel anything at all has been broken."⁶⁸ This opened my eyes to the connection between believing in God's love for me, and believing in anyone's love for me, or even in my ability to love at all. And this led to a pivotal experience in my journey.

One night in January 2019. I had hosted a family dinner in the community room in my dorm at seminary to celebrate my sisters' visit from Ithaca, NY, and my granddaughter's and great-granddaughter's birthdays. I had also invited a middler student with whom I had developed a friendship. While there was no sense at all of a romantic attachment, I was flattered by his attention and really enjoyed our

⁶⁸ Jones, *Trauma*, xx, xxi.

conversations. After a very lively evening, including much praise for my lasagna, I sent everyone home, saying I would do the cleanup as they all (my family) had to drive.

Shortly after they left, I sat down at the table and soon began to eat most of the leftover snacks and birthday cupcakes. I hadn't had a binge like that in a very long time. I went to sleep, asking myself what the hell had happened. I woke up with a deep and clear realization. After everyone had gone home, I was so lonely. My "inner little child" was so lonely. (I hadn't yet "met" the older two.) I finally got how deeply buried was the grief that was driving my overeating since my infancy. I thought this was the key, and I was determined to face the loneliness, no matter how difficult it was, each time I felt the powerful urge to overeat. Even though I still didn't quite have the relationship part worked out, I determined that God's love could help. I also decided that I wanted to build my Master's capstone project around this discovery and healing.

I spoke about this with my professor in a spiritual direction course I was taking, and she suggested that I read Gerald May's *Addiction and Grace*. Dr. May stated that after 20 years of treating patients and listening to the yearnings of their hearts, he determined that every human being has a natural desire for God, whether they are religious or not. "This desire is our deepest longing and most precious treasure."⁶⁹ He then said that something gets in the way of fulfilling that longing, even referencing Paul's lament about not understanding his own behavior. May claimed that "God creates us out of love, or perhaps as the fourteenth century German mystic Meister

⁶⁹ Gerald G. May MD, *Addiction and Grace: Love and Spirituality in the Healing of Addictions* (San Francisco: Harper & Row, 1988), 1.

Eckhart is supposed to have said, out of the laughter of the trinity, which is the same thing.”⁷⁰

It was May who directed me to my first understanding of grace as “the active expression of God’s love. God’s love is the root of grace; grace itself is the dynamic flowering of this love.”⁷¹ And I love his notion that this work is not just about receiving grace, but actually choosing to live in the “facts of grace”⁷² even if we can’t see or feel them. At this time, I was somewhat willing to thinking of my overeating as something like an addiction, but I found myself disagreeing with May’s mention of sin, and his claim that addiction “displaces and supplants God’s love as the source and object of our deepest affection.”⁷³ I did not find a reference to trauma and its effects on behavior and choices anywhere, and I certainly do not feel affection or even desire for food when I’m wrestling with the urge to overeat. I just want that awful, powerful urge to stop.

At the same time, May has given me language to use to wonder about the power of grace as God’s love and how it can support my recovery from binge eating. He reminded me that there are statements of God’s love in the Hebrew Testament such as that of Isaiah 43:1-4, “I have called you by name and you are mine... You are precious in my eyes, and honored and I love you.” This touched my heart, and encouraged me to take a look at my history of being attracted to flirtatious men, becoming so emotionally involved and feeling “full” before anything really develops and then feeling devastated and “empty” when they leave. I determined that my middler friend would be the last man to fulfill that pattern!

⁷⁰ R. Blakney, *Meister Eckhart: A Modern Translation* (New York: Harper Torch Books, 1941), p. 245 as quoted in May, 13.

⁷¹ May, *Grace*, 120.

⁷² May, *Grace*, 128.

⁷³ May, *Grace*, 13.

My little four-year old, Little T, is where my deep loneliness, going all the way back to when I was first born, is stored. My mother and I both almost died . She has told me that for nearly four months, while my dad was still away at sea during WWII, she was too weak to hold me. I cried all the time until they figured out that I was allergic to the milk they were feeding me, as my mother was unable to nurse. So for the first four months of my life, I was short on nourishment and physical touch. One therapist said to me that it was no wonder that I learned to use food as my comforter of choice.

While doing the work, I found two other “parts” of my “inner selves, ” and realized they each had a function. I knew that four-year-old Little T held loneliness, but I hadn’t known that she also held sadness and fear. 13-27 year old Terry held anger, all the time. 28 year old Theresa held a deep desire for success and fulfillment along with a sort of hopelessness that things would ever get better. I tried to pay attention with love to these inner selves, without worrying about losing weight. I tried to love myself for the sake of loving myself, and reconnecting with those parts of me that had been banished in childhood. I tried to offer comfort for the suffering. I found that extremely difficult to do on my own. But as I tried, I continued to be able to eat smaller amounts of food, without any sense of restriction, and I lost around 2-3 pounds per month for a total of 20 pounds by July 2019.

Meanwhile I was dealing with painful hips caused by osteo-arthritis and it was determined I needed hip replacement. In July of 2019, the surgeon told me no surgery until I lost 50 more lbs. Even though it had taken me a year to lose 20 very successfully, by using “Choose a little less; Use a little more,” I at first said, “Sure I can do that. Look what I’ve done so far!” But as soon as I tried to speed things up, I began overeating

again and regained a few pounds. My therapist said, “Telling you to lose a lot of weight before you can get relief from all this pain and suffering triggered the very mental health issues that led you to binge eating and weight gain in the first place.” I am working on how to challenge that standard with the executives that made that decision.

Moments of Grace

As of January, 2019, I had been practicing my “choose a little less; use up a little more” way of eating” for 17 months, while deepening my relationship with God and calling on God’s love, God’s grace for support. In my capstone workshop, I want to tell some stories of experiencing moments of grace to encourage participants to discover their own moments. Here are three:

1) When I started the course on Romans last semester, I didn’t realize that as a seminar, it would be much more difficult than the New Testament survey courses I had taken. I was already quite stressed by having to use a walker to accommodate my painful hips. One night I working on a Romans assignment in our community room. I started to feel panic the likes of which I had not experienced in years. My nose closed up, I couldn’t catch my breath and my arms and chest started to tingle. I was so frightened but it was too late to call anyone so I went back to my dorm room and sat, terrified, thoughts of ending this any way I could passing briefly through my mind.

Finally I called out loud, Oh God! Please! Help me! I felt a strong impulse to go to my bookcase and immediately, with no hesitation, pulled out *Radical Acceptance* by Tara Brach, founder of Insight Meditation Center of Washington, and one of my teachers. I randomly opened the book, and came upon the story of a not-so-young woman who had been rather successful professionally, and was experiencing severe

panic attacks. Tara told her that she was experiencing some old, buried feelings that were finally coming out, and if she let them, she would feel much stronger. She also told the woman that she did not have to do this all at once, and should take breaks while doing the work. I could feel myself relaxing as I read the story. Then I took a break, watching silly videos on youtube. I was sincerely grateful to God, Tara and the woman in the story.⁷⁴

2) I was feeling quite proud of my handling of the panic attack, and so sat down a few days later to complete another assignment, and I felt the same shortness of breath and tingling in my arms. What the heck was going on? I thought I had handled this!! I forgot growth is not linear but rather like a spiral, on its way up, for sure, but not necessarily in a straight line. I remembered that I needed to check in with my little tribe of selves within, and did my best to allow Little T to express her fear. Theresa also chimed in with her “Here we go again,” disillusionment. I asked God to help, a bit awkwardly, and after validating Little T’s fear (I’m so sorry sweetie; I know how scary this is.”) and beginning some gentle deep breaths, the episode passed and I was very happy to finish my assignment.

Later that afternoon, I had a video appointment with my therapist, Emily, and the panic returned. I got angry! I thought we had dealt with this! I’m so blessed at how skilled and compassionate she is. She explained to me that Little T was feeling fear as though something terrible was happening right now. She guided me through the process. First check if there really is something to be afraid of and if so, address it. If

⁷⁴ Tara Brach, Ph.D., *Radical Acceptance: Embracing Your Life with the Heart of a Buddha*, (New York: Bantam Books, 2003), 176.

not, say to Little T, “Honey I know you’re scared as though something bad was happening right now. There isn’t anything bad right here, right now, so let’s see what would comfort you.” I got up and got my 15-year-old stuffed tiger and began to hug him, breathing slowly and gently while Emily continued to speak with me.

“Remember,” she said, “You can’t do this in order to lose weight. You need to do it to love and reconnect with those banished parts of yourself.” By then I was calm and optimistic that I now knew how to support myself, with God’s love, if and when I have any more panic attacks.

3) Most meals, I had very little challenge to my new, grace-full way of eating. I learned the difference between “full” and “satisfied.” I remembered that the word “satisfied” came from the Latin meaning “to make enough.” I was learning to enjoy satisfied, as more of my feelings were coming to the surface rather than being banished to my amygdala.

One evening after dinner, I was watching an episode of *Law & Order* on TV. Suddenly I had a craving for the other half of a large cookie that I had started at dinner. The urge was so strong, like in the “old days” of a year ago. I started to feel the fight...I want it! No, we don't do that any more! Why not? Because we're not hungry! So what! Then I remembered. God, please be with me so I have strength to offer attention to this very strong part of me. I asked myself, “Ok gang, who is having a hard time? How can I help?” Suddenly an image of my middler friend, whom I had seen briefly at lunch, came into my mind. Then I asked who was hurting, and Little T cried, “I’m so lonely.” I felt the tears and let them come. I wrapped my arms around me and rocked gently as I said, “I’m so sorry. I know this is hard. I know you want someone to hold you and love

you.” After a few minutes, I stopped crying, felt better and the urge to eat more cookie had passed.

It’s finally getting through to me that I could learn to love all my formerly hidden inner parts and as long as I kept that connection, I could choose to eat in a way that allows me to use up more of my stored energy. This is a very difficult thing to do. I am so grateful to have discovered that I am not alone even when I am by myself. As a child of God, I too can call out for God’s help – God’s love. Not mushy romantic love but a powerful energy of caring and possibilities. I have an always-present partner as I do this very difficult work...and it’s getting easier.

Easier, but not perfect! About a week ago, I had a craving for chocolate-covered caramels that I keep in the freezer as special treats. So I had one, and then another. And someone inside, I think it was 13-year-old Terry, said, “I want three more and I don't want to hear any feelings mumbo jumbo!” I was tired and decided to just let it happen. And it did. And that was that. Not perfect, but good enough that as of February, I’d lost 40 pounds. Because of Corona virus, I haven’t been able to go back to my Kaiser clinic to weigh myself, but I can tell by how my clothes fit that I am keeping the weight off, and probably in a few months, will have lost a bit more.

The difference is I know those five caramels were not the first step to returning to unconscious overeating and regaining the weight. The difference is that most of the time I like how it feels after the dialogue with whoever is having trouble within. I like how it feels to eat lightly. I like how it feels to be in touch with my most difficult selves. And I have the determination, strengthened by God’s LOVE, to continue this journey, as we used to say in OA, “one day at a time.”

Conclusion

BED or compulsive overeating is a devastatingly difficult disorder to overcome because, among other issues, sufferers may experience both internal hidden trauma memories and society's external pressure to achieve some arbitrary "ideal body." Understanding the science behind this challenge and calling on Grace for support can be powerful aides to recovery.

What follows is the workshop that is the outcome of this capstone project. Inspired by the restrictions of COVID-19, I have designed the workshop to be presented by me through Zoom to online audiences. I share my story of recovery from binge eating supported by grace in order for attendees to recognize, experience and share their own stories. Through this process, my hope is that attendees will find comfort and support for their own journey of recovery.

I am looking forward to further study and advocacy in two main areas: understanding more fully the feminist approach to the theology and politics of recovery, and preparing a workshop specifically tailored to influence doctors and other healthcare workers to recognize and overcome their own prejudices against people they consider overweight or obese.

After graduation, I will develop a marketing plan and use social media and my own email list to promote the workshop, reaching out to women who suffer from binge eating disorder or compulsive overeating. I will also explore offering the workshop to churches and other appropriate organizations. Finally, I will develop an online spiritual support network, with the working title "Grace-full Eating with Terry Nicholetti" Eventually I will also explore including men in my audience for this work.

Unhooked by Grace:

My inner work with St. Paul
On Recovering from Binge Eating

Student Workbook (With trainer notes in red)



Finding Spiritual Support for a Difficult Journey

[Click here for
Youtube video of Sample Workshop Introduction Session \(takes a moment\)](#)

Presented by Terry Nicholetti
MA, Religion & Culture
Developed for MA Capstone Project, Virginia Theological Seminary

Welcome! (sources of content from Capstone text noted in red.)

- Guidelines for sharing – from the group.
(Emphasize that as leader, you will make sure the guidelines are followed)

- Brief overview of workshop.
 - Terry’s story – an opening statement, to be continued in each section. (from Introduction)

 - Today’s objective: to answer these four questions and encourage you to explore further.
 - What is the science behind the suffering?
 - What is “inner work” and why does it matter?
 - How does grace support inner work?
 - What one thing will you do differently?

- Setting your intention – Complete this sentence:
This workshop will be worth my time if...

- Sharing a few answers from the group.

Your story: (Use the back if needed!)

What is the science behind the suffering of binge eating disorder?

(from Chapter 1, “The Science Behind the Suffering”)

- Definitions
 - BED
 - Overeating
- Current treatment options.
- The harm of dieting.
- The harm of weight prejudice and fat shaming.
- The harm of limiting beliefs about yourself.

Your Story:

What is “inner work” and why does it matter?

(from Chapter 1, “Science” and Chapter 3 “My Story My Work.”
Give trigger warning before my flashback and invite anyone who wants to “leave” and I will let them know by chat when it’s done.)

- Trauma and “buried feelings.”
- Reclaiming the banished parts of ourselves.
 - What is an Internal Family System?
 - Who is in my Internal Family?
 - How can I reclaim them with love?

Your Story:

How does Grace support inner work?

(from Chapter 2, “The Theology of Paul’s Inner Conflict and God’s Love” and Chapter 3 “My Story My Work)

- Definition of Grace.
- St. Paul’s inner conflict and God’s love.
- The embodiment of Grace – Jesus and others.
- The role of Grace in recovery.
 - The power of Presence – learning to “be in the moment.”
 - One way to practice presence.

Your Story:

Summary and Next Steps

- Review of the three questions.
- What are your next steps?

Resources

(Select from the Capstone bibliography, depending on the group.)

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