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"He Himself Becomes a Living and Personal Law": *Veritatis Splendor*, Eating Disorders, and Misguided Moralism

Megan Heeder

Abstract: *Veritatis Splendor* is well-known for its use of the Gospel of Matthew's depiction of Christ's exchange with the rich young man seeking eternal life as the framework for understanding the moral life. It establishes relationship with Christ and one's neighbor as central to both love of God and doing moral theology, highlighting the role of connection and relationship. The Christocentric framing of *Veritatis Splendor* responds to misguided moralism's role in the development of eating disorders and the role of relationship in recovery, which has implications for moral theology's understanding of eating disorders in a social media age. Misguided moralism conceives of eating disorders as rooted in a link between eating and goodness to which relationship as a moral key is particularly responsive. Studies of eating disorder recovery in various fields indicate that strong, compassionate, hope-filled relationships are key to recovery, providing fertile ground for interconnections between *Veritatis Splendor*'s understanding of the centrality of relationship with Christ and morality within the process of eating disorder recovery.

A MOTHER'S RELATIONSHIP TO HER DAUGHTER MOTIVATED the discovery of "embodied ascetic values" related to anorexia nervosa in 2008.[1] Anthropologist Penny Esterik, whose daughter struggled with anorexia from age 13 to 16, was befuddled by young people like her daughter who reported that they wanted to make their bodies "even more perfect," while realizing the incongruence of their desire to have a "skeleton as a body" which "really is not perfect."[2] Esterik's desire to understand this paradoxical conundrum prompted her and fellow anthropologist Richard O'Connor to research "the anorexic's anorexia."[3] Contemporary medical narratives about the disease that shaped their research expectations were

[1] Richard A. O'Connor and Penny Van Esterik, "De-Medicalizing Anorexia: A New Cultural Brokering," *Anthropology Today* 24, no. 5 (October 2008): 6.
[2] O'Connor and Esterik, "De-Medicalizing Anorexia," 6.
[3] O'Connor and Esterik, "De-Medicalizing Anorexia," 6.

challenged by their findings: "Instead of adolescent girls literally dying for looks, we found youthful ascetics—male as well as female—obsessing over virtue, not beauty."[4] In addition, "Most had an experience of transcendence or grace" as part of that experience.[5] As they examined their data, O'Connor and Esterik realized that those struggling with anorexia possessed a pathology that reflected self-imposed asceticism quite different from desert monks' fasting. People struggling with anorexia venture into a realm beyond that of religious institutions, with an aim that differs from that of pious monastics.

More specifically, anorexia's self-imposed asceticism lacks both a community and a tradition when its roots are upended from faith-based practice. In the anthropologists' assessment, the absence of guidance from a community, tradition, or external boundaries has left anorexia to "reign in excess. Initially exhilarating, their virtuous eating and exercising eventually became addictive."[6] O'Connor and Esterik found, "Shockingly, that this is not the disease that many institutions are treating," because anorexia is about more than just eating—it is about asceticism, adolescence, exercise, and other aspects of the human person.[7] These anthropologists, lacking a theological sense of personhood, nevertheless recognize that the healthcare system's approach to treating anorexia is founded on "explanations [that] look *through* rather than *at* the anorexic as a whole person."[8] This approach appears consistent across healthcare's engagement with eating disorders: the medical system tends to treat the problem, thinking about eliminating symptoms of an eating disorder as opposed to healing a person's broken heart, soul, and being. In other words, treating eating disorders as purely medical ailments risks making the human person unidimensional; a patient with a problem to be solved, instead of an ensouled human to be beheld or seen as a "Thou." O'Connor and Esterik's study was published in 2008, but the anthropologists' observations continue to ring true over fifteen years later.

My overarching argument in this essay is that moral theology is responsive to the challenging paradigm of treating and understanding eating disorders and their complex matrix of ethical, beauty, and medical implications, in no small part because eating disorders already possess a moral dimension. This is especially true in light of O'Connor

[4] O'Connor and Esterik, "De-Medicalizing Anorexia," 6.
[5] O'Connor and Esterik, "De-Medicalizing Anorexia," 6.
[6] O'Connor and Esterik, "De-Medicalizing Anorexia," 6.
[7] O'Connor and Esterik, "De-Medicalizing Anorexia," 6. I would argue that this holds true to at least some degree for other types of eating disorders due in part to the ubiquity of the feminine thin-ideal and the correlation between goodness and thinness in Western culture.
[8] O'Connor and Esterik, "De-Medicalizing Anorexia," 6.

and Esterik's determination that the people with anorexia they studied functioned like "misguided moralists" whose struggles reflect the way Western culture understands food and eating to be an ethical issue:

> Witness the popular prejudice whereby fat people, seen as "letting themselves go," are stigmatized as weak or even bad, while slim people, perceived as strict with themselves, exemplify strength and goodness. Or consider how people readily judge their own eating, speaking of "sinning" with dessert, "being good" with veggies, or "confessing" a late-night binge. What is at stake here is virtue, not beauty. Over the last century or so, as the body has increasingly become a moral arena, eating and exercise have come to test our moral fibre.[9]

The assumption in contemporary Western-European culture is that thinner is better, and that one's commitment to being beautiful or attractive is acted out by the choices people make about what to eat. When people eat together, it is common (to the point of being unremarkable) to overhear people commenting about being "good" or "bad" depending on what they order off a menu. If one forgoes dessert to save on calories, their discipline is lauded; if one "caves" and orders a chocolate mousse, such a decision might be accompanied by an explanation to justify the "splurge." They may note that this is a rare treat or that the amount of air whipped into the mousse decreases the fat content and calorie count, making it a "better" choice than the lava cake.

The enactments of the so-called "virtue" of misguided moralism women with eating disorders exemplify (avoiding consuming fat, losing weight, decreasing their calorie intake, exercising) are neither objectively good nor bad themselves. In fact, there are times when they could be good, and in other instances—even on the same day—detrimental. Rather, giving moral valence to these choices reflects a taste profile imposed by cultural ideas that have been shaped by thin-idealized beauty standards. Food and exercise's existence in the realm of virtue reflects the value Western-European culture places on appearance and the belief that one's appearance can be controlled through eating, exercise, and willpower.

O'Connor and Esterik conclude that those with anorexia do not possess a cohesive self-narrative. They ask how a person can be anything but lost as they try to understand their eating disorder when the culture around them hides or incorrectly imagines their experience of having an eating disorder, highlighting society's blindness to the effects of casting food and eating in a moral light. O'Connor and

[9] O'Connor and Esterik, "De-Medicalizing Anorexia," 7–8.

Esterik propose a non-dualistic vision of the human person which understands the social nature of health and sickness, and humans' existence as fundamentally moral beings. Their work convincingly depicts the moral dimension of eating disorders and of food, eating, and exercise more broadly, but lacks a sense of the human person as more than just mind and body.[10] What is one who struggles with an eating disorder, or disordered eating, to do when they locate within themselves a sense of misguided moralism which might compel them to restrict their eating, or evaluate their value as a person in light of their weight or eating habits? What does this misguided moralism have to do with their soul, the spiritual dimension of their human existence?[11] And how might *Veritatis Splendor* guide a moral theological response to the moral nature of eating disorders?

The moral theological tradition, especially as communicated in *Veritatis Splendor*, offers a fundamentally relational vision of the human person, and conceives of a person's existence within the matrix of community. This wisdom pushes back against the belief that by controlling one's body via stringent eating and exercise habits one can earn goodness and value in their own eyes and those of others. In this essay I couple data from social work together with *Veritatis Splendor*'s presentation of moral theology, in order to foreground the centrality of relationships for eating disorder recovery. Relationships provide those who struggle with a sense of connection, thwarting the isolation that often accompanies eating disorders and accountability for one's commitment to recovery when it feels impossible, or the temptation to engage in eating disorder behaviors feels overpowering. Thirty years after its publication, *Veritatis Splendor*'s Christocentric moral frame responds to misguided moralism's role in the

[10] Feminist philosopher Susan Bordo also discusses incidents of moral language around food and thinness, especially in advertisements over time, in *Unbearable Weight: Feminism, Western Culture, and the Body*, 10th anniversary ed. (University of California Press, 2003). A purely medical approach to eating disorders will also reflect an understanding of humans as corporeal, in contrast to theological anthropology's sense of the human person as ensouled.

[11] I do note that misguided moralism is not the only paradigm that can be used to understand the challenges people face with eating disorders, and some people with eating disorders may not relate to a sense of eating connected to virtue. Eating disorders are incredibly complex, with biological, psychological, and social influences. However, this model is grounded in the anthropologists' study of individuals' own experiences over time and also resonates with religion scholar Michelle Lelwica's findings; see, e.g., *Starving for Salvation: The Spiritual Dimension of Eating Problems Among American Girls and Women* (Oxford, 1999), *Shameful Bodies* (Bloomsbury Academic, 2017), and *The Religion of Thinness* (Gurze, 2009). Thus, I will foreground misguided moralism's understanding of eating disorders while acknowledging that this may not be the experience of everyone who struggles with them.

development of eating disorders and the role of relationship in recovery, offering resonant implications for treating eating disorders in a social media age.

ESTABLISHING THE PROBLEM: EATING DISORDERS TODAY

Misguided moralism's role in eating disorders makes clear that the lived reality of struggling with an eating disorder encompasses more than traditional medical considerations and treatment protocols.[12] Less than 6 percent of people who struggle with an eating disorder are medically underweight, and the global prevalence of eating disorders between 2000 and 2018 has increased from 3.5 to 7.8 percent; eating disorder diagnosis rates during the Covid-19 pandemic rose at unprecedented rates and in severity among young people, and have continued to rise.[13] A *New York Times* article indicates that "across the board, the pandemic exacerbated eating disorders, including typical and atypical anorexia, through increased isolation, heightened anxiety, and disrupted routines. Hospitals and outpatient clinics in the United States and abroad reported the number of consultations and admissions doubling and tripling during Covid-19 lockdowns, and many providers are still overbooked."[14] Eating disorders are the second-most fatal psychiatric illness, recently surpassed by opiate

[12] In this article I will use eating disorders as a blanket term to encompass both formal eating disorder diagnoses like anorexia nervosa, bulimia nervosa, or OSFED (other specified feeding or eating disorder), as well as disordered eating. OSFED is an official eating disorder classification, encompassing eating disorders that do not meet specifications for other diagnoses (anorexia nervosa, bulimia nervosa, etc.) and according to the Deloitte Access Economics study, is responsible for 33 percent of eating disorder deaths and 39.5 percent of eating disorder diagnoses in men and 44.2 percent in women. Disordered eating refers to sub-clinical pathology that does not meet official eating disorder criteria, is often accompanied by increased anxiety due to a lack of a clear diagnosis, and can be an intermediary step on the way to the development of an eating disorder. The reason for the combination of these terms throughout the essay is not only to avoid mentioning all three terms each time they are invoked, but because I believe that the manner in which moral theology can be responsive to the struggles of people with eating disorders can also be helpful to those with disordered eating.

[13] "General Eating Disorder Statistics," National Association of Anorexia Nervosa and Associated Disorders, anad.org/eating-disorder-statistic/. See also Marie Galmiche, Pierre Déchelotte, Grégory Lambert, and Marie P. Tavolacci, "Prevalence of Eating Disorders over the 2008–2018 Period: A Systematic Literature Review," *The American Journal of Clinical Nutrition* 105, no. 9 (1 May 2019): 1408; Debra K. Katzman, "The COVID-19 Pandemic and Eating Disorders: A Wake-Up Call for the Future of Eating Disorders Among Adolescents and Young Adults," *Journal of Adolescent Health* 69, no. 4 (October 2021): 535.

[14] Kate Siber, "'You Don't Look Anorexic,'" *New York Times*, October 18, 2022.

addiction.[15] Nine percent of the American population (28.8 million people) will have an eating disorder in their lifetime.[16] About 8.6 percent of women who have eating disorders will struggle with their eating disorder for the duration of their life; 4.7 percent of men's eating disorders will prevail for their lifetime.[17] Twenty-two percent of children and adolescents globally will struggle with disordered eating, meaning that they struggle with symptoms of eating disorders that impact their well-being, but do not meet the frequency or severity thresholds of eating disorder diagnoses.[18]

The origins of an individual's eating disorders are personal and complicated. The National Eating Disorder Association's (NEDA's) review of current eating disorder literature identifies nineteen risk factors for eating disorder development. NEDA identifies risk factors as "a complex combination of biological, psychological, and socio-cultural factors that converge and set off an individual's predisposed genetic vulnerability" to eating disorders.[19] These three elements—biology (i.e., Type 1 diabetes), psychology (i.e., perfectionism or high conscientiousness), and sociology (i.e., media exposure) each account for particular aspects of risk for developing eating disorders. An independent 2015 research review argues that it is likely that both "psychological and environmental factors interact with and influence" biological factors like genetic risk to create eating pathologies.[20] While an individual may have specific genes or psychological conditions that predispose them to developing an eating disorder (both of which can be influenced by the environment), they are also influenced by the culture around them.

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[15] "General Eating Disorder Statistics," National Association of Anorexia Nervosa and Associated Disorders.

[16] Deloitte Access Economics, *The Social and Economic Cost of Eating Disorders in the United States of America: A Report for the Strategic Training Initiative for the Prevention of Eating Disorders and the Academy for Eating Disorders*, June 2020, 23, www.hsph.harvard.edu/striped/report-economic-costs-of-eating-disorders/.

[17] Deloitte Access Economics, *The Social and Economic Cost of Eating Disorders*, iv.

[18] José Francisco López-Gil, Antonio García-Hermoso, Lee Smith, et al., "Global Proportion of Disordered Eating in Children and Adolescents: A Systematic Review and Meta-analysis," *JAMA Pediatrics* 117, no. 4 (February 2023): 366, doi.org/10.1001/jamapediatrics.2022.5848.f. This study excluded data prior to 1999, studies that included participants with prior mental or physical disorders, and COVID-19 studies.

[19] National Eating Disorder Association, "Risk Factors," www.nationaleatingdisorders.org/risk-factors.

[20] Kristen M. Culbert, Sarah E. Racine, and Kelly L. Klump, "Research Review: What We Have Learned About the Causes of Eating Disorders—A Synthesis of Sociocultural, Psychological, and Biological Research," *Journal of Child Psychology and Psychiatry* 56, no. 11 (November 2015): 1157, doi.org/10.1111/jcpp.12441.

Western European cultural beauty standards convince women and girls that their worth is tied to their beauty; the onslaught of edited, perfect pictures on social media perpetuate the feminine thin-ideal. The feminine thin-ideal is part of contemporary Western beauty standards that reflect an unhealthy level of thinness for women. Models who represent the paragon of beauty in fashion, advertisements, and on social media are extremely thin, and images are often edited to make them appear even smaller than they are in real life. These ideals have a particular effect on young girls; by the age of eight, girls are knowledgeable about weight loss and different modes of achieving that aim. Forty to sixty percent of elementary-age girls communicated concern about weighing too much in 2000; one can only imagine the spike in that number since the proliferation of smartphones.[21] A more recent study (2019) on thin-ideal internalization indicates that it "is one of the few identified risk factors with sufficient empirical evidence to support its proposed role as a causal risk factor for disordered eating" and that high degrees of thin-ideal internalization can negatively affect recovery and predict higher likelihood of relapse in eating-disorder recovery.[22] In sum, many women and girls feel they are not thin or beautiful enough, and eating-disorder behaviors or restrictive diets become part of the process they engage as they try to earn goodness through thinness. This claim is particularly important in light of the manner in which social media is affecting eating disorder development to a hitherto unfathomable degree.[23]

The standard approach to addressing eating disorders is through medical means. The American Psychiatric Association's current standards for treating eating disorders focus on maintaining or reaching a particular weight and addressing eating disorder symptoms. For anorexia nervosa, this includes setting individualized goals for weight gain and establishing a target weight; psychotherapy to address a number of issues, including restoring one's weight and addressing psychological disturbances like fear of weight gain; and for adolescents or emerging adults, treatment which is family-based and

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[21] Ellen A. Schur, Mary Sanders, and Hans Steiner, "Body Dissatisfaction and Dieting in Young Children," *The International Journal of Eating Disorders* 27, no. 1 (Jan., 2000): 78.

[22] Lauren M. Schaefer, Natasha L. Burke, and J. Kevin Thompson, "Thin-Ideal Internalization: How Much is Too Much?," *Eating and Weight Disorders* 24, no. 5 (2019): 933. Emphasis added.

[23] Culbert's work, cited above in footnote no. 20, identifies a number of thinness variables (i.e., media exposure, thin-pressures, the internalization of the thin-ideal) which have attained "risk status" for eating disorder and disordered eating symptoms.

includes caregiver education.[24] In cases of bulimia nervosa, the APA recommends cognitive-behavioral therapy (CBT), often coupled with a serotonin reuptake inhibitor, in the context of family-based treatment in relevant situations.[25] Binge-eating disorder treatments include CBT or interpersonal therapy, in individual or group settings, accompanied by the prescription of an antidepressant based on client preference or when patients do not respond to psychotherapy alone.[26] In severe cases, or when these eating disorder treatment therapies are proving ineffective, hospitalization is often recommended. Day treatment programs in the hospital may also be necessary; this includes multiple hours of medical care, therapy, structured eating or nutritional information sessions several days a week.[27] If residential treatment is necessary, an individual may live at a treatment facility if long-term care provides the best opportunity for recovery or multiple hospital stays have not resulted in mental or physical health improvements.[28] Ongoing health treatment while in the hospital or long-term care is also required in some cases. Such cases include incidences of electrolyte imbalances, heart problems, digestion challenges or lack of nutrient absorption, dental issues, amenorrhea, osteoporosis, stunted growth, or co-morbid mental health conditions.[29] Standard treatment protocols focus on the body: controlling symptoms, improving habitual behaviors through psychotherapy, and attaining a healthy goal weight.

The goal of the medical field's treatment protocols is to improve the patient's health. The means by which this end is pursued includes addressing symptoms, weight, and mental well-being, which reflect the tools and resources that medical field possesses. While this treatment protocol may include some exploration of an eating disorder's roots or the human person as a spiritual-social being, such focus will largely depend on the therapist or therapeutic approach. Theologically, this possible omission of the person's spiritual and

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[24] Catherine Crone, Laura J. Fochtmann, Evelyn Attia, et al. "The American Psychiatric Association Practice Guideline for the Treatment of Patients with Eating Disorders," *American Journal of Psychiatry* 180, no. 2 (February 2023): 168, psychiatryonline.org/doi/10.1176/appi.ajp.23180001.

[25] Crone, Fochtmann, Attia, et al., "The American Psychiatric Association Practice Guideline," 168.

[26] Crone, Fochtmann, Attia, et al., "The American Psychiatric Association Practice Guideline," 168.

[27] Mayo Clinic, "Eating Disorder Treatment: Know Your Options," www.mayoclinic.org/diseases-conditions/eating-disorders/in-depth/eating-disorder-treatment/art-20046234#:~:text=It%20usually%20includes%20a%20mix,disorder%20causes%20or%20makes%20worse.

[28] Mayo Clinic, "Eating Disorder Treatment."

[29] Mayo Clinic, "Eating Disorder Treatment."

social dimension ignores a fundamental component of human existence.

In place of a medical approach that considers the human person as a patient with symptoms, or a moral approach that focuses on a rules-based asceticism, *Veritatis Splendor* offers a moral-theological vision that invites all people, including those who struggle with eating disorders, into relationship with Christ and the church. This invitation affirms the dignity of the human person, offers a way out of social isolation, and leads to newfound interior peace and the possibility of healing in one's relationship with food, eating, and ultimately themselves.

FRAMING MISGUIDED MORALISM: *VERITATIS SPLENDOR*'S CHRISTOCENTRIC ETHICS

John Paul II's *Veritatis Splendor* offers five contributions to exploring eating disorders theologically: treatment of moral theology as an encounter with Jesus; humanity as *imago Dei*; the role of grace; the communal nature of moral theology; and the place of inter-disciplinary work in moral theology today. Some of these insights necessitate nuance in their application thirty years after their initial articulation, but all of them can shape a moral theological response to eating disorders.

The encyclical opens with the encounter between the rich young man and Jesus in Matthew's Gospel. Opening an encyclical on moral theology with a biblical meditation reveals that for John Paul II, moral theology's starting place is encounter and relationship with Christ "since Christian morality consists, in the simplicity of the Gospel, in *following Jesus Christ,* in abandoning oneself to him, in letting oneself be transformed by his grace and renewed by his mercy, gifts which come to us in the living communion of his Church" (*Veritatis Splendor*, no. 119). The prioritization of relationship is not only communicated by the encyclical but modeled by Jesus's response to the rich young man's queries about how to gain eternal life. Jesus makes clear that relationship with him, not just following the Law, is necessary and thereby establishes that "the decisive answer to every one of man's questions, his religious and moral questions in particular, is given by Jesus Christ, or rather is Jesus Christ himself" (no. 2). While relationship is primary, it does not replace the need for obedience or revoke the Law. Rather, God is at the very heart of the Law. John Berkman comments that "while the commandments are conditions for full life in Christ, and indeed shape us and form us into

such a life, they do not constitute the core of discipleship."[30] "*Jesus himself is the living 'fulfillment' of the Law* inasmuch as he fulfills its authentic meaning by the total gift of himself: *he himself becomes a living and personal Law*, who invites people to follow him" (no. 15) so that he can extend grace through the Spirit to others so that they can participate in his life and love. *Veritatis Splendor*'s sense of morality as coming through relationship emphasizes that humanity cannot reach God on its own. Human effort can neither attain the Good nor fulfill the Law. Fulfillment is extended through grace, as divine gift; it cannot be attained or earned (see no. 11). Christ becomes not only the moral compass and source of answers, but the font of a thriving relationship whereby one's Christian obligation is not fulfilled by an account of scrupulous rule-following. Something much more profound and transformative is at hand: a relationship which inspires one to act out of love, a love given first in relationship such that it orders the person to the good of Christ Himself. John Paul II affirms that the source of morality is a person—Christ—in whom the commandments are fulfilled.

Locating morality within a person instead of a set of rules inspires "within him [the rich young man] new questions about moral good" that in turn enkindle a desire in him to draw close to Christ (see no. 8). Moral theology's heartbeat is encounter with Christ, out of which flows insights and precepts about right and wrong in the context of relationship with a God whose love motivated the Incarnation. Ángel Rodríguez Luño's work supports this insight; he notes that *Veritatis Splendor*'s beginning with a biblical meditation frames relationship with Christ as the goal and means of moral discernment. It offers the person of Christ as a concrete model and relationship with him as the process by which one is orientated to the Christian way, a process which includes the church and is guided by the Holy Spirit.[31] Encounter and relationship with Christ contain the answers to humanity's deepest and most pressing questions. The encyclical also

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[30] John Berkman, "Truth and Martyrdom: The Structure of Discipleship in *Veritatis Splendor*," *New Blackfriars* 75, no. 887 (November 1994): 535.

[31] Ángel Rodríguez Luño, "El significado de la *Veritatis Splendor* para la teología moral," *Scripta Theologica* 55, no. 1 (March 2023): 105, doi.org/10.15581/006.55.1.101-126. The author's paraphrased translation above is taken from this line: "La lectura del capítulo I, que es fundamentalmente una meditación bíblica, deja la clara impresión de que la vía cristiana tiene un modelo y una orientación muy concreta: Jesús, con sus enseñanzas y sus actitudes, y la Iglesia, que goza de la asistencia del Espíritu Santo para interpretar y aplicar a lo largo de la historia y de todas las circunstancias lo que de Jesús se nos ha transmitido." In the quote above, Luño also notes the connection between Christ and the church, a connection which is resonant given this essay's observations on the role of relationship and community in eating disorder recovery.

claims that questions about morality, intentionally or not, compel a person to approach Christ with their queries.

> In the young man, whom Matthew's Gospel does not name, we can recognize every person who, consciously or not, *approaches Christ the Redeemer of man and questions him about morality*. For the young man, the *question* is not so much about rules to be followed, but *about the full meaning of life*. . . . This question is ultimately an appeal to the absolute Good which attracts us and beckons us; it is an echo of a call from God who is the origin and goal of man's life. (no. 7)

Because the encyclical begins with a biblical meditation, the reader is positioned to hear the echo of God's call in the person of Christ as they read. In so doing, the reader not only intellectually encounters the Truth of Christ in the moral guidelines laid out in *Veritatis Splendor*, but also is—perhaps even primarily—encouraged to encounter Truth as a person.

Veritatis Splendor's vision of the human person is rooted in the identity of the person as *imago Dei*. The encyclical presents morality as the humans' response to their existence as images of God in light of their loving Creator's divine revelation. This conception of the human person as beautiful and inherently good is particularly responsive to the challenges of those struggling with eating disorders. The vision of the human person as *imago Dei* echoes the truth that their beauty and dignity reflect God's glory. Citing Ephesians, *Veritatis Splendor* points readers toward their ultimate purpose as living "*for the praise of God's glory*" such that each action reflects the splendor of divine glory (see no. 10). *Veritatis Splendor* quotes Saint Ambrose, whose words remind humanity of how their beauty echoes God's glory: "Know, then, O beautiful soul, that you are *the image of God*. Know that you are *the glory of God* (1 Cor 11:7). Hear how you are his glory. . . . Know then, O man, your greatness, and be vigilant" (no. 10). *Veritatis Splendor* understands moral theology through the scriptural vision of humanity's relationship with God and the dignity and glory this offers. One's actions should align with "what man is" in accord with divine revelation and serve to draw one more deeply into divine love (see no. 10). "*The moral life presents itself as the response* due to the many gratuitous initiatives taken by God out of love for man. It is a response of love" such that the moral life, "caught up in the gratuitousness of God's love, is called to reflect his glory" (no. 10). Morality is humanity's response as images of God to their loving Creator's self-revelation. *Veritatis Splendor*'s theological anthropology reveals the human person's reflection of God's image which impresses inherent value on their existence as a result of the dignity, beauty, and goodness God's image imparts.

Christ offers not only a personal, living Law that meets persons where they are, but also extends the grace which helps them enter into relationship and choose the good. When the young man asks Jesus what he needs to do to attain eternal life, he realizes that "he is incapable of taking the next step by himself alone" (no. 17). The next step requires the right use of human freedom by which one accedes to divine grace. The "still uncertain and fragile journey" *Veritatis Splendor* describes for those who strive to live out the fullness of Christ's commandments is enabled by grace. This grace enables people "to possess the full freedom of the children of God (see Rom 8:21) and thus to live [their] moral life in a way worthy of [their] sublime vocation" (no. 18) as children of God.[32]

The human inability to earn goodness in the context of relationship with Christ is central not only to theology broadly in order to avoid Pelagianism, but also to those struggling with a sense of misguided moralism. "This is not a matter only of disposing oneself to hear a teaching and obediently accepting a commandment. More radically, it involves *holding fast to the very person of Jesus*, partaking of his life and his destiny, sharing in his free and loving obedience to the will of the Father" (no. 19). Grace is the means by which one becomes good, and is central to relationship with and life in Jesus. "To imitate and live out the love of Christ is not possible for man by his own strength alone. He becomes capable of this love only by virtue of a gift received, not earned" (no. 22). The gift of grace enables true virtue—both in a Christian sense, and in terms of the misguided moralism with which many people with eating disorders struggle. Grace can only be imparted as a gift, not earned; virtue is only possible with grace, not by willpower alone. This paradox of grace, in which one's ardent desire to be good leads one to radical reliance on God, not self, is responsive to misguided moralism's challenges.[33]

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[32] This does not mean that grace is a recovery strategy, or that grace instantly heals. The working of grace is mysterious; the process of recovering from eating disorders is difficult and often non-linear. For more on the relationship between grace and recovery (in this case, addiction), see Andrew Kim's "Newness of Life and Grace-Enabled Recovery from the Sin of Addiction," *Journal of Moral Theology* 10, Special Issue no. 1 (2021): 124–142.

[33] How one conceives of eating disorders is fundamental to this conversation. Addiction studies approaches addiction through two models: the disease and the moral model. The disease model conceives of addiction as a disease, meaning it is biologically and genetically grounded. Subsequently, it tends to allot less (or no) agency to the individual who struggles with addiction. The moral model believes the agent to have complete control over their addiction; they simply lack the resolve or will to stop engaging in it. I believe the truth lies somewhere between these, taking into account the biological and environmental factors that can foster the development of an eating disorder while ensuring that the individual retains agency and can take responsibility for the choices over which they have control. For further insight into

In his exploration of grace's role in addiction recovery, Andrew Kim writes that Christ's grace "can go where others cannot. He can enter into the cemetery of the . . . soul in a way no one else can and encounter the inward man afflicted, crying out . . . and there not only comfort him but also heal his mind and return him to his family to tell of all the Lord has done for him."[34] Christ gives grace; he is also the one who accompanies each individual in their struggles with eating disorders, disordered eating, or body dissatisfaction. The gift of divine grace conforms the individual to Christ. "*Following Christ* is not an outward imitation, since it touches man at the very depths of his being. Being a follower of Christ means *being conformed to him* who became a servant even to giving himself on the Cross (see Phil 2:5–8). Christ dwells by faith in the heart of the believer (see Eph 3:17), and thus the disciple is conformed to the Lord. This is the *effect of grace*, of the active presence of the Holy Spirit in us" (no. 21) as the disciple seeks the transformation of heart and mind as the fruit of their relationship with Christ. Relationship is not just a means to an end, but a gift in itself. It enables the human person to know themselves in a new way, with the dignity that accompanies being made in God's image. It also orders them toward flourishing, which contrasts with eating-disorder behaviors' short-sightedness and promises of false fulfillment. Grace's effect on the mind, body, and spirit is not a consideration in medical treatments or anthropological understandings of eating disorders. Tending to the spirit as well as the body-and-spirit as an integrated whole is central to eating disorder recovery, and something *Veritatis Splendor* emphasizes that moral theology can offer to the field of bioethics and traditional medical approaches to conceiving of and treating eating disorders.

Veritatis Splendor makes clear that moral theology is not just about the individual's relationship with God; loving one's neighbor is required in order to love God well. This claim is rooted in the commandments: "The commandments thus represent the basic condition for love of neighbor; at the same time they are the proof of that love" (no. 13) and "both the Old and the New Testaments explicitly affirm that *without love of neighbor*, made concrete in keeping the commandments, *genuine love for God is not possible*" (no. 14). Love of God and love of neighbor require and are proof of one another; inevitably, enacting this truth places one in the matrix of community.

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this topic, the first chapter of my dissertation discusses these models and their relevance to developing a Catholic moral theological response to eating disorders; see Megan Heeder, "The Beauty of a Good Appetite in a Social Media Age" (PhD diss., Marquette University, 2024).

[34] Andrew Kim, "Newness of Life and Grace-Enabled Recovery," 136.

Veritatis Splendor consistently conceives of society's influence as pernicious. In one of the opening paragraphs, the encyclical warns that within the Christian community, moral teachings of the church are coming into question; the root of this dissent is outside currents of thought that decouple freedom and truth (see no. 4). It critiques currents of modern thought that exalt freedom as an absolute to the extent that it becomes a source of values, deriding modern thought that takes place in a "widely dechristianized culture" (see nos. 32, 88). According to *Veritatis Splendor* the Christian is not only at risk of being badly formed by their environment, but he or she can also negatively influence others' relationship to truth. This occurs when one makes his or her "own weakness the criterion of the truth about the good, so that he can feel self-justified, without even the need to have recourse to God and his mercy" because "an attitude of this sort corrupts the morality of society as a whole" (no. 104). *Veritatis Splendor*'s concerns mirror O'Connor and Esterik's assertion that a realistic perspective on health "would recognize that health is broadly social, not narrowly individual," and that the "domain of personal health over which the individual has direct control is very small when compared to heredity, culture, environment, and chance."[35] The faith in healthy living that people possess today functions as "a new religion, in which we worship ourselves, attribute good health to our devoutness, and view illness as just punishment for those who have not yet seen the Way."[36] Self-worship, kindled by currents of modern thought about the self, conscience, truth, or what it is to be beautiful, bears no good fruit.

Veritatis Splendor's warning about the negative effects of environmental influence does not account for the possibility of its inverse effect: the healing people can positively inspire in others. Sharing one's own struggles might help someone choose to pursue recovery or begin a relationship of accompaniment on another's recovery journey. The encyclical's treatment of community spends little time on community's positive influence, something Berkman's commentary on paragraphs 90–93 adds:

> Of course, there is a place for moral rules, but if we wish to answer faithfully Jesus's call to "Come, follow me," we require guidance more fundamental than knowledge of rules, and a wisdom beyond rules outlined by moral theologians. This guidance and wisdom is to be found in Christians who have journeyed most faithfully, who have

[35] O'Connor and Esterik, "De-Medicalizing Anorexia," 8.
[36] Marshall H. Becker, "A Medical Sociologist Looks at Health Promotion," *Journal of Health and Social Behavior* 34, no. 1 (1993): 5, quoted in O'Connor and Esterik, "De-Medicalizing Anorexia," 8.

> best embodied the faith in their lives, and it is they to whom Christians first turn for guidance. It is in God's faithful people, the body of Christ, that we see Christ in action.[37]

The encyclical makes clear that the members of the Body of the Christ are called to be part of this journey: "In a positive way, the Church seeks, with great love, to help all the faithful to form a moral conscience which will make judgments and lead to decisions in accordance with the truth" (no. 85), but little time is spent in the encyclical discussing the ways the Body of Christ can inspire healing and wholeness in its members beyond resisting outside (i.e., negative) influences. The encyclical could have offered a more robust and positive framework for community's influence in order to develop concrete insights on how relationships within the church can do more than resist the perniciousness of modern thought.

Finally I note that the encyclical also points to the human longing for truth which drives the desire to know, and the possibilities this desire opens for work between fields. "In the depths of [the human] heart there always remains a yearning for absolute truth and a thirst to attain full knowledge of it. This is eloquently proved by man's tireless search for knowledge in all fields. . . . The development of science and technology . . . spurs us on to face the most painful and decisive of struggles, those of the heart and the moral conscience" (no. 1). Paragraph 32 of *Veritatis Splendor* critiques what can be seen in some of these fields and modern moral systems which uphold "being at peace with oneself" as the highest moral good. In the context of eating disorders, however, integrated sense of self—in which the self is not at war with itself, pulling the person between unhealthy eating habits and the desire to leave their shackles behind—reflects a sense of peace which is healthy. Paragraphs 46–50 discuss the ways human freedom is understood in and through the body, not over and against it. This discussion reflects the sense of freedom, and interior peace, a healthy relationship with one's self, eating, and food helps facilitate. *Veritatis Splendor* rightly critiques systems in which the self becomes the arbiter of truth, wherein freedom is exalted to the "extent that it becomes an absolute, which would then be the source of values" (no. 32). This explicitly critiques the adoption of "radically subjective conception[s] of moral judgement[s]" like the system of misguided moralism O'Connor and Esterick articulate, in which persons strive to earn goodness through thinness (no. 32). The response to this suffering is the person of Christ, and "Jesus's conversation with the rich young man continues, in a sense, *in every period of history, including our own*" (no. 25).

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[37] Berkman, "Truth and Martyrdom," 538.

As part of its caution to avoid making the self the arbiter of truth, *Veritatis Splendor* offers a detailed discussion of conscience and its role in the moral life. Space does not permit a detailed analysis of this topic, relevant though it is to interdisciplinary work, but it must be mentioned that thinking theologically about conscience in relationship to eating disorders is tricky, especially in light of misguided moralism. Without guidance, under the influence of ideas about thinness that elide it with goodness, people may be guided by their conscience to avoid healthy choices. Many people with eating disorders or body dissatisfaction feel immense guilt and shame for what is healthy and well-moderated eating; others feel guilty and shameful for engaging in unhealthy habits like binging and purging, but in their current state have limited freedom to choose otherwise. Reforming one's conscience and navigating the shame a misshapen conscience imparts will likely require therapy, time, and grace. Thinking theologically about conscience in regard to eating disorders, therefore, should be done in a way which does not increase shame or correlate goodness with thinness or base one's fundamental value with the success they have in avoiding unhealthy eating habits.

Veritatis Splendor's presentation of moral theology as located within the person of Christ is one of the enduring fruits of the encyclical's contributions to moral theology. It is particularly responsive to the challenges of those struggling with eating disorders, especially in light of misguided moralism's insights into the way in which many people struggling with eating disorders think about the moral dimension of food and eating and the role of relationships in recovery. In the article's subsequent parts, I explore how conceiving of moral theology as located in the person of Christ can help heal the wounds of misguided moralism and then analyze the power of relationship with Christ and the church within eating disorder recovery, especially in light of the isolating effects of social media.

THE ROLE OF RELATIONSHIPS IN RECOVERY

Veritatis Splendor places relationship at the core of moral theology. Beginning with the rich young man's relationship with Christ, the encyclical proceeds to consider the relationship with one's neighbor as part of genuine love for God. Relationship with God—something often experienced through relationship with others—is a means for grace's mediation. *Veritatis Splendor*'s focus on relationship is particularly resonant in regards to the complex nature of eating disorder development and healing. Eating disorders do not develop or heal in a vacuum; as indicated in this article's first part, they are social undertakings. Today's culture, like that of thirty years ago, must be converted and healed—especially in light of how distorted people's

relationships with themselves, their bodies, and food have become. Yet *Veritatis Splendor* acknowledges that a culture's impact on people is not determinative; while all people exist within a culture, they are "not exhaustively defined by that same culture. Moreover, the very progress of culture demonstrated that there is something in man which transcends those cultures" (no. 53). While today's culture of thinness and beauty is not suited to human flourishing or growth in virtue, its presence does not necessarily mean that people will develop eating disorders.[38] The inherently social nature of the human person means that community is tied up in personal transformation, and vice-versa. Transformation toward virtue within the context of relationship is part of both attaining eternal life and enacting one's love for God. Despite cultural forces that encourage individualism, humans remain unfulfilled without entering into relationship with others.

Research on the role of relationality in eating disorders illuminates this truth. A 2004 study indicates that women tend to isolate themselves when they are struggling with an eating disorder. Their social withdrawal, "combined with irrational thinking and the need for control, exacerbated the severity of the eating disorders. In the same study, the women shared that the acceptance of a relationship with a loved one was essential to their recovery because it provided unconditional love, support, trust, and hope."[39] Acts of reconnection, close relationships, articulations of support, empathetic friends, and compassion are proven to improve recovery outcomes.[40] Lack of understanding from others, especially family, can likewise hinder recovery, and shut down avenues for communication.[41]

The role of relationships in recovery is also leveraged in eating disorder support groups. Instead of teaching specific skills that help participants recover, they provide "a sense of shared identity for those living with eating disorders, as well as [increase] a person's mental capacity to protect his/her own well-being."[42] They are a space where people in recovery can express themselves, and the group strives to create a culture that protects participants from bias and stigma while they are in that community.[43] Family therapy is another mode of treatment that addresses relationship in eating disorder recovery. It teaches skills required for communication, conflict-management, and

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[38] See Daniel Daly's *The Structures of Virtue and Vice* (Georgetown University Press, 2021) for a framework for understanding and responding to structures of vice and ways to foster the development of social structures that encourage virtue.
[39] Dina Wientge, "The Power of Relationship in Eating Disorder Recovery," *Social Work Today*, www.socialworktoday.com/archive/exc_0419_2.shtml.
[40] Wientge, "The Power of Relationship."
[41] Wientge, "The Power of Relationship."
[42] Wientge, "The Power of Relationship."
[43] Wientge, "The Power of Relationship."

tolerating difficult emotions for the person in recovery and their family.[44] These skills are needed for both the individual in recovery and their family; supporting someone in eating disorder recovery is difficult and can consume caregivers. Family members may struggle with feelings of guilt, shame, frustration, sadness, fear, anger, and other emotions. In addition to family therapy, those who serve as primary support for people with eating disorders (family, spouses, close friends, etc.) can benefit from the formation of community with others who have a loved one struggling with an eating disorder. Such groups provide space to share challenges and feelings, and skill-based training in these support groups can improve outcomes for caretakers or friends and those for whom they care.[45]

The relational frame of *Veritatis Splendor* helps moral theology recognize the perils of a lack of community or relationships in eating disorder recovery. In particular, relationship with Christ orients the person to "*the full meaning of life* . . . [with] . . . an appeal to the absolute Good which attracts us and beckons us; it is an echo of a call from God who is the origin and goal of man's life" (no. 7). Misguided moralism provides one way of understanding how the pursuit of goodness through thinness is part of eating disorders and can become the full meaning of life for those with eating disorders. However, the goodness for which humans long can, *Veritatis Splendor* indicates, only be found in the Goodness that is God. Disrupting a paradigm of right and wrong by framing morality primarily in terms of relationship with Christ is responsive to misguided moralism's perils. A Christocentric ethic stands in opposition to a rote system of rule-following detached from the strikingly personal nature of revelation. God's goodness offers the full meaning of life that persons seek—their flourishing and fulfillment in relationship, not in achieving a particular weight or body shape. It offers the internal transformation sought in recovery instead of the external transformation sought by extreme dieting or eating disorder behaviors. Relationship with Christ also provides the unconditional love, support, trust, and hope which can be transformative for those recovering from an eating disorder. Knowing God as a God of love who desires nothing more than relationship with God's creation—humankind—helps one understand one's self as existing fundamentally in relationship. Relationships with others, especially in the context of Christian friendship or the church, can also be loving sources of empathy, compassion, and support on the road to recovery. They are pivotal reminders of one's worth beyond numbers on a scale or other cultural measures of goodness—like thinness, fitness, or success in eating healthily. Eating disorders are not a moral

[44] Wientge, "The Power of Relationship."
[45] Wientge, "The Power of Relationship."

problem for an individual alone, to be solved by individual moral action (though moral agency plays an important role in the recovery process), but rather require the support and accompaniment of others as well as the transformation of cultural forces that encourage harmful attitudes toward food, eating, and the body.

Social media is radically influencing connection and relationships. After Covid-19, studies arose which considered the effects of social media on loneliness. One group of researchers found that those who use social media in order to maintain relationships—that is, to connect and facilitate social contact—feel lonelier than those who use social media for other purposes.[46] The reality that those who turn to social media for connection experience more loneliness than their peers is especially concerning for those struggling with eating disorders. Research on connection amongst those with eating disorders suggests that they have smaller social networks and struggle to engage socially with others, and they report a greater awareness of the role of social support and interaction as a result of their recovery process.[47] Social media use seems to be a risk factor for increasing a sense of loneliness, and perhaps constricting one's social circles as a result—something which could be particularly perilous for those with or at risk for developing eating disorders.[48] This also seems true given the positive role developing social skills and a social network can have on adolescents' eating disorder recovery.[49] Time spent on social media continues to increase for these populations; during the Covid-19 pandemic, teenagers experienced higher rates of eating disorders and spent more time on social media.[50] Data from 2023 establishes that 51 percent of teenage girls spend at least four hours on social media each

[46] Tore Bonsaksen, Mary Ruffolo, Daicia Price, et al., "Associations Between Social Media Use and Loneliness in a Cross-National Population: Do Motives for Social Media Use Matter?," *Health Psychology and Behavioral Medicine* 11, no. 1 (January 2023): 9, doi.org/10.1080/21642850.2022.2158089.

[47] Krisna Patel, Kate Tchanturia, and Amy Harrison, "An Exploration of Social Functioning in Young People with Eating Disorders: A Qualitative Study," *PLoS One* 11, no. 7 (July 2016): 1.

[48] See the *Wall Street Journal*'s podcast series "The Facebook Files" (www.wsj.com/articles/the-facebook-files-a-podcast-series-11631744702) for internal information on the connection between mental health outcomes and Instagram use in adolescents, which reinforces this assertion.

[49] Patel, Tchanturia, and Harrison, "An Exploration of Social Functioning," 1.

[50] Raphaël Dufort Rouleau, Carmen Beauregard, and Vincent Beaudry, "A Rise in Social Media Use in Adolescents During the COVID-19 Pandemic: The French Validation of the Bergen Social Media Addiction Scale in a Canadian Cohort," *BMC Psychology* 11, no. 92 (2023): 6.

day while older teens spend up to 5.8 hours daily on it.[51] Social media not only contributes to isolation, but also encourages those who use it to compare themselves to unrealistic ideals, portrayed through edited images and seemingly-normal accounts actually run by influencers paid by their sponsors to depict reality in a particular way.[52] The sense of dissatisfaction with one's self or life that results, these product-sponsors hope, will motivate viewers to buy their product to help them "keep up with the Joneses" and achieve the effortless happiness or transformation featured on the accounts they see online.

Veritatis Splendor's invocation of the *Catechism* responds to the challenges social media introduces, calling for temperance to be exercised such that human dignity is respected and economic gain not reign supreme. Part of what the seventh commandment forbids is disregard for people's dignity, "buying or selling or exchanging them like merchandise. Reducing persons by violence to use-value or a source of profit is a sin against their dignity as persons and their fundamental rights" (no. 100). In this excerpt, one hears echoes of the manner in which social media and Western culture encourage people to see themselves as a product to hone, improve, and even market through tasteful pictures, engaging reels, or carefree TikToks. The feminine thin ideal's influence echoes through these multiple media. The work of theologian Beth Haile is helpful to consider here; she reflects on how St. Thomas Aquinas's virtue ethics, especially the virtues of temperance and prudence, might respond to its effects. She encourages readers to consider the process of connaturality by which one comes to love what is presented as favorable, and to respond by being judicious in what one sees and consumes. Haile pushes back against the idea that knowing thin-ideal images portray something edited, unrealistic, and unhealthy is enough to resist their influence, or to curb one's desire to attain what they portray.[53] Knowledge of a problem is not always enough.

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[51] Johnathan Rothwell, "Teens Spend Average of 4.8 Hours on Social Media Per Day," *Gallup*, October 13, 2023, news.gallup.com/poll/512576/teens-spend-average-hours-social-media-per-day.aspx.

[52] Researchers find it hard to tease out whether people struggling with mental health spend more time online to try to alleviate this, or whether spending time on social media increases their struggles with mental health. However, a recent study indicates that when participants engaged in more problematic social media use, their depressive symptoms and loneliness increased, and poor baseline mental health did not predict higher rates of problematic social media use (Holly Shannon, Katie Bush, Cecelia Shvetz, et al., "Longitudinal Problematic Social Media Use in Students and its Association with Negative Mental Health Outcomes," *Psychology Research and Behavior Management* 17, no. 8 [April 2024]: 1551–1560).

[53] Beth Haile, "A Good Appetite: A Thomistic Approach to the Study of Eating Disorders and Body Dissatisfaction in American Women" (PhD diss., Boston College, 2011), 158.

Haile advocates for a conversion that is not merely intellectual, but reforms the appetite through temperance—which, in her estimation, leads the individual to the conclusion that she should avoid looking at thin-ideal images. For example, a woman might:

> look at such magazines and feel a twinge of desire: "If only I looked like that." Upon rationally recognizing that one's desires are out of line with what one knows rationally ("That woman is too skinny!"), the temperate course of action would be to avert one's eyes, to look at something else. In such a way, one can begin to retrain the appetite to desire those things which one knows to be rationally desirable, healthy, and virtuous. By avoiding thin ideal images in popular media, one can conceivably, at least to some degree, resist the internalization process by which one becomes conformed to these images and subsequently experiences greater body dissatisfaction and eating disorder symptomatology.[54]

Haile's work was revolutionary when it was published, and her insights into connaturality and the role of the virtues are rich. She also acknowledges that there is a limit to the extent an individual can abstain from thin-ideal images. However, she wrote her dissertation in the context of a world without social media's current influence, or the power algorithms, in determining advertisement content. Haile notes the need for reform, and the role of grace in helping one become connatural with divine things by perfecting one's "appetites and capacities and directing them ultimately towards their ultimate goal."[55] While her work is compelling and beautiful, in a social media age, her advice is both helpful and limited. One should be prudent in curating the accounts one follows on social media to eliminate those that frequently feature thin-ideal images, dubious nutritional advice, fad diets, or the assumption that all women need and want to lose weight. The effects of social media algorithms and marketing are such that one cannot moderate the advertisements one sees to the degree Haile suggests, nor moderate the content suggested for viewing based on one's age, sex, and previous engagement history. Even forgoing social media altogether would not eliminate the presence of images or advertisements online.

There is a limit to the way prior work in virtue ethics in this area can now be conducted. While objectively good, cultivating prudence and temperance are not enough to thwart the thin ideal's pervasive presence on social media or Internet. In her final chapter, Haile concludes that women are longing for something to fill the hollowness which exists inside them. She suggests that their hunger can be filled

[54] Haile, "A Good Appetite," 183–184.
[55] Haile, "A Good Appetite," 199.

by rightly-ordered asceticism, prayer, and worship, naming "the practices of the church as a sort of antidote towards the practices characteristic of women with eating disorders."[56] The grace these practices impart turns reason and will "to focus on the highest things, and to love material and bodily goods in a way conducive to the pursuit of the higher spiritual goods which ultimately lead to happiness (beatitude)," affirming and carrying forward *Veritatis Splendor*'s emphasis on the role of the church in the world thirty years ago while simultaneously foregrounding its importance of an encounter and relationship with Christ.[57]

In addition to complicating the role virtue ethics can have in helping women and girls recover from eating disorders and body dissatisfaction, the digital age presents another risk to people struggling with eating disorders. Online communities exist that are sustained by social media and support people in their pursuit of eating disorder behaviors. These are known as pro-anorexia (pro-ana), pro-bulimia (pro-mia), and thinspiration communities, which encourage their members to continue their eating disorders. In these spaces people can post and others can offer tips on how to hide behaviors from parents and friends, or share extreme diets or purging techniques. They can also post pictures ("thinspiration") as inspiration for others (i.e., "see how thin you, too, can be?") and track their "progress" in weight-loss that brings them closer to the thin-ideal in the context of a community. These groups began in the early-2000s, and are particularly perilous for young people because they promote eating disorders as a lifestyle choice (not an illness), and offer a sense of belonging and community which can make it difficult for those who participate in these communities to leave.[58] They exist on Tumblr, YouTube, Instagram, TikTok, X (formerly known as Twitter), Discord, Snapchat, and Pinterest as well as in private-access communities and chats. There is also growing concern about developments in AI surrounding information access, image creation, and the ability to develop personalized restrictive diet plans or form a plan to develop unhealthy behavior patterns. It could be argued that these "communities" lack a sense of relationship which compels an individual toward virtue, enabling instead the pursuit of short-term fulfillment which in time results in bodily and self-harm. Authentic community ordered to movement toward the good is central to eating disorder recovery.

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[56] Haile, "A Good Appetite," 268.
[57] Haile, "A Good Appetite," 269.
[58] Lucy Osler and Joel Krueger, "ProAna Worlds: Affectivity and Echo Chambers Online," *Topoi* 41, no. 5 (2022): 888.

Veritatis Splendor's focus on relationship with Jesus can serve to remind people struggling with eating disorders of their fundamental identity. Persons are made to be in relationship with one another, as they image a relational, Trinitarian God; when one feels lonely and disconnected, lacking life-giving relationships, it is natural to search out a balm for this emptiness. This truth makes sense of the frustration some young people report when they acknowledge that using social media often makes them feel more disconnected from others, yet they use it constantly because they struggle to make real-life authentic connections.[59] In an American culture becoming increasingly individualistic and with young people moving away from their families at higher rates than earlier generations, turning to online connection and community to try to remain in touch and fill a relational void makes sense. *Veritatis Splendor* reminds its readers of the relationship that is most primary to their being: their connection to Christ, whose Incarnation was the result of love and established a radical way of being known by God. This God seeks connection with each person through prayer, the Eucharist, and myriad other moments of daily grace. Being reminded of this fundamental love, presence, and relationship is a balm for the challenges of isolation and loneliness experienced by many in contemporary times. The church and ecclesial culture can respond to what is lacking in contemporary culture, and what young people search for as they turn to social media. Relationship with Christ and others—in particular relationships with others in Christ—can help orient those struggling with eating disorders to their own goodness and worthiness, independent of their weight, body shape, or whether they succeeded in eating "well" that day or not. These relationships can both be part of the healing those who struggle seek, and help challenge the narrative that thinner is better and that our bodies always stand in need of improvement. Parishes and small Catholic communities can respond to this need by fostering opportunities for authentic community—teenagers discovering who they are, young people as they navigate new communities, young parents, empty-nesters, and the elderly who are often forgotten—that helps create disciples and push back against the shame and loneliness those who struggle with eating disorders frequently experience.[60]

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[59] This paradox often plays out in my college classrooms; students feel compelled to use their cell phones, scrolling social media or texting, until the minute class begins. They desire to use their phone during class breaks and prefer to sit silently in their seats rather than talk to their classmates. Yet, they also write about being lonely on campus and struggling to know how to connect with and reach out to others, both in and outside the classroom.

[60] An astute peer reviewer pointed out the robust possibilities of how membership within the Body of Christ community can be responsive to the ills of eating

CONCLUSION

Veritatis Splendor places relationship with Christ at the center of moral theology, responding to the needs and struggles of persons with eating disorders. In recovery in particular, the unconditional love, support, trust, and hope people with eating disorders name as their greatest relational needs are found to be perfect in Christ. He offers grace that can help people overcome challenges that willpower alone cannot surmount, and the relational frame *Veritatis Splendor* puts forth responds to the misguided moralist tendency to try to earn goodness. In the context of graced relationships, earning goodness is simply not possible. Reliance on Christ to overcome what is lacking in us is the way of spiritual progress, and echoes some of the truths those in recovery discover in their reliance on others for support and assistance. Relationship with Christ also calls the human person into community with others, in particular the community of the church. This reality also reinforces the church's call to provide conditions and structures for the creation of authentic community, wherein accompaniment and support can take place and God's healing grace can flow into the diverse wounds of the members of the Body of Christ.

The encyclical also notes the gift that moral theology can offer to research in the behavioral sciences, echoed by this article's engagement of other eating disorder related fields. Moral theology's faithfulness "to the supernatural sense of the faith, takes into account first and foremost the spiritual dimension of the human heart and its vocation to divine love" (no. 112). Considering persons as more than just bodies and minds and attending to them as ensouled beings in light of other disciplines' work is essential to moral theology. It also enriches the scholarship done in other fields, such as developing an approach to understanding and treating eating disorders that takes seriously the soul of the person involved, and their relational needs as persons made in God's image. This can improve treatment outcomes and enrich work done in the medical and bioethical fields on eating disorder diagnosis, treatment, and recovery.

For those struggling with eating disorders, the encyclical's conclusion offers two resonant reminders. First is "the joy of forgiveness" (no. 112) God offers to those who fail. Forgiveness is something people who struggle with eating disorders must learn to frequently extend to themselves on the road to recovery; recovery is not linear and often contains regressions. It can be difficult for people

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disorders—including the role of that Body's connection to the mystical tradition, disability theology, and the theological themes of mercy, grace, and forgiveness. These are riches I hope to explore in a future publication.

in recovery to extend such forgiveness to themselves, especially because many people with eating disorders have perfectionistic tendencies.[61] This makes recovery's nonlinear nature difficult for them. God's constant offer of mercy and forgiveness can be a model for the way in which they will have to learn to be merciful with themselves as they recover. The second reminder, found in the encyclical's closing paragraph, is that intellectual conclusions will never fulfill the human person. Instead, it is "only the Cross and the glory of the Risen One [that] can grant peace to [one's] conscience and salvation to [one's] life" (no. 120). Out of the cross of Christ comes the resurrection's hope, offered to those who find themselves in the depths of suffering. The resurrection does not take place without the cross, however. Christ's Incarnation means that he knows human suffering well and is present with each person who endures it. With Christ's accompaniment, presence, and relationship, each person has reason to hope in Christ's glory, and know that because of grace, attaining goodness and wholeness is not wholly reliant upon their effort. Christ's glory comes after His suffering, and so there is reason to hope—even in moments that might seem hopeless in light of the weakness of the human condition. For Christ's is the only hope that does not disappoint.[62] M

Megan Heeder, PhD, is assistant professor of theology at the University of Scranton. Her research interests include the development of a theological approach to eating disorders informed by virtue ethics as well as theological aesthetics' capacity to redeem contemporary ideals of beauty. Her vocation as a theologian is inspired by a desire to translate the wisdom and riches of the Catholic intellectual tradition into a medium that responds to contemporary challenges and impacts both the intellects and hearts of her students and those who engage with her scholarship.

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[61] Rose Stackpole, Danyelle Greene, Elizabeth Bills, and Sarah J. Egan, "The Association Between Eating Disorders and Perfectionism in Adults: A Systematic Review and Meta-analysis," *Eating Behaviors* 53 (August 2023), doi.org/10.1016/j.eatbeh.2023.101769.

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