A Sermon on Eating Disorders Sermon by Rev. Minister Angela Smith of COPE for August 28th, 2022 (and beyond)

This sermon is taken verbatim from an e-mail response I sent to someone working in the mental health field inquiring about eating disorder treatment centers. The quoted e-mail response text below is the sermon:

"I'm the HEAL Mission National Coordinator and Founding Mother of COPE. I hope you were pleased with the response you received from our team. I'm personally disappointed that eating disorder treatment centers were not the focus of the response. Besides undue influence of mottos like "One can never be too rich nor too thin" which itself encourages a binge/purge lifestyle, the issue for those with eating disorders is often ignorance. Their freedom should be respected even if they make idiotic and unhealthy choices likely as a result of having a parent or primary caregiver with malignant narcissism that may present as Munchhausen or Munchhausen by Proxy. The delusional primary caregiver believes in their own perfection and demands others meet their unhealthy and unreasonable standards. So, that really can't be fixed without arming the victim (patient with eating disorder) with actual knowledge after establishing trust where such may be really difficult given the primary caregiver's influence. If the victim is dependent on the primary caregiver/provider (whether spouse or parent depending on age) with unhealthy and unreasonable demands, the dependency is going to result in their likely subservience to the will of the provider as they understand it no matter how much information is provided regarding risks to their own health where the alternative is the uncharted territory of independence for them.

The behaviorists reinforce the compliance/reward and noncompliance/punishment/aversive model for change including at many eating disorder treatment centers. This reinforces the underlying conditioning of the provider in terms of establishing an authority, requiring compliance, penalizing noncompliance, and not respecting the autonomy and rights of the victim/patient nor empowering them to choose for themselves depending on whether treatment is voluntary, voluntary on paper though lacking independence and coerced by providers through threat of deprivation of some sort including the institutionalization, or court-ordered. Where wholly voluntary, patients can discontinue service and seek another service provider. But, where there is dependency on providers, that will need to be overcome as the issue rather than any symptoms of it like eating disorders for the sake of compliance with an unhealthy and unreasonable standard set by someone on whom the patient feels dependent. If it is court-ordered, even prisoners who report crimes committed by law enforcement and other prisoners in US prisons get justice when there is sufficient evidence for warrants and disciplinary action. So, institutionalization is known to cause regression and impede socio-economic evolution to independence, therefore it is stupid but people choose it anyway at times.

So, the options for someone harmed by any treatment center, including eating disorder treatment centers when violations of the law have occurred include: reporting crimes to law enforcement, reporting regulatory violations to state licensing bodies that oversee the facility/provider involved, leaving providers that do not suit you, and filing

civil/tort/personal injury suits with a private attorney or filing a consumer complaint with the state's attorney general. You and I can make laws all day and new regulations. The 4th Amendment of the US Constitution is still going to mandate that violations be reported to the proper enforcement body and a warrant/court-order is issued and signed by a judge before any individual or business can be searched or seized. With all the violations of law, proper reporting is still going to be necessary for the government to do anything because the 4th Amendment requires due process which begins with proper reporting. The report can be made by a firsthand witness or direct victim. If the victim(s) are deemed incompetent at law and/or to lack credibility, then that will make prosecution difficult or unlikely depending on how much evidence exists beyond the testimony. And, with firsthand witnesses who are not recognized as mandated reporters at law, they may feel the risk is too great to them personally to report it even though they should do so.

Here's how I educate those with eating disorders, it is very easy:

- 1. What is your healthy weight range according to medical science? Find out here: https://www.cdc.gov/healthyweight/assessing/bmi/adult\_bmi/english\_bmi\_calculator/bmi\_calculator.html (Enter height and weight and click "Calculate" and the CDC will tell you your healthy weight range. For me it is 123-166 pounds and my doctor says 142.5 pounds is optimal for my height. If you maintain your weight at the lowest, if you get cancer or the flu, you could experience organ failure or other complications others wouldn't because they maintained their optimal healthy weight.)
- 2. How many calories based on your actual activity level should you consume to maintain your optimal weight or chosen healthy weight in the healthy weight range? Find out here: https://www.calculator.net/calorie-calculator.html (Enter in the information it asks of you and enter your chosen healthy weight that you wish to maintain as well as your current activity level. To maintain my optimal weight at my current activity level I should consume 1,833 calories per day. So that becomes your daily calorie budget.)
- 3. Eat something from every food group every day and then whatever you want without going over your daily calorie limit unless you up your activity level. And, you'll be physically healthy. Health is beautiful and this is why it is a compliment when someone says "You are the picture of health." That is the dietary guidelines provided by the food pie chart by the USDA in the early 20th century. It works for me. And, my great-grandparents outlived my grandparents in actuality or accumulated years at time of death.

Now, since that is fairly simple and free, it seems eating disorders aren't the real cause of what's going on where that's a present symptom. More likely than not it is dependency and believing being too thin is the road to prosperity as a result of being dependent on someone who only rewards based on subjective aesthetics rather than substance of character. The way to break someone of requiring approval is not to put them in a situation with authority figures they automatically wish to be approved by in the form of being told they are making progress. The way to break someone of requiring approval is

to encourage their autonomy and independence. If they believe they are thinking for themselves and making their own choices, including the choice to remain dependent on any provider, then those of us who know it is unhealthy have to respect their right to make their own choices even if it is the choice to remain subjugated by dependency on a provider. But, clarifying on that point by telling them "Independence will set you free, you are subjugated by your status as a dependent" may reveal the individual to be a malignant narcissist who believes they can still control everyone else even from the subjugated position of a dependent. That's clearly delusional. So, they need to choose independence for a chance at true health and if they can't or refuse to do so, they will remain subjugated to some extent whether institutionalized or not. In response to feeling or being subjugated, the dependent may become deimatic and bluff in claiming authority they do not have over the provider and others rather than recognizing their own need for independence and autonomy as the real issue.

I don't know how we legislate to fix the issues I've raised above, but agree all who work with vulnerable populations, particularly in segregated congregate care settings, should be recognized as mandated reporters and afforded the protections as well as given the responsibility to report violations to the correct law enforcement bodies. I'd like the pie chart back from the USDA as the standard because I would gain weight at 2000 or 2500 calories per day which is the RDA or what the RDA is based on in terms of all food packaging. So, I think we really need to educate the public that the calories on which the RDA info is based is not what they should be eating nor the number of servings suggested on the food pyramid because we are all individuals and our requirements vary."

## **END SERMON**

Meditative (partial #TaoFu) Short

Mary says: I'm 5'2" and weigh 160 pounds. What's wrong with me?

Jane says: I'm 5'5" and weigh 110 pounds. What's wrong with me?

Bill says: I'm 6'1" and weigh 165 pounds. Is that optimal?

#TaoFu @heal247 says: "Mary, would you like to be optimal (best, most favorable) in terms of weight management for your health? If so, your optimal weight to maintain for optimal health is 118.5 pounds. Same sources as referenced in the sermon. If immobile (i.e. paralyzed or in a coma) you would need to consume 1,236 calories per day to maintain optimal weight for optimal health. If sedentary with little to no exercise, consume 1,483 calories per day. If exercising 1-3 times per week, 1,699 calories per day. If exercising 4-5 times per week, 1810 calories per day. If exercising daily, consume 1,915 calories to maintain optimal. If exercising daily between 45 minutes to 2 hours of elevated heart-rate exercise, consume 2,132 calories per day. If exercising 2 hours or more with elevated heart-rate exercise, consume 2,348 calories per day. Eat something from every food group at least once a day and then whatever you want until you reach

your calorie limit for the day based on your activity level. If you adopt the right calorie intake for your lifestyle overall, you'll reach optimal and be used to maintaining it once you reach it. Jane, you are underweight and at risk of organ failure or death. It is also likely you wouldn't survive one round of chemotherapy, God forbid, in the event you are diagnosed ever with Source: cancer. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5830139/ Your optimal weight is 130.5 pounds for optimal health. If exercising 4-5 times per week, you need to consume 1,960 calories per day to maintain your optimal weight. If sedentary, consume 1,605 calories per day. Malnutrition leads to mental health issues and can result in early onset Alzheimer's, dementia, and other problems. Until you reach your optimal weight though, feel free to eat a little more and then use the limit to maintain once reached. Bill your height/weight balance is optimal, keep doing what you're doing to maintain optimization if that's your preference and/or goal. Bill you are also 100% optimized because 165 is 100% for you. Mary, you currently weigh 160 and optimal is 118.5 which means 41.5 pounds from optimal for you. You are 74.1% optimized now and have 25.9% to go for 100% optimization in terms of weight management. Jane, you currently weigh 110 and optimal is 130.5 so you are 20.5 pounds from optimal for you. You are 82.63% optimized now and have 17.37% to gain for 100% optimization (best, most favorable according to medical science/biology)."

#TaoFu @Schwarzenegger says: "I'm 6'2" and maintain between 235 and 260 pounds. I'm exceptional."

For those interested in starting #TaoFu Self-Defense Exercises, please see https://www.cope.church/taofu.htm and begin at any time.

There are opportunities to send messages, receive mystery bonus blessings, and more with or without donating available now on our "Pass the Basket" page at https://www.cope.church/basket.htm . Thank You.

"And ye shall know the truth, and the truth shall make you free." John 8:32 KJV Willful blindness is an abomination.

COPE accepts Feedback, critical and complimentary. Learn more at https://www.cope.church/feedback.htm . For the sake of keeping myself and others humble, a sense of humor is welcome on all sides.

For More About COPE and the HEAL Mission, see:

https://www.cope.church and https://www.heal-online.org