

# Self-Starvation Through the Ages: Reflections on the Pre-History of Anorexia Nervosa

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*Recent publications have indicated that voluntary self-starvation is not a recently developed syndrome and that it has been reported throughout history. These prior forms of inedia are summarized and related to their historical and cultural contexts. On the basis of these data, some hypotheses are proposed regarding social influences on the vulnerability to eating disorders. **Objective:** To document and describe forms of eating disorders occurring prior to the formal medical description of anorexia nervosa in the late 19th century. **Method:** Review of historical references to self-starvation, of recent publications on the history of eating disorders, and of articles describing cases of eating disorders occurring in the past. **Results:** Forms of eating disorders have existed since ancient times varying in frequency, manifestations, and possible motivation. **Discussion:** Certain sociocultural factors appear to foster or inhibit the frequency and type of eating disorders. © 1996 by John Wiley & Sons, Inc.*

It was long believed that anorexia nervosa came into existence in the late 19th century, being described almost simultaneously by Leseque in France and Gull in England in 1873. However, the recent appearance of a number of publications (Brumberg, 1988; Skrabanek, 1983; Vandereycken & van Deth, 1994) has revealed that various forms of self-starvation had been practiced long before that. The occurrence of these behaviors throughout most of recorded history should cause us to rethink whether eating disorders are actually a product of our current social pressures rather than a deeper mode of self-expression adopted by individuals in other epochs and other cultures. A look at this "prehistory" of eating disorders may shed some light on this form of psychopathology as it exists today by highlighting some commonalities, as well as differences, that may be deciphered from a study of our anorexic ancestors. Because this literature has become voluminous, detailed accounts of all recorded historical instances of self-starvation will not be presented here and the reader is referred to more lengthy sources for that information. Rather, the prevalent form of eating disorder at different epochs will be de-

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scribed, illustrated by one or two paradigmatic cases. This expository material will be used to formulate some tentative conclusions regarding a possible basis of eating disorders.

## ANCIENT TIMES—THE ROOTS OF GNOSTICISM

Prolonged inedia was essentially unknown in classical Greek or Egyptian cultures. No instances of death or debility through voluntary self-starvation appear in the work of physicians, historians, or writers of these times. There are numerous records of ritual fasting for brief periods, usually 1 to 3 days, which served specific purposes. One was fasting as a preparation to receive some sort of trance-like state, which was a medium for sacred visions. Therefore, Moses fasted for 40 days before receiving the Ten Commandments, and Jesus and Elijah also fasted for 40 days before divine enlightenment. In this case the extraordinary length of the fast, 40 days, might not be taken too literally as the number 40 may have been selected because it was believed to have some sort of mystical significance. (For example, the Jews wandered in the desert for 40 years after their exodus from Egypt.) Fasting was also used as a means of penance or purification through which the individual denied himself the pleasure of eating (often with abstinence of sexual behavior) to atone for prior transgressions against the deity. Finally, fasting was used as a means of supplication to influence superior powers. In these instances, the point of fasting appears to be the willful abstinence from a source of pleasure to prove one's devotion to the gods. There is less concern with depriving or punishing one's corporeal self than with relinquishing a means of gratification. It would seem unlikely that a culture whose maxims included "a sound mind in a sound body" or "moderation in all things" would foster severe self-deprivation. The closest behavior to self-starvation to be found in classical Greece was that of the Pythagoreans who abstained from meat of any sort. However, this dietary restriction resulted from their belief in transmigration so that livestock might contain the soul of a departed human. The situation was quite different in Eastern religions, where fasting was prolonged, often to death, as part of a total withdrawal from a material world that was perceived as essentially evil. A prominent example is Vardhamana, the founder of Jainism, who lived in the 6th century B.C. and who died of voluntary fasting (Smart, 1967). The main teaching of Jainism is that there exists a deep separation between the eternal soul and transitory matter which includes the body. The goal of Jainism is to release the soul from its corporeal bondage through austerity and extreme self-control, the epitome of which is death through willful starvation in imitation of Vardhamana.

This admiration for the ascetic control of one's body may also be seen in a Hindu myth in which the goddess Uma attempts to seduce the god Siva in order to produce a son who can destroy the demon Taraka (Mogul, 1980). Siva is immersed in profound contemplation of the void of his own being so Uma cannot arouse his desire for her. Attempts by the god of love to influence him are rapidly demolished by Siva, who remains steeped in meditation. It is only when Uma renounces the material world and starves herself for 36,000 years, that Siva finally is drawn to her. Buddha also went through a phase of self-starvation, to the extent that he could touch his spine through his abdomen, in the search for enlightenment (Mogul, 1980). He gave up this form of asceticism when it brought him no special knowledge or insight. These Eastern philosophies gradually spread to the Mediterranean in the form of Gnostic sects. The unifying theme of these ascetic sects was the gnostic thesis that the external soul has become



separated from a god by the material world which is the source of evil (Jonas, 1958). Humanity is made aware of this alienation of the soul from the deity by a selected individual, who after some form of privation and temptation, informs the populace of his knowledge (gnosis) of the true path to spiritual salvation. The gnostics, therefore, were those who possessed this knowledge of the severance of the soul from the deity and illusion of truth in material objects. Eventually, these Gnostic beliefs invaded the religions of classical antiquity, taking root in Greece and Rome. The Greek scholar Dodds (1970) argues that this transformation may have followed the decline of the "polis," or city state which allowed a measure of active participation by its citizens in favor of large, autocratic empires such as Alexander's which made its inhabitants feel so politically helpless that they sought a measure of control within their own individual existence rather than in civic matters. Others have found traces of gnosticism in Plato's dialogues, particularly the *Phaedo*, written well before the Macedonian Empire. However, although Plato certainly differentiates the knowledge gained by the soul (abstract thought) from that available through the body (sense perception), he merely places one above the other in terms of accuracy and not in terms of morality. The senses may confuse the soul in its search for truth but are not inherently evil.

The idea of the body as malevolent appears to have resulted from the spread of gnosticism in the Hellenistic world and its incorporation into early Christian sects which, in turn, infiltrated the civilized world around the Mediterranean.

### EARLY CHRISTIAN ASCETICISM—GNOSTIC CULTS

The Gnostic elements of early Christianity together with a popular belief in the imminent end of the world led to a spread of asceticism, epitomized in celebrated hermits who would abandon civilization for a solitary life of privation in rural seclusion. These early holy individuals were predominately men, rather than women, who included severe fasting as part of an overall rejection of their bodies and other material things. For example, Hilarion, a 4th century ascetic, was originally intended for a brilliant career as an orator in cosmopolitan Alexandria. However, at 15 he sought out the hermit Antony in the Egyptian desert. After a 2-month stay with Antony, Hilarion returned home, only to give away all of his belongings and live out his years in poverty and isolation. He is reported as sleeping in a small hut of reeds and later in a cell less than 5 ft in height. His diet was said to consist only of bread, salt, and some lentils. Hilarion was often consulted by those in need as he was believed to be able to cure illnesses, in humans as well as animals, and even to determine the victor of a race horse with his blessing (Fox, 1986). As Hilarion may demonstrate the high regard accorded to self-deprivation, another religious hermit, Saint Simeon Stylites, may be used to illustrate the disdain in which these holy men held their bodies. Simeon tied a rope around his waist so tightly that it ate into the flesh. The resulting abrasions were eventually infected and swarmed with worms. As these fell from his body, Simeon replaced them in the putrefied wound, saying "Eat what God has given you" (Wallman, 1967).

The essence of this ascetic doctrine is simply that bodily needs or desires are a source of evil and are to be resisted at all costs to preserve the purity of the eternal soul temporarily imprisoned in its corporeal habitus. This clear conflict between religious aspirations and material necessity was behind the teaching of Eusebius Sophronius Hieronymus, better known to history as St. Jerome, who translated the bible from Hebrew to Latin but who also was the spiritual leader of a group of wealthy Roman

women in the late 4th century. He preached a life of abstinence and prayer, writing to his pupil Eustochium, "Let your companions be women, pale and thin with fasting such as daily, say with true earnestness, 'I have a desire to depart and be with Christ' " (Ranke-Heinemann, 1990). Blessila, Eustochium's younger sister took his message to heart and departed this life at the age of 20 from malnutrition, thereby possibly being the first young female in recorded history to expire from voluntary self-starvation. The death of a high-born Roman girl aroused such animosity toward Jerome and what was termed his "detestable mob of monks" (Ranke-Heinemann, 1990), that they shortly escaped to Bethlehem where he and his followers established a school and hostel for pilgrims.

The early centuries of the Christian era appear rife with ascetic cults rising up in rather large and sophisticated cities and in opposition to their indulgent way of life, as expressed in Augustine's confessions. The act of starvation has to be considered in the context of a total renunciation of bodily needs or desires. One senses that social thought at these times was plagued by a sense of a lost classical golden age and the rise of a radical ascetic reaction to a hedonism and materialism that lacked an ethical foundation.

### THE DARK AGES—SATANIC POSSESSION AND SELF-LIBERATION

In contrast to the self-imposed, voluntary self-denial of the Hellenistic and Roman worlds, the succeeding centuries seem to have exposed the same privations involuntarily on the European populace. A series of disasters between the 5th and 10th centuries did much to destroy any remnant of Greco-Roman civilization in Western and Northern Europe. Among these devastations were the recurring invasions and settlements of barbarians from the north, a severe plague that persisted for two centuries after its onset in 542, and climatic deterioration which reduced agricultural production until the 9th century (Brown, 1988). One of the most striking features of the so-called Dark Ages was that cities simply disappeared. Even Rome, the center of civilization which had a population of several hundred thousand during classical times, had shrunk to perhaps 30,000 by the 6th century as the result of siege, famine, and plague. Vast areas of the city were desolate and public buildings lay derelict or were used for construction materials (Brown, 1988). Under such circumstances, everyday life appears to have been a struggle against marauding armies, pestilence, and famine. It may not be surprising that in an age when hunger was rampant, willful self-starvation seems not to have existed (or at least not reported, since this era is comparatively poorly documented). Voluntary abstinence from food would be a difficult way of expressing a psychological motive, if food were a scarce commodity. Selvini-Palozzoli (1985) reports a similar situation centuries later when she found anorexia nervosa to be nonexistent in Italy during World War II when severe food restrictions were imposed. Only as Italy returned to a certain level of affluence did cases of anorexia begin to appear. It would appear that only when food becomes abundant can voluntary denial of food serve a psychological purpose. It may also be argued that in situations of prolonged scarcity, different aspects of femininity are emphasized (as will be further discussed below). Nevertheless, there are a few reports of self-starvation even during these difficult years. Two represent the role of satanic possession, possibly reflecting the one cohesive social force in a relatively chaotic age: the spread of Catholicism with its emphasis on the individual as caught between the forces of good and evil. These two cases, one from the 5th century and one from the 8th century are remarkably similar (Skrabanek, 1990). In both instances young women refused to eat or drink because they were thought to have been possessed by the devil.



Both were cured by exorcism; in one case, taking Holy Communion dislodged the devil, whereas in the other visiting the holy tomb of a saint caused her to be freed of her possessor. The theme of demonic possession as an explanation for anorectic behavior recurs in the ensuing centuries. The most recent instance was less than 20 years ago, when a Bavarian girl who was convinced she was possessed, died of self-starvation in 1976 after exorcism failed to cure her (Vandereycken & van Deth, 1994).

The third reported case of self-starvation during the Dark Ages also concerns itself with Christian piety; so much so that the girl in question was elevated to sainthood. She was the seventh daughter of a king of Portugal who ruled sometime between 700 and 900 A.D. This girl has been called St. Wilgefortis from the latin Virgofortis or strong virgin, although she has also been worshipped as St. Ontcommer, St. Kummernis, or St. Uncumber, as one who relieves the supplicant of burdens of encumbrances. Similarly in France and in the Iberian peninsula, she was known as St. Liberata, the liberator. The story of this princess who became a saint begins with her father promising her in marriage to the Saracen king of Sicily (Lacey, 1982). The girl, however, had already made a vow of virginity and of service only to God rather than to man. Upon the news of her impending marriage, she prayed that she be stripped of her beauty and refused nourishment. She lost her feminine contours and also grew hair all over her body, causing her suitor to withdraw his offer of matrimony. As punishment, her father had her crucified. While on the cross she asked that all remember "the passion that encumbers all women" (Lacey, 1982). In time, she became known as one who succeeded in liberating herself from the physical and social discomforts that afflict womankind; menstrual pains, childbirth, enforced sexual relations, and domination by males. She became the patron saint for those who wish to be relieved of problems associated with procreation or even by those who wish to free themselves from the control of others. This particular history is of interest for it shows how self-starvation (and ultimately death) are seen as a means of liberating oneself from the physiological burdens associated with femininity and asserting one's will in the face of social or political impotence. A similar situation that occurred in the 13th century concerns St. Margaret, the daughter of a king of Hungary who had pledged her to God if he could repel a Tartar invasion (Halmi, 1994). After his victory the king built his daughter a convent where she excelled in her studies, fasted, slept little, and performed exhausting menial work. When her father decided that she should marry, Margaret intensified her fasting, dying of starvation at age 28. She was canonized only 5 years following her death, attesting to the value placed on self-denial in the name of God. Margaret is indicative of the alterations that transpired in the 13th century, in contrast to the preceding Dark Ages, which appear to have resulted in a mini epidemic of anorexic behavior, at least in southern Europe.

## THE LATE MIDDLE AGES AND EARLY RENAISSANCE—HOLY ANOREXIA

In 1985, Rudolf Bell published a book called *Holy anorexia*, followed 2 years later by Caroline Bynum's *Holy feast and holy fast*; both works call attention to the existence of self-starvation in a large number of European women from the 13th to the 17th centuries. Although these historians do not state with any certainty that the behavior of these women was illustrative of modern anorexia nervosa, they do document some similarities to the disorder. This suggests that at this particular point in Western history, a syndrome not so dissimilar from anorexia nervosa was frequently exhibited. Bell lists 261 documented cases of holy fasting that he discovered, beginning with St. Ubaldesca who died



in 1206, up to Maria Zonfrilli who expired as recently as 1934. Of these 261 instances of self-starvation, 181 (or well over two thirds) occurred between 1200 and 1600 A.D. and almost all in southern Europe. The paradigmatic example offered by Bell is that of St. Catherine of Siena, and, in fact, many later holy fasters consciously took Catherine as their model. Catherine was born in 1347, the 24th child of her mother and the only one to be nursed by her. A twin, Giovanna, who was sent to a wet nurse, died in infancy. Catherine is said to have been the favorite of her mother and of an older sister, Bonaventura, who served as a mentor to her younger sib. When Catherine was approaching puberty, Bonaventura purposely starved herself as a means of reforming her dissolute husband, a strategy that succeeded. However, when Catherine was 15, Bonaventura died in childbirth, a loss that weighed heavily upon Catherine. She underwent a profound psychological change, turning inward and shunning the everyday world. She started to eat little, and to spend much of her time in prayer. At this same time, Catherine's parents began to search for a suitable husband for her, to which Catherine responded with an intensification of asceticism and religiosity. In the midst of this conflict, Nanna, Catherine's younger sibling also passed away. This additional loss further pressed Catherine to a life of devotion to God. She cut off her hair, began lengthy meditations, and secretly flagellated herself in imitation of Christ's passion. Her family dealt with these new behaviors by a determined effort to break Catherine's will and force her to resume a normal life. Catherine assumed the heavy and humiliating tasks imposed upon her without relinquishing her desire to serve only her God. Finally, she confronted her family with her wish to become a nun and they relented, allowing her to become a "Mantellata." This choice appears somewhat peculiar, for this order of nuns was allowed to remain at home rather than reside in a convent. In any event, from this point until her death from malnutrition at age 32, Catherine lived an austere, ascetic existence. She ate almost nothing, often forcing herself to vomit the little she had ingested. She seems to have had no limit to her energy, however, devoting most of her waking hours to helping others. She slept very little, occupying a small room in the parental home where she continued to punish her body by sleeping on sharp sticks, by binding her body with a tight iron chain, and by daily flagellation. She became famous for her tireless service to the poor and the sick and, later, for her influence in returning the Papacy from Avignon to Rome. One apocryphal story may be worth retelling: When Catherine was attending a woman dying from cancer of the breast, she involuntarily recoiled at the sight and smell of the purulent mammillary organ devastated by disease. Catherine was so angry at her own revulsion that she forced herself to drink a cup of the exudate of the decaying breast. Catherine's fame was increased by the appearance of her biography, written only a few years after her death in the vernacular by her confessor and possibly serving as an inspiration to other women. In time, the facts of her life became embellished with performance of miracles, the ability to levitate, and the appearance of stigmata on her body.

Whether in response to Catherine's example, or for their own reasons, numerous other women began to fast to the point of death, to spend their lives in active support of others, and to deny their corporeal needs, all in the name of sanctity. One possible advantage of choosing this form of devotion is that it led to the belief that one could communicate directly with God and thereby become superior to one's peers. Indeed, many such women were elevated to sainthood, receiving an official stamp of approval from the powerful church. Other possible reasons, mentioned by Bynum (1987), were the ability to escape from an arranged marriage and the avoidance of childbirth and child rearing. As such, these "holy anorexics" ignored any demand of their bodies, indeed

turning against their bodies with self-invented forms of torture, and also turned against the accepted social female role. In return, they secured a sense of superiority in their sanctity and the belief of belonging to God's elect.

These forms of self-starvation continued beyond the Renaissance (a contemporary example might be the philosopher-mystic Simone Weil), but their occurrence became much less frequent. Bell (1985) speculates that the decline of religious self-starvation may have been caused by a change in attitude on the part of the church. The official organization began to debunk individuals who claimed to have direct divine communication and to insist that any commerce with the deity had to be through the intermediary of a priest. The church was fending off the rising up of heretical cults, such as the Cathars, who refused to grant the church its role of religious leadership and claimed that the individual, on his or her own, could relate directly with divine powers. Therefore, later holy anorexics could expect to be questioned by the Inquisition rather than be elevated to sainthood. This retrenching of clerical power may have had a significant effect; however, other factors may be considered as well. The early Renaissance in southern Europe appears to have been a time of sufficient affluence to allow for a return of an esthetic sensibility with its own ideal of feminine beauty and behavior (Whitton, 1988). It was also time, according to Burckhardt (1944), that women were approaching equality in education with men. These forces seem to conflict with the actual role of women in everyday life, in which they were forced into arranged marriages and expected to have numerous offspring, because a good percentage of these never lived to adult life. The decline of the Renaissance saw a return of more difficult economic realities for the populace. With this general impoverishment, there arose a new domination by males within the church as well as among the laity. Male priests were the only ones who could intervene with God and also became the church's intellectual elite in the form of the Jesuits, who excluded women from their ranks.

### THE 17TH AND 18TH CENTURIES—THE MIRACULOUS MAIDS

The interpretation accorded fasting women in the centuries between the Renaissance and the modern era was transformed gradually. In the Reformation, these starving women were thought to be possessed by the devil, later they were thought to be frauds seeking notoriety and, lastly, they were seen as either physically or mentally ill (Brumberg, 1988). The case histories of these women follow a fairly typical pattern: They were usually young, of humble origins; they ate only delicate objects such as rose petals (or as in one case, a woman existed only by the smell of a rose [Brumberg, 1988]) adding to their sense of purity and ethereal nature. They commonly became famous in their surroundings and were visited by delegations of priests, doctors, or political representations who put them through a series of investigations to determine the cause of their inedia. One such case, Eva Fleigen, mentioned by Brumberg (1988), was put to the test by being taken to a garden and induced to taste exotic fruits. It was reported that as a result of tasting only one cherry Eva became ill and nearly died. As printing became more available to the general public, news of these cases became more widespread, possibly influencing other girls to become anorexic. Soon Protestant as well as Catholic women were affected and the wealthy as well as the poor showed signs of self-starvation.

One such case is frequently cited (Bliss & Bruch, 1960) because her description appears in a letter by the philosopher Thomas Hobbes, written in 1669. This fashionable girl lost



her appetite completely and was said to exist only by wetting her lips from a feather dipped in water. Hobbes describes her as totally emaciated, so that her belly touched her backbone. She was visited by the curious (as well as by officials) who offered a small payment for the privilege of seeing her. Apparently the girl refused these offerings, but her mother accepted them. Hobbes makes no conclusion regarding the cause of the girl's affliction, nor does he inform us as to her eventual fate. Such individuals appear to fulfill criteria for primary anorexia nervosa as currently diagnosed. Little is known as to circumstances surrounding the initiation of self-starvation or the eventual fate of the victims. These cases appear to be infrequent, however. Because only those individuals who aroused public notoriety have been reported, it is impossible to know the actual incidence. Many such women may have developed the disorder and either died or recovered, in obscurity.

One case of self-starvation is Martha Taylor who is historically important for prompting John Reynolds to write "Discourse on Prodigious Abstinence," an essay attempting to demolish arguments of supernatural causation and suggesting a medical etiology (Brumberg, 1988). Therefore, this document may be interpreted as exemplifying the transition in thought from religious to secular models of explanation. Reynolds argues against the proposal that Martha was fed miraculously by angels by questioning why such a favor should be bestowed on a person of "no known sanctity." He finds it incredulous that God should select such an irreligious young woman who is so devoid of spirituality. Reynolds uses the same argument against demonic possession, stating that the devil would not waste his powers on so modest a trophy as Martha. Therefore, Reynolds concludes, the self-starvation of this woman has no grand purpose and its cause should be sought in medical rather than religious realms. He then offered a theory of "fermentation" based on the works of Thomas Willis (of neuroanatomical fame) who, in turn, were influenced by William Harvey's demonstration of vascular circulation. In brief, Reynolds proposes that Martha's internal organs create food by fermentation and release nutrients into the circulatory system, so that the individual can exist on his or her own resources, without need of external food supplies. Actually, Reynolds' theory attempts to explain how it may be possible for a person to survive self-starvation rather than why a person should wish to do so. The best clue to the reason for fasting that he offers is his speculation that most anorexic behavior occurs between the ages of 14 and 20, when "the seed hath so fermented the blood, that various distempers will probably ensue without due evacuation" (cited in Brumberg, 1988, p. 54). Therefore, the illness is due to an abnormal condition of the blood.

The exact details of Reynolds' formulations are of little importance; what is significant is his use of a medical model to explain anorexic behavior. In this more secular age, abnormalities of behavior brought to mind physiological malfunction rather than either sainthood or demonic possession. Anorexic women were treated more and more as physically ill and subjected to various treatments based on prevailing theories of disease. For example, Bliss and Bruch (1960) discovered nine doctoral theses on the subject of anorexia (in the historical collection of the Armed Forces Medical Library) written between 1685 and 1770. The existence of these documents certainly suggests that anorexic behavior continued to appear despite the fact that the affected individual was considered sick at best, and a fraud at worst. One of these monographs, written by Hardenus in 1703, explained the illness as due to insufficient bathing of the gastric nerves by bodily fluids. In other instances, when the individual was grossly disturbed, anorexia was believed to be due to the brain's insensitivity to messages from the stomach. Almost all of the nine dissertations did ascribe at least a minor role to emotional factors. One thesis,



by Glado, written in 1696, cites one woman who became ill when she learned of the death of her beloved brother. The subsuming of anorexic behavior under the heading of medical disorders allowed Richard Morton to include it in his treatise on the various forms of consumption in 1689. This major work was one of the first systematic treatises on tuberculosis and was widely read, going through many editions, some being translated into English from the original Latin. Morton's description of two cases, one an 18-year-old boy, has been considered the first complete and modern description of anorexia nervosa. Morton describes a "nervous atrophy" or a wasting away of the body, without concomitant fever, cough, or shortness of breath but accompanied by a want of appetite and bad digestion, leading to the "falling away of flesh every day more and more" (cited in Brumberg, 1988). Among the causes of this condition, Morton mentions violent passions of the mind, intemperate drinking, and unwholesome air, which destroy the tone of the nerves throughout the body. Morton also observes that he has seen this form of consumption most frequently in individuals who come to England after living in Virginia. Morton's female patient died after tiring of his medical treatment but the boy seemed to be recovering after giving up his studies, going into the country, and starting on a milk diet.

## THE NINETEENTH CENTURY: DIFFERENTIAL DIAGNOSIS

The 19th century was a time when medical description became more precise with a listing of the constellation of symptoms which, when clustered together, produced a wealth of syndromes bearing either their discoverer's name or a translation of the more blatant manifestations into Latin or Greek. Numerous instances of eating disturbances were described in detail which allow us to decide whether these really met the criteria for anorexia nervosa as we would now diagnose the disorder. For example, Shorter (1994) described two 19th century cases of eating disorders that highlight the difference in associated symptomatology, etiology, and course.

The first case is a 16-year-old girl who was forced to break off a romance with a man with whom she had fallen in love. At the moment she was told to terminate this relationship, she felt a heavy pressure on the lower region of her esophagus. This symptom persisted until she was unable to eat, insisting that the ingested food was becoming stuck in her esophagus. This girl also developed pain at the slightest pressure on her sternum, anesthesia of one hand, and a dry cough. Later she complained of hyperesthesia of her face and her facial muscles began to twitch. Eventually, she also manifested spells resembling a sort of cataplexy during which she was conscious of her surroundings but could not speak or move. Gradually, she was able to eat, but only in the evening.

The other case is of a 17-year-old Italian girl who gradually ate less and less, claiming food "would simply not go down." Concurrently her menses ceased and despite her emaciation took long walks. She asked to enter a nunnery, a request her family granted, and after 3 months died of malnutrition. Examinations by physicians revealed no physiologic abnormalities.

The former case included food refusal as part of a complex of hysterical symptoms, whereas the latter appears to represent true primary anorexia nervosa as described repeatedly in various centuries. Therefore, hysteria not uncommonly presented with alimentary symptoms resulting in an inability to eat, either because one could not swallow or one felt a mass in one's stomach or one suffered from gastrointestinal pains

after ingesting food. As Shorter (1994) proposed, these hysterical complaints seem to have subsided once diagnostic tools such as X-rays could disprove the existence of a gastric mass or esophageal paralysis that was held to be responsible by the patient for her anorexia.

Other forms of self-starvation were described under the rubric of "sitophobia" (from *sitos*, Greek for grain). This disorder, characterized by an "intense dread of food," was found in inmates of psychiatric asylums, being reported by W.S. Chipley in the *American Journal of Insanity* in 1859 (Brumberg, 1982). The anorexia of his patients was an integral part of a serious psychiatric disorder and Chipley considered the refusal to eat as a secondary problem. The two most prevalent forms of sitophobia were those where the individual believed her food was poisoned and where a divine command or some other supernatural force directed the individual not to eat. In these cases, food refusal may be seen as a by-product of an underlying psychotic disorder.

Another form of eating disorder reported in the 1800s was "chlorosis," named for the greenish tinge of the skin of its victims (from the Greek "chloros" for green), although Loudon (1984) believes the term "green" was actually used to connote the immaturity of the affected patients who were primarily young females. The symptoms of chlorosis, in addition to a scanty or lack of appetite, included decreased energy, headache, shortness of breath, and amenorrhea. After blood tests were included as part of a routine medical evaluation, it was found that chlorotic girls were anemic, so that after 1870 the disease was called chloro-anemia or just simple (as opposed to pernicious) anemia (Loudon, 1984). A history of the disease is presented by Loudon (1984), who traces descriptions of the "green sickness" back to the 16th century. At that time, it was called the "virgin's disease" and its cause was thought to be due to the absence of menses, leading to a reabsorption of alleged toxins in menstrual fluid that had not been discharged. When it was accepted (around 1800) that amenorrhea was compatible with perfectly good health, other etiologies were proposed, including abdominal compression due to tightly laced corsets, eventually culminating in hychrochromic anemia as the underlying cause. Although quite common in the late 19th century, chlorosis essentially disappeared after World War I.

Loudon speculates that chlorosis was actually a group of diseases of adolescent females that were lumped together on the basis of some common features. His major division is between chloro-anorexia and chloro-anemia. The former was found in younger wealthier girls in whom loss of appetite, social withdrawal, depression, pica, and amenorrhea were prominent features, and anemia appeared late in the disorder as a secondary characteristic. The latter was found in older, working class women who did not manifest anorexia, pica, or psychological symptoms, but did present with severe anemia. The chloro-anorexia group was thought to represent true cases of anorexia nervosa, whereas the chloro-anemia group was considered a nutritional deficiency or a result of gastric ulcers or inflammation. This blurring of subtypes under the umbrella of one disease entity testifies to the diversity of eating problems confronting the 19th century physician as well as the difficulty in arriving at a definitive diagnosis in the absence of laboratory data.

Another category of 19th century fasting women, who would not be classified as anorexic, concerns individuals who probably claimed to exist without nourishment in order to attract attention, make money, or both. The first famous instance of such fasting was possibly Ann Moore of Tutbury whose fasting became public in 1807. By 1813, her story was big news on both sides of the Atlantic, filling newspapers and culminating in a likeness of her being exhibited at the Columbian Museum in Boston (Brumberg, 1988).



Ann was a poor woman who was separated from her husband and supported herself by domestic services or beating cotton. She also received a small allowance from the local parish. Her fasting has been attributed to difficulty in swallowing and postprandial stomach pains following her having to wash the bed clothes of a victim of scrofulous ulcerations that gave off a disgusting odor. In addition to her fasting, Ann adopted a religious attitude (in contrast to her formerly loose past that included two illegitimate children), and beseeched God and the local clergy for salvation. This desire for redemption did much to endear her to her neighbors who supported her claim to exist without food. She was the object of numerous investigations, all of which failed to discover any secret source of nourishment. After 5 years of notoriety and considerable financial gain, it was discovered that Ann's daughter was surreptitiously supplying her with tiny morsels of food through kisses and that Ann was also secretly drinking fluids. In 1814, Ann was forced to recount and publicly declare her deception. However, for half of decade she had assumed celebrity status, attracting a stream of visitors to her small village who paid for the privilege of seeing her. For a long period after her deception was discovered, however, Ann became a symbol of female cunning and was cited in medical texts as an example of the fraudulence of both religious fasting and the ability to exist without nourishment.

Ann Moore's sorry fate did not deter a host of other young women to claim to exist without eating or drinking. The attraction to make such pronouncements may have been the striking public interest that such cases provoked. It is possible that such women were used to reassure oneself against the growing philosophical materialism espoused by the medical and scientific communities and to reaffirm the threatened belief in a spiritual existence that defied this very materialism.

The story of these fasting girls has a recurrent Cinderella theme. They were often from poor families with many children, living in small hamlets or farming communities. Their fasting became noticed by local authorities and the news of their existing without nourishment spread throughout the area. Soon they became local attractions with visitors from everyday life as well as from the clergy and the medical profession. Not uncommonly, the girls became opportunities for theoretical arguments between the practical physician who claimed them to be fraudulent and religious zealots who claimed them to be ethereal.

Another such woman, Sarah Jacobs, became a celebrity in the British Isles and the United States in the 1860s (Brumberg, 1988). One of seven children of a small farmer in Wales, Sarah began fasting as her puberty approached, soon claiming to exist without any food. Sarah was watched by the local vicars and medical examiners who not only scrutinized any possible secret intake but also any passage of excrement that would prove ingestion of some sort. No evidence of feeding was found. Soon, Sarah was visited by hundreds of curious onlookers who brought her gifts or money. Sarah's family participated in a circus-like atmosphere that had transformed their home. They dressed Sarah in gaudy clothes and charged for the privilege of taking her photograph. Sarah, like other fasting girls, became an object of heated debate between the scientific establishment and the religious populace. Finally, in 1869, four nurses were dispatched from Guy's Hospital in London to determine the truth of Sarah's claims. According to an agreement with Sarah's family, she was isolated and the house searched for secret hiding places where food might have been stored. The nurses took turns watching Sarah day and night. Within the first 2 days, they reported seeing excrement on Sarah's nightdress. However, the father objected to Sarah being seen by a doctor at that time. After 6 days of this continuous watch, Sarah had become visibly weaker, causing the

nurses to appeal that these observations be stopped and Sarah allowed to eat. Again her father refused, even after doctors stressed the girl's need for nourishment. Ten days after the watch had begun, Sarah died of malnutrition. After Sarah's death, her father was charged with criminal negligence for not allowing his daughter to be fed or to be removed to a hospital for proper care. An autopsy found fecal matter dating from prior to the watch, proving that the girl was somehow able to obtain nourishment. Medical opinion, at the time, concluded that Sarah suffered from hysteria and her fasting was perpetuated by her family's attention and later by the public acclaim she received. The notoriety that she experienced was thought to have so confused Sarah that she eventually believed she could live without nourishment. A note of interest is that despite Sarah's tragic end, the news of her fasting led to a flurry of fasting among young girls throughout Great Britain (Brumbach, 1988).

A final form of 19th century fasting that should be mentioned in passing is that of the professional hunger artists. These performers, made famous by Kafka's short story of the same name, consisted of individuals who publicly abstained from food as a show of strength for monetary gain. It may be of interest that these professional fasters were predominately male, in contrast with the more private, personalized female abstainer. Some of these men were found to be cheating, others actually died of their prolonged fasts, and possibly some had some underlying illness (e.g., Claude Seurat, a celebrated French hunger artist, was found to have a 16-ft tapeworm at autopsy). These individuals were exhibited as freaks at circuses and seemed to represent an egregious mode of making a living rather than victims of a disorder (Vandereycken and van Deth, 1994).

## RECENT CONCEPTUALIZATIONS: SEARCH FOR CAUSES

Anorexia nervosa was separated formally from other forms of disorders involving self-starvation by Gull and Leseque within a few months of each other in 1873. Gull claimed priority in first describing the disorder, solely on the basis of a passing reference to "hysterical aepsia" in a paper on general medical diagnosis delivered in 1868. Actually, Louis-Victor Marce, a French physician who managed to write at least 8 books and 17 monographs on psychiatric topics before his early death at 36, was the first to publish a modern medical account of anorexia disorder (Silverman, 1989). In an 1859 address to the society medico-psychologue of Paris (which was summarized in the *English Journal of Psychological Medicine* in 1860), Marce described a group of young females who "arrive at a delirious conviction that they cannot or ought not to eat" (Silverman, 1989) and who present with oppositionalism as well as an obsession with food. He described certain patients who have died of malnutrition, cautioning physicians to remove the patient from her family for forced feeding, if necessary, to restore health. Finally, Marce recommended extended follow-up beyond initial recovery, because relapse was frequent.

Gull and Leseque added some additional symptoms to Marce's pioneer description (without acknowledging his contribution) rounding out the full clinical picture of the disorder. Both mention, in addition to refusal to eat, the onset in early adulthood or adolescence, restlessness, amenorrhea, and a lack of concern on the part of the patient over her worsening condition. Both authors presented a rather optimistic prognosis, with recovery being possible if the patient is given gradually increasing amounts of food and is separated from her family who might interfere with the proper treatment.

The reports by Gull (1868/1964, 1873/1964) and Leseque (1873/1964) may be seen as



initiating the modern concept of anorexia nervosa, laying the foundation for much of what is known today about the disorder. Indeed, these manuscripts written over 12 decades ago appear currently relevant to the contemporary reader. Following their description, anorexia nervosa became a familiar, if still rare, disorder to most practitioners. Descriptions of anorexia were included in psychiatric textbooks so that by 1895, Freud was able to state, in a letter to Fleiss, "the well known anorexia nervosa of girls seems to me on careful observation to be a melancholia occurring where sexuality is underdeveloped" (Freud, 1959, p. 103).

The latter history of anorexia nervosa in modern times has been well documented by others so that a very cursory outline can be presented here (Bliss & Bruch, 1960; Selvini-Palozzoli, 1985; Beumont, Al-Alami, & Touyz, 1987; Brumberg, 1988; Vandereycken & van Deth, 1994). The disorder was assumed to be of psychogenic origin because recovery was possible if the patient could be dissuaded from her refusal to eat and because autopsy findings revealed no organic pathology. This mainly descriptive approach continued until 1919 when Simmonds called attention to the similarity of the cachexia found in anorexia nervosa and in women who were found to have atrophy of the pituitary gland at postmortem examination. As a result of Simmonds' discovery, the disorder was considered a form of pituitary dysfunction, often being treated with a variety of endocrinological products (Brumberg, 1988). This orientation continued until the 1940s when Sheehan and Summers (1948) made a carefully documented comparison of the signs and symptoms of anorexia nervosa and pituitary atrophy. The significant differences noted were that anorexics lose weight gradually during the course of the illness, whereas those with pituitary insufficiency only do so late in the course of the illness, and that the former are hyperactive and deny any personal discomfort, whereas the latter routinely complain of exhaustion and conserve their limited energy. Also, anorexics, in contrast to those with so-called "Simmonds' disease," do not lose their pubic or axillary hair and may show a growth of fine hair on their extremities.

Sheehan and Summers' article (1948) appears to have laid to rest speculations that anorexia nervosa has an organic basis and returned the disorder to the domain of psychiatric inquiry. Subsequently, anorexia was interpreted along orthodox psychoanalytic formulations that focused on possible unconscious motives behind the manifest symptomatology. In a classic paper presenting this approach, Waller, Kaufman, and Deutsch (1940) conceive of the illness as resulting from an oral fixation, poor adaptive capacities making the transition through puberty particularly difficult, and the postpubertal development of restriction of affect, obsessive modes of thought, and marked repression of sexual wishes. If such a vulnerable girl received a narcissistic blow during adolescence, she is said to regress to oral modes of fulfillment that include fantasies of oral impregnation. The anorexic behavior is thus interpreted as a defense against and guilt over gratifying this fantasied wish. Although these authors also note the secondary gain afforded by the disorder, the unconscious wish for oral impregnation and the patient's extreme defense against this wish are seen as the crux of the disorder.

The oral impregnation hypothesis gradually diminished as other therapists were unable to confirm such hidden desires in their patients and as psychoanalysis, itself, evolved to encompass the adaptive abilities of the ego and the individual's relationships at the expense of repressed unconscious wishes. Along these later themes, Selvini-Palozzoli (1963) proposed an object-relations view of anorexia nervosa before shifting her own approach to a familial-transactional model. In this earlier formulation, Palozzoli-Selvini suggested that the anorexic has not differentiated her own body from the psychic image of the maternal object due to the mother's sabotaging of her daughter's



normal individuation. The anorexic strives to control and protect herself against the bad maternal object that is identified with her own body. Therefore, the anorexic is not so much afraid of eating, but of her own body that must be kept in check by starvation and exercise. The predisposition to the disorder resides partially in the future anorexic's sense of weakness and helplessness that is intensified during the increasing social and psychological demands of puberty. The anorexic episode is seen as a monosymptomatic psychosis in which the body is endowed with all sorts of malevolent powers that threaten the fragile ego of the patient.

A not too dissimilar approach was described by Bruch (1973) who stressed the anorexic's sense of helplessness and ineffectiveness and her disturbance of body image and perception. Bruch described the future anorexic as lacking an independent sense of self and as exhibiting a robot-like obedience to the dictates of the family. The patient is therefore ill prepared for the psychological separation inherent in the tasks of adolescence and grasps onto an extreme control of her body after feeling that she cannot control anything else in her psychological environment. The anorexic behavior allows the patient a modicum of security and power, the ability to control her family, and a moratorium from the overwhelming psychosocial tasks of adolescence. Bruch (1985) believes that these particular psychological features characterize cases of primary anorexia nervosa, in which the disorder is invented by the patient and may not apply to "me too" anorexics who become ill in imitation of others. The major consequence of the psychodynamic approach to anorexia nervosa was the emphasis placed on premorbid relationships, the role of the family in initiating and maintaining the disorder, and the distortions of the self and others exhibited by the patient. As a result, family therapy (Minuchin, Rosman, & Baker, 1978), cognitive therapy (Garner & Bemis, 1985), and traditional dynamic psychotherapy remain popular contemporary approaches to treatment.

## TRANSFORMATIONS IN RECENT DECADES

An overview of the alterations that have occurred in anorexic behavior over more recent decades has been attempted by Russell (1985) and by Bruch (1985). Russell (1985) cites (1) the increased incidence of the disorder, documenting various epidemiological studies, (2) alterations in the central psychopathology of the illness, arguing that today's anorexics are more fearful of becoming fat rather than defending against sexuality or the demands of adult responsibility, and (3) the emergence of bulimia nervosa as a frequent form of eating disorder. This last disorder may or may not overlap with anorexic symptoms and seems to present a separate entity with its own characteristics and prognosis (Herzog, 1994). Russell argues that the increased prevalence of eating disorders may represent a shift in symptom choice of a population of vulnerable individuals who, in the past, might have presented with hysteria, anxiety states, or other forms of psychopathology. Russell cites instances of eating disorders that began when the individual read about them in a magazine or was questioned about symptoms by her doctor, intimating that suggestion may play a significant role in the spread of these disorders.

Bruch (1985) comments on the changes seen in anorexia nervosa in a review of her own personal experience in treating this disorder for four decades. A major difference in patient characteristics that Bruch notes is that those anorexic individuals seen early on had "invented" their illness, having never heard about the disorder. While independently developing anorexia nervosa, these individuals displayed a remarkably similar



clinical presentation and psychodynamic characteristics. More recent anorexics who developed the illness after some familiarity with it, appear different to Bruch. They seem to lack the "passion" of the earlier patients who believed strongly that they were accomplishing some positive achievement via their illness and expressed the desire to be special, unique, or extraordinary. In contrast to the self-isolating, independent early anorexics, Bruch finds that more recent patients compete with or cling to one another, seek out self-help groups or special programs, and do not seem as convinced or sincere in their pursuit of thinness. Bruch comments that the disorder ultimately may lose its psychodynamic meaning, so clear in older anorexics, as the symptoms become commonplace and are manifested by patients with a variety of personal issues. These "me too" anorexics appear to be blurring the distinctions of what had once been a clearly definable disorder. Bruch also maintains that the rapid increase in bulimia points to a differentiation of eating disorders and that this particular syndrome bears little resemblance to primary anorexia nervosa although it may include some "me too" anorexics who cannot maintain rigid control over their eating.

## DISCUSSION

This somewhat cursory review of eating disorders reveals that these illnesses are not a recent phenomenon but have existed for at least the past seven centuries and well into the ancient past, if Eastern civilization is included. The form these disorders took at different historical epochs seems to have varied as, perhaps, did the motivation behind the behavior. While a persistent theme is that of a "hunger strike" used to coerce others to comply with personal wishes, other forms of inedia probably reflect the different status of women throughout history and the potential social roles available. As indicated by Bynum (1987) the assumption of a religious life may have allowed medieval and Renaissance women to escape from prearranged marriages, the fear of death in childbirth, or the drudgery of and submissiveness that characterized the wife's ascribed role. The culturally esteemed ideal of a "holy anorexic," to use Bell's term (1985), may have attracted numerous women to a life of sanctity in imitation of previous individuals whose self-starvation was highly prized. As the act of extreme fasting was conceptualized as a sign of demonic possession or mental illness rather than as a symbol of salvation, the incidence of anorexic behavior seems to have subsided, although the disorder did persist despite these adversities.

A frequent pattern of voluntary fasting emerged shortly afterward in the form of "miraculous maids" who claimed to exist without requiring nutrition. In a more secular age, these women were treated more as side show curiosities than brides of Christ, bringing notoriety to their villages and wealth for their families. The steady trickle of such cases swells to a good-sized stream as the industrial revolution created a new style of family and a new status for women. With the spread of factories, women were increasingly admitted to the labor force, creating a possible conflict between economic realities and the accepted picture of women as wives and mothers. This industrialized era (which also saw the rise of the middle class, with its emulation of wealthier individuals and its importance as a market for mass-produced goods) created a variety of eating disorders dominated by hysteric symptoms. More recent changes seem to have engendered a desire for thinness (a symptom not mentioned in characterizations of fasting women in other times) and a psychological connection between a slender body and success, sophistication, and self-control.

Therefore, it seems that control of food intake and the image of the body have served as the basis for the expression of female needs or of female psychopathology at least since the Middle Ages. The relationship between femininity and the psychological use or abuse of bodily functions, while easy to observe and repeatedly mentioned, still escapes adequate explanation. This relationship is made more interesting because self-starvation in women is not documented in historical record until after the spread of Christianity in Europe. There is essentially no mention of female self-starvation in the volumes of Greek and early Roman documents that have survived and have allowed modern historians to reconstruct with certainty the most petty details of everyday life in the pre-Christian era. Self-starvation or the pursuit of thinness does not seem to have taken root in the psyche of pagan women. Certainly if anorexia nervosa had existed in classical times, it would have been recorded by Hippocrates or Galen or at least by those playwrights, historians, or poets who have allowed us to glimpse into that period. This absence of eating disorders in ancient times parallels the current paucity of these illnesses in nonindustrialized countries that have not felt the influence of Judeo-Christian ideas. Therefore, it may be instructive to examine the social status of women as recorded in ancient Greece or Rome as possibly revealing reasons why eating disorders were not utilized by women in those cultures, just as most current rural Asian or African women appear not to suffer from self-starvation.

Such an examination leads to one conclusion that female eating disorders do not flourish in male-dominated societies. One factor that seems to predispose to eating disorder is that of female choice in social roles rather than the enforced submission into a stereotype that limited feminine aspirations to basic nurturant activities. The limitations placed on female opportunities in classical times are apparent in the writings of the period (Sissa, 1992). In his "Politics" Aristotle justifies slavery by stating that some beings were superior and meant to rule, whereas others were inferior and meant to serve. As an "obvious example" of the inherent dichotomy Aristotle cites the "natural inequality" between men and women. (Aristotle's words are as follows: "the male is by nature superior, and the female inferior, and the one rules and the other is ruled; this principle, of necessity, extends to all mankind" [Sissa, 1992].)

Therefore, women, believed to be inherently inferior, were meant to be dominated by men (Sissa, 1992). In the *Timaeus*, Plato suggests that women are a degenerate mutation that occurred in a previously all-male world: The souls of male cowards were reincarnated into the bodies of women. Hesiod's *Theogony*, the first systematized collection of Greek myths, has two versions of the creation of women occurring after the existence of men (Sissa, 1992). In one, Zeus punishes men by presenting them with women as an evil gift; in the other, the first woman is Pandora who foolishly opens a box full of woes, afflicting humankind from then on. Proper Greek women were supposed to leave their homes as little as possible, and never alone, just as women in some contemporary Moslem cultures. Based on a study of Greek vase paintings, Lissarraque (1992) concludes that women are always portrayed indoors, performing household tasks. When women are pictured outdoors, as when drawing water from a public fountain, they bear tattoos marking them as slaves rather than respectable matrons.

Women did not fare much better in Roman times. A study of legal codes reveals that a Roman wife was legally considered a daughter to her husband. Inheritance of property went through paternal authority and not maternal succession. Maternal kinship was viewed as a natural but not a legal bond (Thomas, 1992). Women were honored with the title of "Mother," which carried dignity and respect but no legal power, if they bore their husbands a son or daughter (the requisite number according to Augustus was three



children). The conclusion that evolves from the remnants of the classical past is that women were valued primarily as homemakers and bearers of children in a chauvinistic world dominated by men.

Similarly, women in non-Westernized and nonindustrialized societies appear bound to traditional social roles that are characterized by subordination to males and restricted opportunities. Women in such cultures that are offered little choice seem to be free of eating disorders.

A second characteristic of societies that seem to produce a higher frequency of eating disorders is affluence. Selvini-Palozzoli (1985) has also noted the correlation, basing her conclusion on the absolute dearth of cases during the impoverished years of World War II in Italy leading to a gradually increasing frequency paralleling the economic recovery in that country. Selvini-Palozzoli (1985) believes that one can only display rigid self-control by fasting when food is abundant. When food is scarce, every one is fasting. Daily existence is consumed with survival and social intercourse is reduced to the most rudimentary assignment of gender-specific roles. The fruition of esthetic sensibility or speculative thought seems to require a certain degree of leisure or respite from the need to sustain one's biological existence. For a good deal of our human history, as in much of the modern world, the requirements of survival crowded out other avenues of self-expression. For those living in the ancient world and during most of the Middle Ages, famines, wars, plagues, and high infant mortality were no strangers. It may be that improvements in agriculture techniques in the 10th and 11th centuries created sufficient abundance of material wealth to permit the Renaissance, with its magnificent accomplishments, to occur (Whitton, 1982). It was also at this period of relative affluence that cases of self-starvation became more and more frequent.

Societies where starvation is rampant and survival of children unsure also appear to place a much higher value on nurturant functions of women than do prosperous, industrialized nations. One example cited by DiNicola (1990) is of the Efik of Nigeria who would send pubertal girls to "fattening houses" in preparation for marriage and motherhood. In these cultures, eating disorders of any form are the exception. Reviewing the cross cultural literature on anorexia nervosa and bulimia in 1991, Dolan could find only two reports of African women with anorexia nervosa, and of these, one had been raised in England before returning to her native Zimbabwe.

However, affluence alone may not suffice to produce eating disorders, necessitating other factors (such as the relative social liberation of women). Wealthy Moslem countries that continue to exert extreme control over the female populace also seem to lack eating disorders. A more basic factor relevant to the presence of eating disorders may have to do with attitudes of women toward their bodies that are influenced by relative male domination and degree of affluence. In societies characterized by female subordination and threat to material survival, there appears to be a high regard for the biological aspects of existence.

Women are (and were) esteemed for their capacity to procreate, to literally nourish others (by breast-feeding or by food preparation), and to provide a haven for child rearing and protection from the nonfamilial world. This view of women has been termed *chthonian*, by Paglia (1991), meaning of the earth (actually of the earth's bowels, not its surface). Paglia (1991) adopted the term from Jane Harrison's study of early Greek religion and uses it as a substitute for Dionysian, which has come to represent more of a sense of revelry and wild sexual abandon. In essence, *chthonic* functions may be defined as those that are important for the perpetuation and preservation of humankind; procreation, feeding, and protection of the young. These refer to the most relevant

female behaviors of subhuman species throughout the phylogenetic spectrum. In opposition to the chthonic aspect of human nature, Paglia (1991) poses Apollonian functions, which deny or combat our basic rootedness in biology. Apollonian means esthetics, order, culture. The chthonian modes of knowing are proximal (feel or touch, smell and taste) and the Apollonian are distal (seeing and being seen, and hearing). Paglia's point is that the chthonian represents the feminine, whereas the Apollonian is primarily a masculine mode of negating these very chthonian aspects. Paglia further argues that Western civilization has become increasingly Apollonian ever since the Greeks, and women have accepted the values that these evolving cultures have espoused. The result, states Paglia, is that women in Westernized (or Apollonian) societies are in conflict with their chthonic nature. To quote her: "Western woman in an antagonistic relation to her own body; for her, biological normalcy is suffering, and health an illness" (p. 10). Paglia continues: "the more woman aims for personal identity and autonomy, the more she develops her imagination, the fiercer will be her struggle with nature—that is, with the intractable physical laws of her own body" (p. 19).

These physical laws inherently involve reproduction, selected by evolutionary forces to perpetuate the species. Paglia writes, "The female body is a chthonian machine, indifferent to the spirit who inhabits it" (p. 10). Paglia selects the Venus of Willendorf as a plastic representation of the chthonian aspect of women. This small statuette, one of many similar ones found throughout Europe, is believed to date from about 30,000 B.C. It depicts a woman with huge thighs, buttocks, breasts (over which are carved thin, puny arms), and an enormous protruding belly. The statue's face is covered with rows of curls that encircle the entire head, obliterating any distinctive facial features. There are no feet, possibly because the statuette was propped up by fitting to carved slots. As a contrast to these bulbous, faceless earth mothers, Paglia selects the familiar bust of Nefertiti as an early image of an Apollonian conceptualization of femininity. This statue displays a regal head with a large crown hiding her hair and an elaborate necklace below a long sleek neck. The facial expression is cold and ethereal, possibly superior. According to Paglia, the Venus of Willendorf is all body, Nefertiti is all head. The conflict between the chthonian and Apollonian is that between body and head—between biological corporeality and cerebral esthetics.

Paglia does not consider anorexia nervosa in her book, whose aim is an exposition of the sexual and psychological tensions underlying the portrayal of human beings in the plastic or visual arts throughout Western history. However, her thoughts, derived from a totally different context, are extremely similar to those expressed by Orbach (1986) in her study of recent cultural conflicts, which she emphasizes as resulting in eating disorders. Both perceive Western civilization as forcing women to turn against significant parts of their inherent nature. In the search for social acceptance, women are said to have to deny their basic biology in a world where the body has become a public representation of the self. Therefore, an ultra thin body is seen as elegantly feminine and simultaneously a rejection of traditional female attributes. To adjust successfully to Apollonian culture, women have to disavow or denigrate their biological functions such as pregnancy, menstruation, childbirth, lactation, and so on. Anorexia nervosa suppresses these very disagreeable aspects of female existence and may be seen as a caricature of an Apollonian ideal of abstinent self-control, achievement, and denial of one's corporeality.

Many of our contemporary anorexics may feel compelled to reject their bodies as unwelcome reminders of a detested or feared part of the self. They may seek thinness



as a personal and public demonstration of their strong-willed victory over their physiology. As ballerinas, fashion models, or athletes, these women are content in controlling their chthonian striving. Others, such as the writer Isak Dinesen, may have chosen anorexia nervosa as a symbol of heroic power over the stifling prospect of middle-class womanhood. According to her biographer Thurmann (1982), Dinesen threw her lunch out of a window as an adolescent in order to know the heroic through hunger and suffering. Thus began a quest for emaciation that finally took Dinesen's life, persisting for decades and augmented by the use of laxatives, arsenic, and amphetamines. Dinesen's heroic struggle was against her own body and its requirements. In a manner similar to the formulations of Selvini-Palozzoli (1963), Dinesen's body appears as an alien being that must be kept at bay, if one is to survive psychologically.

However, some anorexics have not sought out slenderness by their self-denial but a form of saintliness. A modern illustration of this holy anorexia was Simone Weil, of whom Coles has commented aptly, "Her hunger was for God, not a slim waistline" (Coles, 1987). For such anorexics, fasting appears to represent not simply an attempt to master their corporeal selves but to achieve a sense of ethereal sanctity, an existential status that is above the requirements of earthly nutrition. After a life of self-starvation, denial of sexuality, bodily neglect, tireless activity, strident oppositionalism, and rigidity (while always staying close to her family), Weil became converted to a personal mystical Christianity, increasing her search for purity, other worldliness, and a rejection of all material things. Weil died at 33 years of age of malnutrition and tuberculosis, while attempting to convince the French government in exile in England to send her on a suicide mission into Nazi-held Europe (McLellan, 1990).

Weil is an important paradigm of a primary anorexic, who exhibits the passion that Bruch comments upon, and who bears a striking resemblance to the religious anorexics of the Middle Ages. Therefore, Coles' remark that her hunger was for God and not a slender waistline. However, Weil in her own way, just as Dinesen in hers, expresses the basic conflict between the passions of the spirit and the requirements of the body. As indicated above, in an Apollonian culture, the body's chthonic functions are viewed as messy, primitive, and chaotic, necessitating control and vigilance. For the classical Greeks, the body appetites interfered with the psyche's appreciation of abstract truth and beauty. Sense perception was an inferior mode of knowing or being but it was, at most, a source of misinformation, not inherently evil. However, as Plato's thoughts merged with the pessimistic world view of the Gnostic religions during the early centuries of Christianity, the body took on a more sinister character: that of temptation away from spiritual salvation (Ranke-Heinemann, 1990). The body, and particularly sexuality, became invested with intonations of a sinfulness and personal baseness unknown to the Greeks. This further projection onto the body of malevolence added to the already existing prejudice brought about by the Apollonian ideals of order, beauty, intellect, and reason. We cannot be certain how this later pejorative characterization of corporeality affected the women's views of their own bodies or their own appetites. However, this view of the body is to be found in the writings of holy anorexics from Catherine to Weil. The progression to Apollonian culture does not appear to produce the same conflict in men, suggesting a possible reason for the much higher frequency of eating disorders in women. Chthonian functions in men seem fairly limited to insemination. Less affluent cultures or less industrialized cultures may place a higher premium on physical strength, aggressiveness, and courage in their male citizens but the suppression of these in more sophisticated civilizations does not seem to pit the masculine body against the masculine

mind. Men may pay other prices for the security or satisfaction of advanced society such as psychosomatic disorders, secondary to the suppression of primal instincts, but have not had to wage a personal war against their natural corporeal selves.

These arguments would lead to the conclusion that eating disorders, in one form or another, are the price paid for Western civilization. This is not a novel idea, being adumbrated by Freud's classic statement of the antithesis between biology and culture. In *Civilization and its Discontents* (Freud, 1930), Freud proposes that while civilization affords humanity a sense of security, order, and beauty, these blessings can only flourish at the expense of our most basic instinctual urges. For Freud, the suppression of sexuality results in neurotic symptoms while the suppression of aggression leads to excessive guilt. Freud concludes that individuals become neurotic because they cannot tolerate the degree of frustration that society imposes in the service of its cultural ideals. Nor will this frustration ever end, for he writes, "We shall never completely master nature; and our bodily organism, itself a part of that nature, will always remain a transient structure with a limited capacity for adaptation and achievement" (Freud, 1930, p. 86). Therefore, in order to attain any sense of organized community, humanity must sacrifice its freedom and happiness. In essence, Freud is stating that there can be no allegiance, or even a truce, between the Apollonian ideals of culture and the chthonic forces of biology. The only result is a general malaise at best and psychopathology at worst.

The same formulation may be applicable to eating disorders which can be understood as a necessary repudiation of those biological functions that are counter to the ideals of civilization. Orbach's (1986) analysis of anorexia nervosa becomes more understandable in this context. She proposes that the female body is simultaneously an object of beauty for others (an Apollonian function) and a machine for procreation (a chthonian function). These differences cannot be reconciled, so that biological drives are feared and suppressed. Orbach stresses that there is an "... implied directive to conceal the physically maternal side of oneself. Slimness is opposed to fertility" (p. 75) or again "... thinness bears witness to the attempt to deny human biology and the process of development." (p. 74).

Therefore, a search through the history of eating disorders suggests that these maladies, taking various forms in different eras, may basically stem from a conflict between chthonian and Apollonian means of existence for female members of the population. It may be that primary anorexia nervosa may exist in any culture, representing a female's self-invented reaction to her corporeality secondary to familial or personal issues, and may have escaped detection or be misdiagnosed as another disorder. However, the popularity of these disorders at different points in time may reflect the degree to which the dichotomy between desired Apollonian traits and dreaded chthonian characteristics is exaggerated. These disorders may be reduced greatly if this dichotomy is reduced significantly in our culture and its ideals.

## REFERENCES

- Bell, R. M. (1985). *Holy anorexia*. Chicago: University of Chicago Press.
- Beumont, P. J. V., Al-Alami, M. S., & Touyz, S. W. (1987). The evolution of the concept of anorexia nervosa. In P. J. V. Beumont, G. B. Burrows, & R. C. Casper (Eds.), *Handbook of eating disorders*. New York: Elsevier.
- Bliss, E. L., & Bruch C. H. H. (1960). *Anorexia nervosa*. Paul Hoeber, Inc.
- Brown, T. (1988). The transformation of the Roman Mediterranean 400-900. In G. Holmes (Ed.), *The Oxford history of medieval europe*. New York: Oxford University Press.
- Bruch, H. (1973). *Eating disorders: Obesity, anorexia nervosa and the person within*. New York: Basic Books.
- Bruch, H. C. (1985). Four decades of eating disorders. In D. M. Garner & P. E. Garfinkel (Eds.), *Handbook of psychotherapy for anorexia nervosa and bulimia* (pp. 7-18). New York: Guilford.



- Brumberg, J. J. (1988). *Fasting girls: The history of anorexia nervosa*. New York: Penguin Books.
- Burckhardt, J. (1994). *The civilization of the renaissance in Italy*. New York: Oxford University Press.
- Bynum, C. W. (1987). *Holy feast and holy fast*. Berkeley: University of California Press.
- Coles, R. (1987). *Simone Weil—A modern pilgrimage*. Redding, MA: Addison Wesley.
- DiNicola, V. F. C. (1990). Anorexia multiformis: Self starvation in historical and cultural context. *Transcultural Psychiatric Research Review*, 27 (part I), 165–196, Part II, 245–286.
- Dodds, E. R. (1970). *Pagans and Christians in an age of anxiety*. New York: Norton.
- Dolan, B. (1991). Cross cultural aspects of anorexia and bulimia: A review. *International Journal of Eating Disorders*, 10, 67–78.
- Fox, R. L. (1986). *Pagans and Christians*. New York: Knopf.
- Freud, S. (1930). *Civilization and its discontents—Standard edition*, 21:59–145.
- Freud, S. (1959). *The origins of psychoanalysis: Letters to Wilhelm Fleiss, drafts and notes: 1887–1902*. New York: Basic Books.
- Garner, D. M., & Bemis, K. (1985). Cognitive therapy for anorexia nervosa. In D. M. Garner & P. E. Garfunkel (Eds.), *Handbook of psychotherapy for anorexia nervosa and bulimia*. New York: Guilford.
- Gull, W. W. (1868). Address on medicine. (Reprinted in *Evolution of psychosomatic concepts*, pp. 107–127, by M. R. Kaufman & M. Heiman, Eds., 1964, New York: International Universities Press)
- Gull, W. W. (1873). Anorexia nervosa. (Reprinted in *Evolution of psychosomatic concepts*, pp. 132–136, by M. R. Kaufman & M. Herman, Eds., 1964, New York: International Universities Press)
- Halmi, K. (1994). Images in psychiatry—Princess Margaret of Hungary. *American Journal of Psychiatry*, 151, 1216.
- Herzog, D. B. (1989). Are anorexia and bulimic patients depressed? *American Journal of Psychiatry*, 141, 1594–1597.
- Jonas, H. (1958). *The Gnostic religion*. Boston: Beacon Press.
- Lacey, J. M. (1982). Anorexia nervosa and a bearded female saint. *British Medical Journal*, 285, 1816–1817.
- Leseque, E. C. (1873). On hysterical anorexia. (Reprinted in *Evolution of psychosomatic concepts*, pp. 143–155, by M. R. Kaufman & M. Herman, Eds., 1964, New York: International Universities Press.)
- Lissarraque, F. (1992). Figures of women. In P. S. Pantel (Ed.), *A history of women* (pp. 139–230). Cambridge: Harvard University Press.
- Loudon, I. (1984). The Disease called chlorosis. *Psychological Medicine*, 14, 27–36.
- McLellan, D. (1990). *Utopian pessimist: The life and thought of Simone Weil*. New York: Poseidon.
- Minuchin, S., Rosman, B. L., & Baker, L. (1978). *Psychosomatic families: Anorexia nervosa in context*. Cambridge: Harvard University Press.
- Mogul, S. L. (1980). Asceticism in adolescence and anorexia nervosa. *Psychoanalytic Study of the Child*, 35, 155–178.
- Morris, R. (1988). Northern Europe invades the Mediterranean. In G. Holmes (Ed.), *The Oxford history of medieval Europe*. Oxford: Oxford University Press.
- Orbach, S. (1986). *Hunger strike*. New York: Norton.
- Paglia, C. (1991). *Sexual personae*. New York: Vintage.
- Ranke-Heinemann, V. (1990). *Eunuchs for the kingdom of heaven*. New York: Penguin Books.
- Russell, G. F. (1985). The changing nature of anorexia nervosa. *Journal Psychiatric Research*, 19, 101–109.
- Selvini-Palozzoli, M. (1963). *L'anorexia mentale*. Milan: Feltrinelli (published as Mara Palozzoli-Selvini).
- Selvini-Palozzoli, M. (1985). Anorexia nervosa. A syndrome of the affluent society. *Transcultural Psychiatric Research Review*, 22, 199–205.
- Sheehan, M. L., & Summers, V. K. (1948). The syndrome of hypopituitarism. *Quarterly Journal of Medicine*, 18, 319–378.
- Shorter, E. D. (1994). *From the mind into the body*. New York: Free Press.
- Silverman, J. (1989). Louis-Victor Marce, 1828; anorexia nervosa's forgotten man. *Psychological Medicine*, 19, 833–835.
- Sissa, G. (1992). The sexual philosophies of Plato and Aristotle. In P. S. Pantell (Ed.), *A history of women* (pp. 46–81). Cambridge: Harvard University Press.
- Skrabanek, P. (1983). Notes toward the history of anorexia nervosa. *Janus*, 70, 109–128.
- Smart, N. (1967). Jainism. In P. Edwards (Ed.), *The encyclopedia of philosophy* (pp. 238–239). New York: Macmillan.
- Thomas, Y. (1992). The division of the sexes in Roman law. In P. S. Pantel (Ed.), *A history of women* (pp. 82–137). Cambridge: Harvard University Press.
- Thurman, J. (1982). *Isak Dinesen—The life of a storyteller*. New York: St. Martin's Press.
- Vandereycken, W., & van Deth, R. (1994). *From fasting saints to anorexic girls*. New York: New York University Press.
- Waller, J. V., Kaufman, M. R., & Deutsch, F. (1940). Anorexia nervosa: A psychosomatic entity. *Psychosomatic Medicine*, 2, 3–16.
- Wallman, C. (1967). Asceticism. In P. Edwards (Ed.), *The encyclopedia of philosophy* (Vol. 1, pp. 171–174). New York: Macmillan.
- Whitton, D. (1988). The society of Northern Europe in the high middle ages, 900–1200. In G. Holmes (Ed.), *The Oxford history of medieval Europe*. New York: Oxford University Press.

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