

From Piety to Malady: The Spiritual Birth of Anorexia

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Preceptor: P. Potter

The background of the slide is a solid blue color. In the lower right quadrant, there are several faint, concentric circles that resemble ripples in water, creating a subtle decorative pattern.

St. Catherine of Siena (1347-1380)



Existed on a teaspoon of herbs a day, freely gave away food to those in need, and attested to the ability to communicate with Christ.

Brumberg, J. (2000) *Fasting Girls*. New York: Vintage Books.

Catholic Reformation

Council of Trent 1545-1563 AD

Male clergy very cynical of woman who displayed acts of “radical holiness” such as prolonged fasting.

Incidence of self starvation declines.

The background of the slide features several sets of concentric circles in a lighter shade of blue, resembling ripples in water. These circles are scattered across the lower half of the slide, with one set being particularly prominent in the bottom right corner.

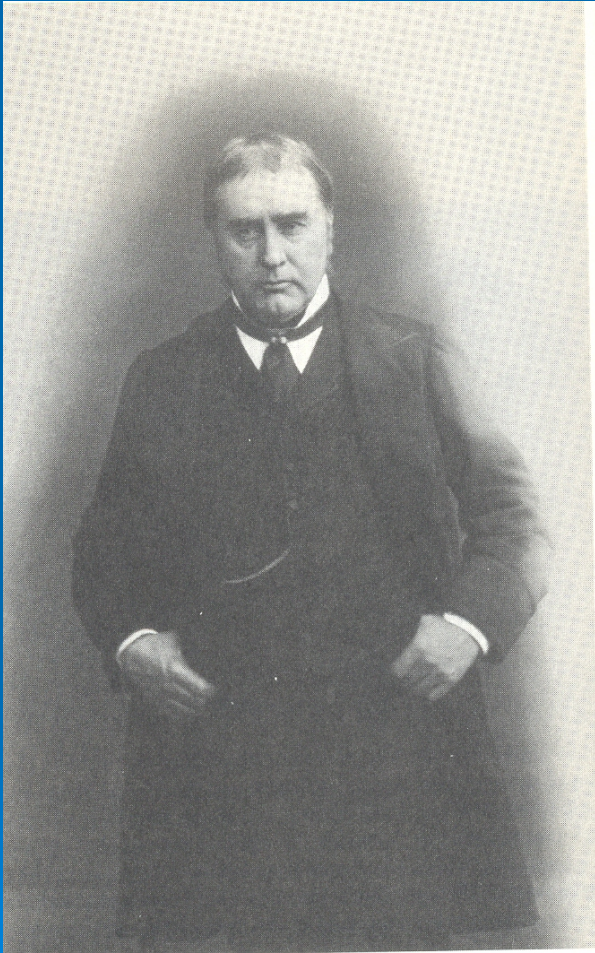
17th Century : Miraculous Maids

Few cases of self starvation reported.

Young women from humble rural backgrounds.

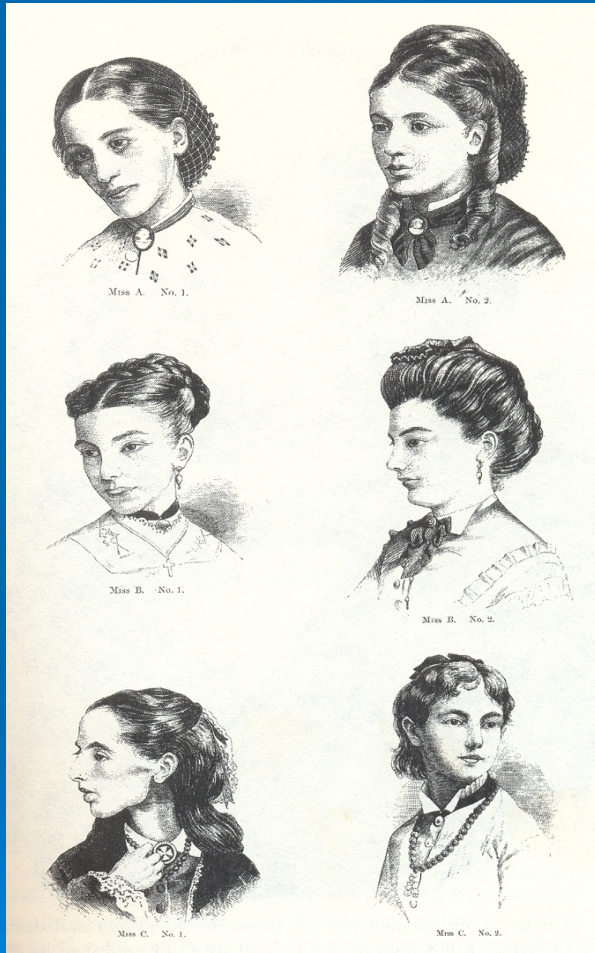
Became famous for claims of not eating.

Sir William Gull



London physician described the lack of appetite as nervous in origin and coined the term anorexia nervosa in 1873.

Dr. Gull's first anorexic patients



The young women were between the ages of sixteen and twenty-four from reputable families.

Gull's treatment included rest, regular feeding, and removal from the family environment.

Brumberg, J. (2000) *Fasting Girls*. New York: Vintage Books.

Patient of Dr. Gull: Miss K.R.

Clinical Notes:
MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.
ANOREXIA NERVOSA.
 BY SIR WILLIAM GULL, BART, M.D., F.R.S.

It may interest the readers of THE LANCET to look at the accompanying wood engravings, which were made from photographs of a case of extreme starvation (anorexia nervosa) which was brought to me on April 20th of last year by Dr. Leachman, of Petersfield. Dr. Leachman, was good enough subsequently to send me the following notes; and afterwards, at my request, the two photographs, taken by Mr. C. S. Ticehurst, of Petersfield. The case was so

THE LANCET,] CLINICAL

began, early in February, without apparent cause, to evince a repugnance to food; and soon afterwards declined to take any whatever, except half a cup of tea or coffee. On March 13th she travelled from the north of England, and visited me on April 20th. She was then extremely emaciated, and persisted in walking through the streets to my house, though an object of remark to the passers-by. Extremities blue and cold. Examination showed no organic disease. Respiration 12 to 14; pulse 46; temperature 97°. Urine normal. Weight 4 st. 7 lb.; height 5 ft. 4 in. Patient expressed herself as quite well. A nurse was obtained from Guy's,

Photographed April 21st, 1887.

Photographed June 14th, 1887.

extreme that, had it not been photographed and accurately engraved, some assurance would have been necessary that the appearances were not exaggerated, or even caricatured, which they were not.

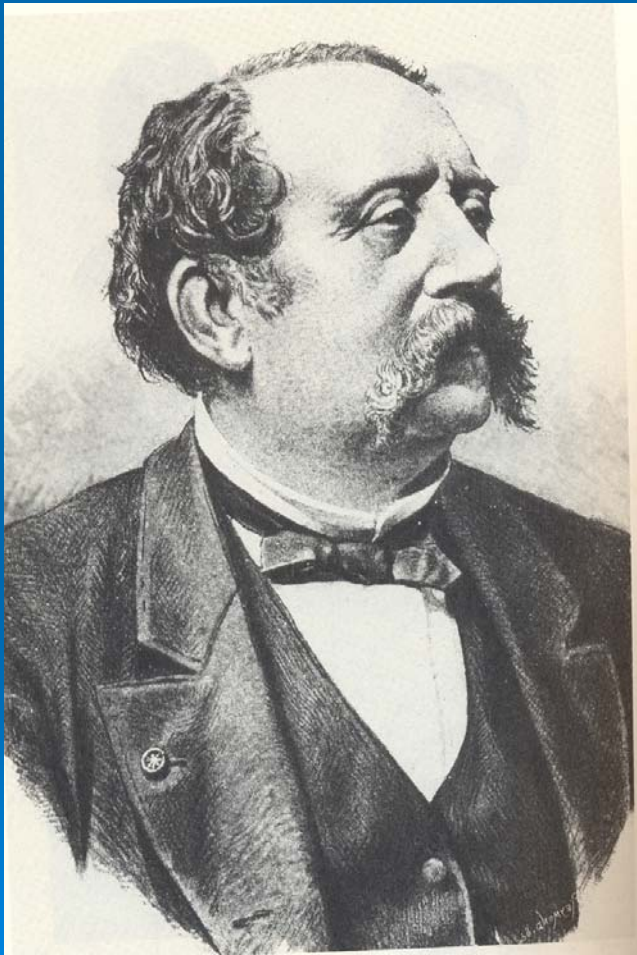
Miss K. R.—, aged fourteen, the third child in a family of six, one of whom died in infancy. Father died, aged sixty-eight, of pneumonic phthisis. Mother living, and in good health. Has a sister the subject of various nervous symptoms, and a nephew epileptic. With these exceptions, there have been no other neurotic cases on either side in the family, which is a large one. The patient, who was a plump, healthy girl until the beginning of last year (1887),

and light food ordered every few hours. In six weeks Dr. Leachman reported her condition to be fairly good; and on July 27th the mother wrote: "K— is nearly well. I have no trouble now about her eating. Nurse has been away three weeks." This story, in fine, is an illustration of most of these cases, pervasions of the "ego" being the cause and determining the course of the malady. As part of the pathological history, it is curious to note, as I did in my first paper, the persistent wish to be on the move, though the emaciation was so great and the nutritive functions at an extreme ebb.

CASE OF
STRANGULATED INGUINAL HERNIA UNACCOMPANIED
BY LOCAL PAIN.
 BY JAMES SHAW, M.B. GLAS.

Aged fourteen...
 Extremities blue and cold.
 Respiration 12 to 14; pulse 46; temperature 97. Weight 4st 7lb (63lb); height 5 ft. 4 in. Patient expressed herself as quite well.

Dr. Charles Lasegue



Description of *l'anorexie hystérique* was more psychological in its focus.

Emphasized pressurized family environment.

“I cannot eat because I suffer.”

“I do not suffer, and must then be well.”

World Wars and Depression

“During the whole period of World War II in Italy, there were dire food restrictions, and no patients at all were hospitalized at the Clinic for anorexia. (After the war) concurrent with the explosion of the Italian economic miracle and advent of affluent society, hospitalizations for anorexia were seen.”

Mara Selvini Palazzoli, Italian pioneer in the psychiatric study of anorexia.

Spirituality and Anorexia Today

32 people at different stages of recovery referred to anorexia as a spiritual quest and for them recovery involved a re-discovery of a threefold connection: inner, with others and with “nature”.

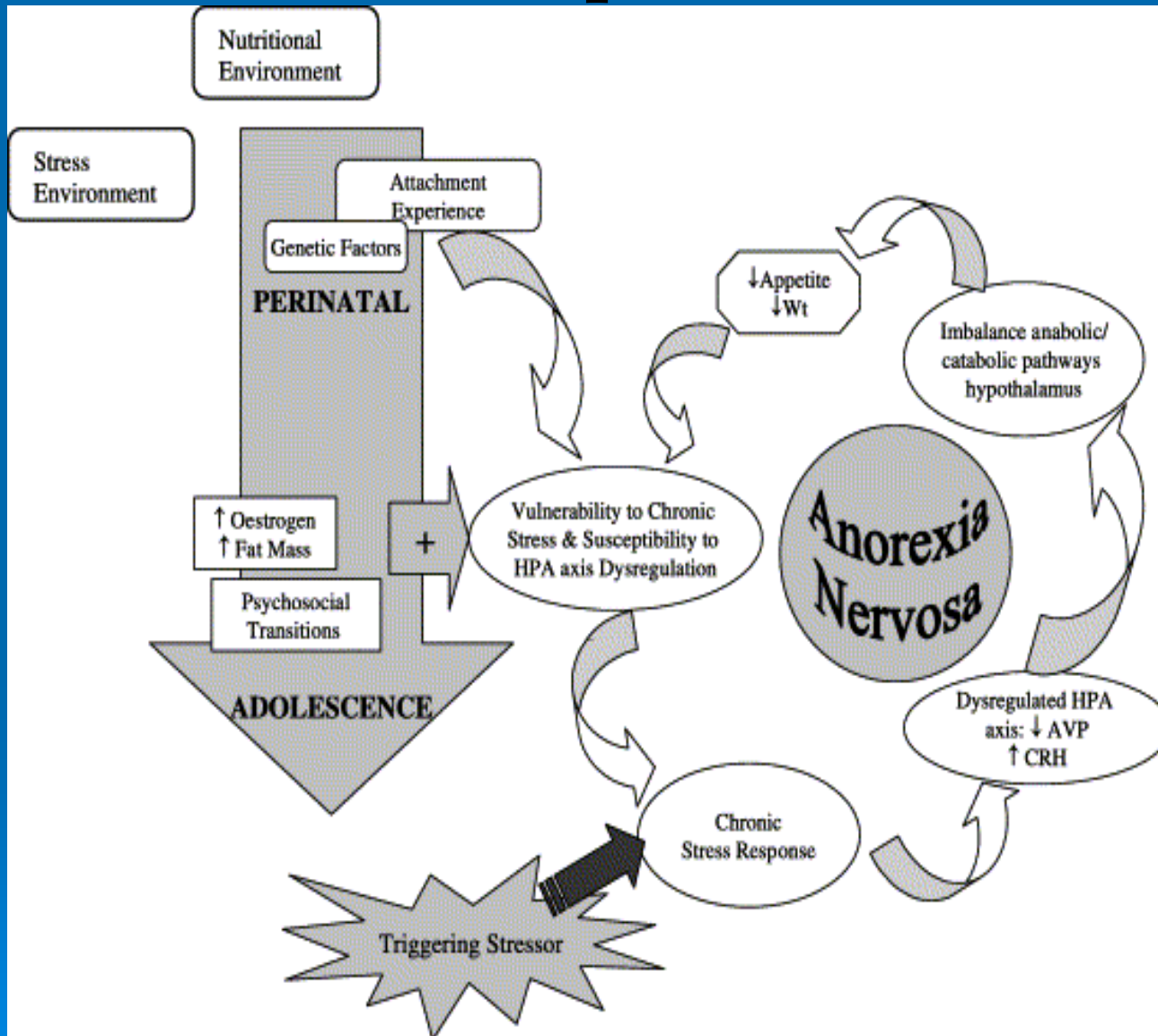
Garrett CJ. (1996). Recovery from anorexia nervosa: a Durkheimian interpretation. *Soc Sci Med*, 10, 1489-506.

Evolutionary Psychology

“Anorexia nervosa’s distinctive symptoms of restricting food, denial of starvation, and hyperactivity are likely to be evolved adaptive mechanisms that facilitated ancestral nomadic foragers leaving depleted environments; genetically susceptible individuals who lose too much weight may trigger these archaic adaptations.”

Guisinger, S. (2003). Adapted to flee famine: adding an evolutionary perspective on anorexia nervosa. *Psychological Review*, 4, 745-61.

Neurodevelopmental Model



F. Connan et al. (2003). A neurodevelopmental model for anorexia nervosa. *Physiology & Behavior*, 79, 13-24.

Family Influences

“Various family dysfunctions can sabotage the development of the emotional trust and dependency necessary to maintain security and stability for a predisposed anorexic”

Steven Levenkron, (2000) *Anatomy of Anorexia*. New York: W.W. Norton & Company.

Putting it All Together

Times of Conflict

CULTURE

Respect reproductive role female.
Self preservation.
Altruistic.

FAMILY

More openly nurturing and caring.
Focus on helping each other survive.

Feel Effective

Times of Prosperity

CULTURE

Value female aesthetics.
Value spiritual practices that may
teach suppression of bodily desires.

FAMILY

Other interests pursued as basic
survival is assured.
Less likely to be openly caring.

TEMPERMENT

GENETICS

STRESSORS

Feel Ineffective

Treatment Implications

Attack root of illness, the core problem which sets in motion the behaviors of self starvation: feelings of ineffectiveness.

Culture and genetics cannot easily be changed, therefore focus on individual and family therapy.

Family Therapy

Parents should fight illness with united front, being caring yet firm, while creating an environment of unconditional love.

Hope to persuade woman to relinquish her emotional bond to the illness by teaching she may trust her emotions to others.

Levenkron, S. 2000. *Anatomy of anorexia*. New York: W. W. Norton & Company

Reading List

- Bell, R. 1989. *Holy Anorexia*. Chicago: University of Chicago Press.
- Brumberg, J. 2000. *Fasting Girls*. New York: Vintage Books.
- Bynum, C. 1987. *Holy Feast and Holy Fast*. Berkely: University of California Press.
- Garrett, C. 1996. Recovery from anorexia nervosa: a Durkheimian interpretation. *Soc Sci Med*. 43:1489-1506.
- Holl, A. 1999. *The Left Hand of God*. Toronto: Random House.
- Levenkron, S. 2000. *Anatomy of Anorexia*. New York: W.W. Norton & Company.