

Proceedings:

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Notes for:

From Piety to Malady: The Spiritual Birth of Anorexia

by:

Lucinda Kunkel
University of Western Ontario
lkunkel@uwo.ca

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In Medieval times self-starvation was termed ANOREXIA MIRABILIS (miraculously inspired loss of appetite). This behaviour was glorified and emulated as the ability to survive on God's Grace portrayed evidence of a miracle. Carolyn Bynum writes in her book, *Holy Feast and Holy Fast: The Significance of Food to Medieval Women*, "Eating and not eating became more than metaphors of grace and desire, they became actual modes of experiencing." We will see this is also present in modern day self starvers.

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St. Catherine showed unrelenting asceticism. She became broken emotionally by failure to reform the church and her will to live gave way to an active readiness for death (Garrett 1996). There is also evidence of "recovery" in medieval women. Rudolph Bell describes in his book *Holy Anorexia*, medieval women displaying anorexic behaviours would enter a convent where in her late 20-30's she would "recover" and become active in affairs, often being elected to convent's head. For example, St. Clare of Assisi (1194-1253) was known to have recovered from illness brought on by her non-eating and explicitly backed away from earlier excesses. When Princess Agnes in Prague founded a convent on the model of the Poor Ladies of Assisi in 1234, she fasted so excessively that St. Clare felt obliged to warn her against going to extremes stating, "We are not made of bronze or granite, rather we are unfortunately quite fragile and weak." (Holl 1999)

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"Good works" were instead encouraged. Only ordained male priests were deemed capable of

communicating with Christ, therefore any woman claiming to do so was thought by some to be either possessed or fraudulent.

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Women were from backgrounds where the old Catholic traditions of medieval saints remained strong. These women caused debated among clergy, physicians, dukes, bishops, and kings. For example in 1600 French physician Dr. Vivenius observed 14 year old Miss Jane Balan. When no feces or urine was found in his examination, he concluded she was in fact a “miraculous maid” whose life was sustained on nourishment from God. This changed in the 19th century as the “Welsh Fasting Girl” Sarah Jacob became martyred to put the issue to rest in some minds. The local Anglican vicar Reverend Evan Jones stated that the 13 year old had not “partaken of a single grain of any kind of food whatever for over 16 months”. (Brumberg 2000) Hundred’s visited to catch a glimpse of the miraculous maid. London physician Dr. Robert Fowler examined and diagnosed the girl as hysteric after finding subcutaneous fat and hearing stomach sounds. He published his findings in the March 27, 1869 Lancet, “no sensible medical man, unless guaranteed perfect control and means would undertake the treatment of such a case in the cottage in which the girl lives.” After 10 days of close scrutiny Miss Sarah Jacob died of starvation Dec. 17, 1869.

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Industrial progress in the late 1800’s began the emergence of anorexia as it is seen today: more a fear of gaining weight. The cultural environment was one in which the appetite was closely linked to femininity and sexuality. A thin body began to display that it was unfit for productive work. Psychologist William James noted however, that young women were also still easily influenced by the traditions of religious asceticism in 1902.

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Today’s DSM IV anorexia nervosa criteria includes:

A refusal to maintain normal body weight to less than 85% of that which is normal for age and height.

Intense fear of gaining weight.

Distorted body image where self esteem is linked to maintaining thinness.

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Both Drs. Gull and Lasegue noted an increased aptitude for movement and agreed on the importance of removing the girl from the home, a “parentectomy” as part of a successful treatment plan.

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Interestingly the current epidemic of anorexia seen today did not begin until a few decades post World War II (~1960-1970). Perhaps whatever protective factors that were present needed time to dissipate. An overview of anorexia throughout the ages shows that the incidence of the disorder increases when the cultural environment is calm and reproduction generally assured. Women are highly regarded for

their aesthetics or spiritual natures. In contrast the incidence of anorexia decreases when society is under strife whether due to war, disease, or famine. Perhaps under these circumstances women become cherished simply for their ability to reproduce and altruism is increased as survival is less certain.

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A 1996 study by Garrett offers a fresh interpretive framework in which anorexia and recovery are understood as the negative and positive phases respectively of a ritual of self transformation. In Western culture, where appropriate myths and rituals of reincorporation are not readily available following a period of symbolic fasting, it is not surprising that recovery from anorexia is not automatic. (Garrett 1996)

“Spirituality” was the word most participants used to explain both anorexia and recovery as sequential parts of an ongoing expansion of consciousness; from a phase involving inner search and social isolation to a new stage they described as a greater awareness of connection with the material and social world and of powers which lay both inside and outside themselves. (Garrett 1996)

Quotes from participants:

Example of inner quest from Michael, currently struggling with anorexia: “I feel I have to do this ritual repeatedly to cleanse myself and get reaffirmation that I’m still a basically intrinsically good person that’s not done any wrong... I have to punish my body and suffer. You do look for enlightenment. You are looking for some sort of salvation... to unravel your own tortured complexity of your self.”

Example of inner quest with Aleisha, recovered anorexic: “Connection with my body is being part of God. I discovered, as I recovered, that glorifying God was loving the body and not separating it. And treating it like it was some sort of prayer.”

Example of connection with others, Kate, recovered anorexic: “I’d say in many ways there was something spiritual about my recovery... It’s that emotional bonding and understanding with people and doing things right by people emotionally that is of paramount significance for me. It’s the love I have for someone.”

Example of connection with nature, Aleisha, recovered anorexic: “I started to believe that my body wasn’t separate from nature and I really love nature. I don’t think anybody anywhere is separate from nature and your food represents your relationship with the universe. My relationship with the universe is one of acceptance and peace now.”

All quotes from Garrett 1996.

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Evolutionary psychologist Shan Guisinger has presented animal, human, and biochemical evidence to support the hypothesis that anorexia nervosa is the remnant of an adaptive response in periods of famine. The symptomatology of food restriction, denial of starvation, and hyperactivity seen in anorexia is in contrast to the “normal” pattern of starvation which leads to fatigue and hunger. Dr. Guisinger suggests, “When resources were depleted and the tribe despaired, the anorexic’s energy, optimism and grandiosity would mobilize the other members to heroic marches... When a starving tribe reached a new hunting/ gathering ground, social pressure exerted by family and friends would in turn have helped the anorexic member(s) to begin eating again.” In present day anorexia the woman resists social pressures to eat, for whatever reason she is unable to trust those around her with respect to food intake.

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Connan et al. propose that chronic stress in those predisposed to anorexia leads to a deviant hypothalamus-pituitary-adrenal (HPA) axis response. The predisposition may be due to altered

glucocorticoid receptor in the hippocampal and frontal regions of the brain due to genetics, in utero exposure to cortisol, and/or early attachment experiences. The altered HPA axis leads to chronically elevated corticotropin releasing hormone (CRH) in times of chronic stress. Impaired feedback of CRH initiates a catabolic spiral in the hypothalamus while also stimulating autonomic nervous system activity and endorphin release which accounts for anorexia's unique symptomatology.

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These family dysfunctions range from a mismatch of temperament between the anorexic and her parents, parental expectations not shared by the anorexic, to parental death, abuse, incest, or neglect.

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During historical periods of conflict when survival is not guaranteed, self preservation becomes rewarding in itself. Women in society become treasured just by virtue of being female with reproductive capabilities. The community may come together and become more altruistic, and the family more validating and caring. In this environment it would be easy for a young woman to feel effective and cared for, just by being herself. In contrast during periods of prosperity, basic biological survival is assured for most. It is no longer fulfilling just to survive. Other avenues of interest may be pursued such as spiritual practices. The culture may be one that values female aesthetics over reproductive capabilities. Parents may become busy with career in pursuit of fulfillment. These situations combined with a temperament of perfectionism and desire to please others may cause a woman to feel ineffective in her abilities. Any stressors may compound this feeling. Some may begin the behaviours of self starvation in a struggle to feel accepted by culture. At this time addictive changes occur in those with a genetic predisposition as endorphins are released. Neuro-endocrine susceptibilities result in decreased hunger and hyperactivity. Anorexia becomes an identity that is more difficult to change the longer the woman stays in its grips.

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Therapists should avoid power differentials and utilize cognitive behavioural and attachment based therapies to enhance self efficacy.

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Alternate ways of creating meaning in their lives may lead to...

Acceptance and nurturance of body rather than transcendence.

More direct communion with others rather than total solitary meditation.

Belief in a bodily rather than fully abstract connection with nature.

Perhaps anorexia need not necessarily be viewed as a precursor to recovery, but as a spiritual journey in its own right. (Garrett 1996)

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