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**Connecting the Past and the Present:**

**A Look at the Role of Religion and Anorexia**

Eating disorders are not a new development. Although anorexia was not commonly diagnosed until the second half of the 20th century, it certainly existed beforehand (Deans). In fact, “holy anorexia” was so common that it affected “between 37 to 61% of [female] saints from the 13th [century] through [to] the 17th century” (Polinska 570). This shows that there is a direct correlation between anorexia as caused by religion. But, is there a commonality between the anorexics of today to that of the saintly women of the Middle Ages? And, is there anything that can be done, within a religious context, which can combat this eating disorder? While religion has led to eating disorders in the past and currently the two are not typically associated with one another, there is recent evidence that show that religious leaders and groups can effectively promote a more positive body image among women.

A Short Background on Anorexia Nervosa

Richard Morton first described anorexia nervosa in 1689. However it was not termed nor was it widely accepted and recognized as a medical condition until 1873 when Sir William Gull, one of Queen Victoria’s physicians, coined the term in a paper that also provided detailed descriptions and treatments (Corrington 53). Within the same year, a French physician Ernest-Charles Laségue also published a paper containing details of a number of cases, bringing the attention of the medical profession to the disorder (Deans).

Public awareness, however, was not widespread until 1973 when German-American psychoanalyst Hilde Bruch published a book with a number of case studies and five years later, in 1978, published her book *The Golden Cage: the Enigma of Anorexia Nervosa* meant to appeal and be easily consumed by the masses. As the disorder reached public awareness, diagnosis of anorexia increased (Deans).

Cultural Context

Anorexia is one of the deadliest eating disorders and has one of the highest death rates of any mental health condition with 5-20% of diagnosed individuals dying (National Eating Disorders Association). Despite this, there is no consensus among scientific persons as to the cause of anorexia. Polinska, in her article, categorizes the main clinical approaches towards identifying a cause for anorexia as: individual, family, or socio-cultural (571).

The first approach (individual) describes anorexia as a personal dysfunction that is the result of biological or psychological disorders. While there is some evidence that anorexia is related to hypothalamus dysfunction (the part of the brain that regulates appetite, hormonal production, heart rate, temperature and blood pressure) there is no convincing data that isolates this dysfunction as the cause rather than one of the effects of anorexia. Furthermore, this theory does not explain why anorexia is diagnosed more frequently in women than in men (Polinska 571). Moving away from the biological theories and towards the psychological causes, mood disorders and a negative body image are commonly named reasons. Once again, there is proof of patients with eating disorders that experience depression (an estimate of 40 – 80 % of patients) yet there is no convincing evidence that the depression stems from the eating disorder (as it would not account for the 60 – 20 % of patients who do not experience depression) (572).

Moving beyond the individual, the family and socio-cultural approaches attempt to contextualize the life of the anorexic. Polinska negates the familial approach by arguing that family background should not be a causal factor of the disorder as she points out that the drive for the ideal thin body and the “stress of living in an affluent society are crucial in the development of anorexia nervosa” (572). She goes on to introduce the socio-cultural theory by citing studies that document the shift towards a thinner ideal by studying changes in *Playboy* centerfolds. These findings were then compared to the average female weight during that time period. What they found was that as the ideal became increasingly smaller, the average woman under the age of thirty became heavier (573). However, a high incidence of anorexia is found in countries and cultures where being overweight is acceptable. Furthermore, there is a lack of correlation between anorexia and preoccupations of weight among Asian patients, for example, who explain that their food refusal is due to discomfort from bloating or lack of hunger (573). Even in Western countries, some patients lack evident weight concern and attribute their food refusal to the wish not to eat, aversion to food or loss of appetite (574). Across cultures, there are a number of cases of eating disorders that are not characterized by fear of weight gain; one could consequently hypothesize that fear of weight gain is simply a common factor for anorexia and is not a causal one.

Conversely, the problem with these theories and approaches is that they are relatively recent and do not take into account the anorexia of women before the “skinny ideal” came about. Perhaps a more holistic view is one that is proposed later on by Polinska: “...that the causes of eating disorders do not come from local culture but rather from a universal need for autonomy, self-control, and the freedom from others’ control” (575). Using this theory one can take into account the diversity of explanations and reasoning across cultures and explain them as attempts by the self-starving individuals to provide explanations that they think makes sense culturally. Furthermore, this explanation allows space for personal experiences; among the shaping experiences that Katzman and Lee list, as cited by Polinska, are “personal power, relational satisfaction, and political position in the family and society at large” (576).

Now, the question is: would medieval saints fit this broader definition of anorexia that takes away preoccupations about weight? Accounting for the fact that medieval saints and the anorexic women of today would have different reasons for participating in self-starvation and looking deeper, one could make the connection that the women of the past held very similar motives to the women of today: self-governance. Historical, sociocultural and psychological connections between the self-starving saints and the anorexics of today are present as both groups strive for identity and self-rule (Corrington 52).

Comparing the Past and the Present

Many scholars dislike and even outright reject making comparisons between the fasting saints and present anorexics, arguing that each had different cultural environments. Brumberg differentiates the two saying that medieval culture promoted this type of appetite control in the form of anorexia mirabilis (literally translates to miraculous lack of appetite) symbolizing the values of that age while anorexia nervosa communicates the “individualism of our time” (45). Brumberg then goes on to state that to equate the two is to “ignore the cultural context and the distinction between sainthood and patienthood” (46). However, even when keeping the context of these occurrences in mind, it is difficult to put aside the similarities between the medieval saints and the contemporary anorexic. This becomes abundantly clear when one looks at the language used by the two groups of women as pointed out by Gail Corrington in the introduction to her article when she quotes different women from two different time periods:

I thought...that I was molding myself into that wonderful ascetic pure image...I felt that I had to do something I didn’t want for a higher purpose...I created a new image for myself and disciplined myself to a new way of life

This soul would fain to see itself free and eating is killing it...

...A full belly does not make for a chaste spirit. (qtd. in Corrington 51)

The first passage comes from an interview with a woman diagnosed with anorexia nervosa. The next two come from saints of the Catholic Church known for their ascetic, or severe self-disciplining, ways: Teresa of Avila and Catherine of Siena (51). Seeing such similar language between two supposedly opposite groups of people is intriguing especially when one notices the similarities in making the connection between control, fasting, and working towards a higher purpose. With this in mind, Polinska points out that “sainthood” might not be so different from “patienthood” if one disregards the idea that anorexics are passive patients ailing from a disorder caused by their socio-cultural setting and individual psyche and instead are seen as actively striving for self-rule (576).

In an effort to further identify anorexia nervosa with the “holy anorexia” of medieval saints, Polinska examines, through the work of Carolyn Bynum, the medieval self-sacrificial practices. Typically, medieval Christians renounced what they could control: for men, this meant money, property, sexual activity, and familial ties; women, on the other hand, had food as a resource that they could control and so, of all their options, they found it was easier to abstain from eating (577). They gave up daily food and took the Eucharist instead as a symbol of them feeding on God. Fasting to them was seen as suffering and a way to participate in the suffering of Christ. Thus, the saints saw the endurance of these sufferings as a way to not only redeem themselves but also the world (577).

Polinska then goes on to assert that these food practices were a way to challenge authority by citing examples and instances of what medieval women did: rejecting a communal meal which symbolized a social or familial bond was a way of rejecting family wealth without obviously making their stance clear and starving oneself to look unattractive in an effort to avoid unwanted marriages. Additionally, women were able to gain some form of clerical power not only through the distribution of the Eucharist but also through placing demands on God to: “remove souls from purgatory...bring people back to life...[and] make demons leave those who they possessed” (578). They were taken seriously as their closeness to God was physically evident through their bodies.

Through this, it is clear that the medieval ascetics operated within a very rich religious and cultural context while contemporary anorexics do not usually function within such interwoven complexities. Nevertheless, it does contemporary anorexics a great disservice to categorize them as self and image obsessed. Using the broader definition of anorexia, as discussed earlier, shows that anorexia mirabilis and anorexia nervosa have much in common.

Both the medieval ascetics and the modern anorectics aim for perfection and thus try to create an image that they deem satisfying while also experiencing a hatred of their current bodies. The body thus becomes symbolic of a battleground of flesh and spirit where desires are suppressed. Food and sex, symbols of carnal and male power, are overruled in favor of a higher (in the case of the ascetics) or inner (in the case of the anorectics) form of nourishment (Corrington 61). For both groups, striving towards their ideal is not only a source of satisfaction but also a source of liberation. This liberation can be either from their body or from the definition of what others perceive. Both sets see their self-deprivation not as destructive but as liberating. Since food is seen as a source of power and strength, their refusal is symbolic of their rejection of the dominance of others and that of the normative society (61). This refusal and rejection is seen as a victory of will and self-control over the base desires of the body thus forging an identity that does not conform to that of society. Through this, one can conclude that the anorexic response is everlasting. It is a real, though temporary, “victory over the only thing western (or westernized) society allows a young woman to control – herself” (Polinska 578). Like the medieval women who came before them, the modern anorexics are challenging their surrounding social structures in an attempt to find independence through manipulation of their bodies.

Using Religion to Improve Body-Positivity

While it is important to think of anorexia as more than just a neurological disorder brought on by the constant barrage of the “ideal bodies” in the media, mass media, especially now, can still strongly influence our thoughts and perceptions. Though eating disorders happen outside of bodily preoccupations, the common thread is one that cannot be ignored. Another aspect that cannot be disregarded is the influence of religion over the mindset and actions of people.

This begs the question: what can religious leaders do to help combat these eating disorders? One approach could be similar to that of a 2007 study in which participants read differing statements, then looked at photographs of fashion models from women’s magazines and then filled out a survey regarding their own body image. One group read bodily affirmations that emphasized God’s love of the body (for example, “Because I am a child of God, I am perfect and whole and my body is perfect and whole”). The other group read bodily affirmations that had no mention of God but emphasized a positive view of the body (“Is not life more than food, and the body more than clothing?). Finally, the control group simply read statements about current events on campus that had no references to religious/spiritual issues or to body image (Boyatzis, Kline and Backof 556). What they found is that these affirmations emphasizing divine acceptance made women feel significantly better about their appearance than women who read no affirmations (560). Emphasizing the connection of the body to the divine within a community setting could lead to bodily self-acceptance that may hinder eating disorders.

Taking that further, Margaret Miles calls for religious leaders and groups to do a better job of providing young women with more direct and fulfilling alternatives for satisfaction in life; alternatives that can foster the development of objectivity when receiving messages from society (562). Polinska takes this thought even further by adding that Christian communities need to prepare young women to “envision themselves in various roles of leadership within the Church and society” (584). Polinska claims that female presence in leadership roles in the Church and in religious communities will show the spectrum of choices for young women and additionally provide mentorship for future generations of young women (585).

Conclusion

Religion has led to eating disorders in the past as can be seen through the rigorous fasting practices of medieval saints who at the time were not seen as suffering from a disorder; these fasting girls were seen as miracles. Today, self-starvation is put within a clinical context and is called a mental illness. The former – anorexia mirabilis – is seen as holy while the current – anorexia nervosa – is seen as superficial. The two are not usually compared as being similar. However, when looking at both the self-starving saints and the modern day anorexic within the context of the new definition of anorexia that has been established – that it stems from wanting self-governance – it is clear that their long term goals coincide with one another: aiming for self-sufficiency and liberation from societal/physical constraints. In this sense, the anorexic response is almost timeless. Like the women who came before them, the modern anorexics are challenging their society in an attempt to find independence. Finally, anorexia is not usually associated with religion in today’s secular world but it is vital that religious leaders and groups work towards promoting a more positive body image among women and giving them healthier alternatives towards achieving their desire for self-control.

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