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CULTURAL AND HISTORICAL ASPECTS OF EATING DISORDERS

ABSTRACT. A review of cultural and historical accounts of anorexia nervosa indicates that this disorder is found primarily in Westernized societies during periods of relative affluence and greater social opportunities for women. Some hypotheses regarding the vulnerability to eating disorders are proposed to the basis of these data.

KEY WORDS: eating disorders, anorexia nervosa, history of disease, culture and psychopathology

1. CULTURE AND EATING DISORDERS

It has been long believed that Anorexia Nervosa (AN) is a disorder found primarily in industrialized societies. This clinical impression has been substantiated by cross-cultural studies^{1,2} which have reported few, if any, cases in rural areas of Africa, the middle east or the orient (with the exception of Japan). For example, Dolan¹ could find only two case reports of AN in Africa, and one of these patients had lived in England during her childhood before returning to her native Zimbabwe where she attended a private, mostly white boarding school. DiNocola² quotes Sharma, who attempted to find evidence of AN in India as concluding "I am now more convinced than ever about the relative absence of anorexia nervosa in this part of the world." Similarly, Burton-Bradley (cited in DiNicola,²) who cared for some 3 million natives of Papua New Guinea for 23 years, reported that "at no time did I ever see a case I could categorize as suffering from Anorexia Nervosa." DiNicola² also cites the epidemiological studies of Buhrich in Malaysia which revealed only 30 cases of AN among 60,000 psychiatric referrals. Of these few cases, there was a disproportionate representation of urbanized, wealthy Chinese women rather than rural Malays.

These findings have suggested that AN is a "culture bound syndrome"² in which the signs and symptoms of a disorder reflect psychosocial pressures or mores of certain cultures. In the case of AN, the idealization of slimness as transmitted by advertisements³ or by esteemed public female personae⁴ in Westernized cultures would influence young women to attain desired psychological goals, such as desirability, popularity or achievement, by willful self starvation.

This culturalist view is given some backing by the finding that females who immigrated to Westernized societies from more rural environments may have higher rates of AN than either their peers in their country of origin or in their newly acquired nationality. Bulik⁵ in reporting AN in Russian emigres to the United States, suggests that immigrants may overidentify with aspects of their new culture in an attempt to fit in, thereby succumbing to the beliefs that slimness will guarantee assimilation. DiNicola² also reports the findings of Mumford and Whitehouse who studied a large sample of Asian and white schoolgirls in Bradford, England. The Asian girls living in England showed higher scores in the Eating Attitudes Test and a higher incidence of eating disorders than their native British peers. Finally, Nasser⁶ compared results of the Eating Attitudes Test of Arab female university students in London and in Cairo. Essentially twice as many Arab girls in London received positive scores as in Cairo. When the positive responders were followed up, eleven clinical cases of true eating disorders were found in the London group in contrast to none in the Cairo group.

These findings indicate that as individuals from cultures where AN is rare, or even unknown, immigrate to Westernized societies with a high rate of AN, these individuals may develop eating disorder as they try to become part of the new culture. DiNicola² believes that emigres may be even more vulnerable since theirs is a time of stress and of confusion with exposure to divergent value systems. He quotes Bulik's⁵ conclusion that "adolescent females in crucial stages of identity formation react to the loss and anonymity of the social transition by desperately grasping . . . [for] acceptance, success and happiness through slimness."

A second finding that lends credence to the view of AN as a culture bound syndrome is the rising frequency of this disorder among minority populations, who in the past were relatively immune, as these are more influenced by the media, such as television programs and commercials, or have risen to a higher standard of living. In her review, Dolan¹ presents a long series of case reports of AN among Afro-American and Hispanic women which began appearing during the 1980s. Thompson,⁷ writing specifically about eating disorders in minority females, suggests that, like immigrants, these individuals may be more vulnerable to these disorders as they try to assimilate into mainstream society. Like emigres, minority females may overly endorse cultural mores as they attempt to compensate for an alleged self-perceived inferiority.

These contributions make a strong case for AN to be a specific response to certain hidden, or not-so-hidden, pressures operating in Westernized or industrialized societies said to present abnormal slimness as a desirable

state for females. However, acknowledging this association between our modern age and thinness does not explain the relationship or why it should come about in the past few decades. Kelbourne³ proposes an intriguing economic theory stating that since women naturally tend to be corpulent, bombarding them ceaselessly with an impossibly thin ideal of feminine beauty causes them to be in a chronic state of confusion and dissatisfaction about themselves, and therefore more willing to purchase products promising to make or keep them slim. Her argument is particularly persuasive when one considers the billions of dollars spent each year on advertisements or the startling fact that the average American is exposed to over 1500 ads every day and will spend a year and a half of his or her life watching television commercials.³ However, while advertisers may exploit, and possibly perpetuate, the feminine desire for an unnatural state of thinness, these manipulations do not explain the origin of this desire in females. Therefore, pressure from the media and other influences may instill a desire for thinness by accentuating a tendency that is already present in the population.

This separation between the origin of cultural mores and their later persistence is important regarding AN since recent historical accounts have revealed that this disorder is not a modern phenomenon, originating in the classic description of Leseque and Gull in the late nineteenth century, but the forms of voluntary self starvation have existed for thousands of years.⁸⁻¹⁰ The existence of these earlier forms of eating disorders has prompted DiNicola² to call AN a “chameleon with protean clinical manifestations changing with the times, what we might call *anorexia multiforme*” (p. 177). The forms of AN seen in our own time may not be evidence of a new disease, arising in response to social changes brought about by industrialization, but only the most recent display of a much older and more pervasive problem that had emerged in prior, pre-industrial eras. Therefore, a review of the history of self starvation may be able to shed some light on the core features of our present day anorexia.

2. HISTORICAL ACCOUNTS OF SELF STARVATION

2.1. *The Gnostic Ascetics*

In tracing the history of self starvation, it is interesting to find that this behavior was essentially unknown in classical antiquity. No reports of behavior resembling AN can be found in the writing from ancient Greece, although brief periods of fasting (usually one to three days) were used as means of self purification, along with abstinence from sexual and other

forms of pleasure. It was not until early European culture was influenced by Eastern beliefs that fasting behavior became prolonged and extreme. These Eastern beliefs, such as Jainism, preached a dichotomy between the world as given to the senses and the existence of a sacred, immortal soul which is held captive in a corporeal prison. The body, along with all material things, eventually came to be seen as evil while the imprisoned soul came to be viewed as the eternal good which had become separated from a deity. The gnostic sects which gained popularity during the Roman conquest of Greece¹¹ preached a similar doctrine, professing to have gained knowledge (gnosis) of the true path to salvation in an essentially evil world. The Greek scholar Dodds¹² argues that these beliefs took hold in the classical world as the "polis" or city state declined, thereby reducing the individual citizen's ability to participate in government and the spread of large autocratic empires, such as Alexander's, which created a sense of personal helplessness. No longer able to exert some affect on his surroundings by political or civic avenues, the individual may have shifted the area of control to his own immediate sphere of existence, including the body, while disdainning the public world as evil. This gnostic dichotomy between a malevolent material world and a spiritual inner soul certainly was espoused by the early Christians who renounced the sinfulness of cosmopolitan city life for a solitary existence of deprivation in rural seclusion. These early hermits such as Hilaron¹³ or Saint Simeon Stylites¹⁴ included starvation among a host of other self-inflicted privations in their pursuit of spirituality. In Christian guise, this gnosticism infiltrated the Roman world where, for example, Saint Jerome, best known for his translation of the Bible from Hebrew to Latin, became the spiritual guru for a group of wealthy Roman ladies in the fourth century. As the result of his teaching of a strict ascetic personal regime, a high-born Roman girl of twenty starved herself to death, thereby possibly representing the first young female in recorded history to expire from voluntary inedia. As a result of her death, Jerome was forced to flee Rome for Bethlehem where he established a school and a hostel for pilgrims.

The significant theme of these early examples of willful self starvation is the disdain, if not disgust, which is expressed toward the body and its natural functions. This assessment of our biological nature is a far cry the Greek ideal of a sound mind in a sound body. Even Plato, who taught that abstract thought is superior to information supplied by the senses, saw our bodily sensations as a source of confusion or of inferior knowledge but he did not cast the latter as wicked. The despising of the body as a source of evil and an impediment to salvation is gnostic-Christian teaching

that appears to have left its mark throughout the following centuries of European culture, even into our own, somewhat secular era.

2.2. *Possession and Freedom*

Nevertheless, the so-called Dark Ages that followed the collapse of the Roman and Hellenistic civilizations are not known for numerous examples of willful starvation. Rather, an existence of chronic malnutrition seems to have been imposed involuntarily on the populace at that time. A series of disasters befell Europe after the fifth century which eclipsed the sophistication and richness of classical Roman culture and reduced life to its most elemental forms in which pure survival and subsistence appear to have been the overriding goals of most individuals. Among the crises to devastate Europe were the recurrent invasions from barbarian tribes, a severe plague that lasted for two centuries after its onset in 542, and climatic deterioration which reduced agricultural production drastically.¹⁵ One effect of these repeated and cumulative traumas was the disappearance of cities. For example, Rome, which at its height had a population of several hundred thousand, shrunk to a mere 30,000 by the sixth century. Much of the city lay waste, with public buildings being dismantled for domestic construction.

Under such conditions of physical privation when famine was not uncommon, willful self starvation does not seem to have existed (or at least reported). Centuries later, Selvini-Palazzoli¹⁶ reported a similar situation during the Second World War in Italy when food was in short supply. She found AN to be essentially non-existent during these difficult years but to gradually reappear in step with the increasing prosperity of the post-war years. Selvini-Palazzoli¹⁶ concludes that AN is a disorder only found in affluent societies since it is only when food is abundant can its voluntary refusal severe psychological motives. However, as will be discussed below, it may also be the case that affluence, in addition to adequate food supplies, also creates increased leisure and career choices for women that are absent in times of privation when all of one's efforts are exhausted merely to survive.

However, even during these difficult times a few reports of self starvation have been found.⁹ Two cases, one from the fifth century and the other from the eighth, are remarkably similar. Both involved young women whose refusal of nourishment was interpreted as the result of satanic possession and who were cured by contact with holy objects which exorcised the alleged demon.*

* The theme of demonic possession has been a recurrent explanation of anorexic (as well as other) pathological behavior. A recent case occurred less than 20 years ago when a

The third reported case of self starvation to emerge from the Dark Ages is of more interest, particularly since the woman was elevated to sainthood. She is currently known as St. Wilgefortis, (or strong virgin), as well as St. Ontcommer or St. Uncumber (or one who will unencumber the supplicant of womanly burdens) or St. Liberta (one who has liberated herself of these same feminine afflictions). She was the daughter of a King of Portugal who reigned some time between the eighth and tenth centuries. Her father promised her in marriage to the Saracen king of Sicily, but this girl had vowed to devote her life to service the Christian church. She prayed to be stripped of her beauty and, toward this end, refused all nourishment so that she lost her feminine contours and grew hair all over her body. Her unattractive state, after some time of self starvation, succeeded in causing her suitor to withdraw his offer of marriage and her father, as a punishment, had her crucified. While on the cross, she was alleged to say that all would remember “the passion that encumbers all women.”¹⁷ As a result of these words as well as her example of devotion and self sacrifice, St. Wilgeforte became the patron saint of women who wish to rid themselves of bodily problems associated with childbirth, menstruation or sexuality as well as those resulting from domination of others. This example of willful starvation is instructive in underlining how this behavior can be seen as a remedy for the physiological burdens associated with being female or as an assertion against the obedience expected of women by men. A similar case occurred some 300 years later¹⁸ when Margaret, the daughter of a Hungarian king, preferred to starve herself to death at the age of 28 than oblige her father’s command of marriage. As in the prior example, this behavior was so esteemed by the church that Margaret was canonized only five years after her death.

2.3. *Holy Anorexia*

By the time of St. Margaret’s passing in the thirteenth century, there was about to occur a rash of cases of willful self starvation, particularly in Southern Europe. Rudolf Bell, who has chronicled this epidemic of voluntary inedia in his book *Holy Anorexia*¹⁹ lists 181 cases of “holy” fasting (often to death) between 1200 and 1600. Therefore, in contrast to the rarity of this behavior in the Dark Ages, forms of anorexia seem almost commonplace throughout the Renaissance. Most of these anorexic women became saints and many had their biographies circulated by their confessors, these documents perhaps serving as a stimulus to others to also engage in voluntary fasting. A paradigmatic example of this form of self starvation is St.

Bavarian girl who was convinced she was possessed died of self starvation after exorcism failed to cure her.¹⁰

Catherine of Siena, whose life is described in detail by Bell¹⁹ as well as Bynum²⁰ in their books on fasting at this stage of Western history. She was born in 1397, the twenty-fourth child of a prosperous businessman, and she began fasting in earnest after the death, in childbirth, of her favorite older sister followed shortly by the death of Catherine's younger sister. Her determination to fast may have also been caused by her reaching adolescence and her parents' demand that she be married. Against family opposition, Catherine starved herself, prayed constantly and punished her body by daily flagellation and other painful procedures. Eventually, her parents allowed her to become a "Mantellata," a nun who resides outside of a convent. Until her death from malnutrition at 32, Catherine tirelessly devoted herself to caring for the sick and the poor, denying her own needs. One apocryphal story exemplifies her need for control over her "natural" bodily urges. While attending a woman dying from cancer of the breast, Catherine was repulsed involuntarily by the stench and sight of the rotting mamillary organ. She became so angry at her automatic revulsion that she forced herself to drink the exudate from the decaying breast. Although Catherine was decidedly influential in returning the Papacy from Avignon to Rome and also accomplished much in her service to others, later biographers ascribed all sorts of miraculous feats to her, thereby enhancing her status as an idealized model of Christian piety for others to follow.

The frequency of forms of anorexia during the Renaissance may be explained partially by the marked changes in everyday life and in cultural values initiated by the relative wealth and sophistication associated with this period of history. Innovations in agricultural techniques devised during the eleventh century gradually allowed for the general European populace to be adequately nourished.²¹ The encounter of the men of the Crusades, as well as Venetian merchants, with Eastern civilization led to increased commerce with the Orient, enhancing the worldliness of wealthy Europeans. This development of trade created sophisticated city-states inhabited by a prosperous citizenry who had the leisure and the means to commission and enjoy aesthetic pursuits. As part of this renewed worldliness and affluence, the social role of women was also transformed. Although allegedly still subjugated by men and admired for the obedient role of wife and mother, in reality women were allotted much more power and freedom of choice. According to Burckhart's²² classic study of the Italian Renaissance, women were approaching equality with men in education. Simultaneously, paintings of this era demonstrated a new ideal of feminine beauty, particularly in portraits of semi-nude females surrounded by an array of cosmetics and other appearance-enhancing toiletries. Therefore, this was a time, much as today, when women could rebel against traditional housefrau roles or

against an enforced aesthetic idea by espousing a devotion to the Church and pursuing this devotion by self starvation, service to the poor, and physical attacks on one's body. These women attained a special social status of admiration in life, and a promise of eternal happiness (and even sainthood) after death. As brides of Christ, within a personal relationship to God, they could escape an earthly marriage and the dangers and drudgery of repeated childbirth and parenthood.

This relative freedom allowed to women rapidly declined as the Renaissance itself was eclipsed by the puritanical morals of the Protestant Reformation, a return to a more rural and less affluent life style and a marked attitudinal change within the Catholic church. This later factor, which may be of paramount importance, was part of the church's response to a variety of "heresies" that sought to bypass the role of the church as an intermediary in communion with Christ. The Church responded to these threats by declaring that any commerce with the deity could only be conducted through a male priest endorsed by the Papacy. A "holy" anorexic who claimed to be in communication with Jesus could expect a visit from the Inquisition rather than an initiation to sainthood. Self starvation as a part of an overall religious asceticism continued, even to the present time in prominent figures such as Simone Weil,^{23,24} but its frequency decreased drastically in step with a parallel loss of prestige for such behavior and yet another alteration in the cultural concept of femininity.

2.4. *The Miraculous Maids*

Fasting women continue to be reported, although in smaller numbers, from the end of the Renaissance to the victorian era. The interpretation accorded such individuals, however, reflected differences in general beliefs throughout these centuries. Initially, these women were thought to be possessed by the Devil, then they were used as pawns in the religious resistance to the rise of philosophical materialism by being proof that humans could exist only through spiritual nourishment or by miraculously feeding by angels; later they were thought to be frauds seeking fame and monetary gain, and, finally, they were diagnosed as physically or mentally ill.⁸ These instances of self starvation appear to be isolated events, what DiNicola² calls "orphan cases," rather than part of an epidemic, although when such an individual became famous, the example served as a stimulus to other women to also engage in voluntary fasting. The reported cases are similar in displaying an almost "Cinderella" theme in which usually an impoverished girl in a rural area claims to be able to exist without need of food. The news of this ability spreads throughout the surrounding area and the girl becomes a celebrity, often being exhibited to visitors by her family for

a fee. At times, the fasting girl was found to be a fraud, secretly being supplied with food by family members. In other instances, such as the tragic case of Sarah Jacob,⁸ the fasting girl became the focus of an ideological argument between religious leaders who believed the human corpus to be ethereal and the more tough-minded medical profession which considered human beings to have the same basic biological needs as all other animals. Sarah Jacob, one of seven children of a small farmer in Wales, attracted much notoriety when she stopped eating as she reached puberty and was believed to exist without need for food or drink. Sarah's parents dressed her in gaudy clothes and charged for the privilege of having her photographed. Eventually, four nurses were sent by doubtful doctors to keep watch over Sarah and detect any surreptitious eating. After six days of this vigil, Sarah weakened greatly but her father refused the nurses' pleas that she be examined by a doctor. Four days later Sarah died of malnutrition, her father charged with criminal negligence. An autopsy revealed fecal matter, dating from before the nurses' watch, proving that Sarah was somehow obtaining nourishment. It is of interest that, despite Sarah's pitiful death, the news of her fasting led to a flurry of self starvation among young women in the British Isles.

Gradually, the cause of the fasting in these women was sought in the medical rather than spiritual realm. Bliss and Branch²⁵ have discovered (in the historical collection of the Armed Forces Medical Library) nine doctoral theses on anorexia written between 1685 and 1770. Each of these supplies a medical etiology for the disorder, from insufficient bathing of the gastric nerves by bodily fluids to a cerebral insensitivity to messages from the stomach. The consideration of anorexia as a physiological disorder was enhanced by Richard Morton's inclusion of it in his popular and influential book on forms of consumption which appeared in 1689. By the latter part of the nineteenth century, it was accepted that willful self starvation was a truly medical disease although its cause (or causes) remained in doubt. It was at this time that anorexia nervosa, as it is known today, was comprehensively described and also differentiated from other forms of inedia.

2.5. The Differential Diagnosis of Food Refusal

The Victorian era shares some characteristics of the Renaissance in Italy: the industrial revolution attracted large segments of the population from rural farming areas to factory towns, the rise of commerce created a burgeoning, prosperous middle class which valued aesthetics and education, the success of theoretical and applied physics (which originated in the Renaissance) permeated other sciences with a search for mecha-

nistic causes underlying observed behavior; there was a renewed interest in observation and classification, particularly in medicine, which really came into its own during this time, and there also appeared a new ideal of feminine beauty and behavior which often ran counter to the increasing opportunities for women in formerly predominately male occupations. As Thorsten Veblen²⁶ noted in the *Theory of the Leisure Class*, a corpulent woman no longer served as a symbol of her father's or husband's success by supplying enough to eat. As more and more women joined the labor force, the reverse was the case: an ethereal, frail woman who was obviously not working became proof of her family's prosperity. Slim, delicate women were thought to possess a corresponding "delicacy of mind."⁸

In this cultural climate, eating disorders were noted with greater frequency. However, not all of these disorders correspond to the current conception of anorexia nervosa. For example, W.S. Chipley, an American psychiatrist, coined the term sitophobia (fear of grain) to describe food refusal in severely disturbed patients who believed their meals to be poisoned or who were directed by all alleged supernatural force not to eat. Another form of eating disorder was "chlorosis" (green sickness), indicating the greenish tinge of the skin of its victims (although Loudon²⁷ states that the term "green" may refer to the youth of the patients who also were almost all female). The symptoms of chlorosis, in addition to lack of appetite, included headache, shortness of breath and fatigue. After blood tests were developed, it was found that some chlorotic girls were anemic so that after 1870 the disease was also called chloroanaemia. In his review of this disorder, Loudon²⁷ suggests that "chlorosis" was in reality disparate diseases with similar symptoms.

One type was found among affluent young women in whom anorexia, social withdrawal, depression, amenorrhea and pica were prominent manifestations. The other was a disorder of older, working class women who were malnourished to the point of anemia because of poverty or some pre-existing physical illness but did not display other symptoms. Therefore, chlorosis may have been a catch-all term that included some case of AN. The disorder appears to have disappeared after the First World War, possibly because patients who would have received this diagnosis were subsumed under more appropriate and specific diseases.

The other common disorder of the Victorian Era that probably included some patients with AN was hysteria. In her history of the disorder, Veith²⁸ lists lack of appetite as a frequent aspect of the hysterical presentation. However, the patients usually explained their reduction of food intake by the presence of a pressure in the throat or stomach and their anorexia rarely resulted in extreme emaciation or death. In addition, hysteria presented with

other characteristic symptoms: paralysis, anaesthesia or hyperaesthesia, mental confusion, seizures, and, on occasion, hallucinations. Nevertheless, milder cases of AN may have been diagnosed as hysteria since the latter label was liberally applied to a variety of maladies occurring in young women.

The number different disorders, described in the latter half of the nineteenth century, attests to the increase in food refusal in women at this time and the greater care given by physicians to describe syndromes in detail.* This careful delineation of signs and symptoms was exemplified by Leseque²⁹ and by Gull³⁰ presenting a complete medical description of AN in the same year, 1873. Both are credited with the first true clinical recognition of the disorder although recent scholarship has revealed an earlier comprehensive medical account by the French psychiatrist Marce in 1859.³¹ These two reports by Gull and Leseque may be considered as initiating the modern concept of AN, and, indeed, little has been added to their thorough portrayal of the disorder which is as diagnostically relevant today as it was over a century ago. Following the appearance of their pioneer papers, AN became a familiar diagnosis so that by 1895, Freud³² was able to write, 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”³² (p. 103). After its acceptance as a true disorder in the late 1800s, AN was a recognized condition whose frequency seems to have dwindled with the First World War.

Initially, AN was believed to be a psychogenic illness since, if its victim could be induced to start eating voluntarily, there was a good chance of recovery and because autopsy findings revealed no organic pathology that could not be accounted for by prolonged starvation. In 1919, however, Simmonds called attention to the clinical similarity of AN and forms of a pituitary atrophy,⁸ resulting in the disorder being treated with a variety of endocrinological medications. Some clinicians doubted a hormonal etiology, despite Simmond’s speculations, and their reservations were justified when Sheehan and Summer³³ documented significant clinical differences between AN and pituitary atrophy: anorexics lose weight gradually during

* Another form of voluntary self starvation common at this time was the professional “hunger artist” (as described in Kafka’s short story) who would abstain for long periods of time for money. In contrast to other forms of starvation, most hunger artists were men rather than women. Some were found to be cheating, some actually died of malnutrition and its complications, and some were suffering from medical illnesses. For example, Claude Seurat, a French professional faster, was found to have a 16 foot tapeworm at autopsy. These individuals were exhibited at circuses or fairs and appear to represent a particularly odd way of making a living rather than victims of a psychiatric disorder.¹⁰ In fact, most true anorexics starve themselves in private and do not flaunt their emaciated state.

the illness while those with pituitary atrophy do so only late in the course of the disorder; anorexics deny any personal discomfort and are hyperactive while the other are exhausted and complain of fatigue, and anorexics retain their pubic and axillary hair and show a growth of fine hair over their bodies while pituitary compromised patients do not.

Sheehan and Summers' article returned the search for an etiology to psychological motives, which in the 1940s meant psychoanalytic interpretations. Most of these focused on the anorexics refusal to eat as a manifestation of a defense against a dreaded unconscious wish for oral impregnation. Waller, Kaufman and Deutsch³⁴ wrote a paper which may be considered as a paradigm of this orthodox approach. They speculate that the anorexic recoils from a narcissistic blow in adolescence by reactivating repressed wishes dating back to the oral period. While utilizing this libidinal regression as central to the disorder, these authors also emphasize the anorexic's poor adaptive capacities, and the secondary gain derived from the illness. These latter qualities become more important determining factors in the psychodynamic literature, as the alleged wish for oral impregnation became more and more difficult to demonstrate in most patients with AN.

Later psychodynamic interpretations stressed the anorexic's confusion of her own body with the internalized maternal bad object.³⁵ According to this interpretation, the anorexic strives to protect herself against engulfment by her body by controlling it through exercise and starvation. Much in the manner of the early Gnostics, the body is perceived as a source of evil that must be kept in check by a threatened sense of self. Hilde Bruch³⁶ singled out the anorexic's sense of helplessness and ineffectiveness, together with a disturbed perception of the body as significant features of the illness. Bruch describes the anorexic as lacking an autonomous sense of self and a continued obedience to parental figures (much like Selvini-Palazzoli's notion of lack of differentiation between one's own body and the maternal object), leading to an inability to master the psychological tasks of adolescence such as individuation and separation from the family. The anorexic turns to extreme control over her body because everything else in her life appears out of control. Therefore, anorexic behavior allows the patient a sense of security and mastery, a way of manipulating her family and an escape from the dreaded prospect of becoming an adult. Bruch later wrote³⁷ that these characteristics seemed to apply to cases of primary AN, in which the patient invented her own disease, and may not characterize the more recent proliferation of "me too" anorexics who become ill in imitation of others. These more contemporary psychodynamic interpretations underscore the importance of familial transactions, the relative strength

of adaptive capabilities, and the role of cultural mores at the expense of alleged unconscious sexual wishes.

The changes in eating disorders in general in the past few decades have been delineated by Russell³⁸ who cites three major transformations: (1) the increased incidence of these disorders, (2) a redirection of the purpose of AN, arguing that contemporary patients are more afraid of becoming fat and less fearful of their sexuality or of adult responsibility, and (3) the emergence of bulimia as a new form of eating disorder which may or may not coincide with AN. Russell concludes that the increased prevalence of eating disorder may represent a shift in symptom choice by a large number of psychologically vulnerable individuals who in the past might have presented with hysteria, anxiety or some other culturally popular form of psychopathology. In support of this thesis, Russell cites many of his own patients who became symptomatic after reading about eating disorders in a magazine or when questioned about eating by a doctor, intimating that suggestion may have a significant role in the onset of their disease.

Bruch³⁷ has reviewed her own experience in treating eating disordered patients for more than 40 years. Patients seen early in her career, when AN was relatively rare, had invented their illness independently yet displayed remarkable similarities. These women were self isolating, iron willed and highly ambitious, believing that their self starvation to be a positive accomplishment. In contrast, more recent females presenting with eating disorders seem to have copied self starvation from some other individual. These newer patients seek out self-help groups and do not seem as sincere in their pursuit of thinness. According to Bruch, they lack the "passion" of the older type of anorexia. She believes that the variety of individuals who currently select severe dieting as a means of solving their psychological problems may cause AN to lose its former distinct characteristics. These "me too" anorexics (as well as bulimics) may be blurring the delineation of what had once been a clearly definable disorder.

3. DISCUSSION

This brief survey of eating disorders indicates these illnesses are not a recent phenomenon but that various forms of self starvation have existed for centuries. As such, the current epidemic of eating disorders may be considered a modern dress version of "anorexia multiforme"² which has appeared throughout most of recorded history. It would appear that control over the body via starvation, exercise, and, at times, self punishment, has served as a vehicle for psychopathology in females since the middle ages, at least. However, while the relationship between femininity and bodily

control may be easy to demonstrate, it remains difficult to explain. One feature that stands out from perusing the history of self starvation is that this form of behavior flourished at certain periods of history and receded in others. Furthermore, when those periods of history are compared with current epidemiological studies, a pattern becomes apparent. Those historical epochs in which females, as in contemporary non-industrialized, non-Westernized societies, had a role limited to nurturant and procreative activities, were dominated by its male citizens, and suffered economic hardship, do not seem to have experienced frequent episodes of female self starvation. In contrast, those periods which offered substantial opportunities for women beyond a basic biological role were more egalitarian and more affluent, such as the Renaissance and late Victorian eras, seemed to have witnessed spiralling rates of self starvation. All of these factors seem to be needed since only affluence will not suffice if it is not coupled with greater freedom for women. This finding is exemplified in some modern Moslem societies, where, despite very high per capita income, females social roles continue to be determined by male dictates and eating disorders are unknown. This also appears to have been the case in classical Greece where despite the highest achievements in the arts, in philosophy, in scientific theory and in government, women were limited to nurturant and procreative activities and, again, feminine self starvation is not described. The ancient Athenians considered women to be inferior beings. Aristotle, in fact, justified slavery by stating that some men were born superior and others inferior, citing the "obvious" example of the inherent inferiority of women.³⁹ In the *Timeaus*, Plato suggests that women are the reincarnation of unfortunate male cowards. Hesiod's *Theogeny*, the first systematized collection of Greek myths, gives two equally disparaging accounts of the creation of woman: one as a punishment of men by Zeus and the other as originating with Pandora who foolishly opened the box of woes, afflicting the world from then onward. This prejudice against women created a very limited social role for them, despite their portrayal in some Greek plays as forceful characters. Lissarrague⁴⁰ conducted a study of the social portrayal of Greek women based on ancient vases and concluded that proper Greek women were to leave their home as little as possible and, then, never alone (just as in some modern African and Middle Eastern societies).

Another possible reason for the scarcity of self starvation in ancient Greece is that the body and its desires by itself was not considered evil or the earthly representative of Satan. For Plato, the body was a source of inferior knowledge as compared to reason as known to the soul, but was not malevolent. The senses could be confusing but not sinful, in the Christian sense. However, as Plato's doctrine of the separation of the

rational soul and the sensate body merged with the pessimistic view of the gnostic religious, the dichotomy between superior and inferior knowledge was transformed into the battle between spiritual good and material evil. The transformation of Plato's ideas into a Manichean battle between good and evil did not occur in the classical world, until after the influence of gnostic thought. It is only after the dissemination of gnosticism that prolonged or fatal self starvation begins to appear as in the reclusive hermits of North Africa or the female followers of St. Jerome in Rome. In this later capital of the classical world women fared little better than in ancient Athens. According to surviving legal documents,⁴¹ Roman law discriminated against women who possessed few rights and were allowed some dignity (but no legal power) only if they bore children to continue the patrilineal family. The appeal of gnosticism for Roman women may have resided in the opportunity to achieve greater freedom (for the soul) and a promise of a better afterlife at the expense of the corporeal self. Therefore, religious self starvation may represent, in part, a means to transcend the social restrictions imposed upon women in a male-dominated culture. In any event, the limitation of the approved or idealized female social role to primarily nurturing and biological functions seems to decrease the frequency of AN both across contemporary cultures and historical epochs.

Another characteristics of societies that seems to reduce the occurrence of eating disorders is, quite simply, poverty. As mentioned above, Selvini-Palazzoli¹⁶ noted the dearth of AN in Italy during the lean years of World War II and its gradual increase in step with the post-war economic recovery. Selvini-Palazzoli¹⁶ concludes that one can display voluntary fasting when food is abundant; when food is scarce, everyone is involuntarily fasting. However, the reason for the correlation between affluence and AN (a relationship seen even in industrialized countries where most anorexics come from the middle or upper classes) may be found in the social role allotted to women in times of relative surplus and in times of scarcity. In times of poverty, when survival is threatened, everyday life seems to be reduced to its most elemental biological functions with social value given to rudimentary gender specific roles: the procurement of life sustaining provisions and the maintenance and perpetuation of the family. Under such circumstance, women seemed to be prized for their ability to find and prepare food and to nurture the young. Physical stamina and corpulence are considered assets in the choice of a spouse and rewarded by the community. For example, the Efik of Nigeria² send pubertal girls to "fattening houses" in preparation for marriage and motherhood. In contrast, affluent cultures often create a different ideal of femininity. Secure in their sources of material supplies, these societies are afforded the leisure time to devote to aesthetic or spec-

ulative pursuits, unrelated to biological survival. Whitton,²¹ for example, cites the improvements in agricultural techniques in the tenth and eleventh centuries as partially responsible for the material abundance which permitted the achievements of the Renaissance to be realized. Under these circumstances, the feminine ideal of beauty is one of frailty and spiritual concerns. The biological aspects of womanhood are down played as the chores of housekeeping and child rearing often are relegated to servants. Women in such affluent societies seem to have more choices as to how to fulfil their psychological needs, as they are no longer pressed by the need for biological survival. The effect that these social mores may exert on the feminine ideal for men (and women, in response), is to devalue stamina and corpulence and to seek thinness and ethereal beauty as proof of wealth and social position.

Actually, for most of human history, such periods of affluence have been all too rare, and not always accompanied by a more liberal attitude toward women. For the individuals of the ancient past and the middle ages, famine, war, plague and high infant mortality were the rule, as it is in contemporary third world countries. Only in relatively infrequent instances, such as late Imperial Rome, the Renaissance, and Victorian era and our own time after World War II, has there been sufficient affluence and liberalization of social attitudes to alter the more basic biological view of women as nurturers and procreators.

This dichotomy between biological and aesthetic aspects of femininity has been demonstrated by Paglia⁴² in her study of gender representation in the plastic arts throughout history. Paglia calls the biological view of women the chthonian, meaning from the bowels of the earth, a term she adopts from Jane Harrison's work on Greek religion (as a more accurate label than Dionysian which has come to be associated with sexual excess and revelry). The chthonian functions are those that are necessary for the survival of the species: procreating and the feeding and care of the young. In opposition, according to Paglia⁴² stand the Apollonian functions which deny or combat our existential basis in biology. The Apollonian functions stand for order, aesthetics, and cultural sophistication. The chthonian modes of knowing are proximal; touch, smell and taste; the Apollonian are distal; seeing (and being seen) and hearing. Paglia⁴² believes that the chthonian represents the feminine (basically biological) aspects of life, while the Apollonian are masculine ways of negating these evolutionary adaptations in favor of cultural aspirations. As an example of the chthonian ideal, Paglia⁴² cites the Venus of Willendorf, a small statuette dating from 30 000 BC. This figurine depicts a woman with huge buttocks, thighs and breasts (over which appear thin puny arms) and an enormous protruding

belly. The statue's head is encircled by waves of hair, hiding any distinctive facial features. Against this rendition of an early earth mother or fertility goddess, Paglia⁴² selects the familiar bust of Nefertiti as an example of the Apollonian rendition of femininity. This statue consists of a regal head with a large crown hiding the hair atop a long sleek neck decorated with an elaborate Egyptian necklace. The facial expression, enhanced by cosmetics, is cold, without emotion. According to Paglia⁴² the prehistoric Venus is all body, the later Egyptian queen is all head. Therefore, the conflict between the chthonian and the Apollonian is between body and head-between biological corporeality and aesthetic rationality. Throughout history these two "sexual personae," to use Paglia's⁴² term, have been oppositional ways to represent women both in society and in the arts.

Paglia⁴² does not consider AN in her book, whose main topic is the artistic representation of the human figure in history. However, her thoughts are remarkably similar to those expressed by Orbach⁴³ in her commentary on AN as a social phenomenon. Both perceive Western civilization as forcing women to turn against significant aspects of their inherent nature. In order to adjust to a predominately Apollonian culture, women have had to disavow their biological functions such as sexuality, pregnancy, menstruation, childbirth and lactation. Self starvation, with AN as an extreme, may be seen as the ultimate rejection of the chthonian elements in the pursuit of male-valued Apollonian ideals of triumph over nature. This pursuit may be expressed as the search for spirituality as in the lives of Renaissance saints or contemporary anorexics such as Simone Well,^{23,24} or as a means to assert iron control over one's physiology as in the case of the author Isak Dinssen who, as an adolescent threw her lunch out the window and starved from then to her death from malnutrition decades later, to control her own destiny.⁴⁴ The overriding message is that the body with its biological demands, as perpetuated by evolutionary selection, has become a physiological burden that interferes with the aspirations of the Apollonian psyche. It may be that the much higher incidence of AN in women derives from their being more laden with chthonian functions; species perpetuation functions in most male animals, including humans, appear limited to insemination. The male citizens of an Apollonian culture may be forced to forgo evolutionary programmed drives for promiscuous sexuality and wanton aggression, but they do not have to reject a good part of their own physiology.

These arguments propose that eating disorders, in one form or another, are the price paid by women for the achievements of Western civilization. This is not a novel idea, being but an application of Freud's classic statement on the antithesis between biology and culture. In his *Civilization and*

its Discontents,⁴⁵ Freud argues that while civilization affords humanity a modicum of security, order and beauty, these blessings can only be enjoyed at the expense of our most fundamental biological strivings. Freud⁴⁵ contends that the repression of sexuality results in neurotic symptoms and that of aggression in excessive guilt. Freud may have been correct in his pessimistic judgment, but, true to his own historical biases, took into consideration those frustrations that are most applicable to the male sex. As proposed above, females may have to forgo even more of their primal urges to comply with societal norms, if not societal ideals.

Orbach's⁴³ interpretation of AN becomes more meaningful in this context. She submits that the female body is simultaneously an object of beauty for others (an Apollonian function), and a machine for procreation (a chthonian function); differences that cannot be reconciled in our predominately Apollonian culture so that the biological drives are feared and suppressed. Orbach writes that there is an "... implied directive to conceal the physically maternal side of oneself. Slimness is opposed to fertility"⁴³ (p. 5) or that "... thinness bears witness to the attempt to deny human biology and the process of development"⁴³ (p. 74). Consider the similarity of these words to those of Paglia⁴² "... 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).

For Freud, the conflict between culture and biology was both inescapable and unresolvable. His words proclaim this dark message: "We shall never completely master nature, and our bodily organism, itself a part of nature, will always remain a transient structure with a limited capacity for adaptation and achievement"⁴⁵ (p. 86). Freud considers no possibility of a truce, much less a rapprochement between the Apollonian ideals of culture and the chthonian urges of biology. Whether this prophecy holds true for eating disorders is difficult to predict. However, a search through recent epidemiology, as well as remote history, suggests that eating disorders, in their various guises, may derive from a fundamental battle between Apollonian and chthonian forces. Therefore, these disorders, which have now reached epidemic proportions, might be reduced greatly if modern industrialized countries reinitiated their age-old contact with physiology and realigned their value structure to appreciate the role of biology in everyday life. While there may always be "orphan cases" based on a single individual's revulsion at her own corporeality, it is hoped that the general rate of these disorders could be reduced greatly if the dichotomy between Apollonian and chthonian aspects of women, which can never be eradicated totally, would at least be acknowledged and lessened.

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