

Is Anorexia New: Do Historical Accounts of Self Starvation Undermine Western Society's Purported Role in Anorexia Nervosa's Aetiology?

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Anorexia Nervosa (AN), is an eating disorder classified in the Diagnostic Statistical Manual 5 (or DSM-V) by distorted body image, an intense fear of gaining weight, and the restriction of one's energy intake leading to extremely low weight, in the context of age, sex, developmental trajectory, and physical health (American Psychiatric Association, 2013).

Curiously, despite studies investigating the prevalence of AN overtime being plagued by changes to diagnostic criteria, the idea of AN 'contagion', and debate around the validity of the core criteria listed above, it has been demonstrated that AN's prevalence rates have been consistently rising in Western countries, (albeit that AN's diagnostic criteria has evolved over this period) since it first descriptions in the late 19th century, with a vast rise beginning in the 1960's (Keel and Klump, 2003). Whilst research explaining the place of AN in neurobiological and genetic terms is still developing (Bischoff-Grethe *et al.*, 2013), much debate continues around the place of conformity to modern ideals of thinness and beauty in modern society, and the changing position of women as a driving force for the phobia of weight in Western society's individuals.

Important to these discussions are the accounts of self-starvation -particularly amongst young women- that are littered throughout history. These accounts (if indeed they are valid descriptions of Anorexia Nervosa) are problematic for the conception that AN is a disease of modernity, or rather that AN is *only* a disease of modernity, rather than one that has existed throughout human history.

This essay will first briefly outline the arguments for AN as a contemporary entity, before discussing notable historical accounts of self-starvation in a reverse chronological order, and attempting to discern what parallels these accounts do or do not have with 'modern' AN, before concluding whether these accounts are enough to seriously undermine the current understanding of the sociological forces driving AN's prevalence today.

The argument for Contemporary Western Society's involvement in Anorexia Nervosa

At the centre of the argument for Western Society's involvement in AN is, essentially, a correlation. As mentioned, AN's incidence rate has been increasing for at least a century - many parallel this growing incidence with the growing social pressure of women to conform to an unrealistic ideal of feminine beauty via exercise and diet, and then from this correlation infer causal link between the two (Nagel and Jones, 1992; Bordo, 2004) - *proving* a definite causal link between exposure to sociological construct like 'thinness' and AN however, may well be a demanding, if not impossible task.

There is some evidence for this notion: (Garner *et al.*, 1980) studied playboy magazine's centre folds between 1970 and 1980, and revealed a large change towards thinner models and imagery. (Garner *et al.*, 1980) also revealed a huge rise in the number of diet related articles in the same period. In addition, higher rates of AN have been demonstrated in groups and subcultures that are exposed to an elevated pressure to be thin, namely in dancers particularly whether it is combined with an expectation of high performance, and competitiveness (Nagel and Jones, 1992).

Furthermore, arguments have been made that the specificity of the group traditionally effected by AN implies that neurobiological and genetic factors are largely insufficient in explaining, aetiology and that, rather, sociological forces are the predominating aiteological mechanism (to the point that some have argued that it should be recognised entirely as a culture bound syndrome (Keel and Klump, 2003)).

AN is commonly thought to predominantly manifest in adolescent females, with overrepresentation in individuals from higher socio-economic classes. Evidence for this trend is controversial, with some studies suggesting that low social economic status is also associated with eating disorder, however there is also evidence suggesting that it does predominantly effect his socio-economic individuals. (Hoek, 2006; Nevenon and Norring, 2004; Rogers *et al.*, 1997). Evidence has also demonstrated that AN effects white adolescent females more than their black counterparts (Striegel-Moore *et al.*, 2003).

Lastly, separate to these intra-societal observations, evidence has also suggested that AN's prevalence rates in Non-Western world to be substantially smaller (Makino, Tsuboi and Dennerstein, 2004), however, evidence is showing that these rates have begun to increase (Tao, 2010). Interestingly, if not alarmingly, (Becker, 2004) demonstrated that by simply introducing a relatively

media-naïve population of adolescent Fijians to American television, their attitudes towards diet shifted from the culturally engrained attitude to have a 'robust' body shape, to one of preoccupation with weight and weight loss.

With the argument's for society's role in contemporary AN discussed, the historical accounts of the illness will now be explored and analysed, beginning with the earliest use of the term 'Anorexia Nervosa'.

Anorexia Nervosa Beginnings in the late 19th century.

The diagnostic entity of AN, as it is known today, was first described by the French physician, Dr Louis-Victor Marcé in 1859. Although largely ignored at the time, Marcé gave accounts of young female patients who had an 'obstinate refusal of food' and a 'hypochondrial delirium', as well also suspecting that his patients' families' attitudes were important in the perpetuation of this refusal of food, and that generally, it had a poor prognosis and a high risk of relapse (Silverman, 1989; Marcé, 1860).

Despite Marcé's work, 'Anorexia Nervosa' was not brought into the psychiatry limelight until an address at a British Medical Association meeting's some years later in 1868, by one Dr William Withey Gull. In his address, he tentatively described a disease effecting young women aged between 16 and 23, characterised by a 'peculiar restlessness', amenorrhoea, and extreme emaciation. At the time he did not offer any theories around the aetiology of the disease, but named the enigmatic disorder as 'Apepsia Hysterica'. (Gull, 1868)

6 years later, in 1874, Gull published "*Anorexia Nervosa (Apepsia Hysterica, Anorexia Hysterica)*" (Gull, 1997). In it, Gull gave case studies of 3 female patients of his that he had recognised as having the symptoms mentioned above, and revised his naming of the disease to what it is today, Anorexia Nervosa (meaning literally, a nervous loss of appetite).

Interestingly, at the same time across the English Channel, an illness resembling Gull's was also beginning to be separately recognised in France by Dr Ernest-Charles Lasègue's, who documented his findings in his 1873 work "*De l'Anorexie Hysterique*". Lasègue's descriptions were much the same as Gull's, and also echoed Marcé's comments on the importance of the family in the illness's perpetuation, to the point of giving a detailed description of the way in which his patients' families' attempts to feed the patient (Lasègue, 2009). Interestingly however, in contrast to Marcé's paper, both authors suggest a relatively good prognosis for the conditions described, with a slowly building diet being efficacious if the patient was adequately separated from their family for treatment.

What can we draw from these accounts?

Before any analysis of these accounts, it is important to reflect on, (Habermas, 2005)'s point that that owing to the psychological aspects of AN described in the DSM, diagnosis will always rest upon the subjective perspective of the diagnoser, be it a historian or psychiatrist, and that these perspectives should not be ignored when evaluating a source's limits and partiality.

Nevertheless, on initial inspection, these accounts do mention the familiar symptoms of AN, in the appropriate age range that is recognised today. However, (Keel and Klump, 2003) extensively criticise the historical use of Lasègue's and Gull's reports as accounts of *modern* AN, as they fail to describe the patients as displaying a crucial part of the modern diagnostic criteria of AN, that being: the *phobia* of weight. They argue that both Lasègue and Gull must have been aware of the idea of weight phobia as a causative agent for fasting, as the phenomenon had been mentioned in an 1880 paper by Winslow and Charcot, entitled "*Fasting and feeding: A detailed account of recorded instances of unusual abstinence from food, and cases illustrating inordinate appetite*" (Winslow, 1880), and how ultimately, by not reporting this whilst being aware of it, their patients must not have been suffering from weight phobia, and ergo, not from AN as it is known today, but rather as they argue, a *distinct manifestation* of AN.

(Habermas, 2005) offers several counterarguments to (Keel and Klump, 2003)'s criticisms, beginning with the simple point that Winslow and Charcot's paper was published several years after

Gull and Lasègu's reports, and as there is no evidence of the parties working closely together, there is no guarantee that Gull or Lasègu were familiar with the concept discussed by Winslow and Charcot. Furthermore, (Habermas, 2005) argue that whilst Gull and Lasègu's may well have been aware of the idea of fasting to reduce body weight, as was practiced by notable figures at the time, including queen Elizabeth of Austria, who in 1860, fasted and exercised to the point of emaciation (Raimbault and Eliacheff, 1989), it was not until the late 1970's that the first reports connecting weight phobia with extreme emaciation emerged (Habermas, 1989). Thus whilst the idea of fasting to lose weight would have been prolific at the time, (Habermas, 2005) argues, it may have been difficult to extrapolate the idea of fasting to lose weight in larger or normal weight people to already emaciated individuals, and therefore it would have been difficult for Gull and Lasègu's to detect weight phobia. That is to say, just because these cases did not mention weight phobia, does not mean that these are not valid cases of *modern* AN, or AN that would meet today's DSM criteria.

Indeed, if these cases did in truth have weight phobia, (Bemporad, 1997) highlights, it may be evidence that AN as we know it today is *not only* a result of modern culture and proliferation of the idea of thinness (as these cultures forces would have been radically different or absent at the time of gull's descriptions), but is a 'remnant of a much older and pervasive disease that had emerged in prior eras'.

The 16th to 19th Centuries, fasting girls and miraculous maids

Before going further back in the historical accounts, it is important to note that some regard this point in time as a line in the sand of AN's History. Prior to these accounts, detailed records are lacking and recondite, and attempts to diagnose cases of AN become more speculative. Nevertheless, accounts of self-starvation do still exist.

Enter Dr William Stout Chipley, who in the 1850's described the first American cases of 'Sitomania' – a type of insanity associated with 'an intense loathing and dreading of food'. Interestingly, Chipley identified Sitomania as affecting broad portions of society, but recognised special forms of the disease that afflicted adolescent females (Kiple, 2000; Chipley, 1859). Unlike Gull and Lasègu's, Chipley did offer a thesis of causation for the food refusal, but rather than attributing the starvation to a *fear of weight*, he ascribed the cause to be the notoriety, fame, and wealth that one could attract engaging in an indefinite fast.

Indeed, there was evidence to support Chipley's hypothesis, exemplified by the subculture of 'fasting girls' or 'miraculous maids', which was prevalent at the time. One of the most notable cases 'The Welsh Fasting Girl', Sarah Jacobs, can be used to explain the culture. In 1860, at the age of 10, Sarah began to fast indefinitely and received public attention with the assistance of her reverent and parents. Claims of her indefinite starvation, or '*Inedia*', attracted the attention of physicians, who, to end the mystery on whether she was truly able to survive without food or not, removed her from her home and placed in Guy's hospital under strict surveillance. Her parents did not allow staff to commence refeeding, and she then died just ten days after admission. It later transpired that all the while at home she had been secretly receiving food (Hammond, 1879; Bemporad, 1996).

Fasting girl's emerged throughout Europe from the 16th onward, in the context of the growing scepticism around 'holy fasting' by the Roman Catholic Church and growing Protestantism, leading essentially to the end of any new fasting saints in Europe. Cases of 'fasting girls' may be seen as fundamentally distinct from AN as it known today, but are also seen as a 'connecting link' between the preceding medieval fasting in the context of sainthood and Christian tradition, and the medical model of AN constructed by Gull, and Lasègu (Vandereycken and Van Deth, 1993).

The 12th to 16th Centuries - Sainthood, and 'holy anorexia'

It is difficult to pinpoint the beginning of fasting saints. Some attribute the start of the phenomenon to the death of St. Margaret Cortona in the 13th century, a well known fasting saint. This period is best chronicled by Rudolph Bell, in his 1985 book '*Holy Anorexia*' (Bell, 1985). In it, Bell systematically reviewed saints from 12th century Italy onward, and identified 170 saints as having some form of religiously motivated self-starvation, of which half met criteria for what bell referred to as '*Holy Anorexia*', or "*Anorexia mirabilis*" (AKA miraculous anorexia). Bell points out that in these

cases, a fine balance was struck by these saint's superiors to allow the pursuit of holiness via fasting, and the avoidance of the sins of suicide, or the sin of failing to perform religious duties due to illness (Keel and Klump, 2003).

Of note in this period is the saint Catherine of Siena, who fasted from the age of 16 until her death at the age of 33 in 1380. Her determination to fast, some say, owed to her parent's plans for her to marry young. Additionally, accounts of her fasting mention her desire to *control* her natural bodily urges, exemplified by one incident where she consumed the exudate of a cancerous breast belonging to a woman she was attending to, in order to overcome her natural revulsion to the smell and sight of the breast (Bemporad, 1996).

Furthermore, St Veronica was a noted faster, beginning at the age of 15. She was documented to engage in binge eating behaviours, and wrote of her fasting "In a race against all the other novices to show who loved God the most". Unlike Catherine of Siena, St Veronica either gave up fasting or recovered from it, and live to the age of 67 (Bell, 1985).

Drawing parallels and recognising distinctions

Whilst attempts to draw parallels between 'Holy Anorexia' and modern AN are probably tentative at best, Bell explains that the two are remarkably similar when the desire to be holy is juxtaposed with the desire to be thin. Convincingly, Bell states "Instead of a distorted, implacable attitude that overrides hunger, admonitions, reassurances and threats, read: A distorted, implacable attitude towards holiness that overrides hunger, admonitions, reassurance and threats". He then goes on to make the compelling remark that both holiness and thinness represented ideal states of living in their respective cultures, as holy individuals were certainly seen as role models for which young women at the time should aspire.

(Brumberg, 1988), on the other hand, argues that attempts to draw sociological or psychological parallels between these saints and modern AN will fail as there is an ultimate distinction between fasting in the pursuit of 'spiritual perfection', and perfection 'in terms of society's ideal of physical rather than spiritual beauty' (Bordo, 2004; Bell, 1985). Other noted differences include the whole range of other religiously motivated behaviours that accompanied 'holy anorexia', under the umbrella of 'mortification of the flesh'. These acts include self-flagellation, lifelong virginity, and sleeping on thorns (Vandereycken and Van Deth, 1993).

Taking an overview

From the 12th century onward, 3 distinct motives for self-starvation are evident: Holiness, fame, and the phobia of weight. (Keel and Klump, 2003) argues that these offered motivations may not represent true drives for self-starvation, and rather, they may be 'culturally meaningful attempts to understand an affliction that leaves women feeling unable and unwilling to eat'. What unites them, (Keel and Klump, 2003) argues, is that in all periods the fasting is 'both deliberate and non-volitional', as the intentional desire to not eat overpowers any internal or external drives to eat.

On the other hand, (Habermas, 2005; Bellin, 1999; Gayral, 1989) all also convincingly argue that the distinctions between the historical and modern cases of self-starvation are enough to distinguish them as separate illnesses entirely. One these arguments follows that the 'expression of motive' of the starvation in each case is distinct, that being that AN sufferers tend to go to great lengths to conceal their motivations for fasting behind medical or somatic reasons (which may in part be why AN detection rates are so low), whereas *Anorexia Mirabili* cases openly name their religious motivations and intentions. (Habermas, 2005) also discusses the more practical point that if the DSM-5 surrendered it's need for weight phobia as diagnosis, it would create a profound nosological issue of the disorder as it would essentially make AN too diffuse a diagnosis and limit its uses.

The issue of the 'fasting girls' is more easily dismissed as a non-issue for this essay's discussion, as it is likely that this subcultures motivations for fasting were more likely based on fraud than any underlying anorexic-like illness – although it is curious that this phenomenon again occurred in predominantly adolescent females.

Concluding remarks

To conclude, the distinctions and similarities between these 3 motives for self-starvation, particularly in *Anorexia Mirabili* and Anorexia Nervosa, are controversial, and the depth and strengths of both sides of the debate on the subject indicates that there may be no clear answer as to whether they are, or should be regarded as, the same disease or not.

My own opinion is that if one is prepared to overlook the potential distortion caused by those reporting and analysing these cases, then the similarities in age and physical features between modern AN sufferers, the patients in Gull and Lesangu's descriptions, and the fasting saints, are compelling reasons to think that the purported aspects of Western society –namely, the focus and idealisation of thinness, and the weight phobia that it creates – do not hold a monopoly on the aetiology of Anorexia Nervosa in adolescent women. On the other hand, the absence of detailed, primary accounts on the 'holy anorexics', and any concrete answer on what drove Gull's and Lasègu's patients to starvation, preclude a in-depth analysis on any underlying similarities in these cases' psychological drives of self-starvation.

Whether the mental illness known as Anorexia Nervosa is a true disease of modernity or a manifestation of an illness that has existed throughout human history is indeed ambiguous. What is certain however, is that volitional self-starvation amongst young women is nothing new at all.

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