

# How are anorexia nervosa and spirituality connected, and what implications does this have for treatment?

Alexandra Pittock



Anorexia nervosa (hereafter referred to as AN) is the most lethal psychiatric disorder with a mortality rate of between 10-20%.<sup>1,2</sup> It is also the most frequent cause of admission to adolescent psychiatric services. This may be in part explained by the severe physical complications of the disorder, namely emaciation as a result of vomiting or starvation. Sadly, recovery rates tend to be low, ranging from 44 - 76%, with many sufferers retaining anorexic symptoms for the rest of their lives. Currently patients with AN are treated using nutritional rehabilitation and psychotherapy. Typically medication is not used in the UK save to treat comorbidities that can commonly arise such as depression.<sup>3</sup>

One of the defining characteristics of AN is its presence in medical literature for over a thousand years. Reports as early as AD 300 cite women starving themselves to death as form of religious ascetism.<sup>4</sup> The link between AN and religion has been addressed many times by different authors and often interesting conclusions arise. However, it is less often tackled in relation to the broader heading of spirituality. In the modern Western world, with its diversity in faith and spiritual practices and beliefs, it would be more accurate to look at AN not just in relation to certain religious beliefs but bearing in mind the overall spirituality of an individual.

Psychiatry in the UK is becoming increasingly spiritually aware, seen by the introduction of a Spirituality and Psychiatry Special Interest Group in 1999 by the Royal College of Psychiatrists in London.<sup>5</sup> Historically, psychiatric care was always given in a spiritual context; the earliest English mental hospital was established in 1247 in the priory of St. Mary of Bethlehem.<sup>5</sup> Originally when little was known about the causes of diseases, all kinds of illness, both physical and psychological, were treated in religious houses where the sick were nursed by members of religious orders. As more became known about the pathology of diseases, medical care became separate from religious care. In the case of psychiatry this happened during the 19<sup>th</sup> century when there were great developments in neurology and understanding of the brain. This scientific knowledge had an essentially reductionist effect on the practice of psychiatry, removing the apparent need for religious

---

<sup>1</sup> CA Miller, NH Golden, 'An Introduction to Eating Disorders: Clinical Presentation, Epidemiology, and Prognosis', *Nutr.Clin.Pract*, 25(2) (2010), p. 110-115.

<sup>2</sup> J Morris, S Twaddle, 'Anorexia nervosa', *BMJ*, 334(7599) (2007), p. 894-898.

<sup>3</sup> Kathleen N. Franco, 'Eating Disorders', <<http://www.clevelandclinicmeded.com/medicalpubs/diseasemanagement/psychiatry-psychology/eating-disorders>>, (2009).

<sup>4</sup> Richard Morton, 'Origins of Anorexia nervosa', *European Neurology*, 52 (2004), p. 191-192.

<sup>5</sup> Andrew Sims, Christopher CH Cook, 'Spirituality in Psychiatry', in *Spirituality and Psychiatry*, ed. by Chris Cook, Andrew Powell and Andrew Sims (London: The Royal College of Psychiatrists, 2009), p. 1-4.

treatment. Neuroscience was also joined by an increase in psychological theory; psychotherapy techniques such as psychoanalysis identified more secular reasons for human action, removing the need for a religious perspective. It wasn't until the latter part of the 20<sup>th</sup> century that spiritual considerations in psychiatry began to re-emerge and be taken into account.<sup>1</sup> Now, spirituality is an important part of psychiatric care and understanding. However, it is a term that is often used without proper definition.

In order to look at the relationship between spirituality and AN, it is necessary to define clearly what spirituality is. This is no easy task. In this essay two definitions will be considered (see **Figure 1**) and compared to form an idea of the concept of spirituality. Both definitions arose as a result of the authors' experiences in the field of psychiatry and as such are probably most relevant to this essay. The definitions are from Cook's *Spirituality and Psychiatry*<sup>1</sup> and John Swinton's *Spirituality and Mental Health Care*<sup>2</sup>.

Spirituality is a distinctive, potentially creative and universal dimension of human **experience** arising both within the inner subjective awareness of **individuals and within communities**, social group and traditions. It may be experienced as relationship with that which is intimately '**inner**', immanent and personal, within the self and others, and or as **relationship** with that which is wholly other, **transcendent** and **beyond the self**. It is experienced as being of fundamental or ultimate importance and is thus concerned with matters of meaning and purpose in life, truth and values.

Christopher Cook, Andrew Powell and Andrew Sims (eds) *Spirituality and Psychiatry*, 2009.

Spirituality is an intra, inter and transpersonal **experience** that is shaped and directed by the experiences of **individuals and of the communities** within which they live out their lives. It is intrapersonal in that it refers to the quest for **inner** connectivity...it is interpersonal in that it relates to the **relationships** between people and within communities. It is transpersonal in so far as it reaches **beyond self** and others into the **transcendent** realms of experience that move beyond what is available at a mundane level.

John Swinton, *Spirituality and Mental Health Care*, 2001.

**Figure 1.** A comparison of two definitions of spirituality with the salient points in bold.<sup>1-2</sup>

---

<sup>1</sup> Andrew Sims, Christopher CH Cook, 'Spirituality in Psychiatry', in *Spirituality and Psychiatry*, ed. by Christopher Cook, Andrew Powell and Andrew Sims (London: The Royal College of Psychiatrists, 2009), p. 1-4.

<sup>2</sup> John Swinton, *Spirituality and Mental Health Care*, (London: Jessica Kingsley Publishers, 2001), p. 20.

These definitions are rather long but both consider spirituality to have three main dimensions: a personal inner sense of self; connections with others and communities and an awareness of a higher level beyond the self whether that is a deity, religion or merely an appreciation of the transcendent.

Having defined spirituality, or at least the various factors inherent in it, these can be compared to the situation of the person with AN. AN sufferers display several 'spiritual' behaviours; for example, they are often very reclusive and tend to have trouble maintaining relationships with other people. In addition to this dissociation from society they sometimes have a belief in a higher power, Ana. Ana is the personification of AN and references to 'her' can be found on pro-anorexia websites (part of the pro-ana movement). Ana is often portrayed as sort of deity, someone to be obeyed at all costs, requiring complete sacrifice of appetite and personal wishes. This creation of a pseudo-deity by patients with AN shows a curious spiritual dimension of the disease almost akin to a cult, where only the members are enlightened and the outside world does not appreciate the lifestyle choice they have made. An example of this personification is seen in 'tips' found on pro-ana websites:

*'Does Ana want to go in the fridge? No! Start paying attention to what Ana wants, not what you want.'*<sup>1</sup>

AN's spiritual dimension means that in order to treat the person successfully the spiritual aspects have to be tackled. Currently this is mainly through the forms of various psychotherapies such as cognitive behavioural therapy (CBT) and family therapy (FT). The psychotherapies help tackle patients' beliefs surrounding food and often involve other members of the family – family therapy is at the moment considered the most effective in AN, especially for those below the age of 18.<sup>2</sup>

In the remainder of this essay, the relationship between AN and spirituality, including religion, will be explored to identify how spirituality or religious beliefs influence anorexia nervosa and how a deeper understanding of the disordered spirituality in anorexia nervosa can increase the likelihood of successful treatment and recovery. At the beginning of this essay the relationship between AN and spirituality, mainly religion, was introduced. In order to truly consider the relationship between AN and spirituality, it is important to look at the development of the disease through history and consult the literature concerning its aetiology.

It is unclear when eating disorders first originated. Literature on this subject seems to mainly speak of 'holy anorexics', religious ascetics who starved themselves as a

---

<sup>1</sup> Medusa, 'Anorexic, bulimic, pro-ana/mia?' <<http://www.2medusa.com/2009/01/anorexic-bulimic-pro-ana-mia-some-tips.html>>, (2009).

<sup>2</sup> J Morris, S Twaddle, 'Anorexia nervosa', *BMJ* 334(7599) (2007), p. 894-898.

form of self-denial.<sup>1</sup> The denial of food was in response to the Catholic categorisation of gluttony as one of the seven deadly sins – the sins which were to be avoided as they led ultimately to eternity in Hell. Women entering religious orders were known to starve themselves, punishing themselves for their bodily desires or previous sins which they felt should be atoned for to allow purification of the spirit.<sup>2</sup> This religious belief meant that they sometimes starved themselves to death as part of excessive bodily denial. One of the most famous Catholic saints, Catherine of Siena, displayed these symptoms, often refusing food throughout her life leading to an untimely death at thirty-three years from starvation and emaciation.<sup>2</sup> She claimed that her inability to eat food was a punishment from God (which is why in some reports she is referred to as having anorexia mirabilis).<sup>3,4</sup>

Much of the need for self-denial was related to the idea that body and mind are closely linked – that what we do to one impacts on the other. This is a theory commonly seen in Christianity where indulging one's animalistic desires are seen to lead to the mind becoming weaker and more prone to sin. It is important that these desires be controlled and suppressed by our mind, allowing us to be more spiritually attuned to God. In the time of Catherine of Siena, celibacy and fasting were held in high regard. Virgins were seen as holy, inferring blessings on their household and were the ultimate symbol of purity. Ritualistic fasting was also employed to prevent gluttony whilst also in some way atoning for past sins.<sup>5</sup> However, unlike lust, a deadly sin where the boundaries in Christianity are clearly set, gluttony is harder to define. We all need food to survive and eating food is enjoyable. This does not mean that because we gain animalistic pleasure from something that it is inherently wrong. When does eating become too much making us a glutton? Is it when we eat till we are sick or when we always eat the last chocolate biscuit? Where is the invisible line? In early Christianity (and arguably in many societies today) women were expected to be pure. Entering a religious order allowed women to embrace celibacy, preventing them from falling into the trap of lust.<sup>5</sup> Logically then it may have seemed that self-starvation would also put them out of risk of falling foul of the sin of gluttony; the avoidance of food can be seen as a way of preventing one from falling into the trap of sin.

---

<sup>1</sup> Richard Morton, 'Origins of Anorexia nervosa', *European Neurology*, 52 (2004), p. 191-192.

<sup>2</sup> Helen Baxter, 'Religion and Eating Disorder', *European Eating Disorders Review*, 9 (2001), p. 137-139.

<sup>3</sup> Mario Reda, Giuseppe Sacco, 'Anorexia and the Holiness of Saint Catherine of Siena', *Journal of Criminal Justice and Popular Culture*, 8(1) (2001). p. 37-47.

<sup>4</sup> It is important to note that mortification of the flesh is not purely a Christian concept but is also seen in other religions such as Buddhism and Islam.

<sup>5</sup> Sarah Huline-Dickens, 'Anorexia nervosa: Some connections with the religious attitude', *British Journal of Medical Psychology*, 73 (2000), p. 67-76.

Another point to consider is the potential search for power; Catherine of Siena initially fasted as a teenager in protest against her proposed marriage to her sister's widower.<sup>1</sup> Women could gain power, freedom and respect from remaining virgins more so than they would have becoming wives. Catherine of Siena remained a virgin and was allowed to pursue her theology and interests in a convent, leading to her becoming the only female Doctor of the Church. A wife and mother would have had no time to do that! Fasting then was also another form of control, taking power back for the individual and as such it was similar to one of the underlying factors in AN today.

However, not all experts agree that religious ascetic self-starvation is the same as the AN present today because sufferers had different motivations. Holy anorexics did not have an obsessive fear of weight gain as far as we can tell. They simply denied themselves as part of a religious pattern of self-denial in order to be closer to God's spiritual ideal. Some writers have argued that modern anorexia involves a real fear of weight gain and it is only in cases in the last few hundred years that we have begun to see this phenomenon being described by the medical professionals that attended them.<sup>2</sup> There are some flaws in this argument though. It seems somewhat simplistic to say that all incidences of a disease must have the same cause, e.g. a fear of weight gain, in order to be the same disease. If we look at the example of depression for instance, this is a recognised medical condition and has been seen throughout time yet the causes are not the same for each person. Even diseases where the pathology is well understood, such as hypertension, still have many different causes. Therefore it seems unrealistic to treat anorexia nervosa any differently. Ultimately all the women who starved themselves denied themselves food and became emaciated regardless of the mental state that allowed them to begin this process. AN has many cultural attachments; it would be more realistic to view it in relation to the time period and culture that the individuals lived in rather than one ideological mind-set throughout history.

Even if we accept that holy anorexics were among the first incidences of eating disorders in our history, it begs the question what causes AN today? Patients can present with AN without associating with any world religion; the focus has shifted, from a worship of God and self-sacrifice to a different focal point. In the modern world our focus for worship has somewhat changed. Some writers have noted the increased cult of worshipping health; medicine is often treated as a religion with an almost obsessive focus on the body.<sup>3</sup> We as a modern society are told to be careful

---

<sup>1</sup> Mario Reda, Giuseppe Sacco, 'Anorexia and the Holiness of Saint Catherine of Siena', *Journal of Criminal Justice and Popular Culture*, 8(1) (2001). p. 37-47.

<sup>2</sup> Tilmann Habermas, 'On the Uses of History in Psychiatry: Diagnostic Implications for Anorexia Nervosa', *International Journal of Eating Disorders*, 38 (2005), p. 167-182.

<sup>3</sup> Peter Bartmann *et al.*, 'Health, Healing and Spirituality. The Future of the Church's Ministry of Healing', The German Institute for Medical Mission: Tübingen, p. 15.

what we eat and drink and made to feel guilty if it does not meet certain standards, for instance, whether is it organic. Does it contain added vitamins? How many calories does it contain? Is it within our daily salt and sugar limit? Does it avoid trans-fats? The list of questions can go on and on, encouraging people to obsess over food labels and feel guilty if they go beyond their recommended daily allowances.

Eating disorder organisations in the UK such as BEAT (Beating Eating Disorders) have noted the large percentage of teenagers who feel the need to change their body image.<sup>1</sup> Whether this is due to airbrushing or increased idealisation of the perfect figure, it is slightly worrying. Griffin and Berry conducted a study on the use of religious and moral language found in advertising for food and whether it encourages fundamentalism (as based on diet, discipline and discipleship). The study commented that often in food advertising today words such as 'temptation', 'decadent', 'heaven' and 'purity' are used, creating a connection between eating certain foods and moral values.<sup>2</sup> Chocolate is an indulgence, often associated with the idea of temptation whereas low-fat Philadelphia cheese is branded using a halo, a symbol of holiness.<sup>3</sup> Although one is encouraged to give way to temptation and eat chocolate or other rich, high fat products, magazines then depict a large array of skinny, underweight models and advertisements for diet pills and weight loss schemes, making one feel as if one has 'sinned' and must atone for that chocolate bar with exercise and dieting. Diet literature is similarly filled with moral judgements, whilst on TV weight loss programmes are also accusatory with personalities such as Gillian McKeith publicly deriding and humiliating overweight subjects and forcing them to eat diets consisting of bizarre, revolting foods such as nettle smoothies. The media suggests that it is now almost immoral to be overweight despite almost half of the UK's population currently having a BMI of over 25.<sup>4</sup>

Whereas the holy anorexics were avoiding gluttony as a deadly sin abhorrent to the Lord, modernity expresses the same pattern (save without the deity to obey). It is seen as immoral to not take care of yourself; slogans such as 'You deserve more', 'You should be thinner,' 'You should want to make this change to lose weight', are often seen.<sup>2</sup> The increase in fad diets means that suddenly the ability to lose weight is not merely confined to starvation or healthy eating. Crucially the disguising of near starvation as an acceptable eating pattern through labelling it as a successful diet used by celebrities makes it more appealing to the teenager desperate to lose weight. The access modern teenagers have to the internet can only serve to increase the amount of harmful material at their fingertips. For example if you Google 'lose weight', of the first 10 hits, 3 of them advocate a number of fad diets proclaiming exciting results such as 'lose 7lb in 7 days'. If that was not tempting enough, Google's side bar of adverts has links to acai berry programmes, DIY colon

---

<sup>1</sup> Beat UK, Statistics about Body Dysmorphia, <<http://www.beat.co.uk/YoungPeople/Home>>, (2009).

<sup>2</sup> J Griffin, EM Berry, 'A modern day holy anorexia? Religious language in advertising and anorexia nervosa in the West', *European Journal of Clinical Nutrition*, 57 (2003), p. 43-51.

<sup>3</sup> Philadelphia, <http://www.philadelphia.co.uk/philadelphia3/page?PagecRef=1>, (2010).

<sup>4</sup> Anne Collins, UK Obesity Statistics, <<http://www.annecollins.com/obesity/uk-obesity-statistics.htm>>, (2007).

cleanses and slimming pills. This increases the obsession people have with their weight and their need to lose weight. Sensible approaches such as diet and exercise do not appeal when there are so many promises of easy, fast weight loss. Fad diets also involve a ritualistic spiritual aspect – eating certain foods a certain number of days, counting calories and doing a certain number of press-ups for example.

Modernity, then, has similar feelings of guilt associated with food irrespective of their religious persuasion. This in some individuals may lead to an avoidance of food and self-starvation as it did the holy anorexics. Although ultimately they may have different aetiologies, the signs of the disease are the same through time. There are many ideas surrounding the aetiology of anorexia nervosa. Feminists have argued it is a woman's way of coping with our misogynistic society; some have talked of our unrelenting pursuit of thinness; others see patients with anorexia as seeking salvation through their self-denial.<sup>1</sup> There is no one cause of anorexia but it is likely that in each individual case there are many different factors to be considered. However, despite different aetiologies, AN throughout history, whether religious or not has, been accompanied by a spiritual aspect.

Having considered the relationship between spirituality and AN in history, it is important to look at how they are linked in the present day. AN as a disease displays certain features of 'spirituality' such as: ritualistic behaviours; self-denial and obedience to a higher power. Evidence of these can be seen in the daily habits of people with AN, whether it is their need to do 100 press-ups three times a day or their starvation as a penance. Much of the literature on modern AN is found on the internet in the form of pro-anorexia websites (part of the pro-ana movement).<sup>2</sup> These sites consist of forums where patients with anorexia can discuss their tips for weight loss and self-restraint (such as pouring detergent over all food so one cannot eat it) and sections known as 'thinspiration' areas, where patients with anorexia can view pictures of other people in the same situation and be spurred on to lose as much weight as possible. These sections have a certain spiritual flavour often depicting the thin emaciated individuals as angels and pure and full of light. Many pro-ana tips and words of advice use spiritual and religious terminology such as: bodily purity; guilt and salvation.

Patients with anorexia also talk of Ana, the disease personified as someone to be followed and obeyed. Anorexic communities often defend their disease as a way of life – a way of following their deity, Ana, which other people do not understand. This description of anorexia is almost like the creation of a new religion. Other religious symbolism is also obvious, particularly in the shape of the Ana Commandments and Creed. These are based on the 10 commandments in the Bible and the Apostles and Nicene Creed, part of Christian (mainly Catholic and Anglican) tradition. These are shown in **Figure 3**:

---

<sup>1</sup> Sarah Huline-Dickens, 'Anorexia nervosa: Some connections with the religious attitude', *British Journal of Medical Psychology*, 73 (2000), p. 67-76.

<sup>2</sup> Medusa, 'Anorexic, bulimic, pro-ana/mia?', <<http://www.2medusa.com/2009/01/anorexic-bulimic-pro-ana-mia-some-tips.html>>, (2009).

1. If you aren't thin you aren't attractive.
2. Being thin is more important than being healthy.
3. You must buy small clothes, cut your hair, take diet pills, starve yourself, do anything to make yourself look thinner.
4. Thou shall not eat without feeling guilty.
5. Thou shall not eat fattening food without punishing oneself afterwards.
6. Thou shall count calories and restrict intake accordingly.
7. What the scale says is the most important thing.
8. Losing weight is good / gaining weight is bad.
9. You can never be too thin.
10. Being thin and not eating are signs of true will power and success.

**Figure 3. The Ana Commandments<sup>1</sup>**

The Ana Commandments are very disheartening to read, referring heavily to negative religious terminology such as punishment, restriction and guilt. Food is seen as temptation, a forbidden fruit to be avoided at all costs. When the sinful nature is indulged, self-punishment and guilt are encouraged. Below in **Figure 4** is the Ana Creed, which is followed by the Apostles Creed with similarities in bold so the relationship between the two can be appreciated.

**The Ana Creed**

I believe in **control**, the **only force mighty enough** to bring order in the chaos that is my world.

I believe that I am the most vile, worthless and useless person ever to have existed on this planet, and that I am totally unworthy of anyone's time and attention.

I believe that other people who tell me differently are idiots. If they could see how I really am, then they would hate me almost as much as I do.

I believe in oughts, musts and shoulds as unbreakable laws to determine my daily behaviour.

I believe in perfection and strive to attain it.

I believe in salvation through starvation.

I believe in calorie counters as the as the inspired word of God, and memorise them accordingly.

I believe in bathroom scales as an indicator of my daily successes and failures.

I believe in **hell**, 'cause sometimes **I think I live in it**.

**I believe in a wholly black and white world, the losing of weight, recrimination for sins, the abnegation of the body and a life ever fasting.**

---

<sup>1</sup> Medusa, 'Anorexic, bulimic, pro-ana/mia?', <<http://www.2medusa.com/2009/01/anorexic-bulimic-pro-ana-mia-some-tips.html>>, (2009).

### ***The Apostles' Creed***

I believe in **God**, the Father **almighty**, creator of heaven and earth.  
I believe in Jesus Christ, his only Son, our Lord.  
He was conceived by the power of the Holy Spirit and born of the Virgin Mary.  
He suffered under Pontius Pilate, was crucified, died, and was buried.  
He **descended into hell**. On the third day he rose again.  
He ascended into heaven and is seated at the right hand of the Father.  
He will come again to judge the living and the dead.

**I believe in the Holy Spirit, the holy Catholic Church, the communion of saints, the forgiveness of sins, the resurrection of the body, and life everlasting.**

### ***Figure 4. The Ana Creed and The Apostles Creed compared<sup>1</sup>***

From looking at the two creeds a similarity in layout and phrasing in certain areas can be clearly seen. It seems logical to suppose that the Ana Creed was based on one of the Christian creeds (possibly the Nicene Creed), not only due to its name but the use of religious terminology such as: hell; abnegation and recrimination. Particularly poignant is the last line – compare 'life ever fasting' with 'life everlasting'. This use of the negative language shows that the spirituality in AN is disordered, mimicking the Christian theological patterns of self-denial but in fact failing completely to understand or believe in the most important message of Christianity – that people can be saved from their sins by a higher power, Jesus Christ.

This identification of AN with Christian doctrine is interesting and has been explored in several studies looking at the effect of AN sufferers' religions on their development and recovery from AN. Unfortunately empirical evidence is thin on the ground and often these papers do not agree in their findings.<sup>2</sup> This is likely partly because of the

---

<sup>1</sup> Anon., 'Pro-Ana Lifestyle', <<http://proanalifestyle.blogspot.com/2007/07/anas-creed.html>>, (2010)

<sup>2</sup> Sarah Huline-Dickens, 'Anorexia nervosa: Some connections with the religious attitude', *British Journal of Medical Psychology*, 73 (2000), p. 67-76.

ethical considerations surrounding research with patients with AN, as well as the reluctance of people to participate leading to very small sample sizes. The most interesting studies are case studies done on individual patients recording their views on religion and spirituality in relation to their AN.<sup>1-5</sup> Despite the small scale of these studies interesting conclusions can still be drawn from them. Some patients' religious beliefs have a detrimental effect, as they talk about their disease in moral language, deeming that they have sinned against God and must punish themselves by starvation in order to atone. Often patients may show a disordered grasp of Christian theology twisting it to fit to their own feeling of inadequacy and guilt and giving them an excuse to fast; one paper even noted that as BMI decreased, religious fervour and asceticism increased.<sup>6</sup> For others, religion and spirituality can be a blessing, a rock in their lives. One patient for example described how meditation had helped her focus and accept herself and others<sup>7</sup> whilst another talked of prayer and religious beliefs helping her to control her obsessive behaviours.<sup>8</sup> The case studies involved a mixture of different Christian denominations and there did not seem to be a relationship between one denomination and one form of behaviour. Some papers claim to have discovered a link between Catholicism and bulimia and Protestantism with AN.<sup>9</sup> However the evidence for this is inconclusive.<sup>8</sup>

---

<sup>1</sup> Catherine J Garrett, 'Recovery from anorexia nervosa: a Durkheimian interpretation', *Soc. Sci. Med.*, 43 (1996), p. 1489-1506.

<sup>2</sup> Caroline Giles Banks, "'Culture" in Culture-Bound Syndromes: the Case of Anorexia Nervosa', *Soc. Sci. Med.*, 34 (1992), p. 867-884.

<sup>3</sup> Jill Anne Matusek, Roger M Knudson, 'Rethinking Recovery from Eating Disorders: Spiritual and Political Dimensions', *Qualitative Health Research*, 19 (2009), p. 697-707.

<sup>4</sup> Patricia Marsden *et al.*, 'Spirituality and Clinical Care in Eating Disorders: A Qualitative Study' *International Journal of Eating Disorders*, 40 (2007), p. 7-12.

<sup>5</sup> John F Morgan, Patricia Marsden, J Hubert Lacey, "'Spiritual Starvation?": A Case Series Concerning Christianity and Eating Disorders', *International Journal of Eating Disorders*, 28 (2000), p. 476-480.

<sup>6</sup> Melissa H Smith, P Scott Richards, Christopher J Maglio, 'Examining the relationship between religious orientation and eating disturbances', *Eating Behaviors [sic]*, 5 (2004), p. 171-180.

<sup>7</sup> The case of Victoria: Jill Anne Matusek, Roger M Knudson, 'Rethinking Recovery from Eating Disorders: Spiritual and Political Dimensions', *Qualitative Health Research*, 19 (2009), p. 697-707.

<sup>8</sup> John F Morgan, Patricia Marsden, J Hubert Lacey, "'Spiritual Starvation?": A Case Series Concerning Christianity and Eating Disorders', *International Journal of Eating Disorders*, 28 (2000), p. 476-480.

<sup>9</sup> GE Jacoby, 'Essstörung und Konfession. Gibt es einen Zusammenhang zwischen dem Typ der Essstörung und einer bestimmten Religionszugehörigkeit?' [Eating disorders and confession. Is there a correlation between the type of eating disorder and specific religious affiliation?], *Psychologie*, 43 (1993), p. 70-73.

In modern representation of AN, it is clear that there still remains a large basis of spiritual terminology and associations. This leads one to wonder how treatment of patients with AN can be most effective in tackling this disordered spirituality and this poses problems. Despite the broad generalisations that can be made, everyone experiences their spirituality in their own way and as such all patients would need to be evaluated separately before their treatment could be agreed. Another problem with spiritual treatments is the need for the therapist or doctor to find a middle ground between respecting patients' beliefs whilst challenging the ones that are unhealthy. Regarding the relationship between recovery and spirituality, several papers suggested that hospital chaplains would be invaluable in this role.<sup>1,2,3</sup> Pastoral counselling would also ensure that the patient was receiving help from someone trained in spirituality and with a good knowledge of religion and religious ideas. Most clinicians do not have the spiritual knowledge or training necessary to do this, so there would be a lot of pressure on chaplains as spiritual caregivers. Ideally, perhaps, more spiritual training should be incorporated into core psychiatric training involving the taking of spiritual histories at first point of contact with the patient so that clinicians can form some idea of the patient's view of their own spirituality and how this affects their suffering from the disease.

Currently, the bulk of spiritual treatment is given through the use of psychotherapies.<sup>4</sup> Although these do not tackle disordered religious beliefs directly, they do look at spiritual concepts on a wider basis. The idea of fostering relationships with others as a positive spiritual experience, for example, is seen in the family therapy that is so successful in AN.<sup>5-9</sup> Challenging negative behaviour and belief patterns also aims to tackle the disordered beliefs that often underpin AN. This is a classic example of cognitive behavioural therapy, also used in the treatment of AN. Modification of these therapies, already proven to be successful, to include a

---

<sup>1</sup> John F Morgan, Patricia Marsden, J Hubert Lacey, "'Spiritual Starvation?': A Case Series Concerning Christianity and Eating Disorders', *International Journal of Eating Disorders*, 28 (2000), p. 476-480.

<sup>2</sup> JE Mitchell, M Erlander M, RL Pyle, LA Fletcher, 'Eating disorders, religious practices and pastoral counseling [sic]', *International Journal of Eating Disorders*, 9, (1990), p. 589-593.

<sup>3</sup> Helen Baxter, 'Religion and Eating Disorder', *European Eating Disorders Review*, 9 (2001), p. 137-139.

<sup>4</sup> J Morris, S Twaddle, 'Anorexia nervosa', *BMJ* 334(7599) (2007), p. 894-898.

<sup>5</sup> AH Crisp *et al.*, 'A controlled study of the effect of therapies aimed at adolescent and family psychopathology in anorexia nervosa', *Br.J.Psychiatry*, 159 (1991) p. 325-333.

<sup>6</sup> C Dare *et al.*, 'Psychological therapies for adults with anorexia nervosa: randomised controlled trial of out-patient treatments', *Br.J.Psychiatry*, 178 (2001) p. 216-221.

<sup>7</sup> I Eisler *et al.*, 'Family therapy for adolescent anorexia nervosa: the results of a controlled comparison of two family interventions.', *J.Child Psychol.Psychiatry*, 41(6) (2000) p. 727-736.

<sup>8</sup> A Hall, AH Crisp, 'Brief psychotherapy in the treatment of anorexia nervosa. Outcome at one year.', *Br.J.Psychiatry* 151 (1987) p. 185-191.

<sup>9</sup> G Paulson-Karlsson *et al.*, 'A pilot study of a family-based treatment for adolescent anorexia nervosa: 18- and 36-month follow-ups.', *Eat.Disord.* 17 (2009) p. 72-88.

particular spiritual component might help to target better the spiritual undertones of AN that may need to be addressed. It could also be used to give positive spiritual reinforcement for example, by promoting activities such as meditation.

In conclusion, the literature found on 'holy anorexics' and modern anorexia appears to be comparable, with both sets displaying certain destructive behaviours that are influenced by their spiritual beliefs. It is important to note, however, that religious fasting is still an important part of many people's spirituality today and it should not all be seen as a manifestation of AN. Similarly, dieting can be useful in helping people reach a healthy BMI, without ever developing into an eating disorder. However the spiritual beliefs underlying people's actions mean that should AN develop, it can be potentially very difficult to manage without some spiritual treatment being employed. Although currently in the NHS there is no widespread spiritual counselling, psychotherapies and guidance from hospital chaplains may be crucial in tackling this area of AN. It is hoped in the future that more research will be done in this area and that spiritual management can become more developed in psychiatry.

## Bibliography

Anon., 'Pro-Ana Lifestyle', <<http://proanalifestyle.blogspot.com/2007/07/anas-creed.html>>, (2010).

Peter Bartmann *et al.*, 'Health, Healing and Spirituality. The Future of the Church's Ministry of Healing', The German Institute for Medical Mission: Tubingen.

Helen Baxter, 'Religion and Eating Disorder', *European Eating Disorders Review*, 9 (2001), p. 137-139.

Beat UK, Statistics about Body Dysmorphia, <<http://www.b-eat.co.uk/YoungPeople/Home>>, (2009). Anne Collins, UK Obesity Statistics, <<http://www.annecollins.com/obesity/uk-obesity-statistics.htm>>, (2007).

A H Crisp *et al.*, 'A controlled study of the effect of therapies aimed at adolescent and family psychopathology in anorexia nervosa', *Br.J.Psychiatry*, 159 (1991) p. 325-333.

C Dare *et al.*, 'Psychological therapies for adults with anorexia nervosa: randomised controlled trial of out-patient treatments', *Br.J.Psychiatry*, 178 (2001) p. 216-221.

I Eisler *et al.*, 'Family therapy for adolescent anorexia nervosa: the results of a controlled comparison of two family interventions.', *J.Child Psychol.Psychiatry*, 41(6) (2000) p. 727-736.

Kathleen N. Franco, 'Eating Disorders', <<http://www.clevelandclinicmeded.com/medicalpubs/diseasemanagement/psychiatry>>

-psychology/eating-disorders>, (2009).

Catherine J Garrett, 'Recovery from anorexia nervosa: a Durkheimian interpretation', *Soc. Sci. Med*, 43 (1996), p. 1489-1506.

Caroline Giles Banks, "'Culture' in Culture-Bound Syndromes: the Case of Anorexia Nervosa", *Soc. Sci. Med*, 34 (1992), p. 867-884.

J Griffin, EM Berry, 'A modern day holy anorexia? Religious language in advertising and anorexia nervosa in the West', *European Journal of Clinical Nutrition*, 57 (2003), p. 43-51.

Tilmann Habermas, 'On the Uses of History in Psychiatry: Diagnostic Implications for Anorexia Nervosa', *International Journal of Eating Disorders*, 38 (2005), p. 167-182.

A Hall, AH Crisp, 'Brief psychotherapy in the treatment of anorexia nervosa. Outcome at one year.', *Br.J.Psychiatry* 151 (1987) p. 185-191.

Sarah Huline-Dickens, 'Anorexia nervosa: Some connections with the religious attitude', *British Journal of Medical Psychology*, 73 (2000), p. 67-76.

G E Jacoby, 'Essstörung und Konfession. Gibt es einen Zusammenhang zwischen dem Typ der Essstörung und einer bestimmten Religionszugehörigkeit?' [Eating disorders and confession. Is there a correlation between the type of eating disorder and specific religious affiliation?], *Psychologie*, 43 (1993), p. 70-73.

Jill Anne Matusek, Roger M Knudson, 'Rethinking Recovery from Eating Disorders: Spiritual and Political Dimensions', *Qualitative Health Research*, 19 (2009), p. 697-707.

Patricia Marsden *et al.*, 'Spirituality and Clinical Care in Eating Disorders: A Qualitative Study' *International Journal of Eating Disorders*, 40 (2007), p. 7-12.

Medusa, 'Anorexic, bulimic, pro-ana/mia?', <<http://www.2medusa.com/2009/01/anorexic-bulimic-pro-ana-mia-some-tips.html>>, (2009).

C A Miller, N H Golden, 'An Introduction to Eating Disorders: Clinical Presentation, Epidemiology, and Prognosis', *Nutr.Clin.Pract*, 25(2) (2010), p. 110-115.

J E Mitchell, M Erlander, R L Pyle, L A Fletcher, 'Eating disorders, religious practices and pastoral counseling [sic]', *International Journal of Eating Disorders*, 9, (1990), p. 589-593.

John F Morgan, Patricia Marsden, J Hubert Lacey, "'Spiritual Starvation?': A Case Series Concerning Christianity and Eating Disorders", *International Journal of Eating Disorders*, 28 (2000), p. 476-480.

J Morris, S Twaddle, 'Anorexia nervosa', *BMJ* 334(7599) (2007), p. 894-898.

Richard Morton, 'Origins of Anorexia nervosa', *European Neurology*, 52 (2004), p. 191-192.

G Paulson-Karlsson *et al.*, 'A pilot study of a family-based treatment for adolescent anorexia nervosa: 18- and 36-month follow-ups.', *Eat.Disord.* 17 (2009) p. 72-88.

Philadelphia, <http://www.philadelphia.co.uk/philadelphia3/page?PagecRef=1>, (2010).

Mario Reda, Giuseppe Sacco, 'Anorexia and the Holiness of Saint Catherine of Siena', *Journal of Criminal Justice and Popular Culture*, 8(1) (2001). p. 37-47.

Andrew Sims, Christopher CH Cook, 'Spirituality in Psychiatry', in *Spirituality and Psychiatry*, ed. by Chris Cook, Andrew Powell and Andrew Sims (London: The Royal College of Psychiatrists, 2009).

Melissa H Smith, P Scott Richards, Christopher J Maglio, 'Examining the relationship between religious orientation and eating disturbances', *Eating Behaviors [sic]*, 5 (2004), p. 171-180.

John Swinton, *Spirituality and Mental Health Care*, (London: Jessica Kingsley Publishers, 2001).

© Alexandra Pittock

Alexandra Pittock is a medical student at the University of Aberdeen, currently intercalating in Medical Humanities, with a view to pursuing a career in Psychiatry.