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The Feminist & Religious Perspectives of Anorexia Nervosa

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ABSTRACT

The current review interrogates the relationship between feminism, religion, and anorexia nervosa from an anthropological perspective. The scope of the paper was focused on Western countries due to anorexia's higher prevalence in these areas, as well as the numerous primary and secondary accounts of women with anorectic symptoms across historical timeframes. Previous work highlights that both modern and historical accounts of anorexia often revolve around a central theme of religion and feminism. For centuries, women were influenced by Christianity to practice self-control on their bodies to bring them closer to God. This is reflected in the modern-day as pro-anorexia websites often focus on similar messages of purity and religious devotion through the worship of a god-inspired figure called "Ana," who exists as the physical embodiment of the disorder. Further, women utilized their disordered eating throughout history to improve their status in society with some even becoming saints and gaining other high-ranking positions in the church; however, these efforts came at a great personal cost. Again, this is mirrored today as participants in pro-anorexia websites engage in similar behaviors to gain a sense of control over their own bodies in a society with restrictive social norms and beauty standards.

Introduction

Although anthropological studies and reviews address the religious associations with anorexia nervosa from early publications of self-starvation, the feminist viewpoint is seldom discussed in detail. This literature suggests a significant relationship between women who likely possessed anorexia and actions against traditionalist social roles through their disorder. Therefore, this review will focus on the synthesis of these anthropological publications, addressing the historical and cultural aspects of anorexia nervosa as it relates to the evolution of female social roles, oppression, and precursors to modern feminist movements over time. This review covers the most widely accepted literature regarding the pre-history of anorexia as well as medical findings from the past twenty years.

The eating disorder anorexia nervosa is defined as the “restriction of energy intake relative to requirements, leading to a significant low body weight in the context of the age, sex, developmental trajectory, and physical health” according to the Diagnostic and Statistical Manual of Mental Disorders—5 (DSM-V) (APA, 2016). Anorexia is significantly more common in adolescent females than in any other risk group, at a mean age of 17 in a range of 10-29 years (Hoek, 2006; Lindberg & Hjern, 2003). The mortality rates for anorexia nervosa worldwide have displayed a shocking approximately 6 times increased risk. The Crude Mortality Rate (CMR) was 5.1 deaths per 1000 person-years and the Standardized Mortality Ratio (SMR) was 5.9 for anorexia patients (Arcelus et al., 2011). The primary risk factor is gender, but other important factors are ethnicity and psychosocial factors (Lindberg & Hjern, 2003).

DSM-IV Versus DSM-V

Although modern psychiatrists diagnose patients with anorexia nervosa according to the DSM-V, before 2013 (the publishing year of this newest edition) anorexia was defined according to the earlier version—the DSM-IV. The significance of this section lies in the hypothesis that recent studies on the disorder display higher incidence rates post-2013 due to "broader" characteristics of the DSM-V as compared to the DSM-IV. Added to the newer edition is the statement "intense fear of gaining weight or persistent behavior that interferes with weight gain," which adds a new element to the earlier version "intense fear of gaining weight or becoming obese." However, the requirement of the absence of 3 consecutive non-synthetically induced menstruation in menstruating females was not included in the most recent edition. Both changes expand the requisites for a patient to be diagnosed with anorexia nervosa (APA, 2016).

Key Symptoms of Anorexia Nervosa

The most widely understood symptom of anorexia nervosa is patients' extreme resistance to eating in the pursuit of weight loss. This results in an incredibly distorted body image due to constant obsession with food and dietary restraint to quell anxiety (Kaye et al., 2009). Still, there are many other problems that result from this overarching theme in anorexia nervosa.

Upon the analysis of anorexia patients' symptom networks, Solmi et al. discovered that depression, anxiety, interpersonal sensitivity, and ineffectiveness were the nodes most closely associated with the disorder. Correlating powerfully with patients' drives for thinness was the act of restricting food intake, while body dysphoria was more often found in patients with a tendency to purge (Solmi et al., 2019).

Additionally, there are many endocrine issues directly caused by anorexia nervosa. Amenorrhea is one of the most known symptoms, which is believed to have been caused by decreased energy availability. Alterations in the hormone luteinizing induces the presentation of either irregular periods or complete amenorrhea, with low amplitude of hormone impulses that resembles that of an average prepubertal or early prepubertal girl. Similar hormonal changes, such as that seen in decreases of insulin and increases in ghrelin, have harmful effects on bone, resulting in low bone-mineral density (BMD) (Misra & Klibanski, 2014).

Low concentrations of insulin-like growth factor-1 (IGF-1) are also prevalent in individuals with anorexia, suggesting a nutritionally acquired resistance to growth hormone (GH) (Misra & Klibanski, 2014). Through documentation of 12 adolescent patients over the course of their illness, Modan-Moses found 11 who exhibited signs of growth retardation. This was evident in the patients' standard height deviation scores (SDS), which was significantly lower than the premorbid SDS. Weight restoration over the course of treatment often allowed for catch-up growth, but complete catch-up growth was not achieved in 9 of the patients (Modan-Moses et al., 2003).

Finally, anorexia nervosa is also comorbid with sexual dysfunctions, with many patients not making a complete recovery after treatment (Castellini et al., 2017). In a separate study, Castellini utilized the Female Sexual Function Index (FSFI) to find that female anorexia patients with food restriction tendencies possessed the lowest scores. Sexual dysfunction was most associated with body shape insecurity in these women. Conversely, in women with binging and purging tendencies, emotional eating and binge eating were most associated with their similarly low FSFI scores (Castellini et al., 2012). Although the definition of a complete recovery from anorexia nervosa is a matter of debate, Castellini hypothesized that increased sexual function could be a successful indicator of recovery. Patients' improvements regarding sexual functioning could challenge physicians' current understanding of this process due to results that demonstrated a reduction in the psychopathological features of the disorder. An assessment on this symptom could provide a more accurate representation of the recovery process (Castellini et al., 2012).

Anorexia Nervosa Internationally

Tsai, Gan, and Lee demonstrated that the incidence rate of anorexia was incredibly low in Asian countries as compared to Western countries but remained steady over the last few years (Tsai et al., 2018). Another difference is displayed in age of detection: there is an increase on incidence in adult women (ages 20-29) in Taiwan. In China, Wu, Lin, and Liu report increasing rates of anorexia between 1990 and 2017, which differs from the stable rates portrayed by the U.S. (Wu et al., 2022). Additionally, a study was conducted on the entire Swedish population (989,871 individuals born between 1973 and 1982), discovering an incidence of 0.22% for females. This European study corroborates those conducted in Taiwan and China in that higher incidence rates were found in older women. In Sweden, children of parents in white-collar professions had higher incidence rates, while individuals of Middle Eastern or African race had lower incidence (Lindberg & Hjern, 2003).

Even though literature reviews of the feminist aspects of eating disorders exist, none have specifically focused on anorexia nervosa. From the lens of anthropology, literature points to a history of anorexia that closely relates to the evolution of female social roles over time. This being said, the current review examined the aforementioned symptoms of anorexia in historic literature. Though the historic individuals mentioned have different motivations from what is described in our modern understanding of the disorder, they have incredibly similar behaviors. It is also worth noting that, even though it has been made clear that anorexia nervosa is found globally, the highest prevalence is in Western countries (including the United States). Therefore, this review will cover pre-modern ages in Western nations, then progress to modern times in both anthropological and medical lenses to address anorexia and its relationship with both feminist and religious acts.

Historical Perspective on Pre-Modern Anorexia Nervosa

Though prolonged inedia is virtually nonexistent in the work of historians, physicians, and writers in classical Greece and Egypt, fasting for brief periods is often seen. Fasting for a few days served specific purposes: to receive spiritual visions, transmigrate souls into livestock, and withdraw from materialistic society. Marking the end of the Hellenistic era, Gnosticism spread throughout the westernized world around the Mediterranean (Bemporad, 1996).

Religion, particularly Gnosticism, has been a central aspect of anorexia nervosa since the ancient times. According to Merriam-Webster Dictionary, Gnosticism is defined as "the thought and practice especially of various cults of late pre-Christian and early Christian centuries distinguished by the conviction that matter is evil and…emancipation comes through gnosis." Themes of fasting began within Jainism and Hindu myths. The founder of Jainism, Vardhamana, died from voluntary fasting conducted to release his soul from corporeal bondage through extreme self-control. Additionally, Buddha went through a phase of self-starvation in search for enlightenment (Bemporad, 1996).

As early Christianity is a key aspect of Gnosticism, it became an admired idea with men to include fasting as part of their rituals to reject bodily needs and material goods. One noted ascetic, a male 15-year-old Hilarion living in Alexandria, sought out a hermit in the Egyptian desert. Upon returning home, he sold all his belongings and ate only bread, salt, and lentils. He was often consulted by those in need to help them cure illness and gain riches, as he was believed to possess otherworldly power. The early centuries of the Christian era in the Roman world were rich with ascetic groups in large, prosperous cities utilizing inedia as a method to deny the surrounding worldly pleasures (Bemporad, 1996; Dodds, 1990). However, similar accounts of this period were often limited to men. Dr. Banks, a retired professor of Anthropology, later wrote of theories surrounding this period's religious asceticism—particularly with Christian women. Banks hypothesizes that Christian women experiencing inedia "pose[d] the body and spirit in opposition." Is it likely that this considerable viewpoint was shaped by the Bible's claims regarding Heaven and eternal life. The body is seen as a sinful or sin-causing entity, whereas the spirit is pure and only in need of scripture and prayer to be taken from the Earth and welcomed into heaven (Banks, 1996).

In addition to Hilarion, there existed another male Christian ascetic—St. Simeon Stylites—who illustrated the disdain holy men had for their bodies. He tied a rope so tightly to his waist that it led to open wounds infested with worms; Stylites told them to "eat what God has given you" (Edwards, 1968). Additionally, the teachings of St. Jerome preached a life of abstinence and prayer characterized by the idea that bodily desires (and needs) are a source of evil to be avoided at all costs to remain pure (Ranke-Heinemann, 1990). Overall, the early centuries of the Christian era were characterized by men in large, wealthy cities fasting to deny a luxurious lifestyle (Bemporad, 1996). Still, despite limited scholarship, secondary sources point to the idea that women at this time might have experienced inedia in a similar fashion. This is seen in Banks' hypothesis and similar theories from author Joan E. Taylor who corroborates that there are no early Christian works documenting the female perspectives directly (Taylor, 2021).

Disasters between the 5th and 10th centuries would almost extinguish the previous trend of voluntary abstinence from food, as food became scarce in Western and Northern Europe. Despite the difficult times of the Middle Ages, a few women were reported to have experienced inedia during this period. Two were believed to have been possessed by the devil for having committed such an atrocity as to not eat or drink when the opportunity finally presented itself. On the other hand, this period produced the first report of a woman, St. Wilgefortis ("one who relieves the supplicant of burdens of encumbrances" or St. Liberata ("The Liberator"), who utilized inedia to relieve herself of burdens relating to femininity and social and political impotence (Bemporad, 1996).

As previously stated, fasting was practically unseen in women until the Middle Ages (Bemporad, 1996). Still, the first known case of feminist nature lies in the story of St. Wilgefortis. Before she became a Saint, Wilgefortis was a princess whose father had arranged a marriage for her and the Saracen king of Sicily. Vowing to serve only God, Wilgefortis prayed that "she be stripped of her beauty and refused nourishment" (Lacey, 1982). When her suitor withdrew his matrimony, she became known as St. Liberata due to her success in liberating herself from the physical and social discomforts that affected women of her time: the burdens of procreation and the control of man (Bemporad, 1996; Lacey, 1982).

In the Late Middle Ages and the Early Renaissance, the trend St. Wilgefortis spearheaded continued. Numerous women fasted to the point of death, believing that this allowed them to speak directly to God. These women secured a sense of noble superiority when they were elevated to sainthood (Bemporad, 1996). As compared to young men during this period, young women had significantly less opportunity to establish their own sense of self. This could be one of the driving reasons young women striving for autonomy sought to achieve intrapersonal mastery as opposed to a futile fight with the world around them (Bell, 2002). Additionally, the title of "Saint" required that they deny the popular social roles for women, escape arranged marriages, and avoid childbirth and child rearing (Bynum, 2000).

At this time, self-starvation reached its pre-modern peak (Bemporad, 1996). This is the first period to have exhibited significant similarities in the symptoms of modern anorexia nervosa, with 261 cases discovered (Bell, 2002). The most prominent ascetic of the period, St. Catherine of Siena, is a core example of this—as inspiration for future ascetics and reference by historians. Catherine Benincasa fasted often in her youth, but soon restricted her diet to bread, vegetables, and water at age 16. She lost her appetite and could not consume these foods after her father's death a few years later. Determined to overcome all sensation of hunger, Catherine forced herself to drink the exudate of the cancerous sores of a woman she was tending to. At this point, records of Catherine state that "not only did she not need food, but she could not even eat without pain" (Bell, 2002). Like the followers of Wilgefortis, many women of this age copied the acts of Catherine—fasting to the point of death and inflicting self-torture upon their bodies as a form of control (Bemporad, 1996).

The best example of a relationship between Christianity and anorexia nervosa in the pre-modern ages lies in the story of St. Catherine of Siena. As characterized by common opinions of both Gnostics and Middle Age Christians, Catherine's fasting was incredibly controversial. Some felt that she was a representation of outstanding holiness, while others thought she was merely possessed. Catherine also denied men the right to control

her path to holiness, instead believing in penance. Ingesting the exudate, Catherine envisioned Jesus inviting her to drink his holy blood (Bell, 2002).

As the Renaissance declined, though, women were more often to be questioned by the Inquisition than celebrated. Economic difficulties in Europe also pushed for a male dominated church, resulting in male priests being the only individuals that could convene with God. They also acted as the intellectual elite that excluded women from ranking entirely. At a similar time, with new scientific viewpoints on anorectic behavior, opinions on the illness became significantly more secular (Bemporad, 1996).

Between the Renaissance and the Modern ages, public opinions and interpretations on these women's devotions to inedia shifted. As printing became more readily available, this news left the religious sects of Southern Europe and spread to the public. The newfound fame anorectic women experienced led to a series of suspicion-driven investigations by doctors and political representatives. Writing about Martha Taylor's case, John Reynolds is credited with the first medical theory to explain how a person survives self-starvation: "the illness is an abnormal condition of the blood that allows for the internal organs to conduct fermentation" (Brumberg, 2000). Anorectic women were more often treated as physically ill patients based on these new theories of disease. Later doctoral theses would begin to attribute aspects of the disease to emotional factors, such as one patient's mourning of her deceased brother (Bemporad, 1996). The first complete and modern description of anorexia nervosa is accredited to Richard Morton in his case of an 18-year-old boy with the illness (Brumberg, 2000).

The 19th century was characterized by more precise medical descriptions of the disorder. Forms of self-starvation were categorized as "sitophobia"— "the intense dread of food" — in the American Journal of Insanity. Food refusal was often viewed as a by-product of an underlying psychotic disorder (Brumberg, 2000). Another form of eating disorder emerged, titled "chlorosis," which caused a green tint to the skin, a lack of appetite, decreased energy, shortness of breath, and amenorrhea. Though it was later determined to be a result of nutritional deficiency, gastric ulcers, or inflammation, it is highly representative of the diversity of eating problems 19th century physicians faced and the difficulty of finding a definitive diagnosis with a lack of laboratory data (Bemporad, 1996).

At the same time, a new category of fasting women emerged: women who claimed to have no need to eat for attention, fame, or money. The stories of these girls usually fit into a "Cinderella theme," where they were often members of a poor family with many children living in a small hamlet (Brumberg, 2000). The first famous instance of this came in Ann Moore's claim that she could exist without food. After 5 years of unsuccessful investigations, Moore's notoriety and financial gain conceded when it was discovered that her daughter fed her small bits of food through kisses. Despite her public declaration of fraud, hundreds still paid to see her and other fasting women, as visitors to an attraction. The family of Sarah Jacob, another famous fasting woman, turned their home into a circus-like atmosphere that charged for photos of Jacobs (Bemporad, 1996). As visitors flocked to see if Jacob was truly unable to eat, she was often sexualized. For publicity, Jacob's parents arranged her room and dressed her up as though she were healthy. Jacob's symptoms were disguised by distinguished, white dresses that her parents used to compare her to an "angel" or "miracle," leading to envy from other young women concerned about their complexions—an apprehension that would last for centuries due to this inappropriate stereotyping of a young girl (Witte, 2020).

With the dawn of the 19th century, fasting as a Christian form of self-sacrifice had almost entirely vanished. There were only 2 documented cases of women exhibiting anorectic behaviors that related to the Christian religion. One 17-year-old Italian girl claimed that the food "would simply not go down" and lost her menses. After 3 months of living in a nunnery, which she had requested, she died of malnutrition. Ann Moore also claimed to be religious and informed the local clergy that she had abandoned her "loose past," as she had 2 illegitimate children. Moore's claim to desire religious redemption earned her greater endearment and more donations from the public (Bemporad, 1996).

The story of Ann Moore became a symbol of "female cunning" cited in medical texts, which inspired more girls to become anorexic between the 17th and 19th centuries. Moore's unfortunate fate would not deter other young women from claiming to exist without eating or drinking (Bemporad, 1996). Women who took interest in the newly documented disorder would reassure themselves against a growing philosophical materialism, mirroring that of today's most common risk group—young Caucasian women in wealthy countries.

The final form of 19th century fasting arrived in the form of "professional hunger artists," a title made popular by Franz Kafka's 1922 story "A Hunger Artist." These performers, often male, publicly abstained from food and were branded as circus "freaks," following in the footsteps of the recent attraction-like publicity fasting women received (Vandereycken & Deth, 1996).

Modern Overview on Anorexia Nervosa

Following the last ~2000 years of women with anorexia nervosa in society has been described, the focus of the review will now shift to the anthropological and medical viewpoints on anorexia and women in the modern world, reflecting the religious history of this disorder. Today, many modern Christianity-inspired pro-anorexia websites exist.

Pro-Anorexia Websites

Modern anorexia has little if anything to do with Christianity directly, unlike pre-modern anorexia. It is the same for the other popular denominations throughout the world. Despite this, an unexpected religious connection can be made today.

The religious aspect that plagues the minds of anorexic young women today is that of their own "God," inspired by pro-anorexia websites. To sites such as "Ana's Underground Grotto," "Der Dracheden," and "Cerulean Butterfly," religion is defined as "a system of beliefs to be practiced and followed" (Knapton, 2013). These websites often utilize the set of "Thin Commandments," taking the ten evils "thou shall not" be or do to heart (Costin, 2013). In addition, many sites feature their own goddess, known as "Ana," who is the personification of anorexia nervosa as well as the epitome of what the site's users believe is the perfect body. Ana takes two forms towards those who worship her: a kind savior or an oppressive ruler. Many who participate in these sites view her as both their creator and the punisher of their sins (eating) (Knapton, 2013).

In addition to the religious motifs of anorexia nervosa found on pro-anorexia websites, there are significant social theories surrounding feminism. First, anorexia as defined solely in terms of psychopathology is denied and the addictiveness of the disorder is highlighted. When the medical model of anorexia is addressed, the sites' users reassign social roles as the primary cause of their disorder (Bordo, 2013). Therefore, anorexia nervosa is explained as the simple result of women's disparate positions in society as well as unrealistic expectations for women (Orbach, 2018).

Consequently, pro-anorexia users view the disorder as a method to refuse a culturally defined role (Orbach, 2018). More specifically, anorexia acts as a resistance against gender norms when users "regain control" over their bodies (MacLeod, 1982; Orbach, 2018). The isolation these women face is also quelled when they share beliefs with other women in the same community (Brotsky & Giles, 2007). Last, the use of these websites promotes feelings of control by making users feel more attractive and confident (Serpell & Treasure, 2002; Tan et al., 2006). These perceived positive aspects reinforce the disorder as a healthy coping mechanism and foster dismissive attitudes towards recovery (Jenkins & Ogden, 2012; Mulveen & Hepworth, 2006; Williams & Reid, 2010).

Other Risk Groups for Anorexia Nervosa

One of the most understood facets of anorexia nervosa is that those who possess it are likely to have been influenced by the American cultural preference for thinness in women in some way. Garner and Garfinkel tested this belief by determining how cultural pressure for women to diet to assume a thin body shape affected incidence rates of anorexia in female dancers, models, music (university) students, and a normal control group. Upon completion of an Eating Attitudes Test (EAT)—that measures the extent to which a subject possesses common symptoms of anorexia—it was discovered that the dance and model groups had the highest mean EAT scores. Out of the dance group of 69 subjects, 12 were discovered to have anorexia. Additionally, 4 women from the modeling sample were also diagnosed with the disorder (Garner & Garfinkel, 1980). These results indicate that individuals who must pay increased attention to a slim body shape are at increased risk for anorexia nervosa. Similarly, this has been seen to be a problem in other types of female athletes. According to Sudi, "Anorexia Athletica" describes the phenomena of athletes who experience eating disorders due to factors associated with their sport: training, eating patterns, and psychological profiles. What differentiates athletic-associated disordered eating from traditional anorexia is that it is characterized by low body mass combined with high physical performance. "Achieving" these incredibly low body weights has been trending recently, affecting women in several different sports that emphasize leanness as well as women who consume related media (Sudi et al., 2004).

Conclusion

Anorexia nervosa has significant connections with historical and modern feminism as well as religion. Since the classical period, anorexia has had strong ties with religion, predominantly Christianity. Though there are few accounts of women with the approved anorexic symptoms between the classical times and the Middle Ages, modern studies point to the theory that women began to experience inedia in the same manner as men, implying that feminine acts of personal willpower and religion were in tandem centuries ago. From then on, women utilized early forms of the disorder to distinguish themselves as equal to men in the Christian church and even escape binding arranged marriages and forced motherhood. The act of placing themselves in roles that were traditionally male and thus opposing restrictive female-centered roles, women between the Middle Ages and the Renaissance used the symptoms of anorexia as an early form of feminism. This can also be compared to the modern feminist movement in that many women today are sexualized on their journeys to empowerment, which causes incredible discomfort and ridicule to these women, such as in the cases of Sarah Jacob and Ann Moore. Despite the clear weaning of Christianity's direct relationship to women showing signs of anorexia throughout history, modern pro-anorexia websites take inspiration from religion. They mirror past women's experiences with anorexia through the worship of their own "God" and pray to her as a form of female empowerment in opposition to a confining society with high, often damaging expectations. With this being said, this literature review focused on the Western history and modern aspects of anorexia nervosa due to the increased prevalence of literature on these topics. As implied by the recognition of the existence of anorexia in other geographic locations, there are other perspectives to consider in terms of the relationship between anorexia nervosa and feminist and religious ideas. Ultimately, in the distant past—and even today—the mental disorder anorexia nervosa is utilized by women to exercise much-wanted control over themselves and their restrictive situations in which social pressures are forced onto them as women. That being so, religion follows them along their path, whether through the Christian God or pro-anorexia "Ana."

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