



Tait, Gordon (1992) *Asceticism, differentiation, government : 'anorexia nervosa' as an achievement*. In: The Australian Sociological Association Conference 1992 , December 1992, University of South Australia, Adelaide, South Australia.

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ASCETICISM, DIFFERENTIATION, GOVERNMENT: 'ANOREXIA NERVOSA' AS AN ACHIEVEMENT

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1) INTRODUCTION:

From the thirteenth to the sixteenth centuries in Europe, it was not uncommon for young women to starve themselves to death. This fasting was done as a form of personal piety, and was lauded as an achievement. In *Holy Anorexia* (1985), Bell suggests that these medieval women were suffering from a mental state 'psychologically analogous' to 'anorexia nervosa'. This paper will address that assertion.

Statistics would suggest that in contemporary western society, where lack of food is not generally a problem, significant numbers of young women are engaged in severe fasting practices (Greenfeld et al., 1987). There are several sets of explanations for this behaviour, all of which centre around the pathological condition 'anorexia nervosa'. By this logic, young women lose such large amounts of weight because they are sick. Feminists have been quick to realise that accepting this paradigm as it stands, brings with it a lot of undesirable baggage. And yet, important though their work has been, generally their research has not problematised the use of the medical term 'anorexia nervosa', nor has it altered the understanding of severe fasting amongst young women as a 'sickness' or an 'epidemic'. However, recent texts such as Brumberg's *Fasting Girls* (1988) and Robertson's *Starving in the Silences* (1992), have done precisely that. The purpose of this paper is to extend these critiques by historicising the fasting practices themselves.

Dietary asceticism is not new. Hippocrates stated that there were five areas which required 'measurement' in terms of regimen: sexual relations, exercise, sleep, drink and food (Foucault, 1987). In *A Regimen for Health*, he set out a basic diet by which the 'ordinary man' could 'live as he should'. However, individual alterations to dietary regimen were considered essential. Consequently, there existed specific eating practices deemed appropriate for various social groups (such as young women) - compliance to which having not only physical but also moral implications. Voluntarily abstaining from food was an important part of most of these dietary regimen (Jones, 1923).

Foucault argues that it is possible to observe some generalised continuities and borrowings from paganism to Christianity. Indeed, he argues that the first Christian doctrines owe much to the moral philosophy of antiquity - particularly concerning food. Christians valorised forbearance and moderation in diet in much the same way as did the Greeks. Likewise, the Christian notion of fasting as purity came directly from the beliefs of Pythagoras and Plato - ideas which were simply borrowed without acknowledgment.

2) MEDIEVAL FASTING WOMEN

Henisch (1976) notes that the dietary dictates of early Christianity meant that ...

The medieval year resembled a chessboard of black and white squares. It was patterned with periods of fast and feast, each distinct and limited in time, yet each dependent on the other for its significance and worth (Henisch, 1976, 28).

Furthermore, in medieval times, hunger was the constant experience of the majority of the population. It has been calculated that the medieval peasant's daily intake of calories was only 10% of that of the current industrial worker (Green, 1971). During those times when food was readily available, it was gulped down in a manner that would appear grotesque to current sensibilities - one could not afford to dawdle when the opportunity presented itself (Mennell, 1991). Consequently, periods of feast and famine were the dual contexts for virtually all eating practices, both secular and religious, in medieval times.

Bearing this backdrop in mind, severe ascetic fasting came about in response to, among other things, specific changes in the way communion was understood. The question of precisely how Christ came to be present during the eucharist was of little interest to early Christians. By the twelfth century, this was not the case. A series of theological debates had begun to rage. Did God exist in the whole wafer or in each separate crumb? Could God be hurt by chewing? Was God present in the bread before the wine was consecrated? These debates over transubstantiation and concomitance signalled a fundamental shift in the notion of communion - the eucharist itself had slowly become an object of adoration. God, formerly intangible and ethereal, was now manifest and visible at the moment of communion. Bynum (1987) argues that ...

The emphasis was increasingly on experience - on tasting, seeing, and meeting God ... By the later Middle Ages, despite efforts to enforce a uniform, moderate observance, the setting given to fasting by preachers and theologians was less corporate and cosmic; the practice of some individuals was increasingly idiosyncratic and extreme (Bynum, 1987, 65).

It was in this individualistic religious context that the ascetic fasting practices, deemed by some writers to be early examples 'anorexia nervosa', had their genesis.

The question should now be asked: why did a disproportionate number of young women engage in these individualistic dietary practices? In their comprehensive statistical analysis of sainthood, Weinstein and Bell (1982) declare that sex is by far the most important variable in differentiating between diverse types of piety. The typical habitus of a male saint might include deeds such as brave missionary work, championing public morality and passionate oratory. Conversely, there exists an alternative, pre-dominantly female model for holy conduct which features penitential asceticism, charity and mystical communication with God. With women saints, their religious calling developed more steadily than men's, their piety was more 'body centred' than men's, and it emphasised the notion of 'service and suffering' (as exemplified in practices such as fasting).

Placing these differences within a social context is fairly straightforward. Bynum contends that women were not in a position to renounce their property, largely because they actually had very little control over it. Likewise, it was not a simple matter for a woman to suddenly embrace chastity if they were already married. Often they had to wait for their husbands to die before they could act upon their calling. Equivalent men were not bound by such restrictions. Since it was young women rather than young men who made up their minds early to devote their lives to doing God's work, and since the more spectacular options of giving away possessions was not open to them, fasting practices became a readily available mechanism by which teenage girls could demonstrate their piety.

The final distinguishing feature of young women piety - that of penitential asceticism - can primarily be located within the logic of a pervasive cultural misogyny. Medieval interpretations of the Bible consistently stressed the belief that the division of male/female mirrored and symbolised other important dichotomies, like spirit/flesh, strong/weak, rational/irrational and soul/body. Whereas man represented Christ's

divinity, women represented his humanity - and hence his weakness. While men occupied themselves with confronting external sins, women sought to root out the personal evil that fed upon their own weakness. Such dualistic beliefs meant that young girls were far more likely than equivalent boys to take vows of chastity, to torture themselves with devices such as hair shirts and chain girdles, to whip themselves and also, importantly, to starve themselves. Thus, the female body itself became the primary site for extravagant exhibitions of piety to be written.

Fasting and charitable food distribution, and their miraculous counterparts - surviving on the eucharist alone, food multiplication miracles, the female body that exudes food or curing liquid - were thus, in one sense, religious expressions of social facts. They manifested in religious behaviour the sexual division of labour. Consequently, just as men often renounced the things over which they had control (money and possessions), women's renunciation tended to focus upon that which they regulated - food. Furthermore, fasting practices and other food-related demonstrations of piety could occur fairly unproblematically within a framework of institutions or economic supports shaped and governed by others.

However, female fasting did not always blend in to daily life without any difficulties. The extreme fasting practices of some young women did affect the running of their households. A close examination of the *vitae* of some medieval fasting women would suggest that refusing to eat was an efficient way of manipulating their family circumstances. This could include everything from avoiding marriage, avoiding sexual relations within marriage, criticising family values, forcing parental consent for a convent life, gaining concessions within the household and so on. The avoidance of an unwanted marriage was an especially common theme - which may also account in part for why fasting often began soon after puberty, since this was when parents began negotiations for a husband.

3) GOVERNMENT AND THE INVENTION OF 'ANOREXIA NERVOSA'

By the sixteenth century, the severe fasting which had characterised the piety of young women was on the wain - partially due to the pressure exerted by the mainstream church, and partially because the ascetics of food had been well and truly eclipsed by a pre-occupation with sex. Furthermore, the social context of eating was also changing. By the eighteenth century, starvation was no longer a common feature

of European life. Likewise, gluttony was now deemed unseemly. The binary of famine/plenty which had acted as a backdrop to the medieval religious imperatives of feast/fast, had lost its potency.

However, severe ascetic fasting amongst young women did not cease altogether. On the contrary, the life stories of dietary ascetics such as St. Catherine of Siena, were retold to audiences as a form of religious inspiration for centuries afterwards. Their own writings and those their biographers were used as exemplary texts for others who wished to duplicate their dietary practices, and hence their piety. Even as late as the 1880's, the *vitae* of medieval fasting women such as St. Catherine were being used as models for the conduct of young women.

Well into the nineteenth century 'miraculous maids' still excited both religious and secular interest. The fact that young women could exist without food for years in the manner of the fourteenth century saints was still taken as a sign of holiness. Nonetheless, the assertion that any particular young women ate nothing now required some form of proof - and the tests became increasingly rigorous. As tests uncovered a number of well-publicised frauds, there emerged a trend towards scepticism and later pathologisation. This trend was already evident in the comments of the English philosopher Thomas Hobbes. Upon witnessing the physique of an emaciated young girl who apparently ate nothing and who was consequently regarded by locals as holy, he described her instead as 'manifestly sick'.

The medicalisation of the fasting practices which had once characterised the piety of medieval young women should not be seen in the light of progress or teleology. It occurred as the result of a series of contingencies: firstly, the re-emergence of dietetic regimen amongst the British social elite and the subsequent links made between health and diet (Turner, 1982).

Secondly, the rise of the new medicine, based upon clinical observation and the compilation of medical norms. As a consequence of a number of anxieties concerning the urban, working-class population, hospitalisation was made a pre-requisite for those who sought medical treatment, whilst being supported by charitable agencies within the community. Consequently, doctors could now follow the progress of any number of examples of a particular illness. Furthermore, the burgeoning of statistical analysis not only enabled the construction of life-histories of each complaint (and hence new and more comprehensive nosologies), they also

permitted the compilation of medical norms over a large number of examples (Foucault, 1973).

Finally, concern over the health of the population became one of the central objectives of political power. Rather than simply offering philanthropic support for the needy, the concern shifted to raising the health of the social body in its entirety. As a result of the accelerating demographic processes of surveying, classifying and organising, the problems of health that these new techniques of government discerned within the population, were then tackled with ever greater acuity (Foucault, 1984). The concern for health did not stop with simply policing the external manifestations of abnormality within the urban population, such as illness, malnutrition, deformity or unfitness. Rose (1985; 1990) contends that the health of the mind itself was now to be subject to governmental intervention and regulation. The rise of the psy-disciplines denotes the emergence of a new rationale of government targeting human individuality. The conduct of citizens was now to be directed by investigating, cataloguing, interpreting and modifying their mental capacities and predispositions.

It is not surprising then, that the fasting practices of some young women would come under very close medical and psychological scrutiny. Conveniently, these disciplines could utilise as the centrepiece of their explanatory models an already-existing, well-defined pathological category: the hysterical woman. It is not surprising that the most frequent and visible symptoms of hysteria - fainting, crying, frailty, nervous complaints and importantly, loss of appetite - were all extensions of the dominant Victorian notions of femininity. It was within this context that Sir William Gull, in 1873, first invented 'anorexia hysterica' - subsequently modified to 'anorexia nervosa'. As Wright and Treacher point out in *The Problem of Medical Knowledge* (1982),

Medical categories ... are social through and through; they are the outcome of a web of social practices and bear their imprint. When we speak of tuberculosis we are not reading the label on a discrete portion of nature, 'out there'; we are instead ... employing a social meaning that has been generated by the activities of many different social groups, with diverse interests, working through many different forms of practice ... (Wright and Treacher, 1982, 10).

There are two interrelated processes which are of interest here with respect to 'anorexia nervosa': firstly, the manner in which fasting gained the status of a distinct

disease entity; and secondly, how this new disease, once constructed, came to be colonised and shaped by a variety of different knowledges.

Taking these in turn: by the end of the nineteenth century, severe fasting amongst young women was no longer directly related to religious piety. Instead, the wealthy young women who were the main constituency for self-starvation were slowly cemented in, and cementing, their role as patient. As previously mentioned, the initial diagnosis pointed to 'hysterical' women, whose hysteria became manifest through loss of appetite. Eventually, their fasting practices were extracted from this nebulous nosological space and given an adjacent branch all to themselves. Brumberg, in *Fasting Girls* (1988), points to three influences as being responsible for this change: American asylums, French psychiatry and elite British medicine.

Within the American asylums, many patients refused to eat. Consequently, it was necessary for them to develop techniques for keeping such individuals alive (most based simply upon forced feeding), techniques which then accorded them a relative expertise in the fasting field. Whereas this refusal had always been seen merely as a symptom of their derangement, by the mid-nineteenth century as the asylums began to exchange their role of dumping ground for that of therapeutic institution, more specificity was required. It now became self-evident people refused food for many different reasons, certainly the well-educated young women whose only quirk seemed to be the desire to starve themselves to death, could not be properly classified with complete lunatics.

The second major influence came from French psychiatry, in particular from Charles Lasague. It was psychiatry which first made the link between family dysfunction and fasting practices. Lasague put this succinctly when he stated that: 'we should acquire an erroneous idea of the disease by confining ourselves to an examination of the patient'. He suggested that emotional conflicts between the young women and her parents were the root cause of 'l'anorexie hysterique'. Pressure from the parents to marry may, in part, have been behind this fasting. If this is the case, just a medieval young women used food as a mechanism of matrimonial leverage, so too did the young women of Lasague's middle-class France.

The final component of the complex of knowledges/influences which manufactured 'anorexia nervosa' as a discreet entity, involves the consultants of elite British medicine - such as Sir William Gull. For wealthy families with fasting daughters,

asylums were the very last resort. Consequently, specialists in private practice provided a viable and welcome alternative - and soon claimed expertise in the area. They concluded that the young women were not insane enough for incarceration (much to the relief of their families), but definitely in need of specialist medical treatment (much to the relief of the specialists).

However, having once produced a discreet disease entity, these initial influences were not alone in giving it its current shape. In *Towards the Understanding of Anorexia Nervosa as a Disease Entity* (1981), Lucas delineates firstly a 'descriptive era' (ending in 1914), where the disease was 'seen' but not 'understood'. This was superseded first by the 'pituitary era' (ending in 1940). For while, 'Simmonds Disease' (a pituitary disorder) was in danger of returning the newly-discovered 'anorexia nervosa' back to its old status of a symptom of another underlying organic illness. However, further research and a certain taxonomic flexibility permitted the retention of both as separate disease entities.

From the 1930's onwards, a new branch of medicine advocated the use of psychotherapy in the treatment of anorectics. In essence it really only involved an early form of counselling. There was the belief anorexic behaviour patterns could be challenged and then modified by getting to their 'real' cause, through carefully managed conversation and analysis. It was through comparing the texts of a large number of conversations between therapists and anorectics, that details of the 'normal' anorectic's personality began to be delineated.

The 1930's notion of the 'anorexic' personality was colonised in the 1940's by psychoanalysis, which predictably pointed the causal finger at sexuality. Irrespective of various contradictory explanations, psychoanalysis was instrumental in shaping 'anorexia nervosa' until the beginning of the 1970's (Lucas' 'modern era'), when the illness was rigorously quantified through the *Feighner-Criteria* (1972) and co-opted into mainstream psychology - largely where it remains. However, upon close inspection, the influence of all the aforementioned disciplines can still be discerned within the contours of 'anorexia nervosa'.

4) CONCLUSION:

This depiction of the evolution of 'anorexia nervosa' differs from the dominant model - exemplified by texts such as Hilde Bruch's *Eating Disorders: obesity, anorexia*

nervosa and the person within (1974) - in several important ways. Firstly, Hilde Bruch assumes that 'anorexia nervosa' exists in nature. Through her own work, she was able not only to look back into history and clearly see undiagnosed examples of the illness, but she was also able look at early scientific attempts to explain this objective phenomenon, all of which she found wanting.

This paper adopts a different approach. Whereas, it does not suggest that Hilde Bruch is wrong in her analysis of fasting practices, it does suggest is that when new canons of judgement are employed, new realities come into being. 'Anorexia Nervosa' is just one such reality. It would be pointless to place the current (non) eating habits of some young women into a conceptual framework of piety, self-debasement and 'anorexia mirabilis'. It is similarly redundant to utilise contemporary canons of judgement to re-write the history of medieval women's spirituality.

Secondly, the title of Bruch's book signals a particular understanding of the human self. The essentialist notion of 'the person within' appears to have currency within all the psy-disciplines, and indeed it now constitutes the dominant, common-sensical explanation of subjectivity (ie. the real 'me' inside). Bruch is arguing that the origins of 'anorexia nervosa' can be traced to struggles/contradictions between the authentic, inner self and the expectations of the wider culture.

The work of Foucault (1987; 1990) and Mauss (1985) lead to very different conclusions. As with the ancient Greeks, the 'self' is not something to be discovered, it is something to be created. Practices such as ascetic fasting are not expressions of the struggle between the authentic self and the external world, they are the very practices by which a 'self' is formed. When St. Catherine of Siena refused food, this was not a measure of conflict between the 'real' Catherine and her environment, it was an attempt by her to shape herself in certain ways.

This logic still applies. Contemporary 'anorectics' are no more struggling with their real selves than was Catherine. They too are shaping themselves - both ethically and physically - in certain ways and for certain ends. Of course, these ends bear little relation to those that Catherine had in mind (although anorectics will probably be the first point out that food is still a moral issue). The connotations of spirituality slowly disappeared from fasting throughout the course of the nineteenth century. This demonstrates that these practices are not inexorably tied to any given belief system.

In acting as codes of conduct, they can migrate from one context to another and from one era to the next (through, for example, mediums such as exemplary texts). The same practices which once signified piety and penitence, five hundred years later can now signify anything from asceticism to aestheticism.

This research would suggest that severe fasting practices are characteristic of a specific social category - young women. It has been argued here that this is the result of identifiable historical reasons, rather than as a result of some feature of the essential nature of 'the inner female'. The continuing demarcation of food preparation as a women's domain, in combination with their restricted access to other sectors of society, has made food an obvious choice for their asceticism. However, the implications of this observation are more extensive than just the worthwhile identification of pertinent historical antecedents.

If it is accepted that 'personhood' is not something found inside, but rather the consequence of the development of a particular habitus, then sex and age specific practices (such as severe fasting) act as mechanisms of social differentiation. That is, young women are fashioned, and fashion themselves, in particular ways. It is not just their chronological age and sex organs which mark them out from other group, it is also their mode of living. It would appear from the evidence that fasting has been one of a whole vocabulary of practices which have repeatedly featured in the habitus of young women, and consequently fasting has been one of the ways in which these individuals shape themselves, and are shaped, as young women.

It has not been the intention of this paper to suggest that any research which adopts the premise of 'anorexia nervosa' is missing the point. As was stated earlier, within current canons of judgement, young fasting women *are* anorectics. Much good work can be done from this starting point. Neither has it been the intention to suggest that the common explanatory landmarks of 'anorexia nervosa' - media images of women, fad dieting, healthism, women's roles - are irrelevant, far from it. These constitute the most important features of the belief system which supports contemporary fasting practices. Instead, the intention has simply been, through the employment of a particular theoretical position, to take a new look at both 'anorexia nervosa' and, indirectly, some of processes by which young people become gendered.

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