

Asceticism and spirituality in anorexia nervosa: A historical psychosocial analysis

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Review article

ABSTRACT

Background

Asceticism is deeply related to spirituality and fasting practices that have been observed in Anorexia Nervosa (AN) throughout history.

Objective

To make a psychosocial analysis of spirituality and asceticism within the historical context of Anorexia Nervosa (AN), from the Middle Ages to the 21st century, comparing 'holy anorexia' and contemporary AN. *Ad hoc* illustrative cases are described.

Method

Medline/PubMed, databases, and specialized textbooks were used to look for evidence on asceticism and spirituality in AN and its historical development.

Results

From a historical point of view, asceticism of medieval saints (holy anorexia) and that of modern anorexics display common features; nevertheless, they are oriented towards different goals: spirituality versus worldly appearance, respectively. Contemporary Puritanism and AN share distinctive characteristics of protestant ethics, mainly self-discipline, self-control, self-sacrifice, rationality, efficiency, and goal achievement. Asceticism is significantly related to feelings of anger, immature features, and purging.

Discussion and conclusion

Many mystical medieval women shared similar characteristics to present-day AN; nevertheless, while asceticism in saints was oriented to achieving the divine encounter, the drive for thinness in contemporary young anorexics is instead related to sociocultural aesthetic ideals. The atemporal occurrence of the pathogenic essence of Anorexia suggests that factors like age, personality, and/or psychosocial environment model it pathoplastically.

Key words: Eating disorders, Anorexia Nervosa, holy anorexia, asceticism, spirituality, history.

RESUMEN

Introducción

El ascetismo se relaciona profundamente con la espiritualidad y las prácticas de ayuno que han sido observadas en la anorexia nervosa (AN) a lo largo de la historia.

Objetivo

Se realiza un análisis psicosocial de la espiritualidad y el ascetismo en el contexto histórico de la AN, desde la Edad Media hasta el siglo XXI, comparando la anorexia santa con la anorexia contemporánea. Se describen casos ilustrativos *ad hoc*.

Método

Se realizó una búsqueda bibliográfica de la evidencia sobre el ascetismo y la espiritualidad en la AN y su desarrollo histórico mediante las bases de datos Medline/PubMed y textos de consulta especializados.

Resultados

Desde una perspectiva histórica, el ascetismo de las santas medievales (anorexia santa) y de las anoréxicas modernas, exhiben rasgos comunes, aunque orientados a distintas metas: espiritualidad versus apariencia mundana, respectivamente. El puritanismo contemporáneo y la AN comparten rasgos distintivos de la ética protestante, principalmente autodisciplina, autocontrol, abnegación, racionalidad, eficiencia y obtención de logros. El ascetismo se relaciona significativamente con sentimientos rabiosos, rasgos de inmadurez y conductas purgativas.

Discusión y conclusión

Muchas mujeres místicas medievales mostraron características similares con la AN actual, sin embargo, mientras el ascetismo en las santas se orientaba al logro del encuentro divino, la motivación por adelgazar en las jóvenes anoréxicas contemporáneas se relaciona más bien con ideales estéticos socioculturales. La ocurrencia atemporal de la esencia patogénica del síndrome anoréxico sugiere que factores como edad, personalidad y/o entorno psicosocial lo modelan patoplásticamente.

Palabras claves: Trastornos de la conducta alimentaria, anorexia nervosa, anorexia santa, ascetismo, espiritualidad, historia.

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Received: April 16, 2014. Accepted: November 4, 2014.

INTRODUCTION

Asceticism maintains a profound relationship with spirituality, due to the practices that go with it. However, the precise nature of its foundations remains indeterminate. Dating back to before the Judeo-Christian tradition in origin, it weaves together ascetic practices in the context of the Christian faith with the moral values of western civilization, and has repercussions from the lives of certain saints venerated by the Catholic Church.¹ In Christian morality, the value of the being was made proportional to the renouncing of things; poverty was invoked as the main ethic to achieve a truly religious life. This is the position of holiness: asceticism of having in order to be: a radical dispossession of the subject orienting their life towards deprivation. So-called "holy anorexics" put their being at risk through depriving themselves of 'having'.²

Fasting is a central manifestation of asceticism practiced by rigorous followers of the faith. In this sense, similarities are found between ascetic behaviors and the phenomenology of Anorexia Nervosa (AN), being eating behavioral disorders (EBD) and mental disorders reported since ancient times. The only variations are in the frequency, type of manifestation, and possible reasons in terms of certain sociocultural factors.³ As such, voluntary emaciation is a behavior which has no recent origin and which has been observed throughout history, thereby making it a vulnerability for developing an eating disorder.⁴ While some authors have even denounced the medicalization of these fasting practices and as such the historical construction of AN,⁵ others allude to the continued association between religious beliefs and self-inflicted starvation during the 20th century,⁶ recognized by historians since early Christianity, through medieval times, until the late Victorian period.^{7,8}

Bliss and Branch described the relevance of asceticism in establishing pathogenic moral attitudes in certain examples of AN.⁹ On the other hand, Mogul's work was based on the concept of asceticism set out by Anna Freud, described as a characteristically defensive adolescent attitude, in order to propose a link between the normative development of that time and AN.¹⁰ The aesthetic component stands out in contemporary anorexics, related to high moral standards, a tendency towards self-denial, the body-soul contraposition, and asexuality, which does not imply that spirituality and religious belief are prominent in all individual cases of AN, nor that all anorexic patients have an ascetic lifestyle.^{1,11} However, the religious connotations of asceticism remain relatively unexplored in terms of a comprehensive approach of the pathogenesis of the anorexic syndrome.¹

The present work carries out a psychosocial analysis of the spirituality and asceticism in the historical context of AN, which includes illustrative cases showing its distinct phases. It also considers the conception of asceticism's construct and its relationship with spirituality and the historical develop-

ment of the disorder from medieval times through the 21st century, by comparing holy anorexia with contemporary AN.

METHOD

An exhaustive search was made of the available literature through the online databases PubMed/Medline and specialized consultancy texts. The search spanned the third decade of the 20th century (1930) through to the present day (2013), and key words used were *eating disorders*, *anorexia nervosa*, *holy anorexia*, *asceticism*, and *spirituality*.

RESULTS

Religiosity and spirituality

Notions of spirituality and religiosity often overlap, due to the second term being possibly the most immediate expression of the first. However, it is important to establish their distinction. Freud mentions that, according to Rollan, the ultimate source of religiosity resides in the so-called "sensation of eternity"; a limitless expression that is somewhat "oceanic". It is a subjective experience and not an article of belief, which does not ensure personal immortality, but which is the origin of the religious energy captured by religious systems. Only thanks to this oceanic feeling could one consider themselves religious, even though they reject all faith and illusion. However, Freud rejects all scientific analysis of this "oceanic feeling" in favor of paying attention to the conceptual content of the phenomenon. As such, the religious needs would derive from childhood neglect and nostalgia provoked by the father, relegating the role of the "oceanic feeling" to second string, which could tend towards reestablishing of unlimited narcissism.¹² Spirituality implies probably universal human needs, such as seeking sense, the will to live, and the need to have faith in oneself, in others, or in God. Religiosity is defined inasmuch as religion is practiced, which brings with it certain cult systems, a specific doctrine,¹³ and the belief in an entity that is transcendental and supernatural.¹⁴ Other authors indicate that even if religiosity and spirituality share individual belief in religious ideas, such as God or Heaven, spirituality rejects the administrative and hierarchical structure seen in religious dogma.¹⁵

Conception of asceticism

Asceticism responds to a way of life that includes voluntary abstinence from sensual and physical pleasures,¹⁶ of which there are four different dimensions: aggression or homicidal motivation, the desire for castigation or masochistic gratification, erotic or sexual motivation, and self-destructive or suicidal motivation.¹⁷ The etymology of asceticism refers to

the Greek word *askesis* which means "exercise". This coincides with the religious perspective linked to "spiritual exercises" such as self-denial and renouncing sensual gratifications in favor of virtue and ultimately, the achievement of perfection.¹⁸ From the perspective of religiousness, ascetic practices have been linked with the meaning of original sin in terms of sexuality and eating,¹⁶ voluntary abstinence from which is present in certain religious circles as a ritual that emancipates from selfishness.¹⁹

Historical development of anorexia nervosa

The history of AN is divided, according to Tolstrup,²⁰ into two fundamental periods. On the one hand are the years prior to 1600, primarily associated with religious life: so-called "holy anorexia". On the other is the period between 1600 and the present day, whose conceptualization acquired medical and pathological nuances which reflected the changing direction of medical trends. Lucas²¹ presents another classification in which the following eras are distinguished: descriptive (1868-1914), pituitary (1914-1940), the rediscovery of disease (1930-1961), psychoanalytical (1940-1967), and modern (1961 to the present).

The Middle Ages and holy anorexics

Fasting has been related with ascetic behaviors since early Christian times through association with sexual renunciation.⁸ In the mid-fifth century, abstinence from food was common in Christian practice. The human body and sexuality were considered secondary to the will and the spirit; ideas which also spread during the early Middle Ages.^{7,22} From there stemmed the "mystic" woman, a visionary of images and voices of divine origin, blessed with profound faith, piety, and abnegation. She was a figure who reached a state of sublime exaltation as recompense for subordination, drastic self-punishment exercises, and extreme physical deprivations with which she submitted her worldly needs.²³ The inability to ingest any food that was not the Eucharistic host [Sacramental bread] is what Bell called "holy anorexia",⁷ and its historical period lasted until the 16th century. During this time, holy anorexics were condemned by the Catholic Church as witches and consigned to die at the stake.²⁴ "The similarities between religious authenticity and possession by the devil were difficult to establish, firstly because both believed in supernatural powers and in particular, they shared a common ground: living almost without feeding themselves (...)"²⁵

Medieval Times – Saint Catherine de Siena (1347-1380)

One popular case of holy anorexia took place in Siena, Italy, the birthplace of Catalina [Catherine] Benincasa, who had

her first divine vision at the age of five. This event led her to a virtuous life,²⁶ in which bodily control would be a sign of devotion²⁷ and surrendering to food, a synonym of sin, would betray her faith in God. She also had the example of her sister who fasted to seek a change in her husband's bad behavior. At the age of 16, she started to eat only bread, vegetables, and water, and self-flagellated until she bled. Four years later, she began vomiting when forced to eat. During this time she consumed only herbs and water.²⁸ Catherine took a vow of chastity while still only a child, which became a strong motivation for her asceticism. In time she would start to mutilate herself, for example, through cutting her hair until she injured her scalp, in order to avoid the worst of her sins: her own sexuality.¹ In effect, she wanted to become ugly in order to avoid marriage being imposed on her by her parents.

Her confessor tried to convince her to abandon her bad habits, but the saint insisted that her customs were pleasing to God. At the age of 33, she stopped drinking water²⁶ and took her emaciation to the grave. Catherine encouraged others to follow her example: "Make a supreme effort to eradicate the selfishness of your heart (...) this is the path to turn away from mediocrity, and journey towards perfection".¹

17th Century – Santa Rosa de Lima (1586-1617)

Santa Rosa de Lima, the first Latin American saint,²⁹ is an example of troubled times due to certain religious changes. She included in her spirituality a vow of poverty and emphasized extreme forms of punishing asceticism.³⁰ From the age of 11, she fasted three times a week and at 15, she decided to stop eating meat and live exclusively on bread and water. She slept for between two and three hours a night. She was very hyperactive and committed her life to prayer, working in the garden, and helping the poor and the sick. Her strict way of life, as well as her perseverance, stood out in her personality, which focused on her spiritual ambition through the rejection of social encounters and the opposite sex, and her hope that self-flagellation would remove all of her physical beauty.³¹

19th Century – Elisabeth of Austria-Hungary (1837-1898)

Known as "Sisi", Princess Elisabeth was the Empress Consort of Austria and wife of the Austrian Emperor Franz Joseph I. She became the Empress of Austria at age 16 and later, the Queen of Hungary. She expressed a wayward abandonment of her social commitments, to the extent of being described as a narcissist, lunatic, and all-round disappointment: "She hardly went to court, she avoided her children, and she lived almost apart from the Emperor. She hated Vienna".³² She was known for her various eccentricities: She installed a

gymnasium for exercise and collected photographs of beautiful women. She was obsessed with maintaining her figure throughout her life.³³ "I have further reduced my frugal meals, eating only meat juices and fruit, as I was at the point of passing 50 kilograms in weight; my fateful upper limit".³⁴ Moix³⁵ adds: "The Empress's insomnia increased and so, too, did her crisis of anguish (...). She arose at five in the morning and took a cold bath, had a massage, and started her gymnastic exercises, before breakfasting on fruit juices (...) She practices fencing or horseback riding (...). She takes walks with one of her ladies in waiting that can last for three or four hours". Later, she covered her face in veils and forbade anyone from taking her picture: "I shall envelop my face with veils in order for death to work on my skin alone".³⁴ In September 1898, Sisi was killed by an anarchist who stabbed her through the heart with a stiletto blade.^{33,36}

20th Century – Simone Weil (1909-1943)

On September 3 1943, *The Kent Messenger* headline ran: "Death by starvation: The curious sacrifice of a French teacher", while the local judge maintained that the death occurred due to the mentally unbalanced victim refusing food.³⁷

From a young age, Simone Weil, from a comfortable Jewish Parisian family, viewed life with a critical eye. At the tender age of three, she was given a valuable ring; the child appreciated the courtesy but returned the jewelry, alluding to her dislike of luxury. She chose to dedicate herself to philosophy. She attended *La Sorbonne*, where she was a colleague of Simone de Beauvoir and Jean-Paul Sartre. De Beauvoir writes of Weil: "She envied a heart that was able to beat throughout the universe".³⁸

Simone ignored her personal appearance. She refused any loving sentiment, arguing that she did not wish to know about love until she did not understand what it is that life wants. She not like to be touched or kissed: "it was one of the effects of her revulsions".³⁷ She saw fasting as a test of the limits of life and death: "Fasting is an experimental knowledge of the unyielding nature of food and the reality of the sensitive universe".³⁹ She considered eating as a form of sexual domination and acceptance of power. Corrington⁴⁰ suggests that Weil's "anorexic position" was a way of recognizing and protesting against the symbolic "consumability" of women.

She renounced her philosophical path to work as a laborer. She led strikes and rejected all special consideration if it did not also include her comrades. She also tenaciously opposed war, considering it a cultural catastrophe.

Two mystical experiences marked her life. The first was while visiting Asís in 1937: "In the chapel, something stronger than I, for the first time in my life, made me kneel". This experience made her turn her eyes to God and fight against what she called "the prison of the image" - the fictions of identity that degrade the soul. The second experience took place upon reciting a poem seeking to mitigate the effects

of a migraine, when she managed to perceive the essence of Christ: "I felt a presence more real and corporal than a human being".³⁷

In 1943, she became ill with tuberculosis, for which she was prescribed bed rest and a good diet, but in order to prove that her thoughts were stronger than her body, she refused to eat more than the people in occupied France at the time. Her health deteriorated rapidly. She died aged 34 from heart failure.⁴¹ Various views have been taken on her death. Some consider it "voluntary death", "ethical suicide", or a "mystical rapture", while others include her in the list of saints or madwomen who died with symptoms of AN.

21st Century – Margaret C. (1937-)

This woman, a United States national since childhood, is a member of the Covenant Church, a strict follower of fundamentalist Protestantism, characterized by differentiated and authoritarian gender and family roles, and by an antisexual morality.⁴² She has been anorexic since the age of 16. She admits having remained in a state of amenorrhea since then, although she refers to the disorder as something that has passed. She was treated in 1985 and in her own words, was saved from death by a miracle of faith. She does not consider her self-starving as an illness, but as part of her identity.

Margaret has never married and lives alone. She is aware that her state of emaciation is an impediment to establishing a partner relationship, but that it is useful to her in preserving the purity that characterizes her image. She defines herself as a Christian, moral, and upstanding woman: "It would never occur to me to be with a man". She is loath to reveal her age and sees herself as a pre-pubescent girl: "In my heart I am ten years old".⁴³

She currently meets all of the diagnostic criteria for AN according to the DSM-IV.⁴⁴ She has revealed that she only eats in her home, in private, and during the early hours of the morning; preferably during the darkest part of the night: "Darkness is Satan and light is Jesus". During her nightly ritual, she takes at least four baths for purification. Furthermore, the foods she chooses are usually in a state of decay, although this does not reflect her financial situation; rather, she chooses this of her own free will: "The food of the rich is the food of non-Christians". She understands that control over her food and her body is linked with the opposition between good and evil, the body and the spirit: "There is no fat in Heaven. It is a place where bodies float freely".⁴³

Holy anorexia and anorexia nervosa

Various psychopathological traits can be present in both AN and in religious asceticism, and there is a common underlying system of development: notions of sacrifice, suffering, rituals, idealism, guilt, introspection, inhibitions, vigilance, discipline, and perfectionism.⁴⁵ From a sociological per-

spective, even if the historical manifestation of emaciation has fluctuated between medieval times and the present day the syndrome implants itself in societies in which women lack adequate attention, control, respect, and/or economic power.⁴⁶ In such environments, the conditions are ripe for its expression: first in relation to their close dedication to the divine, and then towards acceptance by means of contemporary hegemonic aesthetic parameters. In the so-called "secularized consecration" of the body in eating disorders, it becomes worthy of veneration and worship due to being perfect and free of all guilt, without being a "sanctity of the body" due to not involving religious values, but pointing towards the profane.⁴⁷ Weinberg et al.²⁹ indicate that anorexics may develop an imitative behavior, influenced and emphasized by society, recreated in the followers of holy fasters, and by present-day adolescents. The first tried to transcend their body through faith, while the satisfaction of the latter consists of the fleeting and worldly glory of the fashion runway. However, according to Gabbard,⁴⁸ the asceticism of current-day anorexics differs from that which is seen in holy anorexics, by virtue of the properties that make it pathological: it does not show finality or self-limitation and it represents the final path of an intrapsychic, family, and social disorder. On the other hand, fasting in AN is based on a disordered image of body and weight in relation to self-esteem.⁴⁹

Clinical assessment of asceticism

One of the most widely-used scales in assessing eating disorders is the Eating Disorder Inventory-2, which includes a subscale measuring asceticism which assesses the tendency to follow self-imposed spiritual ideals such as discipline, self-denial, hypercontrol over bodily needs, and sacrifice.⁵⁰ The most investigated asceticism has been related to some traits observed in medieval and current anorexia:

- *Feelings of Rage*: an angry temperament and hypercontrol are characteristics of anorexics with high scores on the asceticism subscale. Furthermore, fasting in holy anorexia can be seen as a "protest of rage" against the social role imposed on women.⁵¹
- *Traits of Immaturity*: adulthood implies facing new social roles (including sexual ones) which asceticism attempts to control, through achieving inhibition of lower-level impulses.⁵²
- *Purgative Behaviors*: in religious terms, vomiting, reflects an act of purification observed in compulsive-purgative AN; a compensatory act for the liberation of "inferior impulses" represented in previous binges.⁵³

DISCUSSION AND CONCLUSION

Based on German phenomenology, the concepts of *Körper* and *Leib* stand out.^{54,55} The first designates the objective, an-

atomical, or physical body, and the second, the subjective, owned,⁵⁶ or phenomenal body,⁵⁷ a term translated into Spanish by López Ibor as "corporalidad" [corporeality; 'bodiliness'].⁵⁸ Along with phenomenology, notions of "schemes" or "body image" also emerge: the experience of the somatic body, as even if our body is the product of evolution of the species, we are equally historical beings. Natural resources (*Körper*) become possibilities of life (*Leib*),⁵⁹ and as such, corporeality is always a project of being chosen consciously or unconsciously, because of which the body of man is what is constituted in every biography and culture.^{60,61} The body manifests the personality, but it also indicates social order and contributes to its maintenance by being constituted and constitutive.⁶² For this reason, it operates as a symbolic instrument that communicates about culture, its rules and limitations, with which it shows evidence of the sociocultural instability in uncertain conditions for a healthy construction of identity. Douglas conceives that the "social body" restricts the perception of the "physical body", as culturally mediated, it expresses the social pressure it supports.⁶³ In this sense, the mystic fast exposes a divine cultural identification and a way of communicating subjectivity itself, manifested by a mystic life that involves fasting, malnutrition, self-mutilation, visionary hallucinations, and self-denial of any desire. Furst and Graham⁶⁴ maintain that these women used their bodies as subversive instruments against the rigid social norms of their time, moving from spirituality toward the destruction of those canons. Therefore, history pathologically modified eating disorders,⁶⁵ revealing themselves in the corporeality of holy and contemporary anorexics.

AN has deep roots in western society, whose morality is inspired by Catholic faith and Protestant tradition. Weber⁶⁶ highlighted the spirit of economic business in early Protestantism, characterized by dogged discipline, rationality, and a raised level of asceticism, with which it exercised great influence on the growth of an industrialized civilization. Huline-Dickens¹⁶ pointed out similarities between Protestant nature and AN: both cultivate disposition to the service of others, the achievement of goals, feelings of guilt, and constant self-control, as well as prohibiting sensuality and spontaneity. Rampling¹ refers to the central characteristic of asceticism in Santa Catalina (Saint Catherine) being her abnormal eating behavior. In fact, her asceticism was based on behaviors congruent with a severe form of AN; conversely, these clinical traits have been recorded as a necessary part of the driving power which make it possible to raise oneself to sanctity. Emaciation lay beneath lustful desires or induced a psychological state of vigilance conducive to the mystical experience, felt in that the person themselves was progressing towards perfection. This form of fasting approached the self-denial of food methods used by patients diagnosed with AN at the end of the 20th century. From another perspective, the interaction between medieval women and the sacredness of slim modern women has been recognized. In

this way, holiness and thinness are conformed as ideal states of being in a struggle to assert female identity.²⁴ Latterly, other devoted women recognized Saint Catherine as ideal, and imitate her behaviors: Saint Magdalene de Pazzi (1566-1607) resorted to fasting and self-induced vomiting, and considered food as an evil temptation. However, she was frequently caught ingesting copious quantities of food.²⁹ Another case is that of Santa Rosa de Lima, whose eating behavior is considered by Behar³¹ to be in line with current anorexic behaviors, although they specify that they are not trying to mark a young anorexic woman as a saint, or vice versa. In effect, it would be complex to determine whether devotees met current criteria for AN, as their internal motivations, beliefs, or feelings remain unclear. However, both mystic women and current anorexics use food as a symbolic means of expression, manipulating their bodies, protesting, and rebelling against cultural standards of femininity. They also use it for self-realization and the search for autonomy which cannot be reached any other way.⁶⁷ As such, similar psychopathological profiles do emerge: rejection of food, bodily dissatisfaction, raised self-criticism, little interest in social relationships, denial of outside concern for their well-being, minimal physical needs, and reactions such as pain, tiredness, sexual desire, and hunger.⁶⁸ Rampling¹ suggests that anorexics and ascetics share the ability to convert any situation into a voluntary opportunity for asceticism: the ascetic ideal coexists with starvation and compulsive eating. Psychodynamically, it has been proposed that the connection between saints and anorexics can be found in a distortion in the process of idealization, where an object's qualities are elevated to perfection, tending to split between good and evil. This phenomenon would be a universal defense mechanism against anxiety triggered by fears of persecution, and a process that is socially necessary for the existence of religious ideals,¹⁶ which, from an anthropological perspective, are seen as a method of defense against anxiety, an alternative to neurosis and psychosis.^{69,70} Kernberg⁷¹ states that the splitting mechanism corresponds to the first phases of the *Ego's* development, enabling it to persist pathologically and alter identity and the *self*. Palazzoli⁷² also indicates that the asceticism in AN denotes a rigid belief of a split between body and mind. This is reinforced by Sabom,⁷³ who comments that there tends to be a divide between mind, body, and soul in AN. Fasting by medieval devotees had the aim of practicing self-discipline and reaching divine communion; conversely, current anorexics do so to conform to an ideal of beauty within a framework of perfectionism that is very much related to asceticism, as this can be considered an introspective deliberation of perfectionism representative of western culture.⁷⁴ Furthermore, the saints' rejection of food was a way of maintaining their virginity and resisting arranged marriages. In the early Middle Ages, greed became synonymous with impurity; gluttony was one of the seven deadly sins, and denial of food the best penance to achieve

spirituality.²⁹ Sociologically, Saraf⁷⁵ argues that there is no physical distinction between holy anorexia and present-day AN, and that the difference lies in that society then and now react differently to self-starvation. Holy anorexia was initially respected by medieval society as a method of spiritual purification, whereas in modern times, AN is considered a mental disorder of western society and consumption in which aesthetic conception is central.

In the case of Sisi, the manifestation of her asceticism was apparently more related to abstinence from physical and sensual pleasure than it was her religious and spiritual expression, probably due to having the aim of emancipating herself from the demands of her monarchic role. Along this same vein, modern anorexics are faced with a "sociocultural mandate", refusing traditional roles by means of "bodily governance" through facing male rivalry, and resisting continuous attempts to impose authority on them. Eating and not eating are symbols of power: fasting is the dissent of any authority over a body other than one's own. Therefore, a fundamental aspect of AN is the pursuit of autonomy in a social environment in which women are subordinate. As such, the first step would be freedom from external definitions. In terms of Simone Weil, this was "the rule of force", consisting of rejecting food as a denial of being "devoured", thereby refuting the idea of addressing someone else also as food. Pious women and anorexics are based on discontent with the image of what it is to be female in the world, and dedicate them to satisfying themselves, translated in the ascetic image as liberation from the bodily prison. Paradoxically, in the words of Catherine, they experience a self-directed "holy hatred" which brings a new identity,⁴⁰ different from the stoic conception pursued by Simone, who maintained a doctrine of extreme duality materialized in the beliefs and behaviors of modern anorexics. Anything carnal was maligned, contrary to sublime morality and intellectuality,⁷⁶ which reflected rigidity, intransience, and perfectionism. Weil felt spiritually compelled to maintain the division between body, spiritual desires, and critical intelligence:³⁷ "Visible success did not worry me, what worried me was exclusion from the transcendental kingdom (...). I would have rather died (...) But everyone can enter the Kingdom of Truth if they concentrate on attaining it by means of conceiving the relationship between grace and desire".⁷⁷

Asceticism has been visualized as a cornerstone of fundamentalist American culture,⁴³ as well as the superimposition of characteristic, anorexic family roles. Margaret C. recognizes her family as a "unit", justifying this in its Christian sense and influencing her split vision common to holy anorexics and the case of Weil. In other words, she pits the sinful body, formed of flesh and fat, against spiritual purity, an equally distinct perspective of fundamentalist Christian eschatology. However, regardless of the religious influence on Margaret's anorexic behaviors, Bemporad and Rately⁷⁸ indicate that the main traits of AN are self-denial and ascet-

icism, identified by Mogul¹⁰ as an extreme form of the same.

The practice of fasting has its roots in the early Judeo-Christian tradition, very often accompanied by celibacy. During the Middle Ages, many Christian mystics showed similar traits to those seen in AN, which would today be classified as pathological. However, there is no consensus on the classification of medieval saints as being anorexic, as teleologically their emaciation is explained in their divine encounters, while the motivation for thinness, the nucleus of AN, is more related to current aesthetic patterns. Nevertheless, indistinct from the aim and the qualitatively disparate cultural and symbolic components, this nucleus is also found in holy anorexia, modulated by the ruling certain pathoplastics established by the society at the time. For Bell,⁷ a break happens in 20th century, when AN was recognized as a disorder, facilitated by the processes of medicalization and secularization. At this point, it is possible to differentiate between "holy" anorexia and anorexia "nervosa", as well as the journey from holiness to a medical condition.⁷⁹ However, according to Bynum,²² this would not have repercussions, as medieval doctrine does not have any direct relevance on the patterns of the 20th century.

While in developed societies, food diets are consolidated in whose asceticism we find an aggressive impulse against the body, in past societies, fasting rituals were practiced to purify all aggressive impulses against the body. A society of consumerism would by definition exclude any restrictive rules for being incompatible with the liberation of the body,⁸⁰ which is the primary means of production and distribution of mass society⁸¹ through commercialization, facilitated even further by continued secularization.⁸²

The historic study of eating disorders deals with everything concerning the pathogenic and pathoplastic factors in psychiatry. Furthermore, it highlights the transcultural traits of mental disorders and directs focus away from modern influences, which are usually a primary factor. The similar presentation of the illness over time (rejection of food, emaciation, hyperactivity, amenorrhea, pursuing an ideal) indicates that the essence of the condition (pathogenic factors) are not modeled by age, personality, and/or culture (pathoplastic factors), which represent a more secondary role in the development of the pathology.

Funding

None.

Conflict of interest

The authors do not declare any conflict of interest.

REFERENCES

- Rampling D. Ascetic ideals and anorexia nervosa. *J Psychiatr Res* 1985;19:89-94.
- Recalcati M. Clínica del vacío. Anorexias, dependencias, psicosis. Buenos Aires: Síntesis Editor; 2003.
- Behar R. Espiritualidad y ascetismo en la anorexia nervosa. *Rev Chil Neuro-Psiquiat* 2012;50(2):106-118.
- Bemporad J. Self-starvation through the ages: "Reflections on the pre-history of anorexia nervosa". *Int J Eat Disord* 1996;19(3):217-237.
- Tait G. Anorexia nervosa: Asceticism, differentiation, government. *Australian and New Zealand J Sociol* 1993;29:194-208.
- Banks C. The imaginative use of religious symbols in subjective experiences of anorexia nervosa. *Psychoanal Rev* 1997;84 2):227-236.
- Bell R. Holy anorexia. Chicago: University of Chicago Press; 1985.
- Brown P. The body and society: Men, women and sexual renunciation in early christianity. Nueva York: Columbia University Press; 1988.
- Bliss E, Branch C. Anorexia nervosa. Nueva York: Paul B Hoeber; 1960.
- Mogul S. Asceticism in adolescence and anorexia nervosa. *Psychoanal Study Child* 1980;35:155-175.
- Turner B. The body and society. Explorations in social theory. Oxford: Basil Blackwell; 1984.
- Freud S. El malestar en la cultura. Madrid: Alianza Editorial; 2000.
- Jiménez JP. La espiritualidad, dimensión olvidada de la medicina. *Rev GPU* 2005;1:92-101.
- Huguelet P, Koenig HG. Religion and spirituality in psychiatry. Cambridge: Cambridge University Press; 2009.
- Veerhagen PJ, van Praag H, López-Ibor JJ, Cox J et al. Religion and psychiatry: Beyond boundaries. Nueva Jersey: World Psychiatric Association; 2010.
- Huline-Dickens S. Anorexia nervosa: Some connections with the religious attitude. *Br J Med Psychol* 2000;73(1):67-76.
- Menninger K. Man against himself. Nueva York: Harcourt, Brace & World Inc.; 1938.
- Fassino S, Pierò A, Gramaglia C, Abbate G et al. Clinical, psychological, and personality correlates of asceticism in anorexia nervosa: From saint anorexia to pathologic perfectionism. *Transcultural Psychiatr* 2006;43(4):600-614.
- Bruch H. Eating disorders: Obesity, anorexia nervosa and the person within. Londres: Routledge & Kegan Paul; 1974.
- Tolstrup K. Incidence and causality of anorexia nervosa seen in a historical perspective. *Acta Psychiatr Scand* 1990;361:1-6.
- Lucas A. Toward the understanding of anorexia nervosa as a disease entity. *Mayo Clin Proc* 1981;56(4):254-264.
- Bynum C. Holy feast and holy fast. The religious significance of food to medieval women. Berkeley: University of California Press; 1987.
- Behar R. La santa medieval: El cuerpo femenino y la experiencia religiosa. *Revista Psiquiatría Salud Mental* 2005;3(4):196-204.
- Brumberg J. Fasting girls: The history of anorexia nervosa. Nueva York: Vintage Books; 2000.
- Fendrik S. Santa anorexia. Viaje al país del nunca comer. Buenos Aires: Editorial Corregidor; 1997.
- Espi F. Anorexia mirabilis: The practice of fasting by Saint Catherine of Siena in the late Middle Ages. *Am J Psychiatry* 2013;170(4):370-371.
- Heywood L. Dedicated to hunger: The anorexic aesthetic in modern culture. Berkeley: University of California Press; 1996.
- Kanamori O. Cultural morphology of eating disorders. *Korean J Medical History* 2004;13:94-118.
- Weinberg C, Cordás T, Albornoz P. Saint Rose of Lima: An anorexic saint in Latin America? *Rev Psiquiatr Rio Gd Sul* 2005;27(1):57-62.
- Mujica R. Catalogo: Santa Rosa de Lima y su tiempo. Lima: Banco de Crédito del Perú; 1995.
- Behar R. Santa Rosa de Lima: Un análisis psicosocial de la anorexia nervosa. *Revista Psiquiatría Salud Mental* 1991;8:707-711.
- Bolaños M. El arte que no sabe su nombre. Locura y modernidad en la Viena del siglo XX. *Rev Asoc Esp Neuropsiq* 2007;27(100):445-464.
- Hamann B. Sissi. Emperatriz contra su voluntad. Barcelona: Juventud; 1989.
- Caso A. Elisabeth de Austria-Hungría. Álbum privado. Barcelona: Planeta; 1997.
- Moix A. Vals negro. Barcelona: Lumen SA; 1994.

36. Avril N. *La emperatriz Sissi*. Barcelona: Martínez-Roca; 1994.
37. Pétrement S. *Vida de Simone Weil*. Madrid: Editorial Trotta; 1997.
38. de Beauvoir S. *Memorias de una joven formal*. Cuarta Edición. Buenos Aires: Debolsillo; 2011.
39. Murray M. Simone Weil: Last things. En: White G (ed.). *Simone Weil: Interpretations of a life*. Amherst: The University of Massachusetts Press; 1981; pp. 57-61.
40. Corrington G. Anorexia, asceticism, and autonomy: Self-control as liberation and transcendence. *J Feminist Studies Religion* 1986;2(2):51-61.
41. Coles R. *Simone Weil: A modern pilgrimage (Skylightlives)*. Massachusetts: Addison-Wesley; 1987.
42. MacArthur J. *The family*. Chicago: Moody Press; 1982.
43. Banks C. There is no fat in heaven: Religious asceticism and the meaning of anorexia nervosa. *Ethos* 1996;24(1):107-125.
44. American Psychiatric Association. *Diagnostic and statistical manual of mental disorders*. Texto revisado, cuarta edición. Washington, DC: American Psychiatric Association; 2000.
45. Lacey J. Anorexia nervosa and a bearded female saint. *Br Med J* 1982;285:1816-1817.
46. Liles E, Woods S. Anorexia nervosa as viable behavior: Extreme self-deprivation in historical context. *Hist Psychiatry* 1999;10(39 Pt 2):205-225.
47. Figueroa G. *Cuerpo y corporalidad*. En: Behar R, Figueroa G (eds.). *Trastornos de la conducta alimentaria*. Segunda edición. Santiago de Chile: Editorial Mediterráneo; 2010; pp. 39-52.
48. Gabbard G. *Psiquiatría psicodinámica*. Milan: Cortina Editore; 2000.
49. Behar R. El cuerpo femenino y la belleza en la historia: Desde la antigüedad a la contemporaneidad. En: Behar R, Figueroa G (eds.). *Trastornos de la conducta alimentaria*. Segunda edición. Santiago de Chile: Editorial Mediterráneo; 2010; pp. 19-38.
50. Garner D. *Eating disorder inventory-2 manual*. Odessa: Psychological Assessment Resources; 1991.
51. Katzman M, Lee S. Beyond bodyimage: The integration of feminist and transcultural theories in the understanding of self starvation. *Int J Eat Disord* 1997;22(4):385-394.
52. Dabrowski K. *Personality shaping through positive disintegration*. Londres: J & A Churchill; 1967.
53. Abbate G, Pierò A, Gramaglia C, Fassino S. Factors related to severity of vomiting behaviors in bulimia nervosa. *Psychiatr Res* 2005;134:75-84.
54. Husserl E. *Cartesianische meditationen und Pariser Vorträge*. Zweite-Auflage. Husserliana I. Den Haag: Martinus Nijhoff; 1973.
55. Lain Entralgo P. *Idea del hombre*. Barcelona: Galaxia Gutenberg; 1996.
56. Scheler M. *Wesen und formen der sympathie*. En: Frings S (ed.). *Hrsg. Gesammelte Werke*. Band VI. Bern: Francke; 1973.
57. Merleau-Ponty M. *Phénoménologie de la perception*. Paris: Gallimard; 1945.
58. López Ibor J, López Ibor Aliño J. *El cuerpo y la corporalidad*. Madrid: Gredos; 1974.
59. Zubiri X. *Sobre el hombre*. Madrid: Editorial Alianza; 1986.
60. Le Breton D. *Anthropologie du corps et modernité*. Segunda edición. Paris: Presses Universitaires de France; 1990.
61. Foucault M. *Le pouvoir psychiatrique*. Cours au Collège de France. 1973-1974. Paris: Seuil/Gallimard; 2003.
62. Devillard MJ. De los discursos antropológicos sobre naturaleza, cuerpo y cultura. *Política Sociedad* 2002;39(3):597-614.
63. Douglas M. *Símbolos naturales: Exploraciones en cosmología*. Madrid: Editorial Alianza; 1988.
64. Furst L, Graham P. *Disorderly eaters: Texts in self-empowerment*. Pennsylvania: The Pennsylvania State University; 1992.
65. Skårderud F. The communicating body-eating disorders and culture. *Tidsskr Nor Laegeforen* 2004;124(18):2365-2368.
66. Weber M. *The protestant ethic and spirit of capitalism*. Londres: Allen & Unwin; 1930.
67. Rodríguez D. *La cárcel en nuestro propio cuerpo. Trastornos de la conducta alimentaria*. Universidad de Huelva; 2007; pp.678-695.
68. Davis W. *Epilogue*. En: Bell R (ed.). *Holy anorexia*. Chicago, IL: University of Chicago Press; 1985; pp.181-183.
69. La Barre W. *Shadow of childhood. Neoteny and the biology of religion*. Norman and Londres: University of Oklahoma Press; 1991.
70. Spiro M. *Religion. Problems of definition and explanation*. En: Kilborne B, Langness L (eds.). *Culture and human nature*. Chicago: University of Chicago Press; 1987; pp.187-222.
71. Kernberg O. *Borderline conditions and pathological narcissism*. Nueva York: Jason Aronson; 1975.
72. Palazzoli M. *Self-starvation. From individual to family therapy in the treatment of anorexia nervosa*. Nueva York: Jason Aronson; 1974.
73. Sabom W. The Gnostic world of anorexia nervosa. *J Psych Theol* 1985;13:243-254.
74. Fairburn C, Harrison P. *Eating disorders*. *Lancet* 2003;361:407-416.
75. Saraf M. *Holy anorexia and anorexia nervosa*. En: Leone D (ed.). *Anorexia nervosa*. Washington D.C: George Washington University Press; 1999; pp. 60-65.
76. Weil S. *Gravity and grace*. Londres: Routledge & Kegan Paul; 1992.
77. Weil S. *Waiting on God*. Londres: Routledge & Kegan Paul; 1951.
78. Bemporad J, Ratey J. Intensive psychotherapy of former anorexic individuals. *Am J Psychother* 1985;39(4):454-466.
79. Brumberg J. *Fasting girls: Reflections on writing the history of anorexia nervosa*. En: Smuts A, Hagen J (eds.). *History and research in child development*. Chicago: University of Chicago Press; 1985; pp. 93-104.
80. Martínez A. *La construcción social del cuerpo en las sociedades contemporáneas*. *Papers* 2004;73:127-152.
81. Baudrillard J. *La sociedad de consumo*. Barcelona: Plaza & Janés; 1974.
82. Featherstone M. *Consumer culture and postmodernism*. Londres: Sage Publications; 1991.