FASTING AND THE FEMALE BODY: FROM THE ASCETIC TO THE PATHOLOGICAL

Gordon Tait, QUT

Abstract

This paper will examine the literature on 'anorexia nervosa', and argue that it is underpinned by three fundamental assumptions. First, 'anorexia nervosa' is a reflection of the mismatch between true 'inner self' and the external 'false self', the latter self being the distorted product of a male dominated society. Second, the explanation for the severe fasting practices constitutive of 'anorexia nervosa' (a new social problem) is to be found within the binary opposition of resistance/conformity to contemporary cultural expectations. Finally, 'anorexia nervosa' is a problem which exists in nature (i.e., independently of analysis). It was eventually discovered, named and explained. This paper will problematise each of these assumptions in turn, and in doing so, it will propose an alternative way of understanding contemporary fasting practices.

Fasting and the 'Self'

The American Anorexia Nervosa Association defines 'anorexia nervosa' as a 'serious illness of deliberate self-starvation with profound psychiatric and physical components'. It is regarded as a 'complex emotional disorder that launches its victims on a course of frenzied dieting in pursuit of excessive thinness' (Neuman and Halvorson, 1983:2). As well as 'illness' and 'disorder', 'anorexia nervosa' is also commonly referred to as a 'disease', a 'sickness', a 'syndrome' and a 'condition'. The point here is obvious: young women lose such large amounts of weight because

they are sick, hence titles such as Welbourne and Purgold's (1986) *The Eating Sickness*. Consequently, the fasting practices so evident amongst young women are now almost always explained in terms of individual pathology, and the name of the pathological state is 'anorexia nervosa'. The notion of 'anorexia nervosa' has now superseded all other explanations of why young women fast. It is utilised, fairly unproblematically, at every site and in every context where interest in the issue is expressed.

Feminists have been quick to realise that accepting this paradigm, as it stands, brings with it a lot of undesirable baggage. After all, such a model states that anorectics alone are responsible for their own problems. This explanation places only slight emphasis on the structure of society itself, and certainly does not reveal why it is predominantly women who fast so severely. While some medical and psychological experts have tacked on 'socio-cultural influences' at the end of their theories (for example, Vandereycken and Meerman, 1984), this has done little to shift the central focus away from individual pathology. It is precisely this shift that feminists (along with a variety of other social analysts) have attempted. Although their input to the debate has not challenged the use of the medical term 'anorexia nervosa', nor altered the understanding of severe fasting amongst young women as a 'sickness' or an 'epidemic', it has made various attempts to re-define its causes.

Corrigan (1992) suggests that in their attempts to make links between society and the female body, feminists have taken the notion of 'anorexia nervosa' and re-interpreted it in different ways. One such way, with its roots firmly in the polemics of early 1970s feminism, places the blame squarely upon men. Chernin (1981) argues that the signal feature of patriarchal culture is the subordination of the female body. By preventing women from developing their bodies, patriarchal culture also succeeds in preventing women from developing their powers. In what

Corrigan (1992:112) refers to as 'stylistic revivalism', Wolf's (1990) *The Beauty Myth* also accuses male-dominated industries such as advertising, fashion, and cosmetics of being responsible for the oppression of women's bodies and, ultimately, for the contemporary epidemic of eating disorders like 'anorexia nervosa'. She states that in a male-dominated society, the anorectic is the perfect woman - 'weak, sexless and voiceless'.

As well as an emphasis upon 'patriarchy', writers such as Chernin and Wolf have another aspect of their theoretical frameworks in common. They both contend that male domination results in the distortion of women's relationships to themselves. That is, by forcing women to hate their own bodies, women develop a destructive separation between the true inner and the false outer 'selves'. It is this separation which results in 'anorexia nervosa'. Chernin (1986:20) contends that eating disorders such as 'anorexia nervosa' are a reflection of the failure of some women's struggle to find their inner 'selves'. Indeed, anorexia is deemed to be characterised by 'a lack of a bona fide self', an essence otherwise found within all women. She also equates the 'self' with the most fundamental of all essences, the soul (or more explicitly, the collective soul of womanhood) - arguing that 'anorexia nervosa' is the most obvious expression of the ongoing struggle being waged for that soul (Chernin, 1983:196). While other writers may read the psychoanalytic terrain slightly differently, they still base their theories on a foundation of the authentic 'inner person' (Bruch, 1974; Palazzoli, 1974; Dana, 1987; Garrett, 1992). Each individual is deemed to contain an 'inner person', which constitutes their 'real self'. Moreover, 'anorexia nervosa' is somehow tied to this self.

However, this familiar, humanist understanding of the self has been challenged by more contemporary, post-modern theories of identity formation. In such work, the self is positioned as an historical contingency, an historically variable collection of attributes that human individuals

may or may not exhibit in specific contexts. Indeed, it was only as a result of specific legal and religious changes within ancient Greek, Roman and early Christian societies, that the notion of an 'inner self' even became thinkable (Mauss, 1985). Prior to these changes, in ancient Greece, members of certain elite castes made specific choices about how best to care for themselves, not just in the physical sense, but also in order to cultivate themselves as moral persons. In choosing one possibility over another, this gave their lives a certain value and tenor - and status. Life was understood as a work of art. Moreover, it was a work of art that required constant attention. An acceptable 'self' had to be struggled for. The individual who refused to submit to their own desires (be it lust, gluttony, ambition, etc.) was highly valued. In this manner, ascetic denial became an essential part of the fabric from which the moderate and cultured personage was fashioned. It also became a crucial criterion in distinguishing a virtuous life from the life of one deemed less worthy.

Although the 'arts of existence' encompassed a diverse range of practices of self-management, they were normally codified within specific regimens, regimens which covered various areas. Hippocrates, in Book VI of the *Epidemics*, stated that there were five areas which required 'measurement': sexual relations, exercise, sleep, drink and (of pertinence to this paper) food (Foucault, 1987:101). In *A Regimen for Health*, Hippocrates set out a basic dietary regimen by which the 'ordinary man' could 'live as he should' (Jones, 1923:45). However, this was not to be utilised verbatim by those who were not 'ordinary men'. As Edelstein (1967) points out in *The Dietetics of Antiquity*, the dietary practices by which a man constructed an acceptable 'self' differed from the corresponding practices deemed fitting for women, just as the dietary practices of youth differed from other 'stages of life'. Consequently, there existed specific eating practices associated with young women, compliance to which had not only physical but moral implications.

Fasting also had a more direct role to play in forming a 'self' in ancient Greece than simply being one element of 'living as one should'. Individuals systematically declined nourishment as a part of the exercises of self-mastery alluded to previously. Ascetic denial of food was utilised as a mechanism of self-testing. By being able to govern the desire for food, not only could fitness to govern be demonstrated, but also the quality of 'self' being cultivated could be enhanced. Foucault (1990:20-21) points to ancient Greek heroes who had such mastery of themselves as to be able to turn away from all temptation, and then to almost identical figures within Christian lore. Indeed, he argues that the first Christian doctrines owe much to the moral philosophy of antiquity (Foucault, 1987:14-15). So too, fasting became a mechanism by which early Christians constructed the 'self' in a holy manner (through the medium of the body). Brown (1988:223) argues that the 'ideal self' of the desert hermit involved an emaciated body-image. The logic of such self-starvation involved the belief that under conditions of perfect purity, the body would need virtually no sustenance.

Importantly, the dietary practices of the early Christians cannot be understood as a single corpus of ideas or practices. It could mean going without food altogether, as in the case of one of the desert fathers, Simeon Stylites, who ate nothing for the whole of lent (Arbesmann, cited in Bynum, 1987:321). More usually however, it referred to refusing certain foods, to eating only one meal each day or going without food on specific days. Consequently, the practices of not eating and/or refusing certain foods have tended to fuse into a single concept - fasting. Differences also existed concerning gender, although information on the fasting practices specifically relating to women during this time is scarce. Brown (1988) has some observations on the gendering of religious ascetic practices. He suggests that although there was some overlap between men and women in their use of austerity, there also appear to have been discernible

differences. For example, women ascetics already had a reputation for their ability to endure exceptionally long fasts. Certainly, if they wished to demonstrate their piety through asceticism, their choice of terrain may have been considerably more restricted than that of equivalent men, for as Brown points out:

> Deprived of the clear boundary of the desert, their energies less drained by hard physical labor and unable to expose themselves far from their place of residence for fear of sexual violence, women frequently defined themselves as separate from the world through exceptionally rigid control of their diet. (Brown, 1988:269)

Such a limitation on the piety of women is reflected in the stories told of their religiosity. Whereas the holiest of men were depicted as knowing nothing about women or money, the equivalent women were said to have grown up not knowing what an apple looked like. As will be discussed in the next section, one thousand years later, in medieval Europe, there was still deemed to exist a distinctive relationship between the adoption of severe fasting practices and female piety.

At this point, it is important to note that once ascetic dietary practices have been brought into existence, even within very restricted circles, they can then act as a model for later societies to follow. Although they may subsequently have been cut off from their original belief systems, such practices have the potential to resurface in dispersed locations at various intervals, and thereby to continue to act as a model for human conduct. In addition, the potential is always there for those practices to be distributed to the wider community. Dietary asceticism is one example of such an occurrence.

Historicising Fasting

As mentioned earlier, Corrigan (1992) argues that feminists have attempted to explain 'anorexia nervosa' in different ways. The first way has depicted the 'anorectic' as the ultimate product of patriarchal fashioning, a victim of male design. However, an alternative, and more subtle, body of literature exists which situates 'anorexia nervosa' as a symptom/manifestation of the way in which contemporary society socialises women. While still employing a model which emphasises a struggle over the 'inner self', most feminist literature on 'anorexia nervosa' does not seek to explain such fasting simply in terms of something that men do to women. Rather, the focus is shifted from the 'institutions of patriarchy', to the complex relationships that are deemed to exist between women, their bodies and food. 'Anorexia nervosa' is thereby placed within the binary response of resistance/conformity to contemporary notions of femininity.

Orbach (1978) states that it is obvious why women, rather than men, become anorectics in such large numbers, after all, 'bird-like eating is a reflection of a culture that praises thinness and fragility in women'. The logic here is that the anorectic takes on such cultural expectations and surpasses them. She supports these claims by stating that the central aspect of a women's existence is her appearance, and that women are socialised into a pre-occupation with constructing a self-image that others will find pleasing, an image that is almost exclusively thin. Therefore, 'anorexia nervosa' is *hyper-femininity*.

Edwards (1987:71) disagrees, describing it instead as, 'a form of rebellion, an opting-out, a protest'. Although she locates 'normal' slimming in terms of conformity, she argues that anorectics are attempting to gain autonomy, not only from society but from their own denigrated

female bodies. That is, they use fasting as a mechanism of retreating from femininity altogether. Reflecting this theoretical shift, *hyper-femininity* has now become *anti-femininity*. Bordo (1988) expands on this analysis. She states that the concept of 'resistance' in 'anorexia nervosa' can be understood to operate at two levels of meaning. The first is a rejection of traditional female roles, since many anorectics express dismay at the prospect of ending up in the same social and physical circumstances as their mothers. The second operates at a much deeper level, suggesting that 'anorectics' have an intense fear of 'The Female'. This archetype is constructed as being 'hungering, voracious, all-needing, and all-wanting', especially in the areas of sex and food.

Although Bordo's work employs some aspects of previous research, such as a variation on the 'inner self' theme, she does not limit her analysis of 'anorexia nervosa' to the binary of resistance/conformity to contemporary images of femininity. In the paper, 'The Body and the Reproduction of Femininity: a feminist appropriation of Foucault', Bordo (1989) suggests that 'anorexia nervosa' may well have its origins in various normalising practices and techniques of self-formation and self-discipline - an observation which opens up a new field of possibilities, possibilities which can best be explored by historicising severe fasting.

From the thirteenth to the fifteenth century, a significant number of Christian women adopted fasting practices similar to those now associated with 'anorexia nervosa'. In *Holy Anorexia*, a study of medieval dietary asceticism, Bell (1985) examines the histories of the women who starved themselves in the name of piety, some achieving canonisation as well as simply their own deaths. Of the 261 women upon whom he focuses his study: 'about one-third of this number the historical record is so meagre that nothing of consequence can be concluded about them for my purposes. Of the remaining 170 or so, more than half displayed clear signs of anorexia' (Bell, 1985:3). Bell's claim that these women were suffering from 'anorexia' raises two questions.

First, why did some medieval women chose to fast to extreme lengths as a way of demonstrating their piety? Second, to what extent is the modern category of anorexia nervosa useful in describing medieval fasting? Taking these in turn:

In *Holy Feast, Holy Fast,* Bynum (1987) attempts to explain the logic behind medieval fasting women. She comes to a number of conclusions. First, she argues that the context of the eucharist was in the process of transformation throughout the middle ages. This in turn had quite dramatic effects upon the fasting practices of some devout Christians - women in particular. 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. This transition was completed late in the thirteenth century, by which time the consecrated bread and wine had become objects of awe and wonderment. It thereby became possible to experience God directly and personally, thus the corporate nature of early Christian eucharistic piety started to disappear. Fasting practices reflected this shift from the communal to the personal, and the practice of some individuals became increasingly idiosyncratic and extreme. Arguably, it was in this religious context that the ascetic fasting practices, often deemed to be early examples of 'anorexia nervosa', had their genesis.

Bynum's second point was that food constituted an available mechanism through which women could manipulate their own circumstances. Since women's primary role (other than childbirth) involved the preparation of food, fasting was the most obvious and culturally acceptable form of asceticism. It merely acted to emphasise what women did in their daily lives. Therefore, 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. Unlike equivalent men, 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 women to suddenly embrace chastity if they were already married. Consequently, 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. Bynum argues that the extreme fasting practices of some young women actually did affect the running of their households, and this disruption permitted them some form of leverage over their conditions and their future. Furthermore, in a more directly theological way, fasting also permitted them to bypass the mediating male influence of the priest on their religious experiences. Whereas the female was normally characterised as the passive recipient of spiritual favour (such as in the eucharist), ascetic fasting became part of a vocabulary of food-related practices that allowed women more active and direct access to their God.

Finally, Bynum argues, in medieval female religiosity, severe fasting formed an important component within the motifs of 'service and suffering' - all stemming from the notion of *imitato Christi*. This formed an important component of a model of female piety which differed markedly from the model characteristic of equivalent men. According to Weinstein and Bell (1982:220) there exist a specific set of practices characteristic of male saints, whose typical habitus might include deeds such as brave missionary work, championing public morality and passionate oratory. In contrast, the female model for holy conduct features mysticism, charity, and penitential asceticism. They suggest that women saints were less institutionalised than men, that mystical communication with God played a greater role in women's piety, that their religious

calling developed more steadily than men's, that their piety was more 'body centred' than men's, and that it emphasised the notion of 'service and suffering'.

'Service and suffering' was also a central component within the spiritual theme of *imitato Christi*. Prior to the thirteenth century, *imitato Christi* was understood in a largely symbolic manner. It was applied to conduct such as using Christ as a role model, or observing dietary restrictions over lent in order to simulate Christ's forty days in the desert without food. However, just as the 'body and blood of Christ' came to be taken literally in the eucharist, so too *imitato Christi* took on a literal meaning concerning Christ's suffering in this world. The female body itself thereby became the primary site for extravagant exhibitions of piety to be written. Women were far more likely than equivalent men to take vows of chastity, to torture themselves with devices such as hair shirts and chain girdles, and to whip and starve themselves (Weinstein and Bell, 1982:234). Through the piecemeal employment of practices such as these, medieval women shaped a 'self' in *imitato Christi*. It is within this context that the severe fasting of those women must be placed.

From the arguments raised so far, it is more evident why food - and in particular, fasting - came to be a ready site for medieval women to demonstrate their holiness. However, the question can now be asked, were women such as St. Catherine of Siena suffering from 'anorexia nervosa'? Bell (1985:20-21) has few doubts about this. After all, as medieval people faced other illnesses which still exist today (such as bubonic plague), there is no reason why the same assumptions cannot be made about 'anorexia nervosa': that is, it is a physiological and psychological ailment that has always been most prevalent amongst young women. Bell argues that medieval fasting women were suffering from a mental state that he considered 'psychologically analogous' to that found in contemporary anorectics. He supports this contention by noting several symptomatic

similarities, other than the fact that medieval dietary ascetics were also predominantly young and female, became very thin and often died.

And yet the situation is considerably more complex than Bell's analysis might suggest. First, the fasting practices of medieval holy women do not fit the criteria used most frequently to diagnose 'anorexia nervosa'. As will be discussed in the next section, the *Feighner-Criteria for Anorexia Nervosa* require, for a positive diagnosis, an intense fear of becoming obese and a disturbance of body image, e.g. claiming to feel fat even when emaciated. These features were not present in medieval fasting women, as weight or body size was not pertinent in any way to their dietary practices. In fact, all but missing too was the *raison d'etre* for most contemporary fasting - the notion of dieting for health. As Henisch (1976:16) points out when discussing medieval attitudes towards the seven deadly sins: 'Rigorous diets when endured merely for the sake of health received as little sympathy from sharp-eyed commentators on gluttony as (did) ostentatious dinner parties. Dieting for fashion had not yet been invented'.

On these grounds alone it would appear as if the modern concept of 'anorexia nervosa' is unsuitable for retrospective application to women of the thirteenth century. However, other arguments lend additional weight to the rejection of such hypothetical links. Brumberg (1988) states that the evidence linking the two phenomena is exceedingly weak and is primarily based upon 'interpretive acts of faith' or upon flimsy medical 'evidence', like hyperactivity, amenorrhoea or lanugo. Even though there are clearly secular cases where medieval women stopped eating (i.e., they made no claims to piety), this does not therefore imply the existence of 'anorexia nervosa'. There are feasible emotional or organic conditions/ circumstances which manifest this symptom. Brumberg also points out that although both the modern anorectic and the medieval holy woman may share similar physical experiences upon starving, the routes into

their respective fasting practices are very different, and this therefore negates the possibility of any real comparison. Bynum does not so much argue against medieval ascetics having 'anorexia nervosa', as argue that it is not a particularly helpful line of inquiry. She rightly points out that:

> 'medieval anorexia' is not quite the right topic for historical investigation. We should not isolate the rather rare phenomenon called by contemporaries 'miraculous abstinence' or 'fasting girls' from the broader phenomenon of the overpowering concern with food - with feast as well as fast - that characterizes the lives and writings of medieval women. (Bynum, 1987:206)

In the light of these arguments, it would appear as if the broad distribution of severe fasting practices among young women is not simply a contemporary phenomenon. Some medieval women engaged in ascetic practices which also involved severe fasting. However, explanations for fasting cannot be found within the binary of resistance/conformity to dominant images of femininity. Rather, the fasting of medieval women can only be understood when placed in its religious historical context, which is very different from that which was later to give rise to 'anorexia nervosa'. This understanding requires a knowledge of religious conventions based upon the dual and supplementary dietary imperatives of feast and fast, and of an increasingly extreme interpretation of Christian doctrine. It requires a knowledge of the role that food played in women's piety, as part of the theme of *imitato Christi*.

As discussed in the last section, ethical practices can act as models for conduct, even when cut off from their original belief systems. Although dietary asceticism may have had its genesis in antiquity and been associated with 'living as one should', it survived in restricted Christian circles only to re-surface in medieval times as a set of predominantly female practices linked to piety and penitence. However, severe ascetic fasting amongst young women did not cease with the death of St. Catherine of Sienna. On the contrary, her life story (and others like her - Clare of

Assisi, Angela of Foligno, Margaret of Cortona) was retold to audiences as a form of religious inspiration for centuries afterwards (Bell, 1985:152). Her own writings and those of her biographer, Raymond of Capua, were also used as exemplary texts for others who wished to duplicate her dietary practices, and hence her piety. Even as late as the 1880s, the *vitae* of medieval fasting women such as St. Catherine were being used as models for the conduct of young women (Brumberg, 1988: 184). However, the circumstances which had given rise to the spectacular individualism of the thirteenth and fourteenth centuries had long since given way to a less individually challenging religiosity which marginalised the laity, frowned upon severe asceticism, and cast the role of the holy women as that of 'do-gooder'. Thus, those young women who still chose to shape their spiritual practices in the tradition of the medieval ascetics, came to be regarded as more and more anachronistic.

Government and the Invention of 'Anorexia Nervosa'

'Anorexia nervosa' now has a well-documented and often-quoted history, which traces how we came to grasp what it 'really is'. Once discovered, in 1873, this new disease was not only used to explain why some contemporary women fast severely, it was also retrospectively allocated to earlier fasting women. However, it was not until 1962 when some specific diagnostic criteria were set out for the disease (Bruch, 1962). These included a disturbance of body image, a disturbance in the accuracy of perception of internal stimuli (i.e., nutritional need), and a paralysing sense of ineffectiveness (also Bruch, 1966). Ground-breaking though they were, these criteria were still considered somewhat vague. In 1972, an attempt was made to rectify this problem by Feighner et al. They proposed the widely-used *Feighner-Criteria for Anorexia Nervosa* (Feighner, Robins, Guze, Woodruff, Winokur and Munoz, 1972:57-63). This in turn

was refined by the American Psychiatric Association in 1980, with the *DSM-111 Criteria for Anorexia Nervosa*:

A. Intense fear of becoming obese, which does not diminish as weight loss progresses.
B. Disturbance of body image, e.g., claiming to 'feel fat' even when emaciated.
C. Weight loss of at least 25% of original body weight; or, if under 18 years of age, weight loss from original body weight plus projected weight gain expected from growth charts may be combined to make the 25%.
D. Refusal to maintain body weight over a minimal normal weight for age and height.
E. No known physical illness that would account for the weight loss.

Although these characteristics now give shape to the notion of 'anorexia nervosa', there are a number of minor divisions in the scientific community over precisely what causes the disease. Irrespective of these differences, this research shares a common assumption: that 'anorexia nervosa' exists in nature. This paper adopts a different approach, suggesting that when new canons of judgement are employed - such as those associated with science - new realities come into being. 'Anorexia nervosa' is just one such reality.

Brumberg (1988) states that in the eighteenth century, although severe fasting was no longer conducted within the medieval context of feast/fast, 'miraculous maids' 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 claim that any particular young woman ate nothing now required some form of proof (as the possibility of existing without nourishment was still considered possible, just rather unlikely). Then, having once established that no food was being eaten, the authorities were perfectly happy to designate such fasting 'miraculous' - 'anorexia mirabilis'. However, as the tests became increasingly rigorous, and due to 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' (Brumberg, 1988:50).

Significantly, such 'illnesses' were now becoming part of a governmental concern for the health of the population. Foucault (1984:227) argues that in medieval times, power exercised two main functions: war, in terms of the 'hard-won monopoly of arms' and peace, through the 'arbitration of law-suits and the punishment of crimes'. At the end of the middle ages, there was added to these roles both the maintenance of order and the organisation of enrichment. Finally, in the eighteenth century, a further function emerged - that of providing a social milieu which promised 'physical well-being, health, and optimum longevity'. Thus, 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. Consequently:

> the 'body' - the body of individuals and the body of populations - appears as the bearer of new variables, not merely between the scarce and the numerous, the submissive and the restive, rich and poor, healthy and sick, strong and weak, but also between the more or less utilisable, more or less amenable to profitable investment, those with greater or lesser prospects of survival, death, and illness, and with more or less capacity for being usefully trained. The biological traits of a population become relevant factors in economic management. (Foucault, 1984:279)

Consequently, it is within the context of a concern for health, diet and the body that the fasting practices of young women must now be placed. The dual and supplementary governmental concerns over health and public order now meant that it was no longer just a matter of producing the right *number* of children, it also meant producing the right *kind* of children (Foucault, 1984:279). There would henceforth be definite parental obligations to their children - care, hygiene, diet, exercise, to name but a few. The family is no longer simply a kinship network, it becomes a 'dense, saturated, permanent' pedagogic apparatus. Hence, when young Victorian women fasted, a degree of culpability was frequently apportioned to the family for failing in the duty of care: healthy families do not produce fasting children.

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. As Rose (1985;1990) contends, the health of the mind was now to be subject to governmental intervention and regulation. The rise of the psy-disciplines (psychology, psychiatry, psychoanalysis) 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 young women who fasted severely were subject to 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. Indeed, Foucault (1976:104) argues that a crucial characteristic of the government of eighteenth and nineteenth century society was the 'hysterisation of women's bodies'. This was the process whereby the female body was 'integrated into the sphere of medical practice', whereupon it was 'analysed, qualified and disqualified' due to its saturation with 'sexuality'. At this time, female behaviour was generally understood as being an extension of their reproductive capacities (hence hysteria:

Hysteros, Greek for uterus). In practice, 'hysteria' was a conveniently ambiguous term which covered all those forms of mental and physical stress not covered more precisely within the boundaries of other complaints. Furthermore, the rather vague nosology of 'hysteria' meant that it could be applied to virtually anyone, provided they were female, and generally from the affluent middle classes. Arguable, the emergence of the 'hysterical' young woman was closely linked to a shift within Victorian society which saw the child becoming more central to the bourgeois family.

Having finally rejected the notion of 'anorexia mirabilis' as a satisfactory explanation of severe fasting amongst young women, it should not be surprising then that science produced a new nosological grouping to cover what was now almost exclusively regarded as some form of sickness - 'anorexia hysterica'. In 1873, Sir William Gull presented a paper to the Clinical Society in London entitled 'Anorexia Hysterica', which was published soon afterwards as 'Anorexia Nervosa (Apepsia Hysterica, Anorexia Hysterica)'. However, he did not have the field all to himself. Also in 1873, a Paris Neurologist, Dr. Charles Lasegue published a paper entitled 'L'anorexie hysterique'. Gull soon ceased using the term 'hysterica', (due in part to its imprecision, in part to the fact that some young men manifested the condition, and in part as a way of separating his own findings from those of Lasague), although he did not really seek to move his new classification - 'anorexia nervosa' - from the general terrain of hysteria. That is, sufferers from the newly-delineated condition of 'anorexia nervosa' were still largely regarded as being hysterical (Brumberg, 1988:118-119).

By the end of the nineteenth century, severe fasting amongst young women was no longer directly related to religious piety - although some incorporated spiritualism into their fasting (and arguably some notions of 'purity' were still a feature of the belief systems underpinning these

dietary practices). 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 the symptoms of inedia. Eventually, their fasting practices were extracted from this nebulous nosological space and given an adjacent branch all to themselves. Brumberg (1988) points to the influence of three factors 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 to develop techniques for keeping such individuals alive (most based simply upon forced feeding), techniques which then accorded the asylums a relative expertise in the fasting field. Whereas this refusal had 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 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. Additional motivation for an interest in fasting came from the fact that mortality statistics from public asylums were now published, and a high death rate within the asylum was a serious indication of failure.

The second major influence on the delineation of 'anorexia nervosa' as a discreet disease entity came from French psychiatry, in particular from Charles Lasague. As previously mentioned, the bourgeois family of the nineteenth century underwent significant changes - especially in regard to the status of the child. 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' (Lasague, cited in Brumberg, 1988:128). He suggested that emotional conflicts between the young women and her parents were the root cause of 'l'anorexie hysterique'.

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. In the nineteenth century, considerable social stigma still attached to asylums. For wealthy families with fasting daughters, these institutions were the very last resort. Consequently, specialists in private practice provided a viable and welcome alternative - and soon claimed expertise in the area. It was Gull who first distinguished 'anorexia nervosa' from other illnesses, both mental and physical, which manifested the same symptoms. More specifically, his basic conclusion was that if the fasting patient was neither a) a bona fide lunatic, or b) suffering for a disease which produces protracted loss of appetite, then they were suffering from a particular ailment: 'anorexia nervosa'. The shaping of 'anorexia nervosa' in this way suited all concerned. Medical science had now 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, the shaping of what actually constituted 'anorexia nervosa' was not as cut and dried as might first appear. It only took on its present form after a variety of different knowledges struggled over its authorship. Mainstream medicine, neurology, psychiatry, psychoanalysis and even the bourgeois family itself, have all had a say in the shaping of the 'anorectic'. Lucas (1981) contends that the 'discovery' of 'anorexia nervosa' occurred in five teleological stages. He first observed a 'descriptive era' (ending in 1914), where the disease was identified but not satisfactorily explained. This era would include the efforts of Gull and Lasegue - individuals

who ‘saw’ the disease, but did not understand it. The ‘descriptive era’ was superseded first by the ‘pituitary era’ (ending in 1940); research into ‘anorexia nervosa’ in the first part of the twentieth century was dominated by endocrinology. For a while, ‘Simmonds Disease’ was in danger of returning the newly-discovered ‘anorexia nervosa’ back to its old status of being merely a symptom of another underlying organic illness. However, further research and a certain taxonomic flexibility permitted the retention of both as separate disease entities. Lucas states that, effectively, the influence of endocrinology ended here. However, this is not really the case. It still continues to inform discourse on ‘anorexia nervosa’, admittedly in a more limited way. Some recent medical research now points to a malfunctioning hypothalamus (Vandereycken and Meermann, 1984:51).

In spite of ongoing physiological research, from the 1930s onwards, a new body of knowledge informed debates on this problem. ‘Psychosomatic’ medicine advocated the use of psychotherapy in the treatment of anorectics. The procedure soon become routine amongst general practitioners. In essence it really only involved an early form of counselling. That is, 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 - introverted, reserved, insecure, self-denying, etc. (Strober, 1986:238). These traits are still considered valid.

In Lucas’ model, the 1930s notion of the ‘anorexic’ personality was complicated by the rise of psychoanalysis, which predictably pointed the causal finger at sex. However, the numerous psychoanalytic interpretations that were produced from the beginning of the 1940s to the end of the 1960s varied considerably. For example, refusal to eat was linked directly to sexual

repression - 'anorectics' being depicted as cold, puritanical and sexually maladjusted. It was also argued that the refusal to eat was a defence against promiscuity and probable prostitution, or that the force feeding that anorectics would inevitably face was part of a fellatio-fantasy. Often, 'anorexia nervosa' was explained in terms of sexual conflict manifested in terms of a fear of oral impregnation, except for one analyst who claimed success when finally getting his patient to admit her fantasy of eating his penis (Brumberg, 1988:224).

Irrespective of these contradictions, psychoanalysis was instrumental in shaping 'anorexia nervosa' until the beginning of the 1970s (Lucas' 'modern era'), when the illness was rigorously quantified through the *Feighner-Criteria* and co-opted into mainstream psychology. In addition to having firmly positioned such fasting in terms of a mental affliction, psychology has further reinforced its own expertise in the area (and also the self-evidency of the pathological nature of the problem), by delineating in 'anorectics' some common personality traits. However, not only does 'anorexia nervosa' normally appear within a pathological personality, psychological research suggests that this personality then exists within a similarly pathological family (Beattie, 1988; Kog and Vandereycken, 1989). Thus, not only has psychology succeeded in staking the greatest claim to explaining why some young women fast but it has also delineated one of the central targets for therapeutic intervention and rehabilitation - the family. However, 'anorexia nervosa' is not now explained solely in psychological terms. Upon close inspection, the influence of disciplines such as physiology, psychoanalysis and medicine can all still be discerned within the literature.

Conclusion

Significant numbers of young women are currently engaged in severe ascetic fasting practices. Almost all explanations of this behaviour centre around the disease entity 'anorexia nervosa'. However, food asceticism has a very long history. In the elite circles of ancient Greece, precise dietary regimens constituted an important mechanism of self-formation. Likewise, some medieval Christian women fasted, in part, to shape themselves in *imitato Christi*. By the end of the eighteenth century, scientific canons of judgement re-interpreted the ascetic dietary practices of young women in terms of a pathological illness. This depiction of the evolution of the disease entity 'anorexia nervosa' differs from the dominant model - exemplified by texts such as Bruch's (1974) *Eating Disorders: obesity, anorexia nervosa and the person within* - in three important ways.

First, the title of Bruch's book signals a particular understanding of the human self. The notion of 'the person within' 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. In contrast to this position, this paper has argued that 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 an attempt by her to shape herself in certain ways. She was doing specific work on herself, and one of the central techniques that she used was severe fasting. This logic still applies. Contemporary 'anorectics' are also shaping themselves - both ethically and physically - although, of course, for reasons that bear little relation to St. Catherine's.

This observation leads to the second point of divergence from Bruch's approach to 'anorexia nervosa'. Contemporary images of femininity have not been the genesis of severe fasting

practices among young women (whether as resistance or conformity). These practices have a certain autonomy, and in acting as modes 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. Certainly, the beliefs attached to these practices (both by those who employ them and those who see them being employed) reflect an array of social and governmental imperatives. However, such beliefs should not be placed in a *causal* relation to these practices, rather they are simply part of the belief system which supports them. Fear of fatness does not *cause*, in an absolute way, the employment of severe fasting practices, it simply directs choices from existing repertoires of human conduct.

Finally, 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. It was only through tenacity and clear-sightedness that the reality of the illness became apparent. In addition, the theoretical assumptions that she brought to the problem were not seen as being implicated in its formation, they merely enabled her to solve it. This paper has adopted a different approach. Whereas, it does not suggest that 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.

References

Beattie, H. (1988). 'Eating Disorders and the Mother-Daughter Relationship', *The International Journal of Eating Disorders*, 7:4, pp. 453-460.

Bell, R. (1985). *Holy Anorexia*, University of Chicago Press: New York.

Bordo, S. (1988). 'Anorexia Nervosa: psychopathology as the crystallization of culture', in I. Diamond and L. Quinby (eds.), *Feminism and Foucault: reflections on resistance,* Northeastern University Press: Boston, pp. 87-118.

Bordo, S. (1989). 'The Body and the Reproduction of Femininity: a feminist appropriation of Foucault', in A. Jagger and S. Bordo (eds.), *Gender/Body/Knowledge: feminist reconstructions of being and knowing,* Rutgers University Press: New Brunswick, pp. 50-73.

Brown, P. (1988). *The Body and Society: men, women, and sexual renunciation in early Christianity,* Columbia University Press: New York.

Bruch, H. (1962). 'Perceptual and Conceptual Disturbances in Anorexia Nervosa', *Psychosomatic Medicine,* 24:2, pp. 187-194.

Bruch, H. (1966). 'Anorexia Nervosa and its Differential Diagnosis', *The Journal of Nervous and Mental Disease,* 141:5, pp. 555-566.

Bruch, H. (1974). *Eating Disorders: obesity, anorexia nervosa and the person within,* New York.

Brumberg, J. (1988). *Fasting Girls: the emergence of anorexia nervosa as a modern disease*. Harvard University Press: Cambridge, Massachusetts.

Bynum, C. (1987). *Holy Feast and Holy Fast: the religious significance of food to medieval women.* University of California Press: Berkeley.

Chernin, K. (1981). *The Obsession: reflections on the tyranny of slenderness,* Harper and Row: New York.

Chernin, K. (1986). *The Hungry Self: women, eating and identity,* Virago Press: London.

Corrigan, A. (1992). 'Fashion, Beauty and Feminism', *Meanjin,* 51:1, pp. 107-122.

Dana, M. (1987). 'Boundaries: one way mirror to the self', in M. Lawrence (ed.), *Fed Up and Hungry: women, oppression and food,* Women's Press: London, pp. 46-60.

Edelstein, L. (1967). 'The Dietetics of Antiquity', in O. Temkin and C. Temkin (eds.), *Ancient Medicine: selected papers of Ludwig Edelstein,* John Hopkins Press: Baltimore, pp. 303-316.

Edwards, G. (1987). 'Anorexia and the Family', in M. Lawrence (ed.), *Fed Up and Hungry: women, oppression and food,* Women's Press: London, pp. 61-73.

Fighner, J., Robins, E., Guze, S., Woodruff, R., Winokur, G. and Munoz, R. (1972). 'Diagnostic Criteria for use in Psychiatric Research', *Archives of General Psychiatry,* 26, pp. 57-63.

Foucault, M. (1976). *The History of Sexuality, Volume 1: an introduction,* Penguin: London.

Foucault, M. (1984). 'The Politics of Health in the Eighteenth Century', in P. Rabinow (ed.), *The Foucault Reader,* Penguin: London, pp. 273-290.

Foucault, M. (1987). *The History of Sexuality, Volume II: the uses of pleasure,* Penguin: Harmondsworth.

Foucault, M. (1990). *The History of Sexuality, Volume III: the care of the self,* Penguin: Harmondsworth.

Garrett, C. (1992). *Anorexia Nervosa as Personal and Social Ritual*, Working Papers in Women's Studies, 6, University of Western Sydney.

Henisch, B. (1976). *Fast and Feast: food in medieval society,* Pennsylvania State University Press: University Park.

Jones, W. (1923). 'Regimen in Health', *Hippocrates,* Loeb Edition, Volume IV, Heinemann: London.

Kog, E. and Vandereycken, W. (1989). 'The Facts: a review of research data on eating disorder families', in W. Vandereycken, E. Kog and J. Vanderlinden (eds.), *The Family Approach to Eating Disorders: assessment and treatment of anorexia nervosa and bulimia,* PMA: New York, pp. 25-68.

Lucas, A. (1981). 'Towards the Understanding of Anorexia Nervosa as a Disease Entity', *Mayo Clinic Proceedings,* 56, pp. 254-264.

Mauss, M. (1985). 'A Category of Human Mind: the notion of the person; the notion of the self', in M. Carrithers, S. Collins and S. Lukes (eds.), *The Category of the Person: Anthropology, Philosophy, History.* Cambridge University Press: Cambridge, pp. 1-25.

Neuman, P. and Halvorson, P. (1983). *Anorexia Nervosa and Bulimia: a handbook for counselors and therapists,* Van Nostrand Reinhold: New York.

Orbach, S. (1978). *Fat is a Feminist Issue,* Paddington Press: London.

Palazzoli, S. (1974). *Self starvation: from the intrapsychic to the transpersonal approach to anorexia nervosa,* Human Context Books: London.

Rose, N. (1985). *The Psychological Complex: psychology, politics and society in England 1869-1939,* Routledge and Kegan Paul: London.

Strober, M. (1986). 'Anorexia Nervosa: history and psychological concepts', in K. Brownell and J. Foreyt (eds.), *Handbook of Eating Disorders: physiology, psychology and treatment of obesity, anorexia, and bulimia,* Basic Books: New York, pp. 230-246.

Vandereycken, W. and Meermann, R. (1984). *Anorexia Nervosa: a clinician's guide to treatment,* Walter de Gruyter: Berlin.

Weinstein, D. and Bell, R. (1982). *Saints and Society: the two worlds of western Christendom, 1000-1700,* The University of Chicago Press: Chicago.

Welbourne, J. and Purgold, J. (1986). *The Eating Sickness: anorexia, bulimia and the myth of suicide by slimming,* Harvester Press: Brighton.

Wolf, N. (1990). *The Beauty Myth,* Chatto and Windus: London.