TITLE: *The Ascetic Anorexic*

Author: Nonja Peters

Abstract

The increased incidence of *anorexia nervosa* in specific historical periods and in professions that emphasize thinness such as ballet dancing, fashion modelling and horse racing, are reasons to suspect the existence of an, as yet, unidentified, dynamic. This is reason enough to argue against the notion of a personal predisposition to *anorexia nervosa* and consider, rather, social preconditions to be the determining factors in the initial stage of the *anorexic* process. Upon unravelling the enigma, an alternative perspective from which to view *anorexia nervosa* is offered. *Anorexia nervosa* is conceptualised as occurring in three phases - the diet phase, ascetic phase and the semi-starvation neurosis phase. It is argued that the initial motive (diet to attain a cultural ideal of slimness) does not drive the dieter through the entire process. The diet motive combines rather with auxiliary motives produced by the commitment to (which it is suggested can develop into an addiction) the semi-starvation regime and the bio-psychological embodied changes this state induces. The ascetic experience (altered state of consciousness described by some as 'spiritual'), and changed body shape, symbolise to the *anorexic*, their attainment of the sought after societal ideal made possible because the person possesses specific 'character traits'.

Introduction

This paper[i] addresses a puzzle related to the increased incidence of *anorexia nervosa* in specific populations (approximately 90% of people diagnosed are women) and in specific historical periods.[ii] There are reasons to suspect the existence of an, as yet, unidentified dynamic in the little understood anorexic process. For instance the emphasis on hyper- slimness in recent years, and the advent of new kinds of female Holiness, entailing austere regimes, in Medieval Italy have both been attended by a rapid increase in anorexic behaviour patterns. This is especially poignant when it is noted that a greater propensity to *anorexia nervosa* has been observed in young women in the 15-26 year age bracket engaged in the developmental task of determining self and career in a society obsessed with a slender body image, and in people committed to careers that demand super-slim or extremely lightweight bodies such as ballet dancing, fashion modelling, horse racing, and running. This becomes even more evocative when set against the knowledge that females in an equally

competitive profession such as musicians do not show an increased prevalence for *anorexia nervosa* (Noakes 1985:426). Then there is the question of anorexics saying they feel fine, despite their emaciated condition. Why do they feel fine? What is making them feel they are fine? These questions have never been pursued or answered, at least not from the anorectic's side. The fact that the anorexic is feeling fine is considered additional evidence of her illness (Mukai 1989).

Turner (1990:157) claims that existing positivistic approaches (based upon the medical model) to anorexia are underdeveloped, and that any interpretation of action should derive its reality from the experience of the embodied social agent (the anorexic) (1992:152).[iii] This paper in addressing anorexic enigmas, presents an alternative conceptualisation of the syndrome that takes into account physiological, psychological, behavioural and social influences. It interprets the experience *anorexia nervosa* from the perspective of the anorexic as, 'knowledgeable agent' (Turner 1992). The study is based on interviews with anorexics (Peters 1987), case studies compiled by Bruch (1988) and Crisp (1982), Japanese anorexic Mukai's (1989) personal account of *anorexia nervosa*, and my own experience of the syndrome.[iv] Before starting the actual conceptualisation, however, I briefly examine briefly the previous development of the diagnosis to explain in what way and why I have felt it necessary to deviate from it. I then present the details of Keys et al an experiment on the human organisms response to prolonged semi-starvation, a body of information I regard as vital to a better understanding of the anorexic process.

So what does a diagnosis '*anorexia nervosa*' mean, and how it has been so conceived? Psychiatry has claimed the eating disorders as its legitimate province. Such ownership denotes responsibility and confers power to create and influence public definitions of reality and understandings of a syndrome (Gusfield 1981:10). The medical model is the principal organising concept in psychiatric thought, and both the medical power system and *anorexia nervosa* emerged in the *androcentric* West, a male contrived and dominated society in which 'maleness' in all its forms has became the metonymy for 'humanness'. In this setting Psychiatric motive imputation became the only valid discourse from which to draw conclusions. As Psychiatry finds its rationale in an 'intra-psychic' vision, this means a pathology must be found within the individual's psyche.

The diagnostic and the treatment programmes that emerged from medicine's historical background have resulted in a procedure for *anorexia nervosa* that reflects aspects of

a 'status degradation ceremony' which Garfinkel (1956:420-24) defines as any communicative work between persons, in which the public identity of an actor is transformed into something looked on as lower in the scheme of social types. Such a ceremonies deal not with what a person (in this case an anorexic) may be expected to have done or to do, but, rather with what 'the group' (in this case the professional psychiatrist) holds to be the ultimate 'grounds' or 'reasons' for the person's performance'. The grounds on which the person (anorexic) achieves what for her is adequate understanding of her action are not treated in a utilitarian manner. Rather, the correctness of an imputation, is decided on by a participant (Psychiatrist), in accordance with socially valid (in this case institutionally recommended) standards of 'preference'. In the diagnosis *anorexia nervosa*, the psychiatrists makes the crucial distinctions between appearances and reality, truth and falsity, triviality and importance, accident and essence, coincidence and cause; and in accordance with gender-biased psychiatric models. This has enabled psychiatry to respond to its constructed cause of *anorexia nervosa,* ' a rejection of 'feminity', 'an attempt to return to prepuberty' and 'intentional refusal of food', with 'moral indignation'.[v] Moral indignation is public denunciation. (Garfinkel 1956). The result, is the development of an asymetrical interpersonal nexus between psychiatrists and anorexics, now institutionalised, in which diagnostic chaos has emerged.

Orbach claims there is a discouragingly high failure rate in the treatment of anorexia. This is understandable when psychiatric articles claim, that 'therapies can evolve independently of knowledge of causation' (Dare 1985:436). Criteria in classification of a syndrome have an influence on the direction of research and subsequent treatment programmes, yet the classification of *anorexia nervosa* remains fraught with difficulties. Medicine has variously characterised *anorexia nervosa* as attributable to physical or psychological origins. However, Yager (1988:19)[vi] adds that:

> The psychological diagnoses of *anorexia,* came to be based on virtually all schools of learning theory (from classical and operant conditioning through to cognitive and social learning) all schools of psychodynamic theory (including classical Freudian, Jungian, feminist, object Relations, and existential), and several schools of theory which labeled the entire family neurotic.[vii] Personality disorder labels such as schizoid, histrionic and borderline have also been frequently used to describe the person who becomes anorexic. Anorexia has also been attributed to food and/or weight phobias, maladaptive anxiety reduction responses, misguided self statements, the unconscious hunger strikes of demeaned women, Electra complexes, conflicts over oral

> impregnation fantasies, being treated as a parental self-object with a lack of authentication resulting in a weak sense of self, conflicts over developmental maturation, and being infantalised, triangulated, and scapegoated in an enmeshed family. A perceived fear of biological maturity became associated with familial, personal and socio-maturational conflicts (1988:19).

All these causal models were utilized at various times as the basis for the psychodynamic aimed interventions. Currently, the psychodynamic theories of Bruch (1978) and Crisp (1982), developed by cognitive therapists (such as Garner 1985), are the most influential methodologies. Yager points out that:

> According to these views, the central psychological features of patients with eating disorders include a sense of pervasive ineffectiveness that results in an attempt to gain self-control in the sphere of weight and a deficit in interpreting inner sensations including hunger, satiety, and many affective states".[viii]

And he concludes that, " given the complexity and diversity of human natures and family lives, suffice to say that many of these formulations find support in clinical observations, although none seems universally true (Yager 1988:19; see also Crisp et 1985)".

It has been revealed that the nosology of *anorexia nervosa* has evolved around either psychodynamic determinism or biological factors in the context of a constantly changing and evolving medical system in which aspects of a disorder are emphasised according to prevailing medical trends and biases. It appears that the anorexic has had the entire psychiatric book of knowledge literally thrown at her to no avail. This, I contend, is due to the ideological and hegemonic nature of the psychiatrist-patient relationship, which emerged out of the gender bias inherent in the medical mode. This delimited interpretational possibilities. It could be said that 'chaos theory' informs the current understandings of *anorexia nervosa*. It is time to replace this chaos with order.

Diverse authors of famine states have highlighted a complex of behaviours which humans display when starving. This was labeled a 'delirium of inanition', by earlier authors, and renamed 'starvation neurosis' by the researchers of the 1950 Minnesota experiment on semi-starvation (Sorokin (1941:31; Keys et al 1950). In this part of the paper I show that the same symptoms, used by psychiatry to claim *anorexia nervosa* as a mental illness, constitute that complex of behaviours displayed by humans when starving. These symptoms come to natural attrition on re-feeding.

In 1950, scientists from the University of Minnesota published results of the most complete study on semi-starvation ever attempted. Their experiment documented the effects of prolonged fasting on the nervous system, the circulatory system, on glandular and neuromuscular functions as well as the psychological and behavioural effects of prolonged fasting, as revealed by testing, observation, and subjective report. Known as the Keys et al, experiment, its results were based on the responses of 36 male volunteers, later referred to as the Minnesota Men, who were, put into a state of chronic semi-starvation for a period of months (Keys et al 1950).

The men's psychological symptoms included restlessness, increased tolerance to heat, loss of hair, *lanugo* or the appearance of fine downy hair (especially on the arms and face), constipation, *oedema*, *nocturia*, *polyuria*, sleep disturbance (with early morning awakening), a sensation of ringing in the head, increased sensory perception and periodic quickening effects experienced as elation, euphoria or blissful well-being. The men's physical activity initially stayed high, with some men exercised deliberately to help improve the weight loss. Later, most men felt weak and tired easily, experienced fatigue and avoided physical exertion. They experienced periods of depression and became discouraged by their inability to sustain mental and physical effort. After several months they developed the apathetic, mask-like appearance of famine victims (Hockey 1969:27).

The men initially experienced a feeling of success at adjusting to the semi-starvation routine. Their intellectual achievement remained fairly constant but in the later stages of the experiment the men complained of lack of initiative, labile mood, quarrelsomeness, uneasiness, hunger feelings, irritability, anger, outbursts of temper, anxiety, depression and withdrawal from social contact [ix]. They became reluctant to make decisions or participate in group activities, spent more time alone, became self-centred and inward looking, felt restless, sensitive to noise and markedly nervous. Withdrawal from social contact in the anorexic is described alternatively as narcissistic or anti social and treated as further evidence of her mental illness. The Minnesota Men noticed a decrease in sexual fantasy, feelings and interest, or impotence (some of the men welcomed this release as it removed the sexual conflict imposed on them by their religious or moral ideals). Eastern and Western ascetics, have been aware that the preservation of their virginity could be achieved by being sparing or practicing abstinence in food and drink (Bell, 1985, Rampling 1985, Bynum 1987 Foucault 1977/84; MacDermot 1971; Musurillo 1959; Runciman 1949,

Low 1950:513). Yet the 'loss of libido' associated with the physical condition of starvation is interpreted in the anorexic girl as' a rejection of femininity'.

The men in the Minnesota experiment, claimed food in all its ramifications became the central topic of their conversation.[x] Thinking and dreaming of food, experiencing a narrowing of interests and relinquishing that which was not food related ('focused thinking' is well documented as a symptom of famine) (Sorokin (1943:19). They:

1. started to read menus, collect recipes, spent hours deciding how to handle their day's allotment of food,
2. found themselves suddenly angry at food wastage, and described how they gained vicarious pleasure from watching others eat and food smells,
3. found themselves involved in strange and bizarre eating habits and tastes, (such as using unusually large amount of condiments to enhance flavours and stretch the amount of food,
4. Started drinking enormous quantities of liquid, and indulged in ritualised tea and coffee drinking,
5. picked up crumbs, licked their fingers and plates in spite of coming from 'refined homes' where this was not-acceptable behaviour,
6. Toyed and dawdled with food to make it last longer.

Like many anorexics they also retained a post-starvation interest in food, which often expressed itself in seeking jobs in the food industry or in an inability to withstand food wastage. Many of them began to save money for a rainy day to avoid the fear of being without food at a later date. [xi]

Sorokin's (1943:31) research on the Russian famine of the 1920s observed that in a starving or greatly deprived society, not only do people increase their focused thinking and talk principally of food, but newspapers, magazines, books and public meetings become dominated, directly or indirectly by food topics which occupy ever increasing space and time. And in the individual food thoughts become ever more intrusive with increasing deprivation. Italian psychiatrist Selvini Palazzoli (1974:23) also observed how many of the conversations she had with anorexics 'did forcibly remind me of the favourite subject of general conversation during the bleakest days of war'.

Psychiatrists describe the anorexic's preoccupation with food, her avid collecting of recipes, and the vicarious pleasure she gains from watching others eat as an 'obsession'. And 'having an obsession', Lawrence (1984:23) explained to her patient

Stella, 'really amounts to losing control of how much you think about something, how much energy you devote to it and how seriously you take it'. Hocking (1969:21) points out

> 'the 36 fit young male volunteers were screened by medical, psychological and psychiatric examinations before starting a diet providing an average intake of 1,570 calories. The subjects were of high intellectual capacity and educational level, and had made a good social and occupational adjustment to life, but all developed symptoms of psychological disturbance during the second month of semi-starvation. They became apathetic, irritable and obsessed by thoughts of **hunger, food and body weight' (my emphasis)**.

Wilson et al (1985), describe how they used direct video information feedback in an attempt to improve the 'abnormal eating behaviour' in anorexic patients. Behaviours proclaimed excessive and inappropriate, categorised 'obsessional and ritualistic' and deemed abnormal in anorexics, proved to be, 'toying and dawdling with food, cutting sandwiches into small precise pieces to make them last longer, eating with fingers, making sandwiches out of unusual food combinations, and drinking large quantities of water and other drinks with meals. Brumberg (1988:229) observed that:

> Physicians now noted that the desire to be thin was coupled with an ardent preoccupation with food, a preoccupation expressed in cooking for others, ritualistic consumption of tiny amounts, compulsive reading of menus, and daydreaming about extravagant dishes. It was this that led modern psychiatric practice to finally put '***denial***' at the core of the disorder.

Brumberg adds that: "Medicine proclaimed that the combination of 'conscious' and 'stubborn determination' to emaciate herself, despite the presence of an 'intense interest in food' distinguished anorexia nervosa from other forms of psychological mmalnutrition and weight loss (1988:229").[xii] Anorexics are never told these food images are, involuntary, produced by the body's survival instinct, the hunger drive. The question must be asked, 'Why has this very relevant body of data been unable to influence diagnostic and treatment programmes for *anorexia nervosa*. Yager's (1988) interpretation offers an answer of sorts. For, he regardless of his comprehensive analysis of the many ills inherent in the diagnostic process, seems incapable of ridding himself of the biases in the models he so effectively critiques. So that, despite noting that 'clinicians observed that:

> many 'normal weight persons' report suffering from symptoms of eating disorders, such as body image distortion,[xiii] extreme fear of being fat unrelated

> to health concerns, wishing to reduce to levels many consider unhealthy, purging and laxative abuse, diuretic abuse and hyper-exercise.

He adds that

> food preoccupation in anorexic patients may well, result from states of relative starvation, and that many of the associated symptoms, both physical and psychological, may be consequences of malnutrition - as experiments with starved normal volunteers have shown that food preoccupation, food hoarding, abnormal taste preferences and, to some extent, depression, apathy, irritability, and other personality changes may be due to starvation" (1988:18).

He nonetheless goes on to describe anorexics as demonstrating:

> obsessive -compulsive symptoms regarding food and other matters, bizarre food preferences, social isolation, and depression. He also writes of personality disturbance of the 'anxious-avoidant' type and 'odd eccentric' type behaviour, and disparagingly and judgementally describes the anorexic as 'pridefully' limiting food intake, (1988:18/20).

It must be stated that self-control and restraint in relation to food has always been one of the basic tenets of Western and Eastern religious asceticism, where such self-discipline was revered.

It is this way of seeing anorexics that has led to my interpreting the diagnostic methodology as a status degradation ceremony. As against these sentiments, it must be stated that self-control and restraint in relation to food have always been part of the basic tenent of Western and eastern Assceticism where such self-discipline has been revered. Noakes notes that a cultural bias becomes apparent "when some behaviour are taken to extremes". He points out, although we praise over committed, 'elite runners for their dedication and courage, (if they compete well despite their injuries) anorexic women, the 'elite of the dieters, are classified as ill and are stigmatised by society" (1985:426). This bias is not confined to runners as this quote from Slade reveals:

> It is well known that severe emaciation can result from acts of self starvation which are fully intended in situations where the reasons for the 'acts' are 'understood' and 'accepted'; such as 'hunger striking' and 'religious fasting'. The behaviour of the anorexic is not a consequence of her having espoused a particular belief or cause. Therefore it follows that her 'refusal to eat' does not have the same validity as the hunger striker or religious faster (1984:5).[xiv]

Psychiatric 'ownership' validates psychiatric perceptions. In the case of *anorexia nervosa* this means psychiatry determines what is 'understood' and 'acceptable' in fasting behaviour. As Slade points out:

> ...if she (anorexic) is mentally ill then it appears somewhat perversely that her 'illness' is one that can be recognised by its similarity to ordinary human action,
> for it is clear that people very often do relentlessly pursue goals, and they adopt implacable attitudes without there being any implication that they are mentally ill (1984:3).

The behavioural changes observed in anorexics and in the Minnesota Men are induced by the semi-starvation regime. What differs is their interpretation. In anorexic women the behavioural changes are treated as symptoms of mental illness. In the Minnesota Men the same behavioural changes are documented as the temporary side effects of starvation. Clearly, the complex of symptoms labelled '*anorexia nervosa*' need to be seen in a different light, to this end I present a re-conceptualisation of the anorexic process.

Reconceptualising ***Anorexia nervosa***

In this paper *anorexia nervosa* is conceptualised as occurring in three phases along a continuum with each phase overlapping and merging into the next phase. In this model the physiological, psychological, behavioural, and social influences coalesce. For the purposes of analysis the phases are separated as follows:

1. The Diet Phase: initiated in accordance with socio-cultural ideals.
2. The Ascetic Phase: unexpectedly, stumbled upon, conceived of as 'a test of character' by the anorexic.
3. Starvation Neurosis Phase: characterised by that complex of physiological, psychological and behavioural changes that accompany semi-starvation in the human organism.

While each phase contains features of the physiological, psychological, behavioural and social, one aspect is usually more prominent in a particular phase. The model is underpinned by motivational theory whose orientation is presented before embarking upon a detailed description of the phases.

The anorexic process is conceived as driven by 'primary and secondary motives', as well as, 'considerations of character'. 'Motive' and 'motivation' are taken to mean understanding and explaining 'why' and 'how' human conduct takes a specific

direction. “Motives are assumed to have intrinsically social characters and the action they induce not to be understood independently of the context in which their expression takes place” (Karp 1985:233). This perspective draws on the 'motivational theories of Gerth and Mills (1954), Burke (1960), Weber 1964, and Becker (1976); as well as the concept of 'character' by Campbell (1992).

Gerth and Mill's (1969:16) threefold theory of motives explain an individual's actions in terms of the 'organism', 'its psychic structure' and 'the person'. It takes all organic processes to be initiated by the need to restore the psycho-chemical equilibrium which is experienced as health, and psychological processes to be initiated by the need to restore an emotional equilibrium experienced as pleasure. The person represents the sociological aspects and covers behaviour that is motivated by the expectations of others. Gerth and Mill's 'psychic structure' is replaced by Campbell's (1991:93) vocabulary of character. An individual's 'psychic structure' usually covers the sum total of behavioural characteristics and can be equated with personality whereas ‘character’ is “that which individuals consciously strive to create out of the raw material of their personhood'. Character covers only that portion of the conduct of individuals for which they can be expected to take responsibility, and is that which is imputed to underlie and explain this willed aspect of behaviour (Campbell 1991:91/2). Whilst Campbell, does not see character as the unproblematic outcome of dominant cultural patterns or processes of socialization, I understand the influences of the dominant culture and socialization patterns to greatly influence character trait choices.

I explain the shift from primary to secondary motives in the anorexic process with reference to Becker’s (1976) model of auxiliary motives. Following Becker, I perceive the anorexic process of as a kind of 'career', which, like any other career, brings about changes in motivation, perceptions, attitudes, tastes, values and other qualities of the person. *Anorexia nervosa* is diagnosed a mental illness by psychiatry and thus a deviant act. Becker claims deviant behaviour should not be viewed from the perspective that it is the exclusive product of a warped or abnormal personality, or as caused by some kind of personality defect or motivation. He would thus see the primary difference between dieters and anorexics as lying in the ascetic 'career path' the anorexic takes. This, he would hasten to add, is a matter of chance. But once the ascetic path is taken, ascetic behaviour produces ascetic motivations - it is not the other way around (1976:233). Very broadly, my model of anorexic behaviour aims to

situate it in 'a subjective complex of meaning (*Sinnzusammenhang*), by 'placing the act in an intelligible and more inclusive context of meaning' (Weber's (1964:95). My analysis of case study material assumes following Burke (1960) that language and thought should be treated as primary modes of action.

Diet Phase

The symbiotic nature of the relationship of the material body to its cultural representation is important to an understanding of the role social influences play in the anorexic process because:

> ...the body is both the site and source of active processes of signification which inescapably bind people into overarching systems of meanings and secure them to specific modes of embodied social interaction. Symbolic properties of the body can be seen in the body symbols and in the symbolic body, in the way in which the body is inscribed on culture and the way in which culture is inscribed on the body (Craddick1986:74; see also Douglas 1970 and Young 1989).

The context in which *anorexia nervosa* emerges is the focus of the diet phase, because the motive to diet emanates '*de rigueur* ' from the social body and through expectation of the appraisal of others'. Marge Percy (Cosmopolitan 1989) maintains that, despite decades of active feminism, the greatest form of human achievement is still losing weight. As she states,

> I was out to dinner at a friend's house recently, in a group of people who all knew each other, not intimately, but comfortably. The hostess made one of the women stand up. 'Jenny has lost 10 kilos! Isn't that fabulous?' Jenny stood blushing and everyone applauded. I was shocked. First the woman in question had recently had a show of her paintings at a prestigious gallery. Not one person in the group had clapped for that accomplishment. I had finished a novel that had taken seven years of research, and a doctor who was present had built a
> house with his own hands, but we were not cheered. Having caused part of her body to disappear seemed to everyone else in the room an act of such singular merit it overwhelmed the merely artistic or commercial success. Making a living, furthering a career, providing for one's family, creating something beautiful and new in the world for others to enjoy, all fell before the triumph of wearing a dress two sizes smaller. (Cosmopolitan May1989).

In contemporary Western societies the body has become the 'ultimate commodity'. These societies are 'image obsessed'. Social success has come to depend upon the ability to 'manage the self' by presenting an acceptable image. The current successful

image is a superslim body shape. The desired shape is believed to symbolise career success, and the possession of desired character traits (Lynch 1987:128). In this context 'obesity' is stigmatised because it is believed to involve overeating, which is variously characterised as sin (over-indulgence), crime (over consumption), disease, and ugliness. A salvation ethic, the diet, provides the way to attain the valued image via the attributes of willpower, diligence, and self-control which are linked to moral goodness and just reward in this world. The language articulating the diet is full of motifs previously found only in the bible. Biblical stories and fairy tales link temptation and sin with eating (Singer 1986; Musurillo 1959:195). Secular fasting credos also reverberate with similar references to temptation and sin. The salvation diet has thus a moral side to it, to be fat constitutes a failure of personal morality**.** Fat signals a 'character flaw'.[xv]

The extent of influence of this societal ideal body image is discernible in the reasons anorexics give for starting their diets, such as wanting to be a doctor with a figure like a vogue model, or not wishing to be like a member of the family whose character traits are disliked and who is fat. Young women easily attach themselves to dieting precisely because it became a widely practiced and admired form of cultural expression' (Brumberg 1989). For Japanese Mukai recalls:

> I remember clearly the day when I weighed myself at home for the first time. It was one of those afternoons in summer vacation, and my mother and I were standing in the kitchen, preparing snacks when my mother started to comment on similarities between my grandmother (my father's mother myself...personality characteristics (how stubborn we both were), facial expression (how much our grimaces were alike), and how much both of us enjoyed going out ...for no particular reason.… These comments shocked me because grandmother was the person I thought everybody in the family did not like...she was stubborn, selfish, talkative, extravagant, picky...and she was the only one in the family who was obese. I asked my mother with all the courage I had, if she thought I would be as fat as my grandmother when I grew up. My mother reply was, "Maybe, Yes". She was joking I know but this conversation scared me terribly. I gradually started to watching what my weight, what I ate, when and how. Mukai's (1989:620)

In this way body shape and size become are linked to abstract symbols such as success, failure and acceptability as well as indicators of character. Branch and Eurman (1980) in a survey ascertaining the attitudes of family and friends to the anorexic's appearance and behaviour, found that the anorexic patient met with more approval than disapproval. In fact, the respondents tended to admire the patient's

appearance. They envied the self-control and discipline in restricting their food intake. One respondent said' She is victorious"(1980:631). Crisp's anorexic provides an example of the motive that underpins the diet that can result in *anorexia nervosa*:

> For many years throughout my adolescence I had been labelled 'Tub' and 'Rhino'
> by my brothers who taunted me unmercifully my parents condoned this behaviour. At 19, convinced of my unloveliness, I began to shed weight in an effort to change my body. I was very pleased, when after losing about 14lbs, I found I was arousing a fair amount of interest amongst my fellow male students'. (Crisp 1982:158).

The level of female anxiety induced by the body image cult, is also revealed in the following quotes from *Rodin*:

> Paula kept putting off requesting a promotion in a large telephone company because she declared: 'How can I ask for a promotion when I'm this fat? How can I think that my boss will give me control over an entire department if I can't even control my weight' (1993:88)!

Another highly successful woman,

> confessed to Rodin recently that she was more jealous of her sister for losing 7 kilograms of weight for her wedding than for getting married to a great guy (Rodin 1993:88).

The novice dieter, therefore, has much at stake. She knows her body shape will be linked to her success in a career and her possessing specific character traits. It is easy to see why the anorexic interprets all this to mean, that at 45 kg she is a better person than at 47 kg. *Anorexia nervosa* thus develops when a female (and less often a male) fastens onto this highly valued societal goal, a super-slim body shape ideal by which she has been encouraged to define her identity. Some anorexics begin their diets at the suggestion of family or friends, who thereby endorse the importance of this sociocultural ideal.

So far, I have related *anorexia nervosa* to its ‘context’, associating its emergence with influences of the social body which propelling the individual body into a particular mode of action directed at the appraisal of others. Feminists such as Orbach 1986; Lynch 1987, Constantine 1987, Brumberg 1988, Craddick 1987 and Wolf 1991) have revealed the extent of the influence on Western women of the current social obsession with body and image management. That few attain the ideal

is kept a closely guarded secret. The myth of body malleability lives on, fuelled by the furnaces of multinational greed. Despite this state of affairs, psychiatry continues to underrate sociocultural influences in the anorexic process.

The Ascetic Phase

Why do anorexics say they feel fine and what is making them feel that way? Mukai (1989) points out that these questions have never really been pursued or answered from the anorexics' side. Rather, anorexic is feeling of well being is considered part of her illness (Mukai 1989). At this point. Then, I propose to elaborate on the model so as to facilitate an understanding of the ascetic experience – the experience the anorexic explains, very precisely, as feeling fine'.

The periodic 'quickening' which the human organism experiences when in a semi-starved state is documented medically as *hyperketonaemia*, a 'state' experienced as 'blissful wellbeing', euphoria or elation. Feeling fine, special, powerful, happy, a heightened awareness, emancipated, independent, free or hyper-intelligent are just some of the metonomies used to describe this state by both anorexics and religious ascetics. Crisp's anorexic explains:

> The initial result, apart from rapid weight loss, was a feeling of exhilaration verging on euphoria, because at that time , in my total unawareness of what was happening to me, starvation brought with it a conviction that I'd discovered a way of making life tolerable, and a means of expiating my guilt. I was intoxicated by a sense of power, a sense of becoming 'special' by doing what most people hadn't the strength of will to do. I became trapped in a futile search for purity, aestheticism, a hopeless attempt to be 'special' 'refined' on a 'higher plane (Crisp 1982:180/1).

The notion of asceticism is derived from 'askse', a Greek concept originally developed from athletic training, and modified by the ascetical school of the Cynics and Stoics to mean the practice of conquering one's vices and faults, control of the impulses and self conquest in preparation for the realisation of the moral life (Musurillo 1956:6). These same feelings I suggest, become the new driving force (auxiliary motives) in the anorexic process.

Records of Brahmanical, Buddhist, Jaina and Ajivika societies in ancient India, the Patristic Fathers in early Greece, the Cathars, Mystic and Saints of Medieval time reveal that it was the rigorous adherents of religions with a dualistic orientation (that is a separation between the evil body and the pure soul) who practised fasting as a

principal expression of asceticism. This asceticism was motivated by the belief that spiritual existence depended upon the subjugation of the body, attainable by an austere fasting regime.

In Western Christianity penitential fasts were part of a 'cold turkey' treatment by which the ascetics leached former excessive dependence on food and sexual satisfaction out of their bodies, with a view to disciplining the mind for the higher life of the spirit. Neoplatonists claimed that fasting was a way of increasing the soul's receptivity. Porphyry, in the *Sententiae* describes fasting as directed at extinction of bodily feeling and promotion of the clarity of the intellect (Musurillo 1959:14).

In Ancient India, *Brahmacarya* (sexual sublimation) was an important element in the ascetic life of a *Samnayasin* or the monastic conduct of a Buddhist *Bhikku*, or a *Jaina, Yati,* or *Samana*. It was a necessary condition for the attainment of the highest spirituality or self-realisation (Bhagat 1976:75). Mastering the lower tendencies for a higher life, for spiritual training, was also the aim governing fasting behaviour in the practice called *tapas*. The *Epic* eulogises *tapas*' efficacy and power. Its creative, concentrated thinking was a great force, which could achieve extraordinary results. The ascetic, through *tapas,* could reach out for perfection. In the *Atharaveda* much stress is laid on the control and sublimation of sexual energy, which is to be turned into spiritual power. The Ancient Indian considered *brahmacarya* a potentially great creative power. The aim of the austerities (severe fasting) and self mortification was to transform into a vital energy a 'special power' called *Ojas*, described as soul force or creative spiritual power linked to concentrated thinking, happiness, wisdom and emancipation. Gonda, who enquired into the nature of *Ojas*, concluded, from his research in the *Vedas*, the *Epics*, the *Kavyas* and Ancient Indian medical literature that *Ojas* originally implied: "an experience that is primarily of the perceptual order, a frame of mind in which this special type of manifestation of power is principally sensed". *Ojas* is a *'* vital energy', over which there is nothing superior (Gonda in Bhagat 1976:75).

Brown (1988:269) and Bynum (1987:78-93) reveal that women ascetics were especially famous for their ability to endure preternaturally long fasts. During this process their bodies took on an androgynous form. Eliade (1960:174) defines androgyny as an archaic and universal formula for the expression of 'wholeness' and the co-existence of the contraries *coincidentia oppositorum* - a formula signifying autonomy, strength and wholeness.

This euphoria or spiritual dimension is also discernible in the following experience described by a Dutch wartime famine victim**:**

> As I sat day in day out rocking, day after day, too limp to hold a book.too far gone to care about pains in the centre of my body. My mind explored the unchartered , wastelands of the human psyche , my psyche – the places and spaces from which our consciousness seems to barred in 'normal' times, when there is food and work and social activity. In these explorations I had insights which are still, decades later, tortuously forming themselves into words, those straitjackets of communication which trim and cut and reduce until the original insight fits traditional patterns and in the process loses its luster. My mind soared high to realms so nebulous that thought becomes pure bliss and the arrow of enquiry goes straight for its goal each time it is released (Houbein 1990:39-40).

Corrington (1986:52) observes that anorexics experience themselves as involved in 'askesis', a discipline of the body for the sake of a 'higher purpose'. Askesis is perceived as liberating, powerful, independence. Bordo claimes that anorexic women articulate a metaphysical scheme of images and associations, and speak of a spiritual struggle in which thinness represented a triumph of the will over the body. The thin body is associated with absolute purity, hyper-intellectuality and transcendence of the flesh (Bordo 1988:90). Mukai explains that

> as she pushed the fat away her new body was no-longer a fearful battlefield. Instead it was a source of endless pleasure, excitements and intimacy. These scenes (sightings of her new body) were giving me the sense of 'pure', 'simple' close to the 'essence', if I forced myself to put them into words. However, there is not really a word that can express 'how' exactly I was enjoying them (1989:622).

'Ascetic images' are also evident in the discourse of American authority and therapist Hilde Bruch. Bruch describes the case of Celia in the 1970s:

> …who remembers that her anorexia had begun in college when her boyfriend commented that she weighed nearly as much as he did - he was only a slight build and sensitive about his feelings and felt his manliness was at stake. He expressed the desire that she lose a few pounds, and she went on a diet in an effort to please him. However, she resented that he had fixed their relationship at a certain weight. As she dropped off weight she felt a sense of strength and independence
> (in Boskind Lohdahl 1976).

Janet describes feeling euphoric, and powerful**,** and says that this engendered a strange feeling of happiness'. Gertrude felt she was moulding herself into a wonderful ascetically pure image for a higher purpose Bruch and Corrington 1986:51). Ida, believed her mind could control her body, completely and that she could go on perfectly well without eating (Czyewski and Suhr 1988:33,202). Other, less articulate anorexics simply describe the experience as instilling a feeling of 'specialness' in them (Hsu 1986). Bruch (in Czyewski and Suhr 1988:33-34) and Hsu (1986:574) state it was for the fear of losing such feelings**,** that these anorexics became infuriated when people tried to make them eat.

Mukai (1989:633) describes the situation most succinctly:

> The anorexic doesn't think that there is anything wrong with her. The anorexic wants to stay where she is now. The anorexic likes what she has. The reduced food intake is sustained That is...,a body as a source of pleasure' (1989:74).

The reduced food intake is sustained because it induces existence at a heightened level of consciousness. This experience is described variously as spiritual intoxication, hyperintellectuality, empowerment and independence**.** Selvini Palazzoli (1974:74), and others have observed that many anorexics firmly believe that eating will blunt the 'mental acumen' encountered unexpectedly while fasting. In an interview titled 'Difficult Pleasure', revered Australian artist, Brett Whiteley, claimed he found it difficult to separate his addiction from his talent. Whiteley described his drug dependency, as 'a lottery,

> 'I mean, Bach, and Lloyd Rees and Monet had no problem'. 'I had just gotten used to jibing myself and seeing things at various ranges of consciousness'. 'There are certain areas of the imagination that can be deliciously opened up with alcohol and other chemicals and I was petrified I wouldn't be able to reach those areas in any other way' (Andrew Olle 1992).

This I would argue, also captures something of the experience of the anorexic. Bliss and Branch (1980:631) note that, in their student health service, the students with symptoms of *anorexia nervosa* were frequently pressured into making appointments by their families and friends. They did not come because they felt 'sick' or had a desire to 'get well'. Mukai (1989) recalls that, during her anorexia, she ‘was fasting, studying and running. It was January (In Japan) and very cold outside”. She “was not even wearing a sweater”, yet she:did not even catch a cold” (1989:614).

Simone Weil's biographer noted with amazement her friend's ability to function, in a fairly normal fashion, at an advanced stage of emaciation (Petrement 1976). This ability to function without succumbing to bacterial or viral infections has also been noted in anorexics generally and was also known to early religious teachers, as the following by Philoxenus of Mabbug from the third century text *Acta Universitatis Gotoburgensis* reveals.

> Increase for it if you please, either the fast of the Sabbaths, or the vigils of the nights, or the reading without interruption, and the body will not be taken ill, because it has got accustomed to them. The stomach has been reduced the paths of the blood have become narrower and have only moderate claims. The kidneys have acquired their natural health and do not demand much warmth. The slime is drawn out of the bones, and on account of the smallness of the body they are not weakened or damaged by vigil (Brown1988:213).

And in *De viginitate* Athanasius states:

> Consider the effects of fasting: it cures disease, dries up the body's humours, puts demons to flight, gets rid of impure thoughts, makes the mind clearer and the heart purer, the body sanctified, and raises man to the throne of God (Musurillo 1959:21).

Asterius explains that by "fasting we do not take in the causes of disease" while Chrysostom believed sick monks were easily cured because their "maladies came from fasting and watching rather than from gluttony and drunkenness (Musurillo 1959:14).

Mukai notes:

> I didn't think that I had been ill because my conscious life had been continuous, never disrupted by surgery or by severe depression. I had always been fine, even though I acknowledge that I used to be extremely thin. It had never occurred to me that I had had the unusual experience of a 'rare disease'. The concept of 'recovery' didn't exist in my mind' (1989:616).

Medicine has documented the lack of viral and bacterial illnesses in anorexics. However, reasons for this observation have not been proffered. Nevertheless, subjectively the ascetic anorexic is feeling well, and she is not contracting illnesses, despite her emaciation. Yet this runs contrary to the spirit of medical intervention. As Mukai observes:

> The anorexic's body is not allowed to be thought of as intrinsically 'positive'. A source of pleasure. Psychiatry as well as psychology so far have been looking at anorexic's as deviant from the norm, as being dis-ordered, and they believed that there must be something 'wrong' in the anorexic's psyche, something 'deficient' or 'disturbed'. These disturbance are what they looked for, and tried to *identify* and *cure* (1989:633).

Lack of illnesses, euphoria and heightened awareness all add to the anorexic experience provides another dimension to the experience, and the dieting female embraces this experience without abandoning her earlier pre-occupation with the socio-cultural ideal, but moving it into the background as she revels in, and emphasises the pleasures of this new unexpected involvement. The special reward system, based on bodily pleasures derived from the ascetic state contributes the auxiliary motives that make the state self-perpetuating, and prolonged the behaviour. The situation resembles a classic instance of Pavlovian stimulus/response. However, psychiatry has invested the anorexic's assertion 'feeling fine' with denial, seen as further proof of her disturbed mental state.

One of Crisp's anorexics reveals that: "In retrospect, at its chronic stage, anorexia was more than a condition affecting me, it was the fundamental factor affecting every aspect of my life: it was my identity" (1982:167). Douglas, states: '"When I was fasting I felt like a better person. If I succumbed and ate...I really felt guilty...like I had really let myself down. Before anorexia I carried weight. My friends used to taunt me. So I lost a little weight and my friends treated me normally. Then my girlfriend dropped me. I was very upset. I continued to lose weight, I felt like I was achieving something'. Delumeau claims the feeling of guilt combines two fears, "that of losing the love of the other", and "that of being unworthy of oneself" (1990:300). This feeling is evidently extremely important in the understanding of the anorexic's predicament framed in terms of her sense of achievement.

The food deprivation that drives monastic asceticism is motivated by the need to extinguish sexual desire, attain chastity and construct a subject worthy of union with God. The diet that results diagnosis *anorexia nervosa* in a contemporary secular society is motivated by the need to construct a subject/object who embodies a social ideal. Foucault (1988:240) notes that in, chastity-oriented asceticism, (the type of asceticism where renunciation of all sexual relations was absolutely basic), a process of 'subjectivisation' could be discerned that had nothing to do with a 'sexual' or 'gluttonous' ethic based on physical self-control. The subjectivisation is, rather, linked

with a process of self-knowledge, which makes the obligation to seek and state the truth about oneself an indispensable and permanent condition. Similarly, women in the Twentieth Century are caught up in a continual evaluation of their bodies. This demands the same commitment of self-monitoring and self-analysis that the ascetic tradition required (Brumberg1988:231). It too fuels the emergence of self - consciousness, a subjectivisation experienced as a separate self that becomes bound up and intertwined with the behaviours that produce it. Deleumeau (1990) reveals that having a 'thin body' symbolised the possession of specific character traits in Medieval Times. Extreme thinness, in fact, comes in both cases to symbolise a goal-oriented person displaying specific character attributes. [xvi]

Bruch's Ida states: "'You have an image of yourself, of what you would like to be, and you think you have achieved it. You don't want to give up that image. It would be like a defeat" (Czyzewski & Suhr 1988:133).[xvii] Bruch, explains that Ida was sure it had been a keen disappointment for her father that she was born a girl. She felt that not so much was expected of her as of her brother, and it became a matter of great importance to her to prove herself as outstanding, as she felt he was. Her asceticism proved her willpower. By going without food she felt she had proved to herself that she was as strong as he (Czyzewski & Suhr 1988:133, 202).

Boon (1981:140) claims action involves character, which involves choice. 'Campbell, claims most 'actions' are capable of being redefined as 'tests of character'; thus, ideas (and ideals) of character can have an enormous influence on the determination of conduct. Ideals of character are important because they prescribe admirable qualities that individuals of worth should possess and while most people will feel inclined to believe that they possess them, they will need reassurance from time to time that this is indeed the case. This reassurance must take the form of conduct, action that unambiguously indicates the quality or qualities concerned, acts that actually reveal them. Although in some cultures there is a stress on the givenness of certain qualities of character, there is usually, in addition, clear recognition of the fact that individuals are responsible for making their own character and hence should be rewarded or blamed accordingly. Given that individuals themselves share this view, it becomes possible to regard their behaviour as governed by character considerations, and especially a concern to bring their own conduct into line with an ideal. Thus it is less the desire to mould oneself as a person in conformity with whatever ideal of character to which one subscribes, that is the prime motive, but rather the desire to confirm through conduct, the fact that one does conform to the

ideal. Thus conduct is directed at reassuring oneself of one's moral worth (a person's ethical standing or to the manifestation of desired traits and qualities) Campbell (1991:89/96).[xviii]

Religious teachers from the age of asceticism, forewarn of asceticism's capricious nature, as this caution from theologian Romano Guardini reveals:
In those who deliberately refrain from food, the body and spirit are set free, the whole person becomes more agile and nimble. Material worries and irritations drop away. The confines of reality are yes and no, the horizon of the possible grows ever wider...the spirit becomes more sensitive...more far seeing and more acute and the conscience more quick and lively. The sensitivity to spiritual choices increases (quoted by Italian theorist Maria Selvini Palazzoli (1974:75)".

Bell (1984:12) also notes that the feeling that accompanied fasting provided the impetus for the ecstatic Saints to do away with the need to eat, it became self-perpetuating. The experience of joy, heightened awareness, power, and subjectivity that asceticism generates subsequently becomes its self-perpetuating driving force. Pursuing it a seemingly endless quest ensues. In reality, the feelings of spirituality, sense of power, liberation and all pervading 'well being' that accompanies asceticism, are transitory, eventually extinguished by starvation neurosis. Mukai observed that gradually, feeling constantly hungry became the natural state of my body and myself. I came to fear losing 'it', not feeling hungry became the emergency condition, the signal of danger' (1989:622). As starvation sets in and the hunger drive surfaces, involuntary, unbidden, unrecognised, it becomes the new enemy. Food in all its ramifications comes to and occupy, invade, the entire consciousness, taking more and more of the space previously occupied by the spiritual intoxication, hyper intellectuality, empowerment and independence.

At this point a sense of having lost the battle appears imminent. Anorexics, unaware they are fighting their own body's response to starvation, try to muster what little strength they have left, in an effort to oppose this new spontaneous force and return to the state of euphoria. Many become chronically embroiled in the self-perpetuating cycle. Some die in the battle.[xix] The exact nature of this 'sting in the tail' cycle is captured by Alan Watts in the following statement:

> Willed control brings about a sense of duality in the organism, of consciousness in conflict with appetite...But the mode of control is a peculiar

> example of the proverb that nothing fails like success. For the more consciousness is individualised by the success of the will, the more everything outside the individual seems to be a threat .....including the uncontrolled spontaneity
> of one's own body...Every success in control therefore demands a further success, so that the process cannot stop short of omnipotence' (Bordo1988:93).

It is no great feat to have this turmoil accepted as mental illness by the anorexic who knows no better.

The Starvation Neurosis Phase

The psychological and behavioural changes induced by prolonged fasting have been set out earlier in this paper. Again it is their relative interpretation that affects the anorexic individual. For instance, a common psychiatric statement about anorexics concerns their pre-anorexic disposition. This describes anorexics as good, compliant, successful and often gratifying children who, after the onset of anorexia, become irritable, withdrawn, anti-social individuals (Spelling 1981). Psychiatry alleges, despite evidence to the contrary, that the divergence between the pre-anorexic and anorexic personality, is evidence of the onset of mental illness. Yet the same 'changes in personality' observed in the 39 subjects of the Keys et al experiment only hesitantly, had the term 'neurosis' applied to them, because the experimenters stated:

> The behavioural changes summarised by the term 'semi- starvation neurosis' were universal among the subjects; hence, they may be considered as 'normal reactions' under the given circumstances although they deviated markedly from the pre-starvation pattern of behaviour' (1950:906).

This state, they added, was temporary and came to natural attrition on refeeding. [xx] The experimenters were surprised rehabilitation was unable to offer the men immediate relief from symptoms.

In the Minnesota experiment, psychological recovery seemed somewhat faster than physical recovery, but both required many months of unrestricted intake of a well balanced diet. The volunteers had expected rehabilitation to bring an immediate improvement in their symptoms and when this did not happen, some of them became even more depressed and irritable. It was difficult for them to modify attitudes and habits acquired during semi-starvation, and it was only in the latter part of the rehabilitation period that there was a noticeable improvement in morale,

and the subjects stated they no longer felt like old men (Hocking 1969:24).

It took well over 6 months to a year of nutritional rehabilitation to return these men to near pre-starvation health. This lengthy rehabilitation period has implications for expectations of recovery in anorexics. In the transition period, the men's chronic hunger and all pervading mental preoccupation with food slowly diminished, but they underwent bulimia, and overeating, and some became fat. The men's introspective orientation and their much-diminished desire to maintain social interaction, which had developed in response to the greatly reduced food-intake, were slow to reverse, as were their table manners and libido (Keys et al 1950). In reality, any perceived difference between the Minnesota Men and anorexics has nothing to do with the effects of semi-starvation, but rather with the perspectives from which these symptoms are viewed and interpreted by agencies in authority.

The Minnesota Men were nurtured back to health. In the pursuit of a cure for *anorexia nervosa* women have been 'tied up and shocked', given anti-depressants and put on reinforcement contingency schedules. They have been bribed and threatened, punished and force fed, made to undergo leucotomies and tube fed. Failing this, they have been put in wards with terminal cancer patients in order to 'shock them out of it' or put into isolation cells with only a mattress on the floor and deprived of soap and water and a toothbrush until they eat a prescribed amount. Spignesi (1983), Landau (1983), Erichson (1983), Orbach (1986). Bruch (1978) and Selvini Palazzoli (1974), pioneers in the treatment of *anorexia nervosa* in the 60s and 70s, claimed the treatment was so bad that the psychological after-effects of the treatment were irreversible. Erichson (1983) added that similar methods applied to political prisoners in the Eastern Bloc would arouse howls of protest. What is even more incredible and bizarre is that anorexics or their families are actually inveigled into paying for this punitive treatment.

Coming back from semi-starvation is where the experience differs for the Minnesota Men and anorexic's. Anorexic's identify a number of obstacles against returning to their pre-anorexic status. Yvonne explains the dilemma:

> At sixteen, my future looked bleak limited to being a housewife.
> Also the mother and housewife role was not respected or revered in our migrant family, and as the eldest child in a family with no extended kin,
> I had been cooking, cleaning, washing and taking care of babies and children

> since I was ten years old. At eight I had waitressed most weekends and lunchtimes in the family cafe. I therefore became aware early in life that Maleness was synonymous with basic humanity, simply because it was socially and familiarly more esteemed. Being female I was denied an education, in fact, told to go to work to help educate my brothers. As I grew up I felt devoid of a distinct autonomy in comparison to the family males. Support to discover a separate self was not part of the treatment of females in our family, rather, extremes of altruism were fostered in me. Body image, however, was for a high priority for the family women. Its most ardent proponent my mother, a dressmaker, who would detail all my body flaws. At least, I reasoned, I could be slim. That's why I started the diet that led to being diagnosed anorexic (Peters 1987:140).

In this way the anorexic links her body shape to her destiny.

Another reason why coming back is problematic is related by one of Crisp's anorexics.

> My teachers and friends had commented on my extreme thinness, but I would repeatedly deny that I was on any kind of diet or that I was in any way ill, for fear that I would be coaxed or forced to eat properly again, thus regaining my original weight, which to me meant becoming ugly and unloved once more'. (Crisp 1982:158).

Anorexic women have an existential problem. Mothering remains undervalued. Women continue to be socialised to be other-oriented and self-sacrificing. And high profile female role models in the top income range are rarely doctors, politicians, university professors, or corporate bosses, but rather, film stars and other performers, pencil thin fashion or cosmetic models, or high class prostitutes. These careers are 'image oriented', they demand 'successful bodies', and 'successful bodies' are super slim bodies.

Conclusion

This paper addressed the following enigmas: 1) The increased incidence of *anorexia nervosa* in specific historical periods and in certain professions which emphasise thinness suggests a reason to suspect the existence of a hitherto unidentified dynamic in the anorexic process; 2) questions about the subjective feelings of well-being by anorexics have never been pursued or answered from the anorexics' side, with the result that such feelings have been considered additional evidence of her illness. The study examined briefly the development of the diagnosis to explain in what way, and why, the author felt it necessary to deviate from it. This analysis exposed

interpretational problems related to the gender bias and intra-psychic vision inherent in the medical model. It was shown that this limited the possibilities available for constructing a more comprehensive hypothesis and enabled a body of data specifically relating to semi-starvation in the human organism to be underutilised in understanding, diagnostic and treatment models of the syndrome. Clinicians are confronted with women displaying the symptoms of 'starvation neurosis'. Based on this 'display' the diagnosis *anorexia nervosa* was formulated and placed in the category 'mental illness'. This is erroneous, as the women so diagnosed had voluntarily renounced food, and 'anorexia' is Greek for 'lack of desire'. Specifically demonstrated was the effect the biases inherent in a particular method of data selection and manipulation have on the conclusions reached about the phenomenon, and how these have influenced the public's perception of it.

With reference to the anorexic as, 'knowledgeable agent', the paper attempted to redress these imbalances. In doing so it presented an alternative conceptualisation of the syndrome, (diet, asceticism, and starvation neurosis) that encompassed physiological, psychological, behavioural and social influences. Through motivational theory, it identified the situations in which motive imputation occurs, identified the motives that are articulated in given situations, accounted for why these motives are verbalised rather than others and explored the functions these fulfilled in relation to systems of action and interaction.

The paper opposed the notion of a personal predisposition to *anorexia nervosa,* exposing instead the role of societal influences and the extent to which the experience itself is a determining factors in the furtherance of the anorexic process. It was argued that psychiatry underrates these influences in the development of anorexia and that any perceived differences between anorexics, the victims of famine, ascetic saints and holy men, and the Minnesota men is less in the symptoms they experienced and more in the perspectives from which these symptoms are viewed and interpreted by agencies in authority. It revealed that, in the clinic, the anorexic’s experience is trivialized, as she is labelled mentally ill and deviant. Her self-control, willpower and determination, proof to her of her moral worth and strength of character, are redefined as wilful, prideful, stubborn and intransigent behaviours. Her loss of libido is designated a rejection of her femininity and her feelings of well-being considered as 'denial', a sign of her disorder. Sorokin observed that the behaviours required to attain the highest form of ascetic mentality and conduct was not for the masses in India (Bhagat 1976:56/8). That is why the ascetics, like the mystics and saints of

medieval times, were revered, admired and respected. They were not pronounced mentally ill. Twentieth century anorexics are not mentally ill either. They are caught up in a phenomenon they have stumbled upon unexpectedly and found gratifying.

Anorexia nervosa, or rather ' asceticism and starvation neurosis', will be stumbled upon while the cult of the super slim body beautiful exists, along with professions demanding super-light body weights as ideal, exist. It is important to establish that those who have succumbed to these ideals, and consequently entered the state of 'starvation neurosis', are not mentally ill. If a great deal of time is spent in this state, however, 'starvation neurosis' behaviour can become an intrenched behaviour pattern. Yet, by utilising the above reconceptualisation of the syndrome, it becomes possible to formulate an educational package. This could help prevent further cases from emerging, and give those currently suffering from 'starvation neurosis' more appropriate choices in the treatment of their condition.

Bibliography

Becker H. 'Theory and Practice' in R.P. Cuzzort and E.W. King (Ed.) *Humanity and Modern Social Thought.* The Dryden Press. Hinsdale. Illinois. 1976.

Bell R. *Holy Anorexia.* University of Chicago Press. Chicago. 1985.

Bordo Susan. 'Anorexia Nervosa : Psychopathology as the Crystallization of Culture' in *Feminism and Foucault: Reflections on Resistance.* I. Diamond and L. Quinby (Ed.). Northeastern Press. Boston. 1990.

Bhagat M.G.*Ancient Indian Asceticism.* Munshiram Manoharal Publishers Pty. Ltd. New Delhi. 1976.

Boon J. *Symbolic Anthropology in Comparative Study of Cultures. Histories. Religions and Texts.* Cambridge University Press. New York. 1982.

Boskind Lohdahl M. Cinderella's Stepsisters: A Feminist Perspective on anorexia nervosa and Bulimia. *Signs*. No.2. Vol.2 pp.341-356. 1976.

Branch C.H. and Eurman L. Social Attitudes Towards Patients with *Anorexia nervosa* in Clinical and Research Reports. *American Journal of Psychiatry*. 1980 May 137:5.

Brown P. *The Body and Society:Men Women and Sexual Renunciation in Early Christianity*. Columbia Univesity Press. New York. 1980.

Bruch H. *Golden Cage: The Enigma of Anorexia Nervosa*. Open Books. London. 1978.

Brumberg J.*Fasting Girls: The Emergence if Anorexia Nervosa as a Modern Disease.* Harvard University Press. London. U.K. 1988.

Burke K. *A Grammar of Motives.* Prentice-Hall Inc. New York. 1945.
Bynum C. Women Mystics and Eucharistic Devotion in the Thirteenth Century. *Womens Studies*. 1984 Vol.11. 179-184.
Bynum C. *Holy Feast and Holy Fast* : *The Religious Significance of Food to Medieval Women*. University of California Press. Berkeley and Los Angeles. 1987.
Campbell C. Re-examining Mills on Motive: A Character Vocabulary Approach. *Sociological Analysis*: A Journal in the Sociology of Religion. 1991 Spring Vol 52. No.1.
Caspar R.C, and Davis J.M. On the Course of *Anorexia Nervosa*. *American Journal of Psychiatry.*1977 September 134:9.
Chakraborti H.*Asceticism in Ancient India.* Punthi Pustak. Calcutta. 1973.
Connell R. W. Live fast and Die Young: The Construction of Masculinity Among Young Working-Class Men on the Margin of the Labour Market. *Australian & New Zealand Journal of Sociology.* 1991: 27.2:141-171.
Constantine Shirley. The Weaker Sex: Food and Feminism. *Arena 79,* 1987 119 – 127.
Corrington Gail. Anorexia. Asceticism and Autonomy. *Journal of Feminist Studies in Religion.* 1986: 2.
Craddick Alison. 'Born of Woman. Born of Science'. *Arena 79*. 1987 Editorial.
Crisp A.H. *Anorexia nervosa: let Me Be.* Academic Press. London. 1982.
Crisp. A.H.. Norton. K.. Jurczak. C, Bowyer. C, and Duncan. S. Review: A treatment Approach to *Anorexia nervosa* - 25 years on. Journal of Psychiatric Research, 19:445-448, 1985.
Crisp. A.H. and Toms., D.A. Primary Anorexia or Weight Phobia in the Male: Report on 13 Cases. *British Medical Journal*. 1972; 1:334 -338.
Czyzewski D, and Suhr M. (Eds). *Hilde Bruch: Conversations with Anorexics.* Basic Books Inc. Publishers New York. 1988.
Delumeau J. *Sin and Fear:The Emergence of a Western Guilt Culture 13th -18th Centuries*. Translation by Peche er la Peur. St Martin's Press. New York. 1990.
Douglas. M. *Natural Symbols. Explorations in Cosmology*. Battee & Rockliff. The Cresselt Press. 1970..
Eliade M. *Myths. Dreams and Mysteries: The Encounter Between Contemporary Faults and Archaic Realities*. Translated by P. Mauret Harvich Press. London. 1960.
Erichson A. *Anorexia Nervosa: The Broken Circle*. Faber & Faber. London. 1985.
Farb P, and Armelagos G. *Consuming Passions.: The Anthropology of Eating*. Houghton Mifflin Co. Boston. 1980.
Flax J. The Conflict and Autonomy in Mother/Daughter Relationships and within feminism' *Feminist Studies*. 1978; June.4:2.
Foucault M. *Politics. Philosphy and Culture - Interviews and other writings 1977-1984.* Lawrence Kritzman (ed). Translated by Alan Sheridan and others. Routledge. N.Y. & London. 1988.
Garner D.M. Review: Individual Psychotherapy for Anorexia Nervosa. *Journal of Psychiatric Research*. 1985; 19:423-434.
Garfinkel H. Conditions of Successful Degradation Ceremonies. *American Journal of Sociology.* 1959
Gerth H, and Mills C.W. *Character and Social Structure: The Psychology of Social Institutions.* Routledge and Kegan Paul. London. 1954.

Gusfield J. *The Culture of Public Problems:Drinking Driving and the Symbolic Order*. University of Chicago Press. Chicago. 1981.
Harris M. *The Rise of Anthropological Theory*. Thomas Y. Crowell Co. New York. 1972.
Hocking F. *Starvation: Social anf Psychological Aspects of a Biological Stress. Australian Medical Association*. Mervyn Archdall Medical Monograph. 1969: 6.
Houbein L. *Wrong Face in the Mirror: An Autobiography of Race and Identity*. University of Queensland Press. St Lucia. 1990.
Hsu G. The Treatment of *Anorexia nervosa*. *American Journal of Psychiatry*.1986; May 143:5.
Karp I. Deconstructing Culture Bound Syndromes. *Journal of Social Science and Medicine*. 1985;21:2.
Keys A, Broezek J and Henschel A, et al. *The Biology of Human Starvation*. Minneapolis: The University of Minnesota Press. 1950.
Landau. E. *Why are they Starving Themselves: Understanding Anorexia Nervosa and Bulimia*. Julian Messer. New York. 1983.
Lawrence M. *The Anorexic Experience*. The Woman's Press Handbook Series. 1984.
Low D.M. Edward Gibbon's *The Decline and fall of the Roman Empire*. (an Abridgement). Richard Clay and Company. London. 1960.
Lynch M. The Body: Thin is Beautiful. *Arena 79.* 1987:128-145.
MacDermot V. *The Cult of the Seer in the Ancient Middle East*..University of California Press. Berkeley. 1971.
MacKenzie Catriona. 'Simone de Beauvoir: Philosophy and/or the Female body'. *Feminist Challenges:Social and Political Theory*. Pateman. C. Gioss. E (eds). Allen & Unwin Sydney. 1986.
Mayo Clinic Nutrition Letter. Anorexia Nervosa: Obsession with Thinness. 1989.
Minuchin S.. Rosman B, Baker L. *Psychosomatic Families. Anorexia Nervosa in Context.* Harvard University Press. Massachusetts. 1982.
Mukai T. 'A Call for our Language:Anorexia Nervosa From Within'. *Women's Studies International Forum*. 1989; 12.6:613-638.
Murray M. 'Last Things'. G.E.White (ed.) *Simone Weil :Interpretations of a Life.* University of Massachusetts Press. Amherst. 1981.
Musurillo H. 'The Problems of Ascetical Fasting in Greek Patristic Writers'. *Traditio*. 1956.
Noakes T. *Lore of Running*. Oxford University Press. Cape Town. 1985.
Olle A. Life, Art and Other Things. *The Weekend Australian*. 1992; June 20-21:2.
Orbach S. *Hunger Strike:The Anorexics Struggle a metaphor for our Age.* Faber & Faber. London. Boston. 1986.
Palazzoli Mara Selvini. Self Starvation : From the Intra Psychic to the Transpersonal Approach to *Anorexia nervosa*. Chaucer Publishing Co. Ltd. London. 1974.
Percy M. 'Its a Crime to get Fat'. *Cosmopolitan*. 1989: May.
Peters N. *Close to the Bone. Honours Thesis*. Department of Anthropology. University of Western Australia. Perth. 1987.
Petrement S. *Simone Weil* . Pantheon Books. New York, 1976.
Rampling Davis. 'Asetic Ideals and Anorexia Nervosa." *Journal of Psychiatric, Research*. Vol. 19 N0. 2/3 pp.89-94, 1985.
Runciman. S. *The Medieval Manichee: A study of the Christian Dualist Heresy*. Cambridge University Press. Cambridge, 1947.

Rodin Judith. 'The New Meaning of Thin'. in *Cosmopolitan*. February 1993.
Scheff Thomas, *Being Mentally Ill : A Sociological Theory*. Aldine Publishing Co. New York, 1984.
Sheridan Alan, *Michel Foucault The Will to Truth*. Tavistok Publications. London and New York, 1980.
Singer Eliot A. The narrative functions of food in Afanas'ev's fairy tales. *Semiotica* 57-3/4.pp.3339-3368, 1985.
Slade Roger. *The Anorexia nervosa Reference Book*. Harper & Row, London, 1984.
Spelling E. The Best Little Girl in the World (movie) Based on the book by the same name by Steven Leverkron. Puffin, 1984.
Spignesi A. *Starving Women: A Psychology of Anorexia nervosa*. Spring Publications Inc.. Dallas. Texas, 1985.
Sorokin P.A. *Man and Society in Calamity*, E.P.Dutton & Co.Inc N.Y, 1941.
Turner Brian. *The Body and Society: Explorations in Social Theory*, Basil Blackwell. New York, 1981.
Turner Brian, The Talking Disease. in the *Australian and New Zealand Journal of Sociology*. Vol.26 (2).157-69, 1992.
Veitch Ilsa, *Hysteria : The history of a Disease*. University of Chicago Press, 1965.
White George Abbott (ed.), Simone Weil : Interpretations of a Life. Introduction. University of Massachusetts Press, 1981.
Wilson A.J. Touyz S.W. O'Connor M. and Beumont P.J. Correcting the Eating Disorder in *Anorexia nervosa* in *Journal of Psychiatric Research*. Vol.10 No. 2/3. pp 449-451, 1985.
Wolf N.*The Beauty Myth: how images of beauty are used against women*, W. Morrow. New York, 1991.
Yager J. 'The Treatment of Eating Disorders'. *Journal of Clinical Psychiatry*, 49.9 (Suppl). September pp 18-24,1988.
Young A. The Anthropologies of Illness and Sickness. *Annual Review of Anthropology*, Vol 11. pp. 257-85, 1982.
Young Katharine. 'Disembodiment: The phenomenology of the body in medical Examinations'. *Semiotica.* 1989 73-1/2. 43-66.

Notes

[i] This article was first published in *Social Analysis*, April 1995. It is reproduced here to reach another and far more relevant reader.
[ii]. This has led me to refer to the anorexic as 'her' in this paper.
[iii] Despite Turner (1992) divergence from the medical model, he nonetheless incorporates into his analysis psychiatrically imposed categorizations, like 'intentional' refusal to eat, 'wilful' vomiting and the anorexic's 'sick role'.
[iv]. Takaya Mukai's account of her experience of *anorexia nervosa* is notable for being uncontaminated by the medical model.
[v]. In response to the psychiatric perception that anorexics are trying to return to pre-puberty, Japanese anorexic Takaya Mukai recalls "I cannot state that I must have preferred to stay in childhood since I did not know what childhood 'meant' to me while I was a child". (1989:619).
[vi] . This section is derived from Yager's comprehensive overview of the diagnostic perspectives on *anorexia nervosa*.
[vii]. Of course it stands to reason that a family with a starving individual in its midst will eventually show signs of strain. This result is often mistakenly taken as the cause of the syndrome.
[viii]. Farb and Armelagos (1980) indicate that humans cannot accurately guage the difference between slight and moderate hunger so as to make appropriate adjustments in the amount of food consumed. They also say that the

stomach actually shrinks during prolonged fasting, which gives credence to certain theological writings which maintain that the body habituates to a fasting regime.

[ix]. Mukai (1989:627/8) experienced a similar withdrawal: "I did have a few friends in my last year at junior high - then I began to lose weight, as I lost more weight, I came to stick to my own schedule more obsessively. I began to keep my distance from them both physically and psychologically. I no longer wanted to waste my time and energy in seeing, contacting anybody at all - whether classmates or teachers - and eventually, I quit going to school" (1989:627-28). A major problem with a prolonged, greatly reduced nutritional is that, to maintain it, it becomes necessary to dissociate from public interaction. In anthropological terms this entails an avoidance of commensality, with all its range of meanings and social relationships. The anorexic's voluntary renunciation of food is a solitary act, yet it has attracted the interpretation 'refusal', even though this implies the existence of another whose overtures are being rejected. The perceived 'refusal' (an anti-social act) elicits the response 'moral indignation'. It is thus meanings like family and social unity, love, amity and reconciliation, that are erroneously believed to be rejected, which have engendered the label 'deviant act'.

[x] Cohen (1954), who was a prisoner in the extermination camp at Auswitz, described related behavioural effects of extreme under nutrition, He states that the initial terror was later replaced by apathy and resignation. With increasing under nutrition, food dominated the thoughts of the prisoners becoming the main topic of conversation. When food was distributed, the prisoners behaved like animals, their only concern being to stay alive. Findings from the Warsaw ghetto were also similar (Cohen cited by Hocking 1969:22).

[xi]. Caspar and Davis in (1977) also compared *anorexia nervosa* to semi-starvation using the results of the Minnesota experiment. However, their analysis was rendered useless by their failure to contextualise the syndrome socioculturally.

[xii] See also the Mayo Clinic Nutrition Letter of April 1989 (Anon 1989), which presents *anorexia* as a paradox characterised by the relentless pursuit of thinness despite a fascination with by food (i.e. collecting recipes and enjoying the preparation and serving of meals).

[xiii]. For example, the DSM 111 (*Diagnostic and Statistical Manual, Third Edition*) lists 'disturbance of body image' as a criterion of anorexia nervosa; but research has shown that 75% of women have a distorted image of their body size.

[xiv]. It is worth noting, after C.Wright Mills (in Campbell 1991:90), that in the Twentieth Century psychiatry has increasingly taken over from religion the role of defining good and evil. It is puzzling that psychiatry, as the product of a secular society overvaluing individualism, judges the perceived altruism of the religious faster as sacred and meaningful, yet denounces the supposed egotism of the anorexic as profane. This denunciation is compounded for male anorexics by their being labeled homosexual (Crisp and Toms 1972).

[xv]. Levi-Strauss (1964) famously recognizes that, universally, one of the most significant and varied narrative codes is gustatory or alimentary. Singer (1985), who followed similar concerns in relation to Afanas'ev's Russian Fairy Tales, found that 'food acts' encoded complex and often contradictory meanings that commented on the basic fragility of human existence. For instance, gluttony is often presented as an overemphasis on sensory enjoyment at the expense of commensality and is evaluated as anti-social behaviour. Temptation is associated with desire for food and can only be avoided by the act of not eating. Refusal to eat, however, is presented as a denial of social contact – an offence!

[xvi]. Hegelian inspired notions of subjectivity and rationality which underlie existential phenomenology characterize human consciousness as standing opposed to the desire for self-preservation. "Hegel argues that engaging in the quest for self-consciousness is what lifts human existence out of the realm of the merely natural and into the realm of the spiritual. It is self-consciousness which enables a natural being to become a spiritual being. Self-consciousness is thus characterized as an attempt to transcend the natural world; it defines itself in opposition to the natural and to itself as a natural being"(MacKenzie 1986:149). Risking the body is for Hegel an essential step in its eventual transcendence. However, this risk will not of itself ensure such transcendence and can at times end up sacrificing to nature. Rather, it asserts a value more important than its own life – its value as self-consciousness as an individual. Hegelian subjectivity, which requires a totally self-determining and self-conscious creative subject, thus implies a body, which is at the service of a controlled intellect and will.

[xvii]. Compare this with the following. The Eighteenth Century Jesuit, Vieira states:" All that pleases our nature, charms our senses flatters our taste, ravishes our heart, the saints have trampled underfoot; in contrast, all that can mortify our senses and dearest affections, they have generously embraced; and why? Because they desired to be saints"
(Delumeau 1990:454). Andre Weil writing about his sister Simone said: "A religious man would have said God put her into the world for that purpose. That again is quite meaningless, but her 'vocation' or role or business in life from a very early age was to be a saint, and from an early age she trained herself quite consciously for that purpose"(White 1981:11).

[xviii]. Thus, being able to maintain an almost super human ascetic regime, its accompanying unexpected rewards – a sense of heightened acuity, and a feeling of well being – are proof to the anorexic of her strength of character. Connell's (1991) study on the construction of the masculine subject in a marginal and stigmatised environment came to a similar conclusion. Connell noted that his male informants, were constantly concerned with their 'front' and 'credibility'. This 'front', he added, mattered more to them, than income, security and possessions.

[xix]. At least one percent of anorectics die as a direct result of starvation. This, however, is not the result intended. As Italian therapist Selvini Palazzoli points out: 'From my direct contact with anorexic patients and from reading their diaries and hearing the confessions of those I was able to cure (2)I am convinced that not one of them has ever had a conscious wish for annihilation by suicide'.
She further observes: 'I have never seen anorexics in the kind of depressive state that often leads to suicide, and in fact, *anorexia nervosa* patients never deliberately end their lives by direct measures' (1974:80). Religious suicide by starvation is described in the religions of east and west. The Cathars' *endura* was a deliberate suicide, as was the Ajivikas' *Suddhapanae*, a voluntary experience by ascetics whose physical powers were waning as a result of severe austerities (Bhagat 1976:194). Such suicides were effected by eventually completely renouncing food and/or water. Simone Weil was drawn to the Cathars' form of Christianity and this may well have influenced a style of life that led to her death by starvation (Murray 1981).
[xx]. The Minesota Men were placed in a state of semi-starvation for three months. Anorexics often stay there for many years. This has implications for rehabilitation, as prolonged starvation neurosis would become an entrenched behaviour pattern and physiological damage could be profound.