Today's Epidemic:

Anorexia Nervosa

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Anorexia Defined

Anorexia comes from the Greek words "an" (privation, lack of) and "orexis" (appetite). It is a psychological condition described as an aversion to food due to some personality disorder (Bell 1). More specifically, anorexia is a psychological disorder in which the patient deliberately starves himself or herself in a persistent pursuit of thinness. A common clinical definition states that it is a "...diagnosis applied to individuals who are more than twenty percent under weight and who for psychological reasons do not eat (Rumney 2)." The Diagnostic and Statistical Manual of Mental Disorders (DSM-III-R) defines anorexia nervosa in this manner:

> anorexia nervosa requires...in the patient: an intense fear of becoming obese that does not diminish as weight loss progresses; disturbance of body image, e.g., claiming to "feel fat" even when emaciated; loss of at least 25 percent of original body weight; and refusal to maintain normal body weight (Lehrman 29).

In this paper, I hope to bring about a better understanding of anorexia by studying various aspects of this condition: 1) the definition, 2) the history, 3) the family and its affects, and 4) the social and cultural affects.

History

In his book Holy Anorexia, Rudolph M. Bell illustrates the lives of women living between 1200 a.d. to the present. His studies showed that of the 170 women he studied, over one half showed clear signs of anorexia. This suggests that anorexia is by no means a creation of today's culture. I think that this is an important point to make, because few of the periodical articles I had come across in my research had any reference to the historical aspects of anorexia. His sources are reliable -- coming from convents and monasteries who documented the lives of these women (Bell x).

Bell cites a quote from Morton's Phthisiologia: or a treatise of Consumptions.

> in the Month of July [she] fell into a total Suppression of her Monthly Courses...her Appetite began to abate,...her Flesh also began to be flaccid and loose, and her looks pale...she was wont by her studying at Night, and continual pouring upon Books, to expose herself both Day and Night to the Injuries of the Air...like a Skeleton only clad with Skin (Bell 3-4).

This is the condition of a 20 year old girl as recorded by her doctor, Richard Morton in 1686. It is the earliest known case of anorexia and is a classic description of an anorectic patient of today. The symptoms which have manifested in this girl are symptoms similar to

those of today's patients. Three months after this entry, Morton's patient died (Bell 4).

Bell studied many lives of women by examining the journals of distinguished men in the medical and psychological fields. A majority of them lived in the nineteenth century. He reviewed Philippe Pinel's journals. Pinel was head of the famed Salpetriere public mental hospital for women in Paris. Among his points, pinel also notes anorexia nervosa. He describes a 17 year old anorectic female with these symptoms: abstinence from food, amenorrhea, bulimia, bradycardia (Bell 5).

Anorexia had gotten much attention with the work of William W. Gull and Charles E. Lasegue. They were first to identify and classify anorexia nervosa as a psychosomatic disorder. Together, they engaged in extensive research on anorexia and published several articles. In Gull's journals, he describes how an anorectic girl of 14 used to walk long distances in the streets in such an emaciated state that she drew much attention from the neighbors. He continues by saying that the girl's relatives were "the worst attendants". Unfortunately, Gull did not elaborate on the relationship she had with her parents (Bell 6).

Lasegue later published a lengthy account of anorexia based on eight cases. He concluded that this disease occurs in females in their

later teens and emphasized how their extreme thinness did not concern them. In fact, the anorectic patients seemed to enjoy the condition of their bodies. Also, Lasegue noted a common dynamic in the anorectic family -- its orientation toward food. During these food-centered conversations, the parents either entreated or threatened the patient in persuading him or her to eat. The pattern of entreats and threats was often random and confusing and served only to exacerbate the disease (Bell 7).

In another case, the parents of a14 year old girl ask the help of Jean-Martin Charcot, professor at the University of Paris and known for his work in anorexia. Charcot agreed to help with the condition that the parents not see their daughter until after treatment. Charcot recorded the girl's confession at the time of her recovery.

> As long as papa and mamma had not gone--in other words, as long as you had not triumphed (for I saw that you wished to shut me up), I was afraid that my illness was not serious, and as I had a horror of eating, I did not eat. But when I saw that you were determined to be master, I was afraid, and in spite of my repugnance I tried to eat, and I was able to, little by little (Bell 8).

Charcot noted that the main question concerned who the master was, he concluded that anorexia was a quest for autonomy.

In reviewing the social context of women in the Middle Ages, it

has become evident why many distinguished researchers of this time hypothesized that the question of autonomy be core to anorexia. In the realm of religious life for example, the vocation to the monastic life was an expression on the male's part to refuse his culture and all the evil with it. For the women, however profession of vows manifested as a rebellion against her social condition, "a positive road to recapturing her individual reality and self-sufficiency (Bell 55)." The professed life allowed the woman to refuse her destiny as a "functionary of man" and his culture and establish her autonomy. Cultural expectations were so overwhelming that an external struggle

> was not possible.Spinster not bachelor, whore not philanderer, prostitute not john (every- man): such gender-split words convey images of deep historical reality which tolerates or only smirkingly disapproves the same self-expression in men that it condemns in women, especially sexual expression and the refusal to be bound by marital vows (Bell 55).

Facing this "inevitable defeat", the woman turns to an internal struggle in hopes to attain mastery over herself, over her bodily urges. This served as an a assertion of self in two ways. First, fasting was developed by men for men in attaining spiritual purity -- imitation of this male technique assures the identity of the woman. Finally, her struggle for control is attained in the mastery of her own

body.

Today's Anorexia

There are a myriad of schools attempting the best explanation about the causes and cures of anorexia. In her article, Katherine Kallis reviews Steven Wiley Emmet's book, Theory and Treatment of Anorexia Nervosa and Bulimia: Biomedical, Socio-cultural and Psychological Perspectives. She notes, as does the title, three disciplines which attempt to give accurate descriptions of the causes and cures of anorexia; they are: the biomedical perspective, the socio-cultural perspective and the psychological perspective. She gives a brief synopsis of their view on anorexia.

The Biomedical Perspective. One common, but not dominant, perspective is the biomedical perspective, which examines the physiological and nutritional complications and treatment (Kallis 93). Biomedcial theorists believe that anorexia nervosa is clearly linked to clinical depression. This is supported by the fact that seven out of ten anorectics are prone to depression. Substantial evidence leads some theorists to believe that a certain chemical, serotin, a neurotransmitter, is linked to eating and mood functions. Decreased

serotin activity has been linked to compulsive behavior. There are drugs which promote the synthesis of serotin, however, certain foods will do the job (Lehrman 31). Because this view emphasizes the importance of nutrition, force feeding is entailed in its treatment (Kallis 93).

Although the biomedical perspective may not be dominant among theorists, it's treatment seems to be. According to Stark, Orbach supports this claim saying that the common approach to treatment gives priority to gaining weight (force feeding, bribery etc.).

> In trying to get [the anorectic] to eat and to become the "right size they negate her protest...They unwillingly deny the meaning of her symptom and in doing so, contribute to its perpetuation...The woman as a whole, that is, including her anorexia, must be respected (Stark, "The Anorectic Protest 73).

Those of us who have been condemned for our race, color or creed could understand this negative reaction to force feeding. I was watching a Donahue show about anorexia nervosa. The guests consisted of two anorectics, parents of an anorectic, a recovering anorectic, and a psychiatrist. As the recovering anorectic was describing her need to understand her subconscious reasons for her condition, the psychiatrist retorted, "Yeah, as you search for

understanding, you die of starvation." He continued, described the body's need for proper nutrition and that keeping her alive was his primary concern. He added that force feeding as well as intravenous nutrition is a common practice for the treatment of anorexia nervosa, and sometimes the only recourse. For a man who was supposed to care for these people, he seemed somewhat insensitive and closed to this woman (Donahue).

The Socio-cultural Perspective. Another common position is the socio-cultural perspective, which holds that anorexia nervosa is an epidemic influenced by the attitudes of society and the significance it attaches to slimness and physical appearance. Kallis reviews an article written by Susie Orbach, "Visibility/Invisibility: Social Considerations in Anorexia." Orbach is the founder of women's therapy centers in London and New York. Kallis describes Orbach's view on society and its attitudes on food, slimness, and femininity:

> We know the "female form as an object of pleasure for men," that the ideal image is thin and that women have the responsibility and desire to feed others (Kallis 94).

Orbach blames the current epidemic on Western culture. Despite its abundance and obsession with food, society tells us that we,

especially women, must deprive ourselves of it (Stark, "The Anorectic Protest 73).

The Center for the Study of Anorexia and Bulimia (CSAB) reports that eighty percent of women diet. This "social attitude" is effecting the adolescent girls in particular. In a recent study, conducted by the University of California at San Francisco, close to half the nine year olds and eighty percent of ten and eleven year olds claimed to be dieting, while eighty nine percent of seventeen year olds said that they were on diets. Surprisingly enough, only seventeen percent of all (five hundred) girls interviewed were actually overweight. As with any sociological position, treatment or adjustment must be made to society as a whole (Lehrman 31).

Deborah Marquardt studied the results of two researchers, Alice Gagnard, Ph.D., and Linda Lazier-Smith Ph.D. They both hypothesized that there is a powerful link between advertisements and the increase in the occurrence of anorexia nervosa. Gagnard, professor at Southern Methodist University in Dallas, and Lazier-Smith, at Ohio State University both became drawn to this hypothesis after each found out that a student in their respective classes was hospitalized for anorexia. Both these students claimed that the media had placed them in a mode of thinking that they had to "unlearn" (Marquardt 33).

Both Smith and Gagnard approached their research differently, yet their conclusions were similar. In her article "From Feast to Famine: Depiction of Ideal Body Type in Magazine advertising, 1950-1984," Gagnard finds significant changes between 1950 and 1984. The models were typically young, white and female. Since 1950, the use of thin models increased 46 percent by 1984, while the use of overweight models decreased from 12 percent in 1950 to three percent in 1984 (Marquardt 33). The attitudes were more explicitly displayed in the literature.

> There is only one crime against the modern ethics of beauty which is unpardonable; far better it is to commit any number of petty crimes than to be guilty of the sin of growing fat (Brumberg 17).

This is a quote taken from a 1918 Vogue article.

Smith gave three groups of women questionnaires to be completed hoping to elicit attitudes on physical attractiveness. The three groups consisted of thirty high school students, a group of college age anorectics, and a group of Indiana University women students. They were asked to rate the success and happiness of models in print ads. An overwhelming number of women rated the thinnest models to be the happiest and most successful. The results showed that most women believed that they should conform to the

"ideal body shape" and that thinness was somehow connected to happiness and success. The survey also revealed that the ideal body size for all groups was a size seven and a half (Marquardt 33). Yet, the question that rises is "Why do anorectics starve themselves below a size seven? This may be answered by the psychological perspective.

The Psychological Perspective. The third and probably the most widely held, is the psychological perspective. This perspective examines the individual and how he or she interacts with others. Psychological theorists believe that eating disorders are "more that dieting gone haywire." Obsession with thinness has become symbolic of strength, independence and achievement, as well as attractiveness. Anorectics have consistently been found to have distorted concepts and attitudes effecting much of their lives:

> one should strive for perfection; asceticism is superior to self-indulgence; thinness is admirable; fat is disgusting; weight gain means that one is bad or out of control (Lehrman 31).

These attitudes serve in the promulgation of the disorder. Theorists believe that anorectics fail to progress psychologically, that they develope the disorder in a subconscious effort to avoid growing up (Lehrman 31). Lehrman points out that according to the CSAB,

psychotherapists who use only psychological techniques have cured anorexia, while other treatments have not been successful. (Lehrman 32).

Treatment would entail group counseling sessions with the family or with other anorectics. It may also entail individual counseling sessions. Much of the literature supports what Minuchin terms as "family systems theory":

> anorexic families tend to be superficially nice and good, while covertly they are deeply enmeshed, overprotective, rigid, and unable to meet or manage conflict. For the potentially anorexic child, loyalty and protection take precedence over autonomy and self-realization (Kallis 93-94).

These are common characteristics that are present among most anorectic families. These characteristics can be best illustrated in the context of family counseling. Salvador Miunchin is a prominent clinician in the area of family therapy. His recorded sessions provide clear demonstrations of how these characteristics function to nurture anorexia nervosa. A typical anorectic family can be seen in the Minuchin's Minotti case.

Overprotectiveness is the intense concern about the welfare of other family members and impedes the children's development of autonomy. In this family, Loretta, the identified patient has taken the

role of protector over her two younger siblings (Minuchin 30).

> FATHER: Who told you that they would never speak for themselves
> LORETTA: Now, look -- see how they're talking.
> FATHER: I mean, if they want to talk, since you assume that you say what they wanted to say.
> LORETTA: No, I'm not Assuming.
> FATHER: You stop them from expressing themselves. I still think they want to talk.
> LORETTA: No, I asked them before even talking to you. "come in and be with me and tell Daddy how you feel about it too." And, "No, you do it. We don't want to have any part of it." Just now. They were being asked questions. "I don't know." "I don't want to talk." So there's your example.
> MINUCHIN: These arguments are good. Loretta needs to be able to express her mind to you, and you need to be able to tell her what you have in mind. What your father said about Sophia and Maria are true. He said that Mother does that with you, and now he is saying that you do that with them. He has an eye for the process of growing. And he knows that to grow up, one needs to struggle. And he says when you take the job of fighting for Maria, she is not growing up (Minuchin 302-303).

Minuchin affirms Loretta's need to express herself -- her autonomy. He also points out the overprotectiveness that is present between the mother and Loretta as well as between Loretta and her two sisters. He says that it is a hinderance to growth.

Rigid families are heavily committed to maintaining the norm. As a child moves into adolescence, the family must change its rules and how it interacts with the child. This, however, is not the case in

rigid families (Minuchin 30).

> LORETTA: But they may not be important to you, but to me, it may just be that important. Just the other night, it was a little thing -- nothing important -- some movie on TV. "You can't see it. Absolutely not." What are you trying to hide by saying no? I am sixteen.
> FATHER: But you know, at the time you wanted to see it, there were two little kids who wanted to see the movie. Now, since they're kids and you're grown up, you should please the little kids. That's my idea. If this is wrong, then I don't know.
> LORETTA: You can't always please the little kids. The little kids watch television all day, and that time, it was time for them to be in bed already. You don't tell them to go to bed. You tell them, "Stay there," and I can't watch the movie. And I have to grow up.
> FATHER: I should deprive these two little kids of watching what they are watching and please you and let you watch that kind of movie? That would be right for you?...And force my way and put them in bed and please you to watch the television okay?
> MINUCHIN: I think she's right Carlo (father). She is saying she's sixteen and in your home there is no difference in the rights of a sixteen-year-old and the rights of a twelve-year-old. I think you are saying that (Minuchin 303-304).

Minuchin expresses the need for flexibility. As a Child grows into adulthood, his or her privileges as well as responsibilities must be increased.

Enmeshment refers to the overinvolvement existing among family members. This serves as an impediment to the proper function

of the family. It leads to improper management of conflict.

> MOTHER: Deborah, do you want to finish this half of my sandwich? it is very good.
> DEBORAH: Dad, I told you last night that I didn't like it. But I tried it.
> FATHER: Are you talking to me? I told you that you are going to have to eat everything. When you get up to a certain weight, you can pick your own shots, but right now, we are negotiating for your survival, like Dr. Minuchin said. Your life. It is important that you eat.
> DEBORAH: The dietitian was up her, and she asked me what I wanted to eat.
> MOTHER: You are old enough to understand. Dr. Minuchin was just here. And before you came to the hospital, I told you that you were going to die. Do you know what that means, Deborah? You are going to die! You have a beautiful life ahead of you -- you are only fifteen! Deborah, this contains protein --
> FATHER: Deborah, how many doctors have told you that you are not a dietitian? Now wipe out of your mind what those things contain, and just eat them.
> MOTHER: Let her finish eating. I think she is going to try to eat (Minuchin 2-3).

This is only a portion of the Kaplan case recorded by Dr. Minuchin. In this portion, is contained one cycle of a pattern that was repeated throughout this hour long family discussion. Minuchin termed it the Sisyphean pattern, where the mother pleads, the daughter refuses, the father enters with a firm demand, and the mother intervenes to soften the father's demand. In a heavily enmeshed family other family members enter into conflict, setting a chain of alliances, and blocking

direct communication. In an enmeshed family, the parental aspect is given priority over the relationship between spouses. The breakdown or non-existence of the spouse relationship is directly related to the failure of parental control. In such a case, the children may inappropriatly act parental toward parents or siblings (Minuchin 30).

Steven Levenkron, in his article, "Structuring a Nurturant/ Authoritative Psychotherapeutic Relationship with the Anorexic Patient," states that the disorder is caused by "the premature offering of choices to children by their well-meaning parents (Kallis 94)." A child in this situation experiences pressures of dependency and expectation -- the child is dependent yet feels the expectation to be independent. The child believes that he or she is loved because he or she doesn't need that much caretaking. The child, thus, refuses caretaking by refusing food (Leavitt 582).

The Spiritual Perspective. Kallis concludes her article by adding a not so common perspective on anorexia nervosa. She believes that there is a spiritual dimension in this disorder. In a culture that glorifies external appearance over the soul, the children of society become spiritually deprived. The female body has become the object of worship to both genders -- the female becomes the caretaker of

the "temple", while the male becomes the principle worshipers (Kallis 94).

Our society has come to ignore its collective unconscious and have drifted away from ultimate meanings and concerns. As a result, children of today are "...raised in a conditional atmosphere of pseudo-acceptance, where love is doled out in a piecemeal fashion for achievement and appearance, rather than for the sheer simple fact of being. (Kallis 94)." Kallis continues saying that healing may come from a therapeutic relationship, however, she also believes that a spiritual family could be that therapeutic relationship.

Juxtaposing Past and Present

In Corrington's article, "Anorexia, Asceticism, and Autonomy: Self-Control as liberation and Transcendence," she focuses on the common factors that are shared between modern day anorexia nervosa and the asceticism practiced in the Early and late Middle Ages; the same era studied by Bell. She suggests that there is a continuity between these two groups in their struggle for identity and autonomy (Corrington 51). Corrington also wants to illustrate the ongoing historical, socio-cultural and psychological aspects that influence these two phenomena (Corrington 52).

In the past decade anorexia nervosa has reached such a

relatively high number of white, Western, upper-middle-class young women that it has been termed an epidemic. Many believe that the heavy emphasis on appearance and thinness is the cause for such an epidemic. Although this may be a major contributing factor, it is not the core of the problem. The symptoms and cures have centered themselves on the relationship between anorexia and with self-image. The core of anorexia seems to be a struggle for an assertion of self, a struggle for autonomy or control (Corrington 53).

> I thought...that I was molding myself a wonderful, ascetic, pure image...I felt I had to do something I didn't want for a higher purpose...I created a new image for myself and disciplined myself to a new way of life (Corrington 51).

This came from a recovering anorectic who was interviewed in 1973 (Corrington 52).

Anorexia, like asceticism, is a form of self-control. It enables women to resist certain prevailing values of society. This is where many become confused. To many, it appears that because the anorectic is denying food, he or she is actually prescribing to society's value of thinness and physical attractiveness. Yet, there are other values more pertinent to the anorectic -- values such as the one discussed in the Socio-cultural Perspective section in the quote form

Kallis beginning "We know the 'female form...'". The anorectic feels that he or she asserts control over these values by taking control and denying his or her bodily urges and thus asserts his or her identity (Corrington 52).

> "...woman, trained by a male dominated society to nurture others rather than themselves, choose anorexia rather than less acceptable forms of assertions" -- Orbach in her presentation at the third annual conference of the CSAB in New York (Corrington 54).

Both groups (anorectics and ascetics) are resisting the male image of women: passive, lustful, etc. They are both favor the image that men promote about themselves: stringent self-denial, fitness, and slimness.

> "...Anorexia becomes the means through which women refuse cultural expectations." -- Bruch, author of Eating Disorders (Corrington 54).

In the Middle Ages, asceticism was a technique developed by males to enhance their spirituality. For women, asceticism had a two fold purpose. It served to enhance their spirituality as well as to assert their personhood (Corrington 53). Many women in this time felt the need to assert their personhood because of the social context in which they lived (Bell 55).

For anorectics, non-eating has become a symbol of power and

control over the self (Corrington 53). For society, thinness has become a symbol of strength, achievement and attractiveness (Lehrman 31). This distinction is important in the understanding of anorexia nervosa. Attitudes of society have definitely contributed to the propagation of the anorexia epidemic. However, it seems apparent to me after comparing anorectics of the past to the anorectics of today that there is the underlying need for anorectics to define an identity in a mentally oppressive society. This can best be supported by the success rate of treatment mentioned in the Psychological Perspective section. Corrington explains it best saying:

> I prefer to see anorexia as a creative solution -- in some cases, the only solution -- to the need to take control over one's body out of the hands of society and to exert it oneself (Corrington 53).

Conclusion

Anorexia nervosa is a product of both socio-cultural and psychological causes. In an age of jets, cars, computers and microwaves, the family is slowly losing its significance as the nucleus, the basic unit of society. This age has become so fast and furious, that it is reflected even in our household necessities. The microwave, for example, as well as the pre-prepared frozen gourmet

meals have made it possible for two bread winners (if the wife chooses to work) to exist in the family, because dinner no longer needs much preparation. The automobile has made it possible to spend more time at work because the trip home is just a hop, skip and a jump. Even our disposable dishes save us time from washing.

Unfortunately, this fast paced life has weakened the bonds that hold the nuclear family together. These luxuries of technology as well as the attitudes of progress, have greatly influenced the decrease in family interaction. The automobile gets Dad home so fast, that he has no time to anticipate the sight of his beloveds. The new gourmet frozen dinners make it possible for Mom, if she chooses not to get a job, to sit mindlessly in front of the television watching soap operas until the time comes for her to coldly push the buttons to start dinner. One by one, members of the family trickle in and hurry to the table for a relaxing dinner. Consequently, many families have highly ritualized meal-time in reaction to their feelings of guilt. Presence is required at the dinner table -- Mom and Dad insist on it. It is probably the only time that the whole family is together at one time. It is at this time that all the morals, values and events of the day are talked about. Yet, in reality, Dad has no time because he has to prepare for a big presentation the following day. So, any problem or

conflict is curtailed with the departing words from Dad: "Work hard and you will be a success." A family responding to its social context in this manner runs the risk of dysfunction, which is potentially, damaging to the psychological development of the children.

Although this may have been a simplistic description of today's "instant family", it is not without truth. Today's family works so hard to attain the ideal standard of living, (beautiful home, beautiful car, beautiful spouse, beautiful kids, etc.), that it is often done at the expense of family interaction. As Minuchin's treatment suggest, anorexia nervosa is a disease of the family. Although rigidity and overprotectiveness suggest family interaction, these are just quantitative reactions to the lack of qualitative interactions. In a society that gauges worth through physical beauty and achievement, today's children find it difficult to establish a place in the world. Such conditional acceptance is expressed even by many parents of today. The key to family interaction, is quality, rather than quantity. Children of today are hungry to be who they are -- not who society expects them to be, and their parents are seldom there to feed them.

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