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Between sanctity and mental dysfunction: eating disorders in a historical perspective

Abstract

Eating disorders are a multifaceted and complicated phenomenon that affect people worldwide, but their understanding and treatment have evolved over the centuries. From a historical standpoint, eating disorders can be perceived in multiple stages, each of which has been linked to different cultural, social, medical, and psychological variables. The article outlines the various perspectives on this kind of condition, ranging from considering fasting to be a sign of holiness or possession to considering it to be a physical or mental ailment. Eating disorders came to the attention of scientists and clinicians approximately 200 years ago. They started researching the root causes and effects of these disorders, accounting for both psychological and biological factors. Numerous approaches to treatment have emerged, including psychoanalysis, behavioral therapy and family therapy. These disorders are now acknowledged as significant social and health issues. Simultaneously, new risks and concerns have surfaced, such as the media, consumer culture, or globalization's impact on how dietary habits and body image are formed. The article's historical viewpoint aims to demonstrate how attitudes around eating disorders have changed over time while also emphasizing the prevalent issue they have become in recent years.

Key words: eating disorders, bulimia, anorexia mirabilis, behavioural addictions

Introduction

In many countries of the world, including Poland, there has been an increase in the number of patients diagnosed with eating disorders over

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the last several years. (Piróg-Balcerzak 2017: 12–13). Research authors report a startlingly high percentage of women and girls who are cutting back on their food intake and experiencing bouts of overeating (Silen, Keski-Rahkonen 2022: 362–364). According to measurements performed in western countries, up to 1,6% of males and up to 3,2% of females suffer from anorexia nervosa. Whereas the estimates for bulimia nervosa reach even up to 8,7% of girls and 1,8% of boys suffering (Dahlgren, Reneflot, Brunborg, Wennersberg, Wisting 2023: 2).

Although those disorders are the subject of a growing body of scientific publications, their history is less well known. Historically, they have been variously understood as manifestations of holiness or psychological problems and illnesses. They were understood through the lens of cultural, social, and economic conditions, and they remain an interesting phenomenon to this day (Bell 1987: passim; Vandereycken, van Deth 1994: 4–12).

In our search of historical mentions of the phenomena currently referred to as eating disorders, we have selected the route of identifying both the phenomena which were viewed as "eating disorders" at their times, and going beyond the limits set by medicine. The historical perspective we have adopted aims to show not only how attitudes towards anorexia have changed over the centuries, but also how eating dysfunctions have intensified. As Ludwik Fleck states, anorexia has a history of its own, which demonstrates its place in the aesthetic of a specific historical period and reveals how the time's prominent ideologies, tradition or factors rooted in the popular mindset shaped its features (Fleck 2007: 55). As chronology gives the clearest illustration of the changes in place, a vast part of the article is a form of historical study.

The paper has been divided into parts devoted to particular themes. We start from briefly explaining what eating disorders are, then proceed to the main body of the text focusing on the history of eating disorders. The subsequent part of the article features contemporary interpretations of eating disorders, with an emphasis of culture and social perspective, leading in the final part of the paper to considering whether contemporary mental anorexia nervosa represents some historical continuation of anorexia mirabilis, or if it is a distinct entity. The following terms are used as alternative in the text: mental anorexia, anorexia and *anorexia nervosa*.

Eating disorders

It is hard to deny that a large part of social life is related to food, and for many people food is one of life's greatest pleasures (Woronowicz 2009: 488). A balanced diet that is appropriate for one's body is an eat-

ing habit that has a beneficial effect on human health. Temporal deviations from previous eating patterns are common and may be due to personal choice, medical advice, or a diet that aims to achieve or maintain an individual's desired weight. However, there are situations when overdoing a restrictive diet can have a negative influence on individual health, and can even become a serious threat, leading to dietary auto aggression (Izydorczyk, Mazur 2012: 16–17). This is the case when food becomes a way of coping with stress, tension, negative emotions, or a means of expressing psychological or social needs.

Eating disorders are defined in the DSM-5 as "behaviors characterized by persistent eating dysfunctions that impair physical health or psychosocial functioning" (American Psychiatric Association 2013: 329). In mid-2018, the World Health Organization (WHO) presented a new version of the International Statistical Classification of Diseases and Health Problems ICD-11. The new classification has regrouped the division of some diseases and health conditions to better reflect current medical knowledge (Jastrzębowska 2019: 32). The updated version of ICD-11 has been used since 2022. Both the subsequent edition of the American Psychiatric Association's classification of mental disorders – DSM-5 (2013) and ICD-11 address the complex and dynamically evolving picture of eating disorders. As many countries continue to rely on the previous classifications in the so-called transition period, the article mostly refers to ICD-11 and DSM-5.

Although the term eating disorder is usually used to refer to anorexia and bulimia, in recent years there has been an increase in visibility of such disorders as diabulimia, alcoholrexia, pregorexia, orthorexia or bigorexia (Hoffmann 2021: 99). There are also so-called atypical forms of eating disorders, such as binge eating disorder or night-eating syndrome. In some cases, food avoidance or restriction may be related to sensory attributes of food and may manifest itself in extreme sensitivity to the appearance (including colour), smell, temperature, texture, or taste of food. It can also consist in a refusal to eat (or even to taste) previously unknown foods. Such behaviour, called food neophobia, is most often observed in children, although not exclusively, and may manifest itself, for example, in the form of refusal to eat certain brands of food or intolerance of the smell of food eaten by others (Salatto, Riccio, Garotti, Bravaccio, Spagnuolo 2023: 3). Rumination syndrome (RS), which is another condition on the list, is defined by recurrent regurgitation of food for at least a month along with chewing, swallowing, or spitting up food that has been returned from the stomach. Recurrent regurgitation is not related to any gastrointestinal disorders or other diseases (such as gas-

troesophageal reflux, pyloric stenosis) (Murray, Juarascio, Lorenzo, Drossman, Thomas 2019: 562). Another disorder – pica – involves persistent consumption of non-nutritious and inedible substances for at least a month, which is inappropriate for a person's developmental stage and culturally unacceptable. The most popular variations of pica are geophagia (eating soil), amylophagia (raw starch) and pagophagia (large amounts of ice) (Hartman, Poulain, Vogel, Hiemisch, Kiess, Hilbert 2018: 1500). Although atypical forms of eating disorders do not meet all diagnostic criteria, they are a significant individual and social problem. They become particularly dangerous when they affect distinctive groups of patients with two coexisting conditions, which is observed in the diabulimia described in the further parts of the text. In that case any eating disorder is an extremely serious threat to health and even life.

Eating disorders (and especially anorexia nervosa) have a history of their own, which demonstrates their place in the aesthetic of a specific historical period and reveals how the time's prominent ideologies, tradition or factors rooted in the popular mindset shaped its features. Presentation of eating disorders in the historical context reveals their discursive dimension and position in social and historical conditions (Dell'Osso, Abelli, Carpita, Pini, Castellini, Carmassi, Ricca 2016: 1653).

Eating Disorders – A Historical Perspective

The Ancient Era

According to historical reports, eating disorders have been around since ancient times (Stunkard 1993: 15–17). The legendary Papyrus Ebers, the writings of Herodotus, and subsequent references in Plutarch illustrate the ancient Egyptians' incitement of vomiting. The Arabic physician Avicenna of Samarkand highlighted the therapeutic benefits of vomiting. (Vedul-Kjelsås, Götestam 2004: 2369). One of the first described religious practices involving voluntary fasting “to the death” by gradually reducing food and fluid intake – Sallekhana (samlehna, santhara, samadhi-marana, or sanyasana-marana), is a part of the ethical code of conduct of Jainism. It is seen, simplistically, as the curbing of human passions and bodily needs (Olson 2014: 8). Descriptions of ascetic practices aimed at extreme fasting date back to the beginning of the Christian era. Such practices were especially widespread among the followers of monasticism. Their symbolic representation can be seen in the figure of

Simeon the Servant the Elder (Simon the Servant, Simeon the Stylite), an ascetic and saint of the Catholic Church, as well as a holy monk of the Orthodox Church, whose extreme mortifications and unusual lifestyle, including extreme fasting, inspired many followers. During those times, the body was seen as an obstacle on the road to God. Therefore, physical needs had to be drastically restrained (Bemporad 1997: 404). The accounts found in the books of the Old Testament detailed the penalties inflicted to people who consumed more than they need. However, unhealthy eating practices were equally viewed in the Christian faith as immoral activity that was harmful to the body and the spirit and, if undertaken repeatedly, could result in a passionate commitment to these practices. It should be noted that at the time the religious term of "passion" embodied the meaning of the current term of "addiction" (Mazakopakis 2020: 225).

In the Hippocratic Corpus, one can find mentions of the morbid abstinence from food, termed απώλεια πείνας (loss of hunger) and απώλεια όρεξης (loss of appetite). Although the term anorexia is derived from Greek (ἀνορεξία), it is difficult to find traces of contemporary anorexic behaviour in antiquity. Fasting was understood to be a short-term practice, with a similar function as ἄσκησις (exercise). It was undertaken for a purpose, such as preparing bodies of athletes for the physical exertion of the Olympic Games. Hippocrates also recommended fasting as a means of purification in the fight against disease (Hoffmann 2021: 102).

The history of bulimia has enjoyed far less attention than anorexia nervosa, and was neglected for centuries, primarily because of the difficulty of describing and defining the phenomenon (Russell 1997: 429–440). Interestingly, historical references to it have often focused on male cases (Crichton 1996: 203–207), in reverse to what we can see today.

The first case of a woman dying as a result of extreme fasting was recorded in 383. She was a noble woman from the entourage of St. Jerome of Stridon, who postulated preservation of virginity in addition to extreme fasting (Dell'Osso, Abelli, Carpita, Pini, Castellini, Carmassi, Ricca 2016: 1652). Since then, fasting as a practice became the privilege of women, although the tendency would not intensify until the 13th and 14th centuries.

Contempt for the flesh, which was seen as a source of evil and a barrier to salvation in Gnostic-Christian doctrine, made a lasting impression in both the Middle Ages and the increasingly secularized modern era. (Bemporad 1997: 404–405).

The Middle Ages

Mediaeval practices of self-starvation highlight the gendered difference in approaches to asceticism. Radical adherence to fasting was typical primarily of women (Derra 2010: 33). Although people who refused food suffered serious gastrointestinal dysfunctions as a result, they were seen not as sick, but as exceptional people sustained through their religious zeal (Żechowski 2004: 248). This was the case, among others, of St. Catherine of Siena, whose devotion led her to a death by starvation (Espi Forcen 2013: 370–371), as well as numerous other medieval women manifesting their religiosity by refusing any food by abstaining from all food except the Eucharist, the intake of which was meant to symbolize their faith and perseverance (Harris 2014: 1213).

Those historical eating disorders are called anorexia mirabilis or sacred anorexia (Harris 2014: 1212; Sukkar, Gagan, Kealy-Bateman 2017: 2). Although the clerical authorities approved of the motives behind those ascetic practices, they would also sometimes attempt to convince emaciated fasting women to eat, as to prevent sinful death by suicide (Sukkar, Gagan, Kealy-Bateman 2017: 1–3).

Ascetic survival in spite of abstinence from food came to be understood as a proof of the existence of spiritual nourishment that compensated for the effects of fasting. Practices associated with fasting often included sexual abstinence, self-flagellation, and fervent prayer. Historian Rudolph M. Bell identified 181 cases of anorexia mirabilis between the 1200s and 1600s. – all of the women involved aimed to live sacrificial lives dedicated to God through *imitatio Christi*, a set of practices that were meant to imitate the life of Christ (Hoffmann 2021: 103). The suffering was believed to assist one in achieving a more complete spirituality and reflecting on the relationship of human with God (Sukkar, Gagan, Kealy-Bateman 2017: 2).

The Modern Times

The outlook on extreme fasting changed with the decline of mediaeval ideas and values, and the rise of the Reformation, which brought changes in the perception of the cult of saints, contributed to a change in the outlook on extreme fasting. The prerequisites for miracles and the instances in which people who were deemed saints were canonized were more limited during this time. Rather than hagiographies, historical accounts of fasting saints from this era are more frequently found in

sources related to the Inquisition and medical literature (Habermas 2015: 13). Cases of "sacred anorexia/*anorexia mirabilis*" started to take on a more secular – fair like – aspect instead of being strictly religious (Pilecki 1999: 19). The Renaissance era was favorable to travel, intellectual, commercial and educational expeditions. It also initiated shifts in the ways people ate, lived, and dressed. As a result, eating disorders did not so much fade from view as start to be interpreted medically rather than religiously. Around 1550, people started to pay attention to the relationship between abstinence from food and what we would today call depressive disorders (Liles, Woods 1999). Most cases of self-starvation dealt with young girls coming from the lower social classes, who would eat only those foods that deserved to be called "pure" and "delicate", such as fruits, edible flowers and nectars. It was generally accepted that the ethereal nature of girls required similar nourishment, hence the refusal to eat heavy, fatty and meat-rich meals. The famous Eva Flegen of Meurs (b. 1575), depicted in paintings with an inseparable bouquet of flowers, claimed to derive nourishment just from their fragrance (Hoffmann 2021: 103).

During the Baroque period, refusal to eat again came to be associated with a religious practice, although not to the same extent as it was in the Middle Ages. Fasting became primarily an element of rituals of mourning, with their purpose being to unite one with Christ (Żechowski 2004: 248). Emaciated silhouettes of mourning women strongly contrasted with the contemporary ideal of a full-figured woman. Some of the cases described in the period are difficult to unambiguously classify. They include the story of Jane Balan, the "French fasting girl of the Confolens". (Hepworth 1999: 23). Her case was described in 1613 by Pedro Mexio. According to a contemporary physician, Balan had been fasting for about three years. This condition was blamed on an elderly woman who gave the then 10-year-old Balan a poisoned apple. Mexio diagnosed the case as being due to "desiccation of the liver and all organs of digestion by noxious fluids", caused by the consumption of the apple (Hepworth 1999: 23). Other doctors, interpreting anorexia in scientific terms, started to use the term inedia prodigiosa (terrible hunger) besides the famous term anorexia mirabilis.

17th century medicine was based on the views of alchemists, in particular the concept of iatrochemistry, which they popularized. While its invention had been credited to Paracelsus, it was the latter Johann Baptist van Helmont, a Flemish theologian, physician and chemist, who discovered gas silvestre, or today's carbon dioxide. He was considered the most representative iatrochemist. Van Helmont believed that all activi-

ties of the human body are based on chemical processes, especially digestion, which has many stages. An important role was played by the so-called ferments (now called enzymes), which regulated life processes. According to van Helmont, in the process of digestion energy necessary for life emerged. Diseases, including anorexia nervosa, were caused by a disturbance of that fermentation process, resulting in the production of the so-called bad acids in the stomach, which then transformed into toxic gases that poisoned the entire body. If they reached the brain, the person was overwhelmed by fits of anger and rage, if they reached the uterus attacks of hysteria (in ancient times hysteria was called uterine suffocation), if they reached the wrists of the hands – gout, etc. The most popular and at the same time the only means of neutralizing these gases was the use of glauber salt to treat indigestion (Hoffmann 2021: 104).

In 1694, the English physician Richard Morton, convinced that he had discovered a non-specific form of tuberculosis, described the case of a young woman that did not suffer from the shortness of breath and fever, but from loss of appetite, menstruation and cachexia. It was the first modern case of anorexia. His ground-breaking study *Phthisiologia, or, a treatise of consumptions*, contained a prescient description of anorexia nervosa, pointing to a psychological aetiology of the disorder (Vedul-Kjelsås, Götestam 2004: 2369–2370).

Thanks to developments in medicine and the natural sciences, the Enlightenment saw a significant progress in the "diagnosis" of anorexia. The evolution of the empirical method and positivism led to new approaches in medicine and psychiatry, particularly in the way eating disorders were conceptualized. Although anorexia nervosa was the domain of women at the time, the English physician Robert Willan was one of the first to describe symptoms of extreme weight loss in men. In his article *A remarkable case of abstinence*, published in 1790, he presented the case of a young Englishman of "intellectual and melancholic nature", who died of exhaustion after 60 days of not eating (Hoffmann 2021: 104).

In the nineteenth century, reports began to emerge of a growing number of eating disorders. Initial descriptions dealt with eating disorders occurring in the form of vomiting and starvation caused by patients' subjective belief that they were unable to swallow or unable to eat due to "stomach pains". These disorders were interpreted as manifestations of hysteria (Micheli-Rechtman 2009: 18). In 1840, the research of a French physician Fleury Imbert became the basis of a work entitled *Traité théorique et pratique des maladies des femmes*. Imbert distinguished between gastrointestinal anorexia (anorexie gastrique) and anorexia ner-

vosa (anorexie nerveuse), confirming that most of the cases in France were also women (Hoffmann 2019: 187).

In 1858, the French psychiatrist Louis-Victor Marcé published a book entitled *Traité de la Folie des Femmes Enceintes, des Nouvelles Accouchées et de Nourices*, which was based on many case studies describing psychological disorders of women during and after pregnancy, especially including anorexia symptoms (Hoffmann 2021: 105). In 1860, Marcé published an article, concluding that anorexia nervosa was not caused by a dysfunction of the gastrointestinal tract but by a type of delirium. In his work, he presented two clinical cases illustrating delusions that led to a complete refusal to eat (Marce 1860: 264–266). As such, Marcé did not just introduce ideas of the etiology of eating disorders into the field of psychiatry, but also included descriptions of anorexia nervosa that came closest to the modern picture of mental anorexia.

It should be noted that interest among physicians and the public in the cases of "starving girls" to some extent created a fashion for non-eating, where girls would not abstain from food for the sake of a slim figure, but rather to draw attention to themselves and their qualities. Interestingly, in addition to actual cases of eating disorders, there were also attempts at deceit aimed at gaining fame, which sometimes, as in the case of Ann Moore, ended in lawsuits (van Deth, Vandereycken 1992: 352).

Interest in cases of deliberate starvation also increased in the United States. In 1859, the American Journal of Insanity published an article by William Stout Chipley on sitophobia – a type of insanity involving intense fear or loathing of food (Shields 2006: 142). Although the disorder was not classified as a psychiatric illness, Chipley pointed out the social determinants of dysfunction. It affected girls from higher social classes who, through their behaviour, exerted pressure on family and loved ones, as well as strove to focus attention on themselves (Blinder, Chao 1994: 11). In 1868, Sir William Gull presented his observations on anorexia nervosa to the British Medical Association. He emphasised that those affected by extreme emaciation were primarily young women between the ages of 16 and 23. He did not state the causes of the development of the disorder, but described in brief advances in the treatment of anorexia nervosa. In 1868 Gull published his ground-breaking work *Anorexia nervosa (apepsia hysterica, anorexia hysterica)*, in which he presented in detail three cases of women with anorexia (Gull 1997: 498–502). The work was translated into several languages and appeared in the professional literature of America, Germany, Italy and the Netherlands. Since then, anorexia has been treated as a disease with a psychological basis, the effects of which are also felt physically.

In the same year, the aforementioned French physician Ernest-Charles Lasègue published an article entitled *De l'Anorexie Hysterique*. In both Lasègue's and Gull's descriptions of anorexia we find symptoms such as the refusal to eat, drastic emaciation of the body and menstrual disorders (up to complete cessation). Interestingly, neither Lasègue nor Gull mention the fear of gaining weight, which is one of the basic diagnostic criteria of modern anorexia. Lasègue, on the basis of a case study of eight patients treated for anorexia nervosa, was the first to point out that the disorder develops in phases, is chronic, and that success in treatment is intertwined with failure. Lasègue also presented his model of the anorectic spiral, characterised by indifference, disgust, resentment, and ultimately starvation, ill health, and possible death. The last of the stages was only hypothetical, as he did not record a death resulting unequivocally from anorexia nervosa. Interestingly, neither Gull nor Lasègue observed relapses in people they believed to be cured (Gull 1997: 498–502; Lasègue 2008: 82–93). Lasègue's extremely valuable insight was in his attention to family factors in the development of anorexia. By presenting a detailed description of a scene in which relatives try to convince a person with anorexia to eat, he showed that the family environment often contributes not only to the development of the disease, but also to its continuation. Thus, there was a transition from anorexia mirabilis – "a sign of holiness", to pathological anorexia, "appropriated" by medics, as a sign of mental disorder (Micheli-Rechtman 2009: 16-18). Reports of miraculous self-starvation in the 18th and 19th centuries were more likely to be greeted with skepticism than with appreciation for such extreme religiosity because the practice was frequently carried out for financial gain and attention (Sipilä, Harrasova, Mustelin, Rose, Kaprio, Keski-Rahkonen 2017: 407).

In the late nineteenth century, the French neurologist Jean-Martin Charcot and his student Pierre Janet drew attention to the importance of both psychological factors and the family environment in the development of anorexia (Vedul-Kjelsås, Götestam 2004: 2370). Sigmund Freud, on the other hand, pointed to its psychosexual background: according to Freud, repulsion towards food in adolescent girls was a manifestation of aversion to sexuality (Pilecki 1999: 20). He also emphasized the role of abstinence from food in neuroses, which was also taken up by later psychoanalysts. There was also no lack of views which stressed instead a biological origin of food aversion. A proponent of such a view was the German physician, pathologist – Morris Simmonds – who was the first to describe pituitary charlatanism in 1914. This condition, also known as Glinski-Simmonds Disease, is associated with hypothyroidism

or necrosis of the anterior lobe of the pituitary gland and is capable of devastating the body to a degree similar to anorexia (Vedul-Kjelsås, Götestam 2004: 2370).

The second half of the 19th century was shaped by the romantic ideal of the female body. A woman had to be very thin, delicate, with a pale complexion, which was supposed to reflect her melancholic nature. Thinness, which had previously been considered a sign of poverty, became a distinctive feature of the social model of femininity. This trend initially spread across the upper strata of society, finding its place in the poetry of Lord Byron and in the paintings of the Pre-Raphaelites, as well as among some Symbolists. This resulted in a new artistic archetype of the female body. Moderation in eating and praise of thinness also became the norm for women of the emerging social class, the bourgeoisie. With the birth of gastronomy, the place "in the kitchen" was reserved for working-class women, while representatives of the bourgeoisie were advised to enjoy leisure time and take care of their appearance. Unnecessary curves could drastically reduce a woman's chances in the marriage market. This created a fertile ground for the development of eating disorders. This was the first time that a woman's desire to be thin and in control of her body had been recognized as a pathological state and a sign of a mental disorder. On the other hand, the same desire was also legitimized (at least in its initial phase) as a sign of respect for the new social norm of thinness and control over one's body (Hoffmann 2021: 107).

Despite the fact that the Second World War was not a favorable period for scientific research on eating disorders, Ellen West, a victim of anorexia and bulimia, must be mentioned. She was the first patient that Ludwig Binswanger, the psychiatrist treating her, applied existential analysis to. Binswanger described the case of Ellen West in 1944, and in the following years she became a subject of discussion in psychiatric and psychological circles (Vedul-Kjelsås, Götestam 2004: 2370).

The Latest Period

Progress in the study of eating disorders led to distinguishing between various kinds. In 1955, Albert I. Stunkard described the "night eating" syndrome. Stunkard noted the analogy of "binge-eating" to "binge drinking" and demonstrated that the night eating syndrome occurs primarily in obese individuals (Blinder, Chao 1994: 18).

In the 1960s, thanks to the development of humanistic psychology and psychiatry, the search for a psychological bases of anorexia devel-

opment was resumed. Attention was drawn to the fact that this problem affects primarily young girls. Research was focused on finding the supposed mechanisms behind this disorder. It was also noted that eating disorders are never limited to the problem of eating alone: inadequate eating is only a visible symptom of other problems responsible for the disorder. Anorexia develops on a psychogenic basis, and many factors, such as conflict in the family or at school, or love disappointment, play a role in the manifestation of the disease (Woronowicz 2009: 491–493). Another researcher of anorexia as a disorder – Arthur Hamilton Crisp (1995: passim) – noted that people suffering from anorexia remain in a constant conflict between the desire to eat and the consequences of consuming food.

In 1972, John P. Feighner proposed one of the first modern classifications of anorexia. Symptoms included: onset of the disease before the age of 25; loss of appetite accompanied by weight loss of at least 25% from baseline; disturbed attitudes about food intake, food and body weight, and distorted perception of body image; absence of somatic illness explaining the onset of anorexia and weight loss; absence of psychiatric disorder (especially affective disorder, schizophrenia, obsessive-compulsive disorder and phobias), presence of at least two of the following symptoms: lack of menstruation, lanugo, bradycardia, periods of hyperactivity, episodes of binge eating, vomiting, including provoked vomiting (Feighner, Robins, Guze, Woodruff, Winokur, Munoz 1972: 57–61). That same year, Marlene Boskind-Lodahl used the term bulimorexia to describe mixed eating disorders (Boskind-Lodahl, White Jr, 1978: 84–90). Two years later, working on family conditions that are co-occurring with anorexia, Salvador Minuchin proposed a psychosomatic model of family functioning (Minuchin, Rosman, Baker 1978: passim).

In 1979, the British psychiatrist Gerald Russell presented a complete clinical picture of binge eating, which was given the name bulimia nervosa. Russell presented separate diagnostic criteria for bulimia, treating it as an independent disorder, while it had previously been identified with a different form of anorexia. Bulimia was defined as a disorder whose most important symptoms are: the loss of control over the amount of food consumed, coexisting with the so-called compensatory behaviours aimed at preventing weight gain. These include the forced vomiting, use of laxatives, diuretics, and/or the use of restrictive diets, self-starvation, and/or exhaustive exercise. Russell noted that patients exhibiting those patterns of eating are primarily girls and very young women (Russell 1979: 429–440).

In 2000, the Pro-Ana movement was born in the United States, promoting anorexia as a lifestyle, which (by definition) is a conscious

choice and not a mental disorder (Ramos, Neto, Bagrichevsky 2011: 450–453). Iwona Startek (2011) speaks of two main stages in the development of this movement. The first one, referred to as the "first wave", began around 2001, when first, usually English-language Pro-Ana, web pages were created, and their main goal was to enable patients with anorexia to contact other patients and fight their feelings of loneliness. These sites also provided advice on losing weight, taking care of your body, and hiding your non-eating. The movement promoted the idea that patients should choose for themselves whether and when to start treatment, and that they should be able to function like any other member of society without being constantly pressured to undergo treatment. As a result of interventions by eating disorder advocacy organizations, Pro-Ana websites began to be shut down. These actions had the opposite effect – the movement gained publicity, and as a result, more and more new sites began to appear, mostly run by so-called "wannarexis", or girls wishing to have anorexia. At that time the movement became most famous with its flagship slogan: "anorexia is not a disease, but a way of life". Since then, one can talk about the second wave of the Pro-Ana movement (Startek 2011: 322–323). Pro-Ana is most often defined as a way of life whose goal is to obsessively strive to reach a final, very low weight. This pursuit is seen as the only way to achieve perfection (Ramos, Neto, Bagrichevsky 2011: 452); bodily perfection, and consequently – spiritual perfection. However, the behavior that is repeatedly equated with anorexia is, according to Pro-Ana participants, a demonstration of strength rather than evidence of the disease (Klichowski 2013: 161–164). Participants in the movement seek to give new meaning to the concept of normal weight, in which extreme thinness should be accepted within the range of normalcy. They define their condition as a lifestyle, demanding acceptance of their own choices (Kaźmierczak, Kiełbasa, Patryn, Niedzielski 2015: 169).

In 2007, the term "diabulimia" appeared in the popular press (Hoffmann 2019), created by combining two words: diabetes and bulimia. This disorder of intentionally skipping insulin doses to reduce weight or prevent weight gain in people with type 1 diabetes (Callum, Lewis, 2014), however, has not been treated as a separate disorder. Diabulimia does not appear in current medical classifications. Its diagnostic criteria are similar to those adopted by the Diagnostic and Statistical Manual (DSM) for the diagnosis of eating disorders in people without carbohydrate disorders, i.e., for anorexia nervosa (AN), bulimia nervosa (BN), or eating disorder not otherwise specified (EDNOS). The diagnosis of this disorder requires careful differentiation from other eating disorders. It is

also important to note that in the case of eating disorders occurring in diabetics, the problems are exacerbated because of two illnesses overlapping in one person, leading to disastrous effects on the body (Hoffmann 2021: 111).

In 2008, the term "alcorexia" was introduced into medical language. Before this happened, comorbid eating disorders and alcohol abuse had been noted in many scientific studies (Hoffmann 2021: 111). A person suffering from alcorexia restricts food in order not to gain weight and to be able to consume alcohol without feeling guilty about gaining weight. They also intensify exercise in order to burn the necessary calories "in advance", which will be replaced by calories from alcohol consumption. These behaviours occur before alcohol consumption. As the disorder progresses, the situation may change, either toward anorexia or alcohol dependence. Although alcorexia has not yet been formally classified as an eating disorder, it is a serious, complex health problem. According to some research, it involves primarily women (Knight, Castelnuovo, Pietrabissa, Manzoni, Simpson 2017: 414–415), while others indicate that people of both sexes suffer (Speed, Ward, Haus, Branscum, Barrios, Budd, Lemons, Humenay 2022: 342; Szynal, Górski, Grajek, Ciechowska, Polaniak 2022: 1134).

In the same year, 2008, the term "pregorexia", a combination of the English word pregnancy and the Greek word orexis (appetite), was used for the first time to define an eating disorder occurring in pregnant women (Takimoto et al., 2011, after Harasim-Piszczatowska, Krajewska-Kułak, 2017). Weight gain can be perceived as an acceleration of femininity or, on the contrary, as a reduction of attractiveness (Harasim-Piszczatowska, Krajewska-Kułak 2017: 364).

Interpretations of Eating Disorders

Eating disorders are multifactorial in nature. Among contemporary interpretations of their phenomenon, there are views that focus on biological and personality factors, as well as those that emphasize social and cultural determinants. Most focus on anorexia, which, in spite of the growing number of known disorders, is still considered to be the most representative eating disorder. Consequently, the attempts to interpret eating disorders presented below refer primarily to anorexia nervosa.

Among biological approaches, the following two are predominant: genetic (Holland, Sicotte, Treasure 1988: 561–571) and explanations based on biochemical factors (Bailer, Kaye 2011: 59–79). Among psy-

chological positions, the following theories are most prevalent: psychodynamic (especially Hilde Bruch's family systems theory), cognitive-behavioral (Williamson, White, York-Crowe, Stewart 2004: 712–716), and personality (perfectionist personality models) (Stoeber, Yang 2015: 303–307). A special place should be given to Bandura's social learning theory, especially its modelling mechanism (Bandura 1977: 196–198), also used in cultural and social interpretations of eating disorders.

Despite the fact that eating disorders have been documented for centuries, they now have a particular significance thanks to cultural shifts that occurred in the second half of the 20th century. It is not surprising then that ideas about eating disorders as culturally conditioned phenomena are among the most widespread social approaches. Researchers of the phenomenon emphasise the importance of the body as an object of both aesthetic and economic domination, the bondage of the beauty canon (i.e., skinny) body, the importance of fashion and the status of models (Hoffmann 2021: 113). Researchers with a feminist viewpoint have emphasized the significance of anorexia as a socio-cultural problem that could only develop in an environment where femininity, appearance, corporeality, and food are properly defined and upheld. In their perspective, anorexia is not treated as a medical condition linked to psychopathology, but as an ailment of contemporary culture, primarily impacting women, which is not a coincidence (Malson 1998: 188–193). What researchers find important here is that anorexia treated as a medical phenomenon is viewed as one-dimensional and etiologically homogeneous. Whereas when it is seen from a cultural viewpoint (widely known, discussed, exposed and peeped at in the media or on the Internet), or even treated as a lifestyle element, it loses the highly private aspect that defines diseases and is de-tabooed (Derra 2010: 29). Consequently, an anorectic person is not someone who misperceives their own body, but it is a person who has adopted cultural ideals of beauty to an extreme degree (Bordo 2003: 57–59). In the feminist perspective, anorexia as such is a trait of our culture, "which cannot be eliminated at the level of an individual without a systemic shift in the way we view subjectivity, gender, and corporeality" (Derra 2010: 27–28). One should note here that the feministic study on the feminist study of the anorexigenic nature of culture goes beyond only examining pop culture phenomena and focuses on the concept of subjectivity, its traditional, rationalist conception, and its connection to femininity (Derra 2010: 28).

At the end of the 1990s, two opposing trends were outlined. One of them was represented by researchers for whom the various forms of anorexia nervosa observed throughout the centuries represented manifesta-

tions of the same process, initiated by anorexia mirabilis, and the other by historians who postulated that these phenomena are disconnected. The most prominent representative of the former trend is Rudolph M. Bell, while the latter is Joan Jacobs Brumberg. While Bell presents anorexia as a continuous process with a presence throughout centuries, Brumberg opposes the use of the term "anorexia" to refer to phenomena that go beyond the medical classification of this phenomenon (Hoffmann 2021: 113–114).

According to Jacques Maître, who favors the first orientation, anorexia is not and should not be the domain of psychiatry. Using the term "anorectic way of being in the world", Maître stresses that the medicalization of anorexia leads to its stigmatization and treatment as a disease, while it is a particular way of being in the world, not an illness. Approaches to this phenomenon depends on the historical, ideological and institutional context. The positive evaluation of anorexia is as a manifestation of devotion, and the negative as a disorder/disease represent various possible approaches. In the first approach, "anorexic" traits are affirmed as signs of miraculous, spiritual virtuosity; in the second, they are depreciated as symptoms of mental deviation. Maître notes that in the anorexic way of being in the world, pleasure comes from self-mortification and the absolutisation of desire towards purity. The core of it is, as was the case in anorexia mirabilis, the woman's refusal to give life (Maître 1997: passim). Anorexia here becomes, according to the authors, as it does in modern times, a deliverance: "the young girl stands in a personal relationship with God, who not only offers her salvation in another world, but frees her from her family, her siblings, and all those who want to dictate to her, against her will, what she is to do, how she is to do it, or what is to be of value to her" (Bell 1987: 96). According to Bell, in Christian Europe, Gnosticism played the role of a "catalyst for freedom." It actually gave women an opportunity for personal fulfilment through religion, as opposed to serving their primary reproductive function. Voluntary food restriction could thus become a way for them to obtain the freedom from male domination (Hoffmann 2021: 114).

This position, according to its opponents, raises many methodological problems. In their opinion, it is difficult to determine the nature of eating disorders on the basis of sparse biographical data, the reliability of which has sometimes been questioned. It is also difficult to relate the mediaeval historical context, in which the concept of psychiatric disorders did not exist, to later and especially modern times. Joan J. Brumberg's followers even claim that it is unjustified to draw parallels between what we define today as anorexia nervosa or, more broadly,

eating disorders, and the former "sacred anorexia". They also emphasize that the comparison of mediaeval "sacred anorexia" with modern psychological anorexia may result in some limitations and distortions in perception of the phenomenon "…in the earlier era (13th to 16th centuries) control of appetite was linked to piety and belief; …the modern anorectic strives for perfection in terms of society's ideal of physical rather than spiritual beauty" (Brumberg 1988: 7).

The dispute between social historians, who see modern anorexia as either a continuation of anorexia mirabilis, or a relatively new, independent contemporary phenomenon, seems to touch upon the fundamental questions of the very genesis of anorexia nervosa**.** Finally, we should note that even today, some scientists and medical professionals reserve the Latin term *anorexia mirabilis* "for instances of mental anorexia that are deeply rooted in the patient's world of religious values." They contend that despite the fact that the two entities share numerous characteristics, their aetiologies are distinct. They would connect *Anorexia mirabilis* linked more to the social than psychological context (Banks 1992: 867–869; Pilecki 1999: 20).

Conclusion

The recent years witness an increasing interest in eating disorders as a clinical condition syndrome that is biologically, psychologically, family, and socially determined, but scientists' disputes about its aetiology, classification, as well as forms of help for people with this type of problem are still relevant today.

Despite the current debates, there is a growing trend to combine various approaches in accordance with the holistic understanding of health, and multifactorial models clearly demonstrate that no one component operating independently is a sufficient prerequisite for the creation of a particular form of disorder; only their specific constellation can increase the risk of its development (Palus 2006: 21–23). The view of the history of anorexia reveals its intricate nature and deep links to societal and cultural norms. All of this proves that a phenomenon with so many facets cannot be comprehended from the viewpoint of just one research field. The results of research suggest that their occurrence can be attributed to a wide variety of circumstances that represent both new trends and have their roots in the historical evolution of attitudes toward eating. Eating disorders are associated with both genetic factors, gender, or may be related to the experience of childhood trauma leading to overeating (as a reducing behavior), or may

be the result of disorders of the gut microbiota or a consequence of diabetes (Barakat, McLean, Bryant, Le, Marks, National Eating Disorder Research Consortium, Touyz, Maguire 2023: 4–9).

In addition, abnormal behaviors of expectant mothers during pregnancy, stress experienced during this time, and parent-child relationships at all stages of development, especially in childhood and early adulthood, may influence the onset of this type of disorder. But also cultural conditioning, especially the nurturing of the cult of the slim figure, perfectionism both in action, but especially in appearance, and the pressure placed on all those whose sense of worth is constructed in relation to how they are perceived by those around them (Ibid: 9-15). It seems that it is the social pressures associated with cultural messages about body shape and size that are now strong predictors of behavior that can lead to eating disorders (Feng, Harms, Chen, Gao, Xu, He 2023: 10–11). Some researchers point out that despite the plethora of studies attempting to understand the etiology of eating disorders, it is still difficult to establish consistent and unambiguous causes for their occurrence, especially since some of the established risk factors for eating disorders are also concurrent symptoms of these disorders (Rikani, Choudhry, Choudhry, Ikram, Asghar, Kajal, Waheed, Mobassarah 2013: 161).

The divergent positions of many scholars attempting to inquire into the causes of the described dysfunctions suggest that historical accounts of the phenomenon – especially those supported by ideas rooted in the religiosity of starving people – do not correspond very well with contemporary causes, having their roots rather in the ubiquitous cult of the body. Although, if we look at worship as activities performed for religious reasons, including rituals performed because of the reverence shown to the sacrum that the human body has become, we can assume that such connections exist. They may indeed be somewhat different than they were centuries ago, but observing people modifying their bodies, noticeable in social life at almost every turn, we can assume that treating one's own body as an object of worship has links to the past. Only that in the past these behaviors were more often undertaken as offerings made to God, while today – in many cases – it is rather the person himself that is the object of worship for himself, or at least in many circumstances it may seem so.

Of course, in addition to the aforementioned attitudes stemming from different motives (an understated sense of self-worth vs. narcissistic attitudes), many eating disorders have their etiology in genetics or various medical conditions, but, as mentioned, the common factor linking restrictive eating attitudes may be worship; in the past of God, but now of oneself.

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Pomiędzy świętością a dysfunkcją psychiczną: zaburzenia odżywiania w perspektywie historycznej

Streszczenie

Zaburzenia odżywiania są zjawiskiem złożonym i wielowymiarowym, które dotyka ludzi na całym świecie, jednak sposób, w jaki są one rozumiane i leczone, zmieniał się na przestrzeni wieków. W perspektywie historycznej można wyróżnić kilka etapów w postrzeganiu zaburzeń odżywiania, które wiązały się z różnymi czynnikami kulturowymi, społecznymi, medycznymi i psychologicznymi. W artykule przedstawiono sposoby percepcji tego typu zaburzeń – od uznawania podejmowania postów za objawy świętości lub opętania po ich postrzeganie jako chorób somatycznych lub psychicznych. Przed około dwoma wiekami zaburzenia odżywiania stały się przedmiotem zainteresowania naukowego i klinicznego. Zaczęto badać ich przyczyny i skutki, uwzględniając zarówno czynniki biologiczne, jak i psychospołeczne. Rozwinęły się różne podejścia terapeutyczne, takie jak psychoanaliza, terapia behawioralna czy terapia rodzinna. Współcześnie zaburzenia te są uznawane za poważny problem zdrowotny i społeczny. Jednocześnie pojawiły się nowe wyzwania i zagrożenia, takie jak wpływ mediów, kultury konsumpcji czy globalizacji na kształtowanie się obrazu ciała i norm żywieniowych. Przyjęta w artykule perspektywa historyczna ma na celu nie tylko ukazanie zmieniających się postaw wobec zaburzeń odżywiania na przestrzeni wieków, ale także zwrócenie uwagi na wzrost ich rozpowszechnienia w najnowszej historii.

Słowa kluczowe: zaburzenia odżywiania, bulimia, anoreksja mirabilis, uzależnienia behawioralne