



ANOREXIA AND THE HOLINESS OF SAINT CATHERINE OF SIENA*

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INTRODUCTION

In skeletal fashion, anorexia nervosa may be identified according to the following basic factors:

1. Onset in adolescence;
2. Lack of appetite accompanied by loss of weight;
3. Disturbed and aversive behavior when challenged concerning food, eating, or weight;
4. The aversive behavior is not affected by hunger, reproach, encouragement, or threats. For example:
 - a. May refuse to acknowledge the illness or the need to eat;
 - b. May display clear satisfaction in loss of weight, and show pleasure in refusal of food;
 - c. Desire for an extremely slender body, with great satisfaction at reaching and maintaining this condition;
 - d. Anomalous manipulation and handling of food;
5. At least two of the following manifestations:

- a. Amenorrhea (abnormal absence or suppression of menses);
- b. Thin and lifeless hair;
- c. Bradycardia (abnormal or pathologically low heart rate);
- d. Periods of hyperactivity;
- e. Episodes of bulimia;
- f. Self-induced vomiting (see [Feighmner, 1972](#))

To this definitional framework, we may add as well difficulty in sensing external temperature (i.e., wearing heavy clothes in summer and light clothes in winter) and confusion concerning sexual conduct (i.e., alternating periods of total abstinence and periods of promiscuity).

The frequency of this pathology has consistently increased in recent years. However, to understand anorexia nervosa in full historical context, we must return to the medieval period where it is possible to identify an "epidemic" which may be defined as "holy anorexia" ([Bell, 1985](#)). We take as an excellent example of this historical period Saint Catherine of Siena, whose suffering bears a close similarity to the forms of anorexia nervosa described above.

THE BODY OF THE WOMAN IN THE MEDIEVAL PERIOD

In the medieval period, the control, renunciation, and torture of the body were understood not so much as a rejection of the physical, but as a way of achieving the divine ([Walker Binum, 1989](#)). [End page 37] Gradually, the manifestations of this renunciation of the body came to apply peculiarly to women, for whom this state may be defined as "holy anorexia," identified by the following features.

The Female Body as an Expression of Sexuality. The body of the woman was seen as an expression of sexuality, curvaceous with prominent breasts, and was thought to be the product of the woman herself, whereas the male body was formed by God. This supposition was confirmed by the extremely changeable nature of the female body, particularly in terms of control. Thus, the female easily slipped into a trance, into levitation, into catatonic states, leading rapidly to asceticism or anorexia. She displayed spontaneous lactation and bleeding, manifestations that sometimes were accompanied by stigmata. Indeed, at least fifteen medieval saints bled at the moment they received the Eucharist. In contrast, of saints in other periods of history, only Padre Pio and San Francesco displayed stigmata that were preserved on their bodies after death.

If we are to consider specifically anorexia as a characteristic of sanctity, we must examine the periods of 1200 and the end of 1500 when Theresa of Avila (a Spanish saint who joined with a mystic force and spirit to reform Catholicism, resulting in the reinvigoration of all religious orders) began frequently to use twigs of olives to induce vomiting and completely empty her stomach. In this way she was able to truly take into herself the Host, which became her unique source of sustenance. From an investigation of the conduct of 170 Italian medieval saints by [Rudolph Bell \(1985\)](#), fully one half of them exhibited symptoms of anorexia.

The Emotions of Women Also, the lifestyles and emotional expressions of women have been assessed. The emotions were considered by medieval saints as mystical experiences, deriving from a meeting with God. Margaret of Faenza, Angela of Foligno, and Margaret of Oingt were likened to a slender bush with five branches representing the five senses, which were able to bloom only in a brook (representing Christ), bringing to life their feelings of sensation, including the awakening of sexuality.

Bodily Manifestations as Affirmation of Mystico-Religious Rules. Anorexia and other manifestations of the body provided the medieval woman a unique opportunity to affirm the true power of mystico-religious rules. A woman was destined to get married with whomever was designated according to family origin; otherwise, she entered a convent closed to the outside. In the latter case, however, the medieval woman was not allowed to study or acquire clerical power nor to speak in public or to preach. However, the complete renunciation of the body made it possible for a woman to foster, express, and experience her sensations and desires as manifestations of faith and religious expression. "Holy anorexia" was a confirmation of the role of mystical power, providing the woman with a way to convincingly affirm her sanctity to her confessors in whom she placed her trust and gave her charge. In fact, she placed her trust in her confessors in the same way that trust was placed in the family, which guaranteed in return to nurture her. Anorexia, together with flagellation and other bodily suffering, became the way for a woman to achieve holiness. Her body became the symbol of lust, of weakness, and irrationality. **[End page 38]**

THE MYSTICAL EXPERIENCE

Of all transcendental experiences, the one associated with anorexia nervosa is probably one of the strongest and one that most directly involves the emotions. This is demonstrated by numerous descriptions of these experiences reported in literature of various kinds (see [James, 1958](#)). Notwithstanding that these experiences are often defined in idiosyncratic and vague ways, it is possible to demonstrate that the basic characteristics come together as a sensation of ecstasy and of contact with a universal cosmic essence ([Bharati, 1976](#)). The latter is often considered supernatural or paranormal, a conclusion understandable in light of the overwhelmingly similar experiences of a sensation of "going outside of the body," of visions, of motor and sensory automatism, of unusual perceptions and images, and other transcendental sensations.

We are not able in this paper to make a deeper analysis of the complex phenomenon of mystical experience, in particular those conditions and predispositions that facilitate and promote it. Nevertheless, in our discourse, we will try to briefly outline some of the general conditions that seem to facilitate or favor the onset of mystical experience:

1. The physical antecedents of many mystical experiences may include the consumption of certain substances, hypo or hyperventilation, fever, excitement, fatigue, or sensory deprivation;
2. The last aspect that precedes the mystical experience may be an altered state of consciousness. Ecstatic emotions and unconscious images may arise, changing the modality of ordinary consciousness by, for example, falling into a trance, into states of self-absorption, into daydreaming, into fantasies, and so on;
3. Other antecedents of many mystical experiences are situations of privation and

frustration. These are part of the great tradition of mysticism, often going to extremes in search of mystic illuminations. For example, in the Christian tradition, before he departed on his mission as teacher and pastor of souls, Jesus wandered for 40 days and 40 nights in the desert; alternatively, the Oriental tradition of Tantric Hinduism propounded sexual activity that omitted orgasm or postponed it indefinitely.

We now outline aspects of mystical experience that sometimes have effects such as the following:

1. The first effect we can indicate is the state of ecstasy which is described according to various sources (see [Laski, 1961](#)). Ecstatic sensations are intimately connected to feelings of satisfaction at solving daily problems of living and of a positive vision of life;
2. Another effect of mystical experience is a feeling of goodness and truth that results from what we call a "sense of communion with the cosmic universe." This corresponds with the desire of many persons to be "at one with the cosmic universe," which is often identified with God; **[End page 39]**
3. Another important effect of mystical experience is indicated by the distortions that occur in perception, emotions, and behavior. Often, mechanisms of inhibition or habituation of common sensory stimuli are implicated against the interior world, with a consequence of disinclination to respond to the outside world. In certain cases this "disconnect" or isolation from the external world can be reflected by an absolute insensibility to other stimuli that might reduce suffering.

Before proceeding any further, we wish to emphasize in this context the fact that such altered states of consciousness may, among other things, permit the emergence of thoughts not yet elaborated, especially of the emotive kind, relative to both the internal and the external world, reinforcing, finally, the perception of ecstatic sensation. This may in good part explain the special characteristics displayed by these mystics, as for example, the capacity to understand all creatures, the capacity to "cure" certain illnesses and disorders, or the capacity to "read" future events or reinterpret past events. Everything, therefore, is interpreted according to the supernatural, although, according to us, there is no need to refer to the divine in explaining these matters. In any case, we do not doubt that many mystics have developed the uncommon ability to bring together and elaborate on these matters both for themselves and for others, displacing and modulating sufficiently their perceptual processes, using a complex and constant practice of conscious meditation. To continue with our outline:

1. The mystical experiences are sometimes accompanied by out-of-body sensations or levitation, which are probably connected to the mechanisms of habituation, deprivation, and sensory inhibition caused by long periods of praying and meditation;
2. Another effect of mystical experience is found in modifications in typical physiology that may fluctuate according to the particular case ([Laski, 1961](#)). Among these changes are the following: slowing down of the heart rate,

changes in body temperature, changes in the brain wave rhythms, and so forth. Thus, we come to recognize that there is still much to study and comprehend concerning these phenomena. And reasoning from this, we can hypothesize that some physiological transformations that are verified during mystical experience should also facilitate the curing of some illnesses, particularly those considered to be psychosomatic and common hysteria by the alleviation of physiological stress ([James, 1958](#); [Underhill, 1972](#));

3. The last effect of mystical experience that particularly interests us is the existential-cognitive reconstruction that induces many mystics to discover new meanings of life, with the appropriate constellation of behavioral strategies that see everything as completely different (see, for example, in addition to the case of Saint Catherine of Siena, the cases of Saint Francis of Assisi and Saint Theresa of Avila).

Mystical experience may also be seen and described in different ways by men and women. Mystics such as Bernard of Clairvaux (author of "Sermon on the Body of Christ,") describe mystical experiences in personal and theoretical form using Latin, thus limiting access only to those who had studied ecclesiastics, who were invariably men. In contrast, saints such as Beatrice of Nazareth and Gertrude of Delft, who reported "My Mystical Experience" in her local **[End page 40]** dialect, provided rich self-criticism that was expressed in a language that revealed an experience of personal participation. Thus, bodily suffering assumed a different meaning according to the ways men or women were agitated. An excellent example is the famous miracle of Valburga in the 9th century, reported consistently in popular literature of the medieval period. A man and a woman suffering from an eating disturbance, including anorexia nervosa and vomiting, were brought before a holy relic; to the man appeared three sisters who cured him of his reluctance to eat by patiently offering him a goblet and tenderly getting him to take sustenance. Instead, for the woman the miracle consisted of dealing with the anorexia nervosa by ravenous and recurring bulimic crises, divinely resisting food, and maintaining abstinence for a good three years! And after she died she was taken up to Heaven.

SAINT CATHERINE OF SIENA

It is in the context of medieval life that we now consider the life history of Saint Catherine. We will trace quickly some of the significant phases of Saint Catherine's life, then present some considerations that are useful in better understanding the relationship between her problems and those of actual anorexia nervosa.

Saint Catherine was born in 1347 of a large family (her mother had 25 pregnancies one half of which were carried to term), the daughter of Jacopo Benincasa, a painter. Her mother, a strong woman of decisive and practical character as well as an atheist of considerable physical strength (she died at about 100 years old), always had a strongly competitive and intrusive relationship with Catherine. The intense relationship with Catherine must be considered according to the fact that she was the only daughter suckled by her mother, and that Catherine's twin died immediately upon birth. Challenged by her mother, Catherine chose to make everything in life a hardship, wishing to be acknowledged and to be confirmed by her mother in that choice: "I wanted to see you mother as a true mother not only of my body but also of my mind. I think that if you loved my mind more

than my body your exaggerated tenderness would die and you would not suffer so much to be deprived of my corporeal presence. In fact, it should be a consolation to you to think that I have a special relationship with God, so you should want to support my suffering."

At seven years, after a vision of Christ while returning home after a visit to her sister Bonaventure who was "happily married to a rich painter who was rough and brutal" ([Uboldi, 1995](#)), Catherine decided to "deprive herself of this flesh, of all flesh as far as possible." When her mother insisted that she eat, she secretly began to throw meat under the table. According to [Bell \(1987\)](#), this conflict with her mother was interpreted as a sign that "Catherine, still being a child, was beginning already to develop the capacity to draw on her true internal strength which she derived only from her personal relationship with God" ([p.44](#)). We are able to conclude that there was always present the expectation that her mother, Lapa, should demonstrate faith and understanding of Catherine's religious "choice" which Lapa, however, did not even minimally acknowledge. In fact, at 12 years old the intense animosity between Catherine and Lapa was confirmed when Catherine was preparing her first appearance in public as "signorina." With the help of her sister Bonaventura, to whom Catherine was deeply attached, she was able to present a clean countenance, and make up her face as well as color and curl her blond hair. Catherine was torn between being a good daughter/sister and being a rebel. She feigned acceptance, but **[End page 41]** beneath the surface secretly conserved internally her vows and project of virginity, which were to organize her adolescence.

At 15 years of age, we find a significant event. Her sister Bonaventura died in childbirth; Lapa, one always preoccupied with the well-being of the family, talked openly about the possibility that Catherine could marry the widower of her sister because this match to the rich painter would guarantee the economic well-being of all the Benincasa family. The conflict became very intense, aggravated also by Catherine's sense of guilt for the death of her sister Nanna, less than one year old, whom Catherine had come to think of as a "substitute" for Bonaventura. It is in this circumstance that it is possible to confirm the actual definition of "compensatory anorexia." "Reinforced by the personal pact with God, Catherine entered into battle with her family" ([Bell, 1985: 50](#)). She lost half of her proper weight and opposed the demands of Lapa by fasting, which confirmed her true dedication to God, and renouncing her "corporeality." Nevertheless, the intervention of Don Tommaso of Fonte, the local priest to whom her parents had sent her (note the analogy with sending to a psychiatrist in similar situations today), was able to get Catherine somewhat to desist. In response to injunctions from Don Tommaso in the name of God to take food at least once a day, Catherine began to vomit with every attempt: "God did not make me eat to correct the depravity of my throat. I pray in order to return to eat, but it is His wish for my expiation in this way."

Don Tommaso was uncertain whether to call her a saint or a madwoman. The possibility that Catherine was fed by demoniac possession derives from the fact that her wasting appearance corresponded with hyperactivity as well as great physical and mental strength, which made Catherine continue in her determination:

I have already given you sufficient testimony of the reason that guides me, in order that you may understand, but in respect to your confrontations I have still not spoken. However, today I have broken

my silence and intend to open up my heart to you and declare without fear of contradiction that I have made my decision. I have not given in since yesterday and I have maintained my decorum until now without yielding or regret . . . Today it should be easier to render a stone soft as wax than to tear me away from my determined heart. The time has passed for you to fight it. I advise you to give up every plan regarding my marriage on earth, because on this point you will receive no obedience from me, because it is to God that I owe obedience ahead of other men. If then you want my consent to continue to live in this house, make me your humble servant, I would be happy to lend myself at my best. If instead you send me away from you because of my vow, this will not change my intent. My Spouse is sufficiently rich and powerful that he will not deprive me of anything and will provide for my every personal need.

After two years of a tough stance by the family, the father Jacopo finally took a position (for the first time taking a position against his wife who was always dominant in the family). "Fulfill freely your vow, and do what the Holy Spirit helps you to . . . no one torments our daughter more than the man she truly loves. Go and serve your Spouse in peace." Catherine was enclosed in her small cell and began self-flagellation, and did not eat or sleep, in the face of the anger and desperation of her mother whose opposition confirmed her incomprehension. Also, friends of the **[End page 42]** family influenced Lapa, saying that Catherine was mad or bewitched, feeding upon the doubts of her identity.

Catherine continued her battle to be recognized within her family. She was able to enter a convent in the militant order of Mantellate in spite of her young age. However, rather than close herself off in a convent, she obtained her own role in the Order for helping the sick in the hospital of Santa Maria della Scala; then she returned to her family. There, she pursued a "strategy" of "virtual death" by making a promise that she would enter the Order of Dominican Priors on her deathbed. The day after, she was "cured" of guilt and returned to the hospital to help the needy.

At 21 years of age, Catherine lost her father Jacopo, who died with his daughter constantly by his side. Feelings of grief came down upon her as if by a sign from God: "Jacopo Benincasa represented the spirit of God. And at that moment, Catherine, exhausted from prayer, was struck by an intense pain in the side – the same place in which Christ was stabbed by the Roman centurion. In this way she was convinced that her father had been received into the glory of Heaven. Then, receiving guests at the funeral, Catherine was smiling in contrast to the cries and laments of the others" ([Uboldi,1995](#)).

After the death of Jacopo, the Benincasa family was broken up, and Catherine had to go temporarily away from Siena. She enlarged her field of battle and dedicated herself to the church: her objective was the return of Pope Gregory XI from Avignon to Rome. She continued then to state: "So great is the need for the salvation of men that she had not the time to think, let alone to touch earthly food."

All the days she took the Eucharist she continued to fast: "So as not to cause scandal, she

sometimes took a little salad, fresh vegetables and fruit, but would then turn around and spit them up. And if it was the case that she swallowed just a single morsel, the stomach did not let up until it could not regurgitate any more: the incessant vomiting gave her so much pain that her face was almost bursting. On occasion she would go away with one of her friends and prod her throat with a stick of finnochio or with a goose feather, until it was thrown open depending on how much she had swallowed. And this she called "doing justice." "We do justice for our miserable sins," she liked to say.

She defended the new Pope Urbano V against the Avignon schism of Clement VII always with energetic militancy and decisiveness against those who opposed her. More suffering and more fasting were her strength and her way to impose her will. However, resistance continued in acknowledging and sharing in her cause. The return and attitude of the Pope and of other ecclesiastics were for her a source alternating between hope and deep disillusionment. They added to her doubts and so caused her fasting to become more intense. She decided not to eat any more, imploring that they should concede that she "carried on her shoulders the errors and evils of the Church and of those who govern it" and at the same time she declared herself guilty for not always being able to understand how to respond to Christ's expectations.

That she thought she was deceived by others, or deceived about God, added to her conflict and accentuated her anorexia nervosa. For three months she was closed up in her cell, **[End page 43]** taking only a few drops of water, doubting that her life could shine forth from a series of errors. The doubt continued to her death (29 April, 1380 at 33 years!), accompanied by uncertainty and a sense of her own sacrifice. So great was the presence of her mother, Lapa, that she traveled from Siena to Rome to give Catherine recognition and to wish her well. Catherine turned to God and said, "You called me, Oh Father, that I should I come to you! And now I come. I do it not for my own good, but only to relieve you of your suffering."

CONCLUSION

"Holy anorexia" may be interpreted as a response to social structural factors and the patriarchalism of medieval Catholicism. It is significant that Saint Catherine made her choice in adolescence, a period well-known to be one of opposition to the family which seems to repeat almost exactly the stereotypical view of adolescent rebellion. Moreover, a strong and competitive maternal figure existed, who wanted to guide her daughter into a role of high social approval. Meanwhile, a father moved on the periphery and left direction to the mother; in this sense, he was a disappointment to his good daughter. "Holy anorexia" became a singular mechanism for autonomy and a way out of the destiny prescribed for her by her family and society. In order to follow this logic, we need to understand, therefore, all the relevant forces that operated upon her, and not to look to supernatural causes (unless they are actual forces perceived by her) during her entire life.

There remains nevertheless the need to understand this rebellion. So also for Saint Catherine: here and there she received confirmation and recognition, but never completely. She was always trying to understand her oscillation between illusion and delusion by putting herself constantly in doubt about her real strength and perseverance to continue her hyperactive religious mission. The possibility of disconfirmation came to her not from confrontations with others, but only with God. Only God did not deceive her and only with him could she consent to let go of her intense

emotions. From him she received after not a little "harvest of proof" the guarantee that she would never be deceived or abandoned. Included in this was the constant necessity of total control of her body. To yield to food was to yield to sin, to deceive God, to lose all the power that she had laboriously garnered, erasing the sense of identity gained from the victory over her opposition to family regulation. It is of little matter, then, if she did not feel understood by her opponents (in the medieval time compared to ours). Indeed, incomprehension provided the stimulus to go on. The challenge continued to provide a way for her to confirm her true sense of identity. In doing so she won more than mere Holiness, but as well became Doctor of the Church and Patron of Italy and Europe. The period of holy anorexia was, however, of short duration. Already in the 16th century the church was not tolerating asceticism, and anorexics were labeled as witches and consigned to the stake.

In 1695 [Richard Morton](#) described the first case of anorexia nervosa in "Phtisiologia: a Treatise on Consumption." The change of role and the search for a social identity brought on anorexic behaviors in women, especially those of the indentured social class. Baglivi, an expert in physical medicine who held the chair of Theoretical Medicine in the University of Rome at the beginning of 1700, spoke of the disaffection in the face of food which presented in young women uncomfortable in love and in conflict with their families. The cure proposed was to encourage the spontaneous healing of the patient with the help of "a doctor who is a nimble **[End page 44]** talker and a master in the art of persuasion ([Baglivi, 1699](#)), whereas today there is a trend to return to organic causes and to offer biochemical therapies. In 1874, [Gull](#) officially coined the term "Anorexia Nervosa."

Today anorexia nervosa presents at leading medical schools at approximately the rate of 1 in 200 individuals, and in schools of dance at a rate of 2 cases in every 10 individuals. There are also statistics in regard to prognosis. Within 10 years after onset, 7% of anorexics die, about 23% are cured, 70% become chronically ill with "fat-thin syndrome." Confessors of the mind no longer seem able to do anything more for these patients; psychiatric biochemists look in vain for pharmacological remedies for a problem that for them also seems very mysterious.

Stories such as that of Saint Catherine are also able to promote an understanding of others who are in search of authenticity and who avoid facing up to reality because of their fear of making a mistake. **[End page 45]**

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ENDNOTE

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