

## **Anorexia Mirabilis: voluntary self starvation and the role of spirituality as a legitimate response to sexual violence**

**ROBYN TIMOCLEA**

...but from the fruit of the tree which is in the middle of the garden, God has said, 'You shall not eat from it or touch it, or you will die.'" The serpent said to the woman, "You surely will not die! "For God knows that in the day you eat from it your eyes will be opened, and you will be like God, knowing good and evil. Genesis 3: 3-5 (NASB, 1971)

### **Introduction**

This article will explore the experience of voluntary self starvation (VSS) from a historical, spiritual and personal perspective. The phenomenon of VSS has a long history spanning across multiple faiths and cultures (Bemporad, 1996; Bell, 2014; McCarthy-Jones, 2012). From ancient Palestinian mystics to early Catholic reformers, rigid self denial (or asceticism) has been used for centuries as a legitimate way to liberate oneself from egocentricity in order to 'purify the body and soul' and achieve temporal influence (Bruch, 1974:11; Meehan, 1993: 59). Bynum (1988) argues that women, in particular, have historically engaged in VSS and asceticism as a way of exerting control over their bodies, enhancing or transcending their social position and challenging dominant patriarchal expectations (Davis & Nguyen, 2014).

In juxtaposition with this historical perspective, the current psychiatric paradigm forces us to view extreme VSS (with the exception of protest self starvation) firmly within a pathological, medicalized framework (World Health Organization, 1992). However, in contrast to 'anorexia nervosa', 'anorexia mirabilis' or spiritual anorexia can be seen as a distinct phenomenon whereby VSS is used as a means to obtain radical holiness and to express devotion to a higher purpose or being (Bynum, 1987; Brumberg, 1988; Garrett, 1998). Although there is some evidence that shows an association between divine struggles, body image distortion and eating difficulties (Exline et al., 2016), there is usually an absence of body distortion in holy anorexia and weight-loss is not usually cited as a primary goal. 'Anorexia mirabilis' has historically been accompanied by voice hearing, unusual sensory

perceptions and belief systems that appear to deviate from the norm (Huline-Dickens, 2000; Banks, 1992; Bradford, 2011). Voice hearing is now supported by a vast amount of evidence as a non-pathological and relatively common experience (Posey, 1983; Longden et al., 2012; Draaisma, 2016; Baumeister et al, 2017). Unfortunately, however, both ‘anorexia mirabilis’ and voice hearing are frequently medicalized and misunderstood experiences within the current UK mental health system.

Drawing on personal artwork completed whilst in treatment at a therapeutic community (TC), I will examine the role that VSS, spirituality and voice-hearing can play in the refusal of nourishment. I will describe how ascetic ideals helped me to cope with profound trauma and how I eventually managed to reconnect with other people and my body. Having been raised as a charismatic, born-again Christian, it was not uncommon within my spiritual framework to fast for periods of time in order to find solutions for both internal and external problems. Within this frame of reference, the ‘giving up’ of earthly nourishment preceded the receiving of spiritual nourishment in the form of guidance or healing. Hearing from God was also a common occurrence and was not seen as pathological.

At the age of 12 I became the victim of multiple perpetrator rape and spent the next ten years making use of my spiritual framework and ascetic ideals to try to make sense of my traumatic experience. I entered the mental health system at the age of 17 after a voice instructed me to attempt suicide. However, it wasn’t until the age of 21, when I entered a TC, that I began to talk about my spiritual framework and intra-psychic conflict.

It has been argued that spirituality and religious beliefs are important supportive factors for people who use mental health services (Swinton, 2001; Clarke, 2017). It is also well known that sexual violence is a frequent antecedent to mental distress (Oppenheimer et al., 2013; Garcia-Mereno et al, 2017). Sexual violence is known to be highly associated with higher rates of relapse, chronicity and morbidity in ‘anorexia nervosa’ (Molendijk et al., 2017; Carter et al., 2006; Vrabel et al., 2010). Nevertheless, both spirituality and sexual violence remained taboo subjects in my experience within mainstream mental health services. I was never asked to speak about them, despite both of these factors occupying major roles in sustaining a cycle of misery for me. Having access to a TC meant that there was finally space for other people to understand my own frame of reference and to work alongside me in my distress. This enabled others and myself to contextualise my behaviour and responses. For the first time I began to feel connected to others as well as remaining in control of my own narrative.

**Picture 1: Outside In**



The first picture was completed early on in my therapy. The intrusive imagery and violent colours reflect the way in which I experienced the world at the time. The skull has no boundary, reflecting my difficulties with differentiating between internal and external phenomena. This experience has been well documented and is often labelled as psychosis (Frith & Done, 1989; Bentall et al., 1991; David, 2010; Mishara, 2004; Carhart-Harris et al., 2012). The rope and pills towards the bottom of the image reveal my perception that medication and psychiatry felt like a death sentence. I saw my madness as a process, something to journey through rather than something to be medicated away or labelled and redefined. I was extremely grateful for the TC's policy of zero medication.

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**Picture 2: This is my body, broken for you**



In this second image there is some similarity to the medieval ascetic women whose non-consuming bodies were subjected to constant spectacle and interpretation. Their acts of food refusal and subsequent emaciation were a symbolic re-enactment of Christ offering his life so that we could receive forgiveness and eternal life. The body in the image is strung up like meat, ready for consumption, piously dead. It has similarities to the emaciated icons of Jesus during crucifixion. The belief that my body was a shell, a mere vessel, enabled me to give meaning to my experience of sexual violence and focus on maintaining the unblemished innocence and purity of consciousness that was me, dissociated from the shell.

Multiple screens in the background represent the constant audience of therapy staff and fellow residents who were also at the TC. The screens express the voyeuristic devouring of a display of bodily sacrifice. In contrast to medieval female ascetics whose audience responded with admiration and reverence within a pre-modern culture, rationalisation and fear dominated the growing narrative around my body's dis/appearance. Instead of generating spiritual discussion and salvation (the goal of all Christians), my appearance generated hostility and further pathologisation. I began to realise that instead of communicating some deeper truth, I was becoming harder to hear and I had to find new ways to communicate.

The confrontation and critical challenges I experienced from my peers during my time at the TC enabled me to begin to question my spiritual framework. As others began to point out, the act of food refusal had in itself become pleasurable to me and therefore contradicted the ideology behind my fasting behaviour. This was a crucial turning point in my therapy.

**Picture 3: The Revelation of Evil**

**Picture 4: Holy Surrender**



Pictures 3 and 4 are an amalgamation of two separate drawings embodying this turning point and the confusion and cognitive dissonance I experienced. Picture 3 depicts the serpent that instructed Eve to

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consume the fruit in the garden of Eden to gain knowledge of both good and evil. The facial expression on the woman is one of questioning. The lampshade behind the women represents the 'light bulb' moment in which I came to the painful realisation that my attempts to preserve my innocence and purity through asceticism were futile and that essentially I had already received the knowledge of evil through my experience of sexual violence. My innocence was gone. The apple was picked. The snake here is almost a Freudian symbol of that knowledge already embroiled into a part of the woman's body.

In contrast to other images I drew of Christ earlier on in my therapy, Picture 4 portrays Christ as a dark and foreboding shadow, a figure to represent the new distortion of my ascetic ideals. The woman in front is a depiction of the surrender of innocence and purity. It was around this time that the truth of what had happened to me became clear and I was no longer dissociated from my body. Rather than refusing food and nourishment, I began to turn my will towards refusing the life-draining ascetic ideals that had previously kept me in a state somewhere between life and death. I reconnected with feelings of pain, anger, loss and shame. It was at this point the community fed me both physically and emotionally. As a collective force they helped to contain the weeks of purging emotion that followed.

**Picture 5: The Holy Matriarchy**



Towards the end of my therapy I incorporated a more psychological framework for my on-going distress around my victimization as a child. I came to the supposition that my traumatic experience had led to the formation of different parts and aspects of myself which were then ‘split off’ from one another. The image above reveals the relationship between these perceived parts. Moving from a position of being overwhelmed by emotion and surrender, the figure on the right portrays a new identity as a defiant protector. She is strong, shielding and defensive. The expression in her eyes tests the viewer’s resolve. She is sizing you up. The removed razor blade sits carefully guarded on her lap. She is like a mother removing and guarding a dangerous object from her child.

To her left, contained behind a translucent panel, is the observing starver, Ana, who remained a constant presence requesting the removal of nourishment. She is a controlling and dangerous part that needs to be kept away from the others. The woman to the left of the image characterises the new connection with a part of myself that was warm, body conscious and sexually empowered. In her hands, she is holding and containing the damaged and victimised twelve-year-old child, frozen forever in a frame. Her eyes are closed in a compassionate, empathic response to the child’s traumatised state.

The image conveyed all parts of my renewed sense of self and replaced the body-hating, cyclical and conflictual way in which I had previously used VSS to bring meaning to my life. Instead of withholding nourishment for fear of corruption, I was able to give nourishment to parts of myself that had been starving for years. I was able to feel sadness for the loss of my childhood and innocence. This then enabled me to defend the hurt parts of myself in ways I had been unable to do previously. The punitive response I had incorporated into my way of relating to my traumatized self began to be contained within a safe religious context that could be drawn on appropriately when needed. I internalized the TC’s messages of care and these finally gave me an alternative internal dialogue to draw upon at times of distress and re-traumatization.

## **Conclusion**

I have taken you through an illustrated narrative of how I understood my difficulties across a spiritual and religious construct. I have also explained that the mainstream psychiatric system failed to accommodate this construct or to make space for me to talk about my experience of sexual violence. It was only when I entered a TC that others asked how I understood my distress and began to help

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me to unpick the threads of thinking that had assembled themselves into a kind of existential cats' cradle. I have used some of my artwork to show how I initially felt that I had to sacrifice my body in order to find redemption and bring others to Christ. The artwork also reflects how, through a combination of challenge and compassion, the community helped me to adopt a more psychological approach to understanding my distress without relinquishing or compromising my spiritual integrity. I realise that spirituality, like any tool for coping, can be used to extremes and could therefore be harmful if its use is not moderated by a community.

Self-blame and criticism are a common response to sexual assault (Ullman, 1996; Kelly, 2013; Peter-Hagene, 2016). Sadly, a wider societal process of victim blaming often supports it (Grubb, 2012; Hayes et al., 2013; Salter, 2017). It is clear to me now that the spiritual re-framing of my victimization was inevitable given the complete lack of support from my immediate community, including my family. I had no other narrative from which to draw meaning. Extreme penance forms a practical and on-going solution to self-blame and, for a time, it kept me alive and functioning. The response to my distress from mainstream psychiatric services was poor. This could be due to the disparity between the lack of religiosity and spirituality within psychiatric staff as a population as opposed to the people whom they treat (Cook, 2011). There was no sense of enquiry into either my spiritual beliefs or my experience of sexual violence. Whilst I am grateful to have found myself being treated in a TC, I am acutely aware that, along with many others across the UK, this community has now closed.

This is not a recovery narrative. Recovery suggests that one has returned to a former state of health after a detour into some kind of sickness. However, my narrative is not a medical one. I regard my decision to stop VSS as a process of discovering and uncovering. I no longer hear distressing voices and I attribute this to fact that the meaning I once made of my voices has entirely changed.

Many people will argue that extreme VSS is unacceptably harmful and that people require protection from such acts. I disagree with this to some extent. For myself, VSS provided an outlet for the energy that comes from suppressing extremely traumatic events. I also believe that like any madness, it is a process, something to be travelled through, not stopped, paused or avoided. It is my understanding, based on my own experiences, that problems arise when people get stuck in their journeys. This stalling can happen through over-medication, reframing into a disempowering medicalized narrative, being turned into battles for control or simply being left to navigate one's journey alone.

People who use mental health services repeatedly highlight the importance of including their spiritual frameworks within their care (Clarke, 2001; Levin, 2002; Wong et al., 2006; Lilly, 2010). It is also clear that many young people rely on spirituality or religious frameworks in order to make sense of experiences such as voice hearing (Steenhuis et al., 2016). The simple process of enquiring about spiritual beliefs in people who use services can provide therapeutic benefit (Murphy, 2000) and there is evidence to suggest that strong religious and spiritual identity serves as a protective factor against disordered eating pathology (Latzner et al., 2015; Akrawi et al., 2015).

It is my concern that we will continue to be complicit agents in the medicalization of existential distress and the various creative and sometimes destructive ways in which we attempt to manage this distress as humans. This one-dimensional approach to caring for one another appears to exacerbate and prolong some people's mental turmoil. It is also problematic to repeatedly label women's responses to sexual violence as 'disordered'. A disease model provides only one possible way to make sense of voluntary food refusal and voice hearing. It is my hope that in the future a more holistic and trauma informed approach to understanding these phenomena will be pursued.

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