"When the flesh is satisfied it is hard to pray with cheerfulness or to devote oneself to a life of service which calls for much self-renunciation."

Dietrich Bonhoeffer, The Cost of Discipleship (1937).

The *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; DSM–5; American Psychiatric Association, 2013) describes Anorexia Nervosa (AN) as a feeding and eating disorder characterized by food refusal and caloric consumption below daily energy requirements, body dysmorphia, low body weight, and an intense fear of weight gain. Individuals may be of average body weight and still meet the diagnostic criteria for AN so long as the criterion of weight phobia is observed, or the individual is observed to be "disturbed" by their own weight or appearance (American Psychiatric Association, 2013). Anorexia nervosa cases are most concentrated in western countries, with Luxembourg, Spain, Finland, Andorra, Germany, the Netherlands, and Iceland placing in the top ten; The United States, Ireland, France, and the United Kingdom in the top 20; And European and Western countries making up a majority of the top 50 ranking countries in terms of anorexia nervosa prevalence (Human Progress, 2017; World Population Review, 2017a).

Anorexia nervosa is considered the psychiatric disorder with the highest mortality rate (Meczekalski et al. 2013), with over 10,000 annual deaths attributed directly to eating disorders, and the likelihood of suicide among anorexic patients eleven times higher than that of peers who exhibit typical eating behaviors (National Association of Anorexia Nervosa and Associated Disorders, n.d.). As rates of eating disorder occurrence have more than doubled worldwide between 2000 and 2018 (National Association of Anorexia Nervosa and Associated Disorders, n.d.) and continue to rise, discovering the root causes of and methods of prevention for anorexia nervosa is quickly becoming a priority. Despite having entered public consciousness in the 1960s, the exact factors at play in the manifestation of anorexia nervosa are still not fully known or understood by experts (Mayo Clinic, 2024; John Hopkins

Medicine, n.d.), leaving a discernable gap in the data surrounding the etiology and prevention of the disorder. In 21st century medicine, the question of the origins of anorexia nervosa, and by extension, how it can be prevented, is met with a silence that speaks volumes.

Many theories have been proposed for the source(s) of AN throughout history: Hormonal imbalance and female hysteria in the early 20th century (Brumberg, 1988); neurosis in the 1950s and 60s (American Psychiatric Association, 1952); a desire for thinness, and environmental factors such as family, in the 1970s (Schmidt et al. 1997; Schmidt, 2003); and a link with disorders that impact behavior like Obsessive-Compulsive Disorder (OCD), Obsessive-Compulsive Personality Disorder (OCPD), and Autism Spectrum Disorders (ASD) in the last few decades (Halmi et al. 2005) have all been proposed as possible etiological causes (Dell'Osso et al. 2016). Although it is commonly believed that anorexia nervosa did not emerge until the late 19th century, several individuals such as Brumberg (1988) and Bemporad (1996), among others, have proposed the idea that the disorder originates much further back in history than the 1800s, rather, placing its conception as what would today be considered anorexia nervosa in Middle Ages Europe. The goal of this paper is to examine the evidence for the argument that anorexia nervosa in modern Western culture originates with anorexia mirabilis, a form of restrictive eating based in religious asceticism, and/or a desire to experience suffering like Christ (Brumberg, 1988), and Christian asceticism in the Middle Ages; and that modern occurrences of the disorder arise from Christian cultural ideals common of European and Western cultures. The outcome of this hypothesis will be determined with the examination of restrictive eating behaviors in connection to Christian ideals, and presentation of data and statistics representing modern rates of religiosity and AN prevalence.

According to Bell (1985), "holy anorexia" is born of a desire to craft an outward sense of self, a projection of well-founded identity. The holy anorexic is engaged in a battle of resolve against those who implore her to eat, against the needs of her own body, and a battle from which she plans to emerge distinguishable from the rest (Bell, 1985). Bell (1985) further suggests, citing Freud (1905), that anorexia manifests due in part to a fear or aversion of/to sexuality and pregnancy: The bloated and rounded shape

of the stomach when having overeaten, the development of secondary sex characteristics such as breasts and widened hips being halted or even reversed in underfed women, and the amenorrhea (loss of menstrual cycle) typical of anorexic women all referenced as potential points of motivation for self-starvation (Freud, 1905). But whereas Freud (1905) asserted that these psychosexual anxieties were directly causal, Bell (1985) claims they are merely one piece of the larger patchwork of bodily functions (and outward perception based upon them) that anorexic women seek to gain control over, returning to the theory that anorexia (religious or otherwise) arises from a need for complete and utter power over the self.

Jackson (2016), in accordance with Bell (1985), believes there may be "a grain of truth" in the theory that modern anorexia stems from a desire for purity and untaintedness, originating with medieval religious asceticism. Jackson (2016) maintains that the religion(s) that historically governed regions now associated with AN prevalence perpetuate Judeo-Christian ideals prizing suffering, sacrifice, and denial as methods by which to achieve purity and cleanliness. In addition, Asproth (2019) anecdotally proclaims that many Christian women grow to fear their own bodies and perceive them as "dangerous and inherently sinful" (Asproth, 2019). Asproth (2019) asserts that evangelical purity culture strips young Christian girls of their agency and ownership over their own bodies, further lending to a desire for self-control and mastery. In her 2019 article, *Does Purity Culture Cause Body Hatred and Eating Disorders?* Asproth includes a quote from AN survivor Allison Lynch (2016), which has, in part, been appended below, unedited for the sake of clarity:

> "*The month of October, 2006, I decided to become anorexic. I was 15. I was sitting on my computer at home looking for "ana" inspiration, fascinated by sickly thin pictures of women on the Internet. The concept was simple enough. Eat less, exercise more, get skinnier. Deny myself, just like Jesus would. It was a completely holy act, just like fasting. I was not comfortable with the fact that my clothes were tight, or that my cleavage stared back up at me when I looked down. These parts of my body were disgusting, quite frankly. They were symbols of sex, which my mind was programmed to believe were very bad things. The easiest solution was to get rid of them, and so that is what I did.*"

While it is a relatively well-established theory, through personal anecdotes and scholarly literature, that Christian ideals of ascetic starvation and self-sacrifice have a heavy hand in the development of AN in Christian women (Bell, 1985; Brumberg, 1988; Asproth, 2019; Lynch, 2016), these ideals may additionally be causal to the development of AN in non-Christian women, due substantially to the cultural chokehold Christianity has on Western civilization. As argued by Dawson (1961), that Western culture is still largely defined by its origins in Christianity, and that it is impossible to understand the ideals and mores of Western civilization without first understanding the ideals and mores of Christian theology and identity.

Detweiler (1964) describes a "Christ figure" archetype extant in much of popular Western (namely American) fiction; a lovable underdog who experiences persecution, death (literal or allegorical) and/or ultimate sacrifice, and resurrection (literal or allegorical). It is easy to see this narrative throughline in most pieces of influential and high-grossing Western fiction, some specific instances commonly cited being Aslan in C.S. Lewis' *Chronicles of Narnia*, the titular protagonist of J.K. Rowling's *Harry Potter* series, J.R.R. Tolkien's Frodo Baggins of his *Lord of the Rings* series, and one of the most easily recognizable faces in American fiction, Jerry Siegel and Joe Schuster's *DC Comics* brainchild, *Superman* (Adams, 2017). These narratives and archetypes so prevalent in our culture's stories, conjured up by the religious and atheistic alike, continue to prize suffering and self-sacrifice as desirable traits and hallmarks of good moral character (Detweiler, 1964). While a sense of pride and achievement is common among anorexic women (Goss & Alan, 2012; Faija et al. 2017), stemming from feelings of purity, self-control, and having "conquered" their bodily functions (Bell, 1985; Faija et al. 2017), feelings of dignity and honor rooted in suffering, punishment, and abstinence are ingrained in Western culture as a whole (Detweiler, 1964; Dawson, 1961; Adams, 2017; Asproth, 2019) and may not necessarily arise from the disorder itself.

To reiterate statistics briefly mentioned in the introductory paragraph, anorexia nervosa and the broader family of eating disorders are most heavily condensed in Western countries, with the highest rates

of anorexia nervosa prevalence concentrated in Western Europe (Human Progress, 2017; World Population Review, 2017a). Examining rates of religiosity across Europe, high rates of AN tend to correspond to rates of Christianity; Most if not all of the highest-ranking European countries in terms of AN prevalence have a Christian population of at least 60-70% relative to the country's total population (World Population Review, 2017b; Pew Research Center, 2011). Luxembourg, with the highest anorexic population in both Europe and the world (*158.4 per 100k citizens*) (World Population Review, 2017a), has a Christian population of 72.4% (World Population Review, 2017b). This ratio tends to reflect proportionally for most AN-populous European nations, with some notable exceptions (Germany & Austria, namely, which maintain higher rates of AN and moderate-low rates of Christianity) (World Population Review, 2017a; World Population Review, 2017b). This data is not necessarily demonstrated inversely, however, as many of the highest-ranking Christian-populated nations do not reflect high rates of AN prevalence (Human Progress, 2017; World Population Review 2017a; World Population Review 2017b; Pew Research Center, 2011): For instance, Moldova and Poland, two of the most densely Christian-populated European countries (Pew Research Center, 2011) (*91.8%; 94.3% as of 2017*) (World Population Review, 2017b), present some of the lowest rates of AN prevalence worldwide (*25.3 per 100k citizens; 35.9 per 100k citizens as of 2017*) (World Population Review, 2017a). These numbers may reflect a dubious-at-best correlation between AN and Christianity, but, restating previous data, Western civilization as a *region* consistently reflects the highest rates of AN prevalence (Human Progress, 2017) as well as Christianity worldwide (Pew Research Center, 2011), and it is important to consider concrete rates of religiosity do not inherently reflect the grasp of Christian values on a society (Dawson, 1961).

As Western civilization is largely saturated with Christian values and mores (Dawson, 1961; Detweiler, 1964; Adams, 2017; Asproth, 2019), it is futile to extricate the cultural ideals regarding purity and martyrdom extant in Christianity from Western culture as a whole (Dawson, 1961; Asproth, 2019), making the question of whether AN is an *inherently* evangelical disease an incredibly complex and intricate one. In closing, while it is difficult to unquestionably and definitively confirm Christianity as the

root origin or causal factor in the development and prevalence of anorexia nervosa based on statistics alone, scholarly and anecdotal evidence suggests Christian societal ideals are likely a significant contributing factor to the development and prevalence of the disease (Bell, 1985; Brumberg, 1988; Freud, 1905; Jackson, 2016; Asproth, 2019; Lynch, 2016). Research on the exact origins of and factors in the development of AN is still ongoing in 2025, and a conclusive etiology remains to be seen (John Hopkins Medicine, n.d.; Mayo Clinic, 2024).

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**Title from Adamant Media Corporation's 2002 publication of Friedrich Nietzsche's (1895) Der Antichrist. ("Their joy is self-conquest: asceticism becomes in them nature, need, and instinct. Difficult tasks are a privilege to them; to play with burdens that crush others, a recreation.")*