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# *Embodied Voices: Women's Food Asceticism and the Negotiation of Identity*

REBECCA J. LESTER

In the cloistered halls of medieval nunneries, something strange was happening to women's bodies. In late 14th-century Europe, reports abounded of religious women who could sustain themselves for years on nothing but the Eucharist—no other food passed their lips. Many also supposedly possessed amazing and miraculous powers of levitation and stigmata; were able to produce oils, wine, or other substances from their pores; and maintained a special communion with Jesus Christ, revealed through elaborate, vivid visions and supernatural signs. They appeared to defy the limits of human suffering through extreme physical austerities and to transcend the mortal world through miraculous talents. Their asceticism and self-inflicted suffering amazed and bewildered all, with divine grace as the only plausible explanation. These women represented holy miracles in the flesh and were heralded as the epitome of penitential devotion.

News of the amazing mystics spread throughout Europe, and many female ascetics developed almost cult-like followings. Tales of miraculous fasting—and the resulting corporeal manipulations—became central to religious writings of the time as “evidence” of the power of Christ, and served as important tools for the conversion of “heathens” to the faith.

What is especially interesting about these medieval female ascetics is that they exhibited a number of “symptoms” commonly associated with eating disorders in contemporary psychiatric understanding. Indeed, one researcher has even diagnosed their condition as “holy anorexia” (Bell 1985).<sup>1</sup> But these women lived in medieval Europe, a context very different from 20th-century American society. Their food practices were not undertaken with thinness as the goal but with the expressed purpose of uniting with Christ through an emulation of his suffering on the cross. How, then, are we to understand their behaviors? Were these ascetic nuns anorexics and bulimics (Bell 1985)? Hysterics (Carroll 1987)? Were they starving themselves as a way of navigating and positioning their female bodies in a hostile world (Bynum 1987)? As a form of resistance (Reineke 1992)?

Despite the apparent incongruity of these perspectives, each articulates a well-drawn and largely unexamined dichotomy between the cultural and the individual, between the social and the experiential—a dichotomy that is not bridged, making these analyses seem incomplete. This tension between the “individual” and “cultural” levels of analyses is highlighted in the works of Bynum and Bell—arguably the most influential and exciting works on medieval female ascetics in recent years. In *Holy Feast, Holy Fast* (1987) Bynum maintains that medieval ascetic women were not anorexics and bulimics because their behaviors were expressed and experienced through a religious medium, with union with Christ as the goal of the food practices—not thinness. Bynum supports her argument through an elegant presentation and analysis of the symbols used by female ascetics, maintaining that food was the principle and most powerful symbol used by these women in their religious devotions.

Bynum is primarily concerned with food’s relevance within the cultural framework and how food as a *cultural* symbol was manipulated by some women with a specific goal in mind (i.e., union with Christ). What Bynum does not explore in detail are the psychological concerns, which are implied in her analysis, at an individual level. Her interest is the system of available symbols and how the framework of values constructed around food and eating was adopted and used by a particular group of women. She does not, however, give much attention to the possible psychological significance of food symbolism or ascetic practices for those women who

chose to become ascetics, nor does she analyze the "goal" of the behaviors in terms of what, psychologically, this goal might have meant for those who were striving so passionately for it.

Bell, on the other hand, examines these concerns in more detail than does Bynum. His *Holy Anorexia* (1985) details the unusual behaviors of medieval ascetic women, paralleling them with contemporary anorexics and bulimics. Psychological similarities between the two groups are postulated and supported, based on careful analyses of ascetic food practices and behaviors, autobiographical accounts, and historical records. Bell concludes that although medieval female ascetics were not *identical* to contemporary anorexics and bulimics, they were, indeed, expressing essentially the same psychodynamic concerns through a different metaphorical system, what he terms "holy anorexia."

However, while Bell addresses an important side of medieval female asceticism not emphasized by Bynum—the individual's use of food as a symbol—and his work adds a valuable and insightful perspective on the possible psychological components of medieval female asceticism, his analysis lacks firm grounding within the cultural context of medieval Europe. Unlike Bynum, Bell does not emphasize the location and meaning of food and eating as symbols within a particular cultural framework, nor does he explore the goals of the ascetic practices in terms of cultural context. In turn, he does not evaluate the food behaviors of the female ascetics within the context in which they emerged and were performed.

Bynum's work emphasizes the cultural but discounts the psychological, while Bell's work emphasizes the psychological but discounts the cultural, leaving both analyses incomplete. I have encountered similar theoretical difficulties in my research on eating disorders,<sup>2</sup> as the analyses tend to focus primarily on the "inside" (i.e., the realm of individual psychology) (cf. Bruch 1973, 1988; Chernin 1985; Lask and Bryant-Waugh 1993; Maine 1991; Minuchin 1978; Stierlin and Weber 1989; Woodside and Shekter-Wolfson 1991) or primarily on the "outside" (i.e., the cultural system) (cf. Bordo 1993; Brumberg 1988; Gordon 1990; Orbach 1978, 1982, 1986; Robertson 1992; Wolf 1991), and do not account for the ways in which the "outside" gets "inside," or the ways in which the "inside" may inform, challenge, or otherwise inflect the experience of the "outside." In response, I have developed a framework for examining women's self-starvation that integrates

individual psychology and cultural context through an examination of metaphor and symbolic elaboration.

I propose that the body, as the material vehicle of the psychological self, becomes a metaphor for the self, and the two are often conflated.<sup>3</sup> Specifically, the boundaries of the body may symbolize the boundaries of the psychological "self"—who "I" am in relation to "you." Food, as a substance that traverses the boundary between "me" and "not me"—and that is often invested with cultural and social significance surrounding concerns about dependency, nurturing, and growth—may be symbolically elaborated and used to negotiate and *reestablish* the boundaries of the self in response to culturally constructed concerns about gender, sexuality, autonomy, and identity.

Specifically, I argue that concerns about body boundaries may become heightened for some women who are struggling to resist the ascribed identities associated with the category Woman (whatever those identities may be within a given context). Women's biosexual processes (menstruation, sexual intercourse, pregnancy, childbirth, and lactation) both challenge the boundaries of the body and often become the foci of complex ideological and value systems that encompass, produce, and replicate concerns about a woman's autonomy versus her dependence in a social framework. The use of food to renegotiate the boundaries of the body may then become a means for the woman who is experiencing conflict in these areas to reclaim her own agency. Through a solidification of the body boundary through fasting (and the accompanying physiological conditions such as amenorrhea), the anorexic, bulimic, or ascetic woman may literally *redefine* the boundaries of her self. The body boundary may then be crossed *only on her authority* (seen in the bulimic woman in the binge/purge cycle and in the religious ascetic woman in the miraculous corporeal transformations achieved only after all nourishment except the Eucharist is denied). Like other transitional substances, food (which moves between "me" and "not me") is accorded enormous power and becomes the focus of elaborate ritual (Douglas 1966)—often the most salient feature of women's food asceticism regardless of cultural context.

The particular elaboration of this process, I suggest, and the subjective experience of the women engaged in voluntary self-starvation, is wholly dependent upon cultural context. For the anorexic

or bulimic woman, I suggest that control over the boundaries of one's body and the "identifiers of womanhood" (breasts, hips, and menstrual periods, all of which are eradicated through the process of self-starvation) are bound up with issues of industrial capitalism and its valorization of individualism and achievement; the incongruity of this ethos with the fostering of dependency within the family (especially for women) (Chodorow 1989); the present backlash movement (Faludi 1991); and the particular psychological dilemmas encountered by girls as they become women and encounter the restrictions placed upon them by virtue of their femaleness.

This leads, I have suggested, to a concern about thinness that, at an individual level, reflects concerns about the definition of self boundaries through the medium of the body. As the boundaries of the body are "solidified" and the identifiers of womanhood eradicated, a woman may feel that she is claiming some agency in her own self-definition. But these individual goals are countered at the social level, producing what I have called "the paradox of thinness" (Lester 1993). In other words, thinness, the very path of a woman's liberation (at an individual level), is that which further enslaves her (at the societal level), as the arena of struggle for the eating disordered woman is located *within* the framework from which she is attempting to escape.

This was not the case for medieval ascetic nuns. From the historical materials it seems that these women did indeed struggle with concerns about the female body and the ascribed identity attached to them because of their femaleness. Their fasting, however—the denial of all sustenance except the Eucharist—was not undertaken to become *thin* but to become *one with God*. I would like to suggest that the particular visions and mystical experiences of these women allowed them to access a symbolic system through which they could play out conflicts and concerns surrounding womanhood, sexuality, and identity.

### THE IDEAL OF WOMANHOOD IN MEDIEVAL EUROPE

In the European Middle Ages, body boundaries—and the transgression of those boundaries—appear to have played a central role in the definition of a woman's identity, her value as a person, and her location within the social framework. The evidence available

to an anthropologist is limited to historical documents and suspect interpretations, but nevertheless one can argue that the very aspects of a woman that were deemed important by her society (i.e., her biosexual processes) were those that entailed transgressions of her physical boundaries: fertility (signaled by menstruation), sexual intercourse (as a wife), pregnancy, childbirth, and motherhood (typified by nursing). I argue that female asceticism provided a means to address conflicts surrounding bodies, boundaries, womanhood, and identity.

The ideal cultural expectations associated with each gender in the 13th and 14th centuries are argued to be derived from and supported by religious teachings outlining the proper and natural places for males and females within society and how they should interact with each other. The Church's attitude toward women reflected the views of Saint Paul, who believed that the role of women is to marry and place themselves under the total and complete dominance of a man:

Wives, be subject to your husbands—that is your proper duty in the Lord. Wives, submit yourselves to your own husbands, as you would do for the Lord. For the husband is the head of the wife, even as Christ is the head of the Church—and he is the saviour of the body. Therefore, as the Church is subject unto Christ, so let the wives be to their own husbands in everything. [Ephesians 5:22–33]

This attitude was based on the construction of women as “naturally” inferior to men, to whom women owed their very existence:

Man was not made from woman, woman was made from man; and man was not created for woman, but woman for man. Therefore, in view of the angels, woman must wear a symbol of subjection on her head. . . . Is it proper for an unveiled woman to pray to God? [I Corinthians 11:8–15]

The “natural” inferiority of women was traced to the “inherent” evil of the female gender. In his *On the Apparel of Women*, Tertullian lashed out in a now-famous attack:

*You* [Woman] are the devil's gateway. . . . *You* are the first deserter of the Divine Law; *you* are *she* who persuaded him whom the Devil was not valiant enough to attack. *You* destroyed so easily God's image—*man*. On account of your *desert*—that is, death—even the Son of God has to die. [1951:1.1]

In contrast to the concepts of woman as man's servant and destroyer, the notion of woman as mother and pure virgin is also prominent in the scriptures, is an integral part of the Catholic faith, and appears to have been central to medieval construction of

gender. The Virgin Mary embodied this representation and served as an important ideal of femininity during the medieval period (Bloch 1991; Bynum 1987; Gold 1985; Goodich 1985; Labarge 1986; Power 1975; Schulenberg 1986; Wessley 1985).

In the medieval period, the ideal model of womanhood seems to have been a duality (cf. Bloch 1991; Gies and Gies 1978; Levin and Watson 1987; Williams and Echols 1994). On the one hand, women were held to be things of beauty and divine grace, objects of reverence and desire, unsullied by the coarser elements of human existence (i.e., passion, malice, vice) that belonged to the realm of men. On the other hand, women were primarily valued for their biological functions (i.e., sexuality and childbirth) and were expected to be naturally and willingly subservient to males, most notably their husbands and fathers. Independence and desire for autonomy were not considered to be female characteristics, and women were expected to be passive, compliant helpmates to men (cf. Gies and Gies 1978; Labarge 1986; Lucas 1983). This dual image of women is reflected in the manner in which women were positioned in social relationships, and in the larger social framework of medieval society, throughout their lives.

Historians of the medieval period indicate that, as young girls, females were often sheltered and protected (some would say imprisoned)—guarded against any threat to their innocence, especially their chastity. Historical analysis suggests that this concern about maintaining a woman's "purity" by maintaining her virginity was particularly characteristic of the upper classes—the primary source of women for the convent (cf. Gross and Bingham 1983; Power 1975; Schulenberg 1989)—but also held true as an ideal for women of all classes (cf. Bloch 1991; Labarge 1986; Lucas 1983; Power 1975; Roberts 1985; Schulenberg 1986). Childhood was spent learning women's tasks such as cooking, cleaning, weaving, and sewing so that a girl would be well prepared for her "natural roles" of wife and mother. Again, the materials available to us reflect an upper-class bias, as lower-class women were undoubtedly actively involved in work outside the home.<sup>4</sup> However, it seems that the image of the chaste, obedient daughter, trained in the "arts of womanhood," was an ideal held up to all women of the time. Education was not encouraged, except in the interest of making one a more attractive marriage prospect. Marriages were arranged and constituted political and economic decisions, with little con-

sideration given to love, or even compatibility, between partners. Most girls had little or no say in the assignment of their future husbands, and their preference or disdain for a particular marriage partner was often incidental (cf. Ide 1983; Lucas 1983; Power 1975).

Premarital sex was apparently vehemently discouraged (cf. Gold 1985; Labarge 1986; Lamay 1985; Lucas 1983), and extensive measures were taken by parents to prevent its occurrence. Young single women of this period were often chaperoned at all times and were prohibited from visiting with males alone, and the vast majority of brides during this time were likely to have been virgins. Marriage, for them, often meant their first sexual experience—an experience cloaked in great mystery, since talk of sex was taboo. Sexual intercourse was often viewed as the identifying feature of becoming a bride, and losing one's virginity served as the hallmark of marriage (cf. Bell 1985; Ide 1983).

Once married, the medieval woman was expected to fulfill her marital obligations to her husband by engaging in sexual intercourse with him at his discretion. In marriage, a wife was considered, quite literally, to be the property of her husband, who was her "lord and master" (Ide 1983; Labarge 1986; Lucas 1983; Power 1975). She was subject to his authority, and her body belonged to him to do with as he wished. For women, marriage implied and required sexual intercourse with one's husband, regardless of one's own wishes. This was a woman's wifely duty. Sexual intercourse therefore (ideally) occurred only within the confines of a marriage and served as a fundamental expression of a wife's deference to her husband (cf. Bell 1985; Ide 1983).

Due to the religious proscription against birth control, marriage and intercourse invariably meant pregnancy and childbirth for medieval women. This posed a very real danger—childbirth frequently meant death, either of the mother, her baby, or both. If both mother and child survived the delivery, childhood disease was a constant danger, claiming the lives of thousands of children during this period.<sup>5</sup>

Provided her child survived, a woman's role as mother quickly came into play. The obligations of motherhood held that a woman's primary responsibility was to her child—her own needs were a secondary consideration. Her children were to be the focus of her attention and energy, followed by her husband, with her own

needs often neglected. Most mothers were required to nurse their babies, as the modern conveniences of bottles and baby formulas were not available. Nursing highlighted both the bond between mother and infant, and the responsibility of a mother to nourish and care for her children, even at her own expense. As a result, the act of nursing was often seen as the prototypical representation of the role of mother.<sup>6</sup>

Women, then, throughout their lives were defined relationally—in and through others (cf. Labarge 1986). While “relationality” is the new catchphrase for the psychology of contemporary women, this relationality appears to have been strikingly more pronounced for women in the medieval period because they were defined literally as possessions of others. A girl was in a very real sense a commodity, to be bartered and traded in the execution of a marriage contract; she belonged to her husband in marriage and was identified later through her children.

It is significant, I believe, that these relational definitions were all typified by the biological tasks associated with the category Woman—fertility (menstruation), sexual intercourse (as a wife), pregnancy, childbirth, and motherhood (often typified by nursing). It is interesting, and perhaps meaningful, that the very aspects of a woman that were deemed important by her society (her biosexual processes) were *those that entailed transgressions of her physical boundaries*: society was, in effect, telling her, “You do not belong to yourself—I own you. There is no ‘you’ outside of your service to me.” A woman’s desire for autonomy or independence (i.e., a desire *not* to assume the identity required by her ascribed gender role as “woman”) would conceivably run directly counter to the societal expectations of her as a woman, indeed to her value as a person. It seems reasonable, therefore, that these identifying features of womanhood likely held important significance for medieval women, and that these processes—which simultaneously involved boundary transgressions and locked women into ascribed roles based on gender—might become locations of conflict for some women struggling with issues of womanhood, independence, and identity. I will return to a discussion of this possibility in more detail below.

## THE CHURCH AS REFUGE

For women in the late Middle Ages, the Church may have provided a safe refuge from the expectations of womanhood. By joining an order of nuns, a woman could avoid marriage, sexual intercourse, childbirth, and motherhood by remaining a virginal Bride of Christ. In addition, the Church may have provided women with new avenues for exploring their individuality. With the rejection of the traditional signifiers of womanhood (marriage, sex, and children), these women may have been, in a sense, "liberated" from their ascribed social identities and may have been able to explore for themselves new identities within the Church.

But women were doing much more within the convent walls than merely hiding from marriage and motherhood. Against this backdrop, a unique brand of female piety emerged in which extreme asceticism and penitential self-sacrifice became the hallmarks of female religiosity (Bynum 1987:13). Religious women not only endured hours of penitential prayer and bound their flesh with vines of thorns; they attempted to live on nothing but the communion wafer and wine, consumed the pus of their patients to quell their distaste for wounds, and seemingly competed with each other to live lives of total, bleak austerity. These extreme ascetic practices were often debilitating, leaving their bodies scourged and withered, and occasionally lifeless, as their spirits soared. Mysticism and paranormal phenomena (e.g., levitation, body elongation, and stigmata) were more common in women's religiosity than in men's, and the reputations of holy women were often based upon supernatural authority, expressed through visions and signs. Food and eating became core (and in some cases obsessive) symbols of devotion for religious women, and, as Bynum maintains, food symbolism in religious devotion became a uniquely female concern (1987:Ch.3). As noted above, the food behaviors of female ascetics were often extreme, including excessive fasts, vomiting after eating, increased restriction of food intake to nothing but the Eucharist, and ritualization of the eating process. These intense penitential practices were not often associated with male devotees,<sup>7</sup> but indeed characterized female piety.

Accompanying the food-specific ascetic practices were a number of related behaviors affecting the body. Self-flagellation, with ropes and/or chains, was practiced in some form by all female ascetics

with the expressed purpose of moving closer to God (Bynum 1987:246–250), and deprivation of sleep, warmth, and other bodily comforts as expression of religious devotion was a common theme. Furthermore, the notion of “sacrifice of the self to benefit another” was predominant in the lives of these women, most of whom were passionately dedicated to charitable works. These ascetic practices were consciously understood and undertaken as punishment: for one’s own sinfulness, for the sinfulness of humanity, or in order to spare others from punishment. In addition, these behaviors were performed with the explicit, conscious purpose of emulating Christ’s suffering on the cross and, through this emulation, achieving divine union with him (Bynum 1987).

Many female ascetics also experienced stigmata, body elongation, and levitation, and were reported to issue forth miraculous fluids from the pores in their bodies. These experiences allegedly coincided with abstinence from food and uniquely characterized female piety in the later Middle Ages (Bynum 1987:273). Many also tightly bound their hips and breasts with iron chains in early adolescence, which would become embedded in their flesh as their bodies developed (Bell 1985; Bynum 1987), perhaps indicating that their asceticism was bound up with concerns about womanhood and/or the mature female body.<sup>8</sup>

The devotional fervor of female ascetics and their extreme penitential and austere practices would seem to suggest that life in the Church provided these women with much more than just a safe refuge, and that the motivations for becoming an ascetic may have originated at a deeper, perhaps psychological level. It appears that, for some women, the cultural symbols of food, piety, and devotion took on special and individualized significance, perhaps serving as a liaison between individual and cultural concerns regarding independence, womanhood, and identity.

To explore these complex cultural issues and how they may have figured into the lives of individual women, let us first identify the common features of women who chose to become religious ascetics. While each woman has a unique story, it is possible to delineate certain common characteristics that appear to contribute to their ascetic devotions.

## COMMON CHARACTERISTICS OF FEMALE RELIGIOUS ASCETICS

Most of what we know about these women is gained from religious biographical accounts known as hagiographies. These works are often almost mythical in nature (e.g., Catherine of Siena is said to have been ascetic as an infant) and clearly cannot be treated as simply historical accounts. Nevertheless, these women were revered during their lifetimes for their unique qualities, and so great care was taken to record specific biographical information from them as they lived. We can be reasonably sure, then, that the mundane features of the accounts—number of siblings, place of birth, and so on—are not unlikely to be accurate. In addition, most hagiographic accounts provide careful and detailed descriptions of ascetic behaviors, religious visions, and devotional practices. Some of what we know of them was written by the women themselves in the form of letters, poetry, and theological works, recounting their religious experiences in their own words.

To begin to explore the characteristics of the “typical” female ascetic, let us now step back into 14th-century Italy and meet one of the most famous of these holy women—Catherine of Siena.

Catherine of Siena represented the epitome of female piety and religious asceticism during the medieval period.<sup>9</sup> In all areas of ascetic devotion—self-flagellation, charitable works, and most notably fasting—Catherine’s austerities were severe and extreme. Although many of her behaviors would perhaps be viewed as “pathological” according to contemporary standards, Catherine was presented and revered as the model of female piety throughout the medieval period, and her ascetic practices were consciously emulated by others. Although Catherine is in many ways unusual in the severity of her practices, her position as the icon of female ascetic devotion makes her experiences useful for exploring the phenomena of female religious asceticism during this period, and her story highlights some of the common characteristics of women who chose this life path.

Catherine Benincasa was born into a family of means around the year 1347. She grew up as the favored child, enjoying special privileges and lavish attention from everyone, most notably her mother, Lapa. This may have been a common characteristic of female ascetics; it is also seen in the cases of Veronica of Giuliani,

Teresa of Ávila, Columba of Rieti, and Thérèse of Lisieux.<sup>10</sup> According to reports, Catherine was a healthy and happy child who smiled often and enjoyed playing outside with other children. Nevertheless, Catherine's own writings, as well as those of her biographers, highlight her early and tenacious sense of religiosity and pious devotion. For example, Catherine experienced her first vision at age six or seven, and it is reported that at age five she was found "genuflecting and saying Hail Mary at each step as she climbed to her bedroom" (Bell 1985:34). In addition, Catherine secretly vowed her virginity to Mary at around age eight, and she is said to have formed a group of playmates who secretly flagellated themselves in the tradition of Christian ascetics (Bell 1985:36–37). Catherine's religiosity continued and deepened throughout her childhood and into her adolescent years.

The most striking feature of Catherine's early life was the deaths of three sisters at crucial points in her development. The first, Giovanna, was Catherine's twin. Since Catherine's mother could not nurse the two on her own, she was forced to choose which child she would nurse herself and which would be sent to a wet nurse.<sup>11</sup> Catherine was the baby chosen to remain with her mother, and Giovanna was sent away. Giovanna died in infancy, while Catherine, the favored infant, survived. During the period when Catherine was weaned, her mother bore another child, who was given the same name as the dead twin.

Many scholars stress this factor as critical in setting the stage for Catherine's later behaviors and psychological orientation. As Bynum notes:

No particularly subtle psychological analysis is necessary to suggest that such a configuration of events (i.e., the death of one's sister because one was chosen for nursing and the constant reminder then of the dead twin in the name of the very child who supplanted one as the youngest) might precondition a favored girl-child to guilt—and guilt associated with food and nursing. [1987:167]

The second such loss Catherine experienced was the death of her older sister Bonaventura, who died while giving birth. At the time of Bonaventura's death, Catherine was around 15 years old, the age at which young women were courted in marriage. Bonaventura and Catherine enjoyed doing "girl things" together, and Bonaventura was able to lure Catherine away from her religious devotions and entice her into wearing elegant dresses and beautifying herself. Shortly after Catherine had begun to enjoy these

activities with her sister, Bonaventura died. Only a few short months later, Giovanna (the child named for Catherine's dead twin) died as well.

Catherine, now the only surviving daughter after these deaths, returned with a vengeance to her ascetic practices of childhood, and her religiosity took a new turn, incorporating nightly vigils, self-flagellation, deep meditation, strict fasts, and a voluntary subjection of herself as servant to her family. As Bell notes:

From the age of sixteen or so she subsisted on bread, water, and raw vegetables. She wore only rough wool and exchanged her hair shirt, the dirtiness of which offended her, for an iron chain bound so tightly against her hips that it inflamed her skin. For three years she observed a self-imposed vow of total silence except for confession, and this she maintained even though she lived at home. With great difficulty she conquered fatigue and reduced her sleep to as little as thirty minutes every two days on a wooden board. . . . Three times a day she flagellated herself with an iron chain, once for her sins, again for the living, and then for the dead. Until she ultimately became too weak to continue this punishing routine, each beating lasted for one-and-a-half hours and blood ran from her shoulders to her feet. [1985:43]

Here, we begin to get a picture of Catherine's ascetic devotions and the passion with which she dedicated herself to these practices. Here, also, is an interesting parallel between Catherine's life and that of the "typical" female ascetic. As Bell notes (1985:115), a common feature of all female ascetics is that they lost someone close to them prior to entering the convent, and this seems to have had a causal effect of some sort on the choice to become an ascetic.<sup>12</sup> While this loss sometimes occurred before an individual took up ascetic practices and sometimes after, this loss, in most cases, appears to be the impetus for entering into a convent and an increase of austerity. Although the exact significance of these losses is difficult to ascertain, it does appear that, in addition to suffering a personal loss, these women may also have felt renewed pressure from their families to fulfill their familial obligations as daughters. Catherine's story illuminates this possibility.

As a result of losing two of their three daughters (for which the surviving Catherine blamed her negligence in her austerities and her temptations into worldly pleasures), Catherine's parents apparently increased their efforts to find her a husband. But Catherine had sworn her virginity to Mary at a young age and had intended never to marry. Following her sisters' deaths and her rededication

to holiness, this conviction was stronger than ever. A battle of wills ensued between Catherine and her parents over whether or not she would marry—at the heart of which, it appears, was control over Catherine's body.

The importance of body boundaries and the intertwined concerns of boundaries, womanhood, independence, and identity are revealed in both the object and strategies of this struggle, and how they appear to have been endemic to the expectations associated with being a woman (particularly an upper-class woman) in medieval society. Catherine's parents insisted that she marry. As noted previously, marriage for most medieval women meant three things: sexual intercourse with one's husband, procreation, and motherhood. These were a woman's matrimonial duties according to the Bible, according to tradition, and according to the law. Significantly, all of these elements entail an infringement of the boundaries of the woman's body: her role becomes that of receptacle, vessel, and food resource. She no longer owns her body—it belongs to her husband for sexual pleasure and to her children as nourishment. Thus, Catherine's battle with her parents over marriage concerned not only who maintained control over Catherine's physical body, but whether or not Catherine would, through her body, accede to the ascribed female functions of marriage (sexual intercourse), pregnancy, childbirth, and motherhood (represented in the act of nursing), which both challenged a woman's physical boundaries and locked her in to ascribed roles within the social framework. I believe it is significant, therefore, that it is during this period that Catherine's fasting came under strict and rigid control, and her self-flagellation and sleep deprivation escalated.

Bynum (1987:25–30) maintains that Catherine of Siena and other female ascetics of this period used their bodies and food as symbols of their struggles because these were the only things they could control, things that had significance to them as women. I suggest, however, that this is an insufficient explanation. Although certainly restricted in their mobility and influence in political, social, or academic circles, it seems doubtful that women were reduced to complete powerlessness outside of their own corporeality. I would suggest, rather, that the focus on food was a strategic one—not borne out of necessity, but out of the utility of food as a symbol for expressing a particular set of conflicts about gender,

identity, and the body. In Catherine's battle with her parents over marriage, the issue at hand was not who would be the best match for Catherine or whether she would come to love him—rather, I propose, the issue was Catherine's autonomy and the validity of her establishment of a sense of self apart from the role her family—and society—had chosen for her. Thus, the battleground became Catherine's body and her physical boundaries, as represented in the issues of marriage and food refusal.

In every case examined by Bynum and Bell in their detailed investigations, we find a conflict between female ascetics and their families over this issue (see also works on the lives of Veronica Giuliani, Eustochia, and Columba of Rieti).<sup>13</sup> Even in the case of married ascetics (such as Umiliana de' Cerchi, Margaret of Cortona, and Angela of Foligno)<sup>14</sup> we find a dissatisfaction, and even a disgust, with the situation of marriage, which was often forced on them against their wishes.

This brings us to another prevalent feature of female ascetics of this period: a fear, and often a loathing, of sex. As Bynum notes, these women typically felt an "abhorrence of the male body," and several had "an obsessive fear of bodily contact" (1987:213). This aversion to sex was, for some women at least, reflected in food-related behaviors. For example, Francesca Romana de' Ponziani, who was married prior to her life in the convent, vomited whenever she was forced to have sexual relations with her husband (Bynum 1987:215).<sup>15</sup>

Returning to Catherine's story, we can see how the Church may have offered a welcome solution for these women and their struggles. The members of Catherine's family, especially her mother, were horrified at her ascetic behaviors and begged her to desist. Catherine appeared to comply at first, but her mother discovered that Catherine would simply wait until the family was asleep to begin her flagellations and prayer vigils. By this time, Catherine had lost approximately half her body weight due to her rigid fasting (Bell 1985:43).

Catherine begged her parents to allow her to join the Dominican Order of the Sisters of Penance as a nun, as this was her sole wish and desire. Her mother staunchly refused, as she intended for Catherine to marry, and tried to lure Catherine back into the world of bodily comfort with a holiday at a nearby hot springs. Catherine responded by discovering the canals by which the hot sulfuric water

flowed into the bathing pools and scalding herself repeatedly, against the pleas of others that she refrain from injuring herself.

Her mother, fearful for Catherine's life if she continued her ascetic practices at home, finally relented and allowed Catherine to don the habit of the Sisters of Penance. Catherine's austerities continued at the convent, and she quickly gained notoriety for her behavior, most notably for her rejection of food. Catherine's diet, beginning at the time of her rededication to holiness (around age 16) was restricted to bread, uncooked vegetables, and water. Over the next five years she reportedly lost her appetite and could not eat bread. By the age of around 25, according to biographical accounts, she ate "nothing" (Raymond of Capua 1863:939).

Although it is doubtful that she actually ate nothing at all, it is obvious that Catherine's relationship to food was indeed unusual in the extreme. According to Raymond, Catherine's confessor and biographer, "Not only did she not need food, but she could not even eat without pain. If she forced herself to eat, her body suffered greatly, she could not digest and she had to vomit" (Raymond of Capua 1863:904). Catherine claimed to feel better when she did not eat, and her diet eventually came to be restricted to a bare minimum: "She drank only a little cold water and chewed in bitter herbs while spitting out the substance" (Bell 1985:26).<sup>16</sup>

Catherine's nourishment was (reportedly) gained solely from the communion wafer accepted at Mass, and it was upon the Host that all of her needs and desires for sustenance, pleasure, and satisfaction were focused. This was a central theme for almost all female ascetics of this period—once the diet had been restricted to a minimum (often to liquid alone), the Host became the focus of the obsession: whether or not one would be permitted to receive communion; how frequently one would be given the Host; and the symbolic significance of the Host, as a physical representation of Christ's body and blood, as the only substance to enter one's body. This is, I believe, an essential component to understanding the importance of the symbolic nature of food for these women, and I will return to this possibility in more detail below.

As word of Catherine's ability to survive without food spread, many began to suspect her of witchcraft and of gaining sustenance from the devil. To quell this increasing concern about her loyalty to Christ, Catherine began eating one meal a day in front of others.

However, once the meal was over, Catherine would retire to privacy and force herself to vomit:

To do this she regularly and with great pain inserted stalks of fennel and other plants into her stomach, otherwise being unable to vomit. Because of her disparagers and particularly those who were scandalized by her fasting, she maintained this lifestyle until her death [about six years later]. [Raymond of Capua 1863:176-177]

When Catherine's confessor learned of this behavior, he implored her to desist in the interest of her health. Catherine refused, "telling her confessor that the painful vomiting was penance for her sins" (Raymond of Capua 1863:177). On January 1, 1380, Catherine decided to restrict her intake even further and stopped drinking water. Within a month, she was dead.

Catherine's unusual food behaviors were extreme but were by no means unique among female ascetics of this time. For example, Veronica Giuliani (later to become Saint Veronica), like Catherine, restricted her diet to bread and water alone, refusing to eat even when ordered to by her superiors. Unlike Catherine, however, there were reports that Veronica would sneak into the convent kitchen and gorge herself on food. She vomited regularly. Catherine of Genoa engaged in strict fasting throughout the year, but every Advent and Lent she would take only water, vinegar, and salt. As with other female ascetics, this fasting was accompanied by a eucharistic craving and obsession.<sup>17</sup> Clare of Assisi, who strove to emulate the ascetic Francis of Assisi, far surpassed his austerities and took her fasting practices to the extreme by eventually refusing to take no food but the Eucharist.<sup>18</sup> Similar food practices may be found among Angela of Foligno, Colette of Corbie, Columba of Rieti, Ida of Louvain, and Mary of Oignies, among others.<sup>19</sup> Accompanying these food austerities in all of these women, as in the case of Catherine of Siena, were a number of "typical" ascetic practices: cutting off one's hair, self-flagellation, sleep deprivation, giving away food or possessions to the poor, sleeping on the floor (using a rock for a pillow), constant ideation about punishment and sinfulness, and an obsessional, insatiable craving for the Eucharist.

From these stories and others,<sup>20</sup> and the abundant material collected in the historical studies, we can identify the most common features found in those who chose to become ascetics:

- Early and resolute commitment to piety, often beginning in childhood, and usually involving the pledge of one's virginity to Mary or Christ.
- Having one's "femaleness" and role as "daughter" become highlighted in some way, either by being the only female child or, as was most common, as a result of the deaths of other siblings.
- An increase in piety and religious devotion following the death of a loved one (usually in adolescence, as siblings were often claimed by childhood diseases). This renewed piety usually involved extreme fasting and self-inflicted suffering and was accompanied by a resolution to dedicate one's life to religious devotion as a nun.
- A battle with parents over the issue of marriage. Parents often increased their efforts for marrying their daughters while, simultaneously, these women became more resolute in their decisions to become nuns.
- Sexuality was often a point of anxiety for female ascetics and was the object of fear loathing, and disgust.
- After joining an order of nuns, the ascetic practices often continued and were coupled with an intense Eucharistic craving and devotion. In many cases, the asceticism steadily increased, and, finally, no food was taken except the Eucharist.

We now come to the essential question: Why *these particular* women, and why *these particular* behaviors? Although these women engaged in a number of ascetic practices that cannot be wholly separated from their food behaviors, it is clear that food was their central concern and that food was the vehicle through which their religiosity was most passionately expressed. To understand this, and to understand its significance, we must now look in more detail at the following three things: (1) cultural attitudes and beliefs connecting women's bodies with food, (2) the ultimate "goal" of the food behavior, and how this was to be achieved, and (3) the possible "meaning" of this goal for the individual who was striving to achieve it.

#### FOOD METAPHORS AND THE FEMALE ASCETIC

Bynum locates the distinctive flavor of female devotional practices in the fact that women brought to their worship experiences

of *being women* in society, using their encounters with powerlessness, service, nurturing, and disease “as symbols into which they poured ever deeper and more paradoxical meanings” (1987:25). Food became, she suggests, an unusually powerful metaphor for the expression of female concerns. Food was particularly symbolically “charged” for medieval women, according to Bynum, because

Medieval people did not simply associate body with woman. They also associated woman’s body with food. Woman was food because breast milk was the human being’s first nourishment—the one food essential for survival. [1987:269–270]

Women were not just associated with food because they cooked and served it; to medievals, women and their bodies *were* food.

Returning to the issue of body boundaries, cultural values surrounding women and food suggest that a woman’s body was a conduit of sorts; she was constantly giving (or capable of giving) of herself—her very substance—to another as nourishment. It was a woman’s duty to give this food (i.e., her body) to others as they needed it—and it was the right of others to take her substance from her.

We can see here how the boundaries of a woman’s body again figure significantly. If Woman is food, she must allow others to “eat” her, to deplete her substance. It is relevant also, as Bynum notes, that a medieval woman’s “identifying characteristic” as food was breast-feeding. Again, not only is a woman’s physical boundary crossed with the act of nursing, but breast-feeding implies such other boundary infringements as sexual intercourse and pregnancy, which—in the medieval period in particular—further served to locate women within the social framework. Thus, in all areas of a woman’s life, infringement of her body’s boundaries were deemed not only appropriate but *essential* for the fulfillment of her obligations as a woman. From historical analyses, and the words of medieval women themselves, it seems that this notion of Woman = food, and the issues of boundaries and female identity, figure prominently in female ascetic devotion.<sup>21</sup>

The pattern and configuration of symbols found in the religious visions and experiences or the female ascetics strongly support the possibility that these women had heightened concerns about boundaries, bodies, and food. Not only did the majority of their visions involve nursing (nursing the Christ child at her own breast,

herself nursing at Christ's breast, or nursing from Christ's wounds), but their bodies often miraculously emitted a number of fluids:

The female body was seen as powerful in its holy or miraculous exuding, whether of breast milk or of blood or of oil. *Such extraordinary flowing out was predicated on extraordinary closure. Holy women were often said neither to eat nor to excrete.* Stigmatics or myroblytes [those who exuded fluids from their pores] were often miraculous fasters . . . and theologians underlined the fact that *those who bled or exuded unusual fluids did not excrete in ordinary ways.* [Bynum 1987:274; emphasis added]

Furthermore,

the stories of pious women suggest a deeper symbolic balance: a balance of eating with not eating, exuding with not exuding. Closing herself off to ordinary food yet consuming God in the Eucharist, the holy woman became God's body. And that body flowed out, not in the involuntary effluvia of urine or menstrual blood or dandruff, but in *chosen* suffering, a *chosen* excreting, that washed, fed, and saved the world. [1987:274]

Like the anorexic and bulimic woman, I would argue, the holy ascetic solidified her boundaries: she did not eat, therefore, she did not excrete. After a period of time, she stopped menstruating. Her boundaries were solid and intact. Then, *on her terms alone*, she permitted the boundaries of her body to be crossed. For the bulimic woman, I have proposed, this is achieved through bingeing and purging. In the female ascetic, we find an exuding of fluids from the skin: milk, blood, or oil. It is significant, I believe, given the cultural association of women's bodies with food and nourishment, that these fluids were often imbued with miraculous healing powers, and that all three substances provide nourishment.

Bynum notes that "psychosomatic manipulation [of the body] is almost exclusively female" (1987:210), further supporting the notion of fluid physical boundaries, and that these boundaries held heightened significance for the ascetics. In addition to miraculous exuding of fluids, we also find among these women stigmata, levitation, body elongation, passing through walls, and absorption of the Host through the chest (Bynum 1987:210–212), all of which involve a manipulation or alteration of the body's boundaries.

Although we do not have access to the specific thoughts of medieval female ascetics on this point, there seems to be ample evidence that the boundaries of the physical self were of heightened concern for these women (i.e., fear of sex, miraculous exuding of fluids, stigmata, body elongation, strict fasting, cessation of excretion and menstruation). We also have evidence that these

boundary concerns, at a physical level, became the battleground for struggles over the woman's autonomy and independence (e.g., rebellion against marriage). Thus, based on the available evidence, it appears that food, as a substance, may have been used by medieval ascetics in a similar—though not identical—way to that seen in anorexics and bulimics today: as a symbolic representation of what is either “me” or “not me,” and as a vehicle for enacting conflicts over the self's boundaries (i.e., autonomy/dependence) and self-definition at the physical (and perhaps psychological) level.

#### THE “GOAL” AND HOW IT IS ACHIEVED

The manifest “goal” for the medieval female ascetic was not to be thin, as it is for the contemporary anorexic and bulimic. Rather, for the holy woman, manipulation of food was seen as a means of fusing with Christ through an emulation of his suffering on the cross. Female ascetics progressively restricted their intake of food until they ultimately subsisted on the Eucharist alone. Eventually, the only substance to enter their bodies, to move from “not me” to “me,” was the Eucharist—Christ's sacrificed flesh.

Female ascetics “merged with Christ through food,” with the ultimate goal of “fusion with the crucified body of Christ” (Bynum 1987:208–209). As with contemporary anorexics and bulimics, the medieval ascetic “tended both to reject food and to see it as a powerful symbol of union” (Bynum 1987:227), highlighting the importance of this concept and its possible psychological significance for these women. The connection between food, Christ, and the self is dramatically illustrated in the following excerpt from a letter written by Catherine of Siena to one of her confessors:

The immaculate lamb [Christ] is food, table, and servant. And this table offers the fruits of true and perfect virtues. . . . And the table is pierced with veins which run with blood. . . . Oh my son, run to this table [and drink]. . . . And when [the soul] has drunk, it spits up the blood on the heads of its brothers and is thus like Christ who continually pours out his blood not for his utility but for ours. *And we who eat at that table become like the food [i.e., Christ], acting not for our own utility but for the honor of God and the salvation of neighbor.* [1988:Letter 208; emphasis added]

It is evident, therefore, that “to eat Christ is to become Christ” and that “the Christ one becomes, in the reception of communion and the *Imitatio [Christi]* of asceticism, is the bleeding and suffering Christ of the cross” (Bynum 1987:245). The significance of *this particular* vision of Christ (i.e., the Christ that is bleeding and

suffering on the cross) as the goal of divine union (as opposed, for example, to Christ as peacemaker or Christ as educator) will be explored in detail later.

#### EATING AS A METAPHOR OF WORSHIP

Often, these women wrote about their love for Christ and their relationships with him in explicitly food-associated metaphors. For example, Hadewijch expressed her communion with Christ with the following vivid imagery:

They penetrate each other in such a way that *neither of the two distinguishes himself from the other*. But they abide in one another in fruition, mouth in mouth, body in body, soul in soul. [1980:Letter 9; emphasis added]

In her poem "Love's Seven Names" she portrays union with Christ as eating him:

... love's most intimate union  
Is through eating, tasting, and seeing interiorly.  
He eats us; we think we eat him,  
And we do eat him, of this we can be certain.  
[1980:Poem 16]

Bynum stresses the importance of the Eucharist itself, as a symbol, for understanding the Eucharistic devotion of the ascetics:

This sense of *imitatio as becoming or being* (not merely feeling or understanding) lay in the background of Eucharistic devotion. The Eucharist was an especially appropriate vehicle for the effort to become Christ because the Eucharist *is* Christ. [1987:256]

The goal of merging with Christ became focused on the act of eating him: "[O]ne became Christ's crucified body in eating Christ's crucified body. . . . *Imitatio* was incorporation of flesh into flesh. Both priest and recipient were literally pregnant with Christ" (Bynum 1987:257).

For these women, therefore, it appears that eating was often synonymous with incorporating or becoming. This becomes not only understandable but significant when we recall that, in cultural terms, a woman's body could be metaphorically and literally conflated with food. What entered the body as food became part of the woman, changing her actual constitution. A desire to become Christ was thus expressed in a metaphor of eating and incorporation.

Here, the obsessional and insatiable craving for the Eucharist found in almost all female ascetics begins to reveal its symbolic significance. The more one eats God, the more one's constitution changes and one becomes God. By extension, the less one incorporates that which is "not God" (i.e., food other than the Eucharist), the more quickly this transformation will occur. Thus, it makes sense that we find in female ascetics a progressively limiting rejection of food coupled with an intense Eucharistic craving.

### THE POSSIBLE PSYCHOLOGICAL SIGNIFICANCE OF DIVINE UNION

We have thus far established that food was a powerful symbolic medium for these ascetic holy women, and that through food (or, more specifically, through the control of food), they attempted to achieve divine union with Christ through *Imitatio Christi*. What might the attainment of divine union have meant to these women? And why was food such a central concern? In most cases, the decision to follow the ascetic path to Christ was made very early in life, and, in all cases, years of physical and mental suffering, familial opposition and conflict, and sometimes even accusations of witchcraft were endured for the sake of achieving this goal. Moving toward union with Christ became the central concern of these women's lives, and they were willing to sacrifice anything and everything to attain it.

As noted previously, the theme of "nursing" was prominent in the visions and religious experiences of these women: nursing Christ at her own breast, nursing at Mary's breast, nursing from Christ's breast or from Christ's wounds (Bynum 1987). I would speculate that the importance of the metaphor of nursing for expressing union with Christ is twofold and provides, I believe, essential insight into the possible meaning of the Divine Union for these women, and the role of food as the vehicle of this union.

First, it will be remembered that nursing is one of the female biosexual processes involving boundary transversment, and that it implies further biosexual processes that represent challenges to the body's boundaries (i.e., menstruation, sexual intercourse, and pregnancy), while highlighting women's ascribed gender roles. I would argue, therefore, that the selection of nursing as a central metaphor for expression union with Christ suggests that the notion

of the Divine Union may represent an attempt to address concerns about bodies, boundaries, and womanhood. I will return to this possibility in more detail below.

Second, the action of nursing involves two essential components: body as food and a relationship of dependence involving a provider and a receiver. Thus, the theme of nursing in religious visions corresponds with the woman's ascribed roles within the framework—as food and as provider—variously related to the image of Christ (i.e., sometimes nursing him, sometimes being nursed by him).<sup>22</sup>

The words of Catherine of Siena in a letter to a pious friend give us a valuable glimpse into the importance and power of the image of the nursing Christ as a symbol of Divine Union:

I long to see you always feeding and nursing at the breast of the gentle mother, charity, for I am convinced no one can have life without the milk this glorious mother gives us. She is so sweet and mild to souls who taste her that in her everything bitter becomes sweet, and every heavy burden light. . . . [God's servants] are happy, jubilant about everything because . . . they have tasted the milk of divine charity. And just as a baby draws milk through its mother's breast, so souls in love with God draw him to themselves through Christ crucified. . . . Let your heart and soul burst with the heat of love [as you drink] at this breast of charity through the flesh of Christ crucified. [1988:Letter 59]

To the Abbot of Lézat she wrote:

Oh dearest venerable father in Christ Jesus, how blessed will be your soul and mine when I see us in the embrace of the fire of divine charity, that charity who you know gives her children milk, feeds them. It seems to me we get this milk in the same way a baby sucks milk from its mother's breast, getting its nourishment by sucking milk through the nipple. Just so, you know, our soul can have life only through Christ crucified. [1988:Letter 51]

Teresa of Ávila, using similar imagery, wrote the following:

The soul is like an infant that still nurses when at its mother's breast, and the mother without her babe's effort to suckle puts the milk in its mouth in order to give it delight. So it is here; for without effort of the intellect the will is loving, and the Lord desires that the will, without thinking . . . understands that it is with Him. [1902:31.9]

We can see here how the equation of eating and fusion (particularly fusion of the soul with Christ) represents an integral part of the use of nursing metaphors to express spiritual union. But the importance of nursing as a symbol also rests on its implication of a relationship of *dependency*, with one person as the provider and one

as the receiver. What is especially significant here, I believe, is that we find in the visions of these female ascetics *a representation of their ascribed societal roles as women coupled with an ability to occupy positions on both sides of the role's definition*. The holy woman is both the *nursur* of Christ (mother) and *nursed by* him (child); she is both provider and receiver, dependent and depended upon, food as *eaten by* Christ and eater of food *from* him.

Here, we begin to get an idea of the possible utility of this union with Christ for the medieval female ascetic. Through Divine Union she could simultaneously experience both sides of the dependency relationship that characterized her ascribed role as "woman." We will also remember that conflicts surrounding issues of dependency are, in my model, heightened for those who choose food as a substance of symbolic expression.

In addition to the theme of nursing, the metaphor of marriage (including romantic love and physical intimacy) was central to expressions of union with Christ. For example, Margery Kempe, an ascetic from the 14th century, heard these words from Christ:

Daughter, thou desirest greatly to see Me, and thou mayest boldly, when thou art in thy bed, take Me as thy wedded husband, as thy dearworthy darling, and as thy dear son, for I will be loved as a son should be loved by the mother, and I will that thou lovest Me, daughter, as a good wife ought to love her husband. Therefore thou mayest boldly take Me in the arms of thy soul and kiss My mouth, My head, and My feet, as sweetly as thou will. And as often as thou thinkest of Me, or wouldst do any good deed to Me, thou shalt have the same reward in Heaven, as if thou didst it to Mine own Precious Body which is in Heaven. [Meech and Allen 1940:90]

It will be remembered that many of the women who joined religious orders and practiced asceticism in the medieval period viewed this as an escape from marriage and physical intimacy (cf. Bynum 1987:20), making passages such as this particularly intriguing. In addition to experiencing physical intimacy with Christ, several female ascetics developed red marks around the third finger of the left hand, known as "espousal rings," symbolizing spiritual marriage to him (Bynum 1987:201). Again, therefore, union with Christ allowed a woman to occupy positions on both sides of her defined social role: she was both virgin *and* bride, simultaneously a maiden *and* a lover.

So what might these symbolic representations of Divine Union reveal about the use of food as a metaphor for the self? The relationship with Christ, I propose, provided a medium through

which to enact conflicts about the self through the metaphors of women's social roles in the medieval cultural system (i.e., as wife, mother, lover, dependent, etc.). It is not a coincidence, I believe, that the metaphors for expressing union with Christ as experienced by female ascetics revolved around the very biosexual processes that both challenged a woman's physical boundaries and defined her identity within the social framework. In addition, as we have seen, the relationship with Christ was such that a woman could reenact her social roles while experiencing different aspects of that role simultaneously. This suggests that those particular roles portrayed in religious visions may have represented conflicting issues for women who chose to become ascetics, with the simultaneous occupation of both sides of the role as an attempt to resolve these concerns.

However, the symbol of the Divine Union, and of the Christ figure in particular, appears to have represented more than merely an anchor for the expression of dual identities associated with the defining characteristics of womanhood. The image of Christ may also have served as a symbolic mechanism for addressing concerns about self, including issues of fusion and individuation. On the one hand, fusion with Christ offered a means of voiding oneself of an independent identity through merging with the Lord. Catherine of Genoa even developed a theory that one should destroy the ego so completely (through fasting and other ascetic practices associated with *Imitatio Christi*) that the first-person singular pronoun would disappear altogether from one's speech.<sup>23</sup> Through Divine Union, one's "old" self was lost, and one's "new" self existed as a part of God, in harmony and union with Christ.

On the other hand, the potential of Divine Union seems to have offered ascetics a means of exploring and elaborating their existing "selves" as women in society. Through union with Christ, women, in some ways, were able to more fully experience themselves as individuals. As Bynum notes, "union with God did not involve 'stages' the soul 'passed beyond' but, rather, a *continuity of the self*, a becoming fully human with Jesus" (1987:290; emphasis added). Furthermore:

In their symbols women expanded the suffering, giving self they were ascribed by their culture, becoming ever more wonderfully and horribly the body on the cross. *They became that body not as flight from but as continuation of self.* And because

that body was also God, they could sum up their love of God in paradox. [1987:296; emphasis added]

We are now in a position to better understand why food was the substance used by these women as the focus of their symbolic expression. I propose that through the control of food, and thus the control of boundaries, women achieved spiritual union with Christ, through which they attempted to resolve the central issues of autonomy/dependency conflicts implicit in their being female within the medieval cultural context: they could paradoxically hold positions on both sides of the dependency relationship at once, be paradoxically virgin as well as lover, and paradoxically achieved fusion with Christ while maintaining, and even strengthening, an autonomous sense of self. This situation presents a mechanism for addressing these issues that, borrowing from Bynum, I will term "paradoxical symbiosis."<sup>24</sup> Through food, I propose, holy ascetics were able to enact, express, and to some degree resolve the central issues of the autonomy/dependence struggle, and the antecedent concerns of self and identity, through a specific cultural and ideological system.

### CONCLUSION

According to my model the female religious ascetics of the medieval period were *not* anorexics and bulimics. Anorexia and bulimia are two *possible* forms of the symbolic use of food for expressing concerns about the self, reflecting particular cultural values about thinness, autonomy, and identity. While many female ascetics do, indeed, appear to have exhibited "anorexic" and/or "bulimic" behavior patterns, and may have used food to address conflicts about the self that were similar in some ways to those of anorexic and bulimic women, they were not, I maintain, anorexics and bulimics, or even anorexics and bulimics "in disguise," as Bell suggests. It is here that the ideological systems of each behavior pattern become crucial. Anorexia and bulimia, it will be remembered, are expressed through a drive for thinness, which, in cultural terms, serves as a statement of success, autonomy, and independence, while paradoxically stripping the individual of these very qualities. As a result, the eating disordered woman becomes focused on such things as "calories," "weight," and "size," as these are all functions of the pursuit of the final goal: to be thin.

This is not what we find among female ascetics in the medieval period. While their *behaviors* may be similar to those of anorexic and bulimic women, the *ideational system* accompanying these behaviors, and the significance of these behaviors for the individual, appears to be quite different.<sup>25</sup> We find in the two groups, therefore, similar psychological concerns about autonomy versus dependence (impacted—and, indeed, constructed—in different ways by different cultural forces); a similar projection of this concern about the self onto the body, which serves as vehicle through which the conflict is enacted; and use of a common substance—food—to manage these conflicts. But, again, the way in which food behaviors are understood by the individual and the ultimate “goal” of these practices (and the significance of that goal) are unique products of the particular cultural context in which they are found. Thus, anorexia and bulimia, *by their very natures*, must not be used to describe all unusual food behaviors involving self-starvation or purging. The definitions of these illnesses, including “persistent overconcern with body size and shape” and “believing that one area of the body is ‘too fat,’ even when emaciated” (American Psychological Association 1987:63–64), reflect the particular metaphor of experience and expression in anorexia and bulimia, preventing the applications of these terms outside of this framework.

Bell's designation of the term “holy anorexia,” while provocative, is therefore misleading, as it projects our understanding (such as it is) of an illness that is highly culturally determined into another arena. This perspective implicitly inscribes our values and evaluations of women's behavior in the face of particular cultural, social, and psychological circumstances onto women whose arenas of experience were quite different.

At the same time, however, it seems that viewing cultural variation as an indication of characteristically different phenomena (as Bynum does) reflects a similarly restricted perspective. Rather than viewing medieval ascetics as expressing “anorexic concerns” through a religious metaphorical system, I would suggest instead that both groups may use food and their bodies in similar ways, but ways that cannot be defined as anorexic or bulimic in and of themselves. Such behaviors have acquired these definitions because of the system of symbols which is accessed by women in 20th-century Western industrialized society, where thinness becomes a meaningful arena of struggle. But if we dislodge ourselves

from the pathological model of eating disorders set forth by the western psychiatric community, the behaviors and experiences of medieval female ascetics and anorexic and bulimic women can, perhaps, become more illuminating. Taking the level of examination one step deeper—to the issues of self boundaries and identity, “me”/“not me” concerns, and the nature of food as a transitional substance—provides us with an entrance for understanding the relationships between the cultural system, unusual food practices, and the metaphor through which these practices are understood and experienced by the individual.

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## NOTES

1. These “symptoms” include rigid control of food intake, with increasing restriction of the amount and types of food “allowed”; extreme ritualization of the eating process; hyperactivity; denial of hunger; aversion to certain categories of food; refusing to eat, even when urged to do so due to medical necessity; binge eating (in some cases); vomiting, both voluntarily and involuntarily; and hyperconcern about food and eating, with constant ideation that one should eat less than one is presently eating.

2. I worked as an intake/assessment counselor at the Rader Institute in San Diego, CA, from September 1992 to March 1993.

3. See Lester 1993 for a full discussion of this framework.

4. For recent works on women and industry in the Middle Ages, see Bennett 1988, Dale 1989, Kowaleski and Bennett 1989, Labarge 1986 (particularly chapter 7), and Uitz 1988.

5. In addition to such often fatal diseases as measles, smallpox, and scarlet fever, the bubonic plague swept through Europe in the 14th century, claiming nearly two-thirds of the population.

6. Some wealthy women were able to send their children to wet nurses and did not nurse the babies themselves (cf. Gross and Bingham 1983). However, it remains the case that, regardless of the particular experiences of individual women, nursing was socially held to be representative of motherhood and of the mother-child bond (cf. Bynum 1987, particularly chapter 9).

7. Some exceptions are Francis of Assisi, Dominic, Richard of Chichester, and Vincent Ferrer. While known for their asceticism, many of these men were surpassed in austerity by their female followers (see especially the case of Francis of Assisi and his follower Clare).

8. Remember the striping of the identifiers of womanhood observed in anorexia and bulimia, and the importance of this in the rejection of the ascribed female identity. I propose that this binding of hips and breasts by medieval ascetics represents a similar reaction to the ascribed role of “woman” within medieval society and an attempt to escape from the constraints of this definition.

9. Some of the central sources of information about Catherine of Siena’s life, religiosity, and asceticism are the *Legenda Maior* by her confessor, Raymond of Capua (1863), and Catherine of Siena 1968, 1980a, and 1980b. On her letters see Catherine of Siena 1913–22 and 1988. For the prayers see Catherine of Siena 1978 and 1983.

10. On Veronica Giuliani see Fiorucci 1969–74, Giuliani 1976, and Minciotti 1980. On Teresa of Ávila see Teresa of Ávila 1674, 1893, 1902, 1961, 1979, and 1980. For works about Teresa by other authors see Auclair 1988, Bilinkoff 1989, and Clissold 1979. On Saint Thérèse of Lisieux see Thérèse of Lisieux 1949, 1975, 1976, and 1977; see also Beevers 1955 and Gorres 1959. On the life of Columba da Rieti see *Acta Sanctorum*, May, 5:319–398.

11. Here we find the case of a wealthy mother who did indeed nurse her own children when possible. We are told that Catherine's mother was reluctant to send Giovanna to a wet nurse and did so only out of necessity. This would seem to suggest that a mother's nursing of her own children was seen as the "proper" or "best" course of action, but that wealthy women had recourse to other options if the need (or desire) arose.

12. I found this also to be a common feature among many of the anorexic and bulimic women who presented themselves for treatment at the Rader Institute during my tenure there.

13. On Eustochia see Vaccari and Ansalono 1950. On her mystical passions see Terrizzi 1975.

14. For Umiliana de' Cerchi the basic text is "Vita beatæ Humilianæ de Cerchis," *Acta Sanctorum*, May, 4:385–418. On Margaret of Cortona see *Acta Sanctorum*, February, 3:304–363. On Angela of Foligno see Angela of Foligno 1932 and Doncoeur 1925.

15. On the life of Francesca Romana de' Ponziani see Armellini 1882; Lugano 1908, 1945; and *Acta Sanctorum*, March, 2:92–175.

16. It is interesting to note the similarity between this behavior and the "chew-spitting" performed by many modern anorexics and bulimics, in which food is chewed and then spit out without being swallowed.

17. The fundamental work on Catherine of Genoa's mystical practices is Hügel 1908; see also Catherine of Genoa 1896 and 1979.

18. On Clare of Assisi see Armstrong and Brady 1982, Clare of Assisi 1988, De Robeck 1980, Gigliozzi 1984, Pennacchi 1910, and Verino 1921.

19. On Colette of Corbie see *Acta Sanctorum*, March, 1:535–588, 600–618. On Ida of Louvain see *Acta Sanctorum*, April, 2, particularly pages 160–183. On Mary of Oignies see *Acta Sanctorum*, June, 5, particularly pages 551–571.

20. Including Agnes of Montepulciano, Beatrice of Nazareth, Hadewijch, Juliana of Cornillon, Margaret of Cortona, Mechthild of Magdeburg, Julian of Norwich, Teresa of Ávila, and Thérèse of Lisieux.

21. Mechthild of Magdeburg, for example, wrote the following:

I suckled the prophets and sages, before God was born. Later on, during my childhood, I suckled Jesus, and during my youth I suckled God's Bride, holy Christianity, at the cross, and I became emaciated and miserable at the thought that the sword which inflicts physical pain should cut Jesus spiritually in my soul. [1991:1.22]

22. Mary, too, is seen as a nursing figure in some visions, but as a woman, and as the representation of the prototypical "mother," this role is not necessarily unusual. Christ's masculinity, however, would seem to suggest that visions of nursing from his breast or wounds warrant further investigation. In addition, since the "goal" for these ascetics was union with Christ, I will concentrate specifically on his role in the visions of the ascetics.

23. See note 17 for works about and by Catherine of Genoa.

24. This is similar in some ways to the paradox found among contemporary anorexics and bulimics: through food behaviors they are attempting to establish independence. However, *because* of these behaviors, they become wholly dependent on others.

25. The work of Caroline Giles Banks (1992) raises some interesting issues here. Her research investigates contemporary women, diagnosed as having anorexia, but who understand and experience their illnesses through a religious medium—much like what was seen in medieval female ascetics. Are, then, these contemporary women truly anorexic? Although

I do not have enough information on the women interviewed by Banks to draw a definite conclusion, the possibility must be examined that self-starvation behaviors, *even within a contemporary context*, might not be anorexia in the traditional sense. This opens up a number of intriguing possibilities for future research and has, perhaps, implications for more successful treatment strategies as well.

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