different responses to life than those made by our parents, we need to be sensitive to our place in history and evaluate our responses in light of this time and place and the contemporary human condition.

Many people form non-traditional relationships. For example, a widowed or divorced person may choose to live with a partner outside of marriage. In addition to non-traditional heterosexual relationships, parishes may be concerned with homosexual relationships in their midst. Some parishes are exploring what it means to minister to, love, and welcome into communion those in non-traditional relationships.

[Social History]

THE ORIGINS OF ANOREXIA NERVOSA

From Fasting Girls: The Emergence of Anorexia Nervosa as a Modern Disease, by Joan Jacobs Brumberg, published by Harvard University Press. Brumberg is a professor of history and women's studies at Cornell University.

Contrary to the popular assumption that anorexia nervosa is a peculiarly modern disorder, the malady first emerged in the Victorian era—long before the pervasive cultural imperative for a thin female body. The first clinical descriptions of the disorder appeared in England and France almost simultaneously in 1873. They were written by two well-known physicians: Sir William Withey Gull and Charles Laçgue, more than any other nineteenth-century doctor, captured the rhythm of repeated offerings and refusals that signaled the breakdown of reciprocity between parents and their anorexic daughter. By returning to its origins, we can see anorexia nervosa for what it is: a dysfunction in the bourgeois family system.

Family meals assumed enormous importance in the bourgeois milieu, in the United States as well as in England and France. Middle-class parents prided themselves on providing ample food for their children. The abundance of food and the care in its preparation became expressions of social status. The ambience of the meal symbolized the values of the family. A popular domestic manual advised, "Simple, healthy food, exquisitely prepared, and served upon shining dishes and brilliant silverware... a gentle blessing, and cheerful conversation, embrace the sweetest communions and the happiest moments of life." Among the middle class it seems that eating correctly was emerging as a new morality, one that set its members apart from the working class.

At the same time, food was used to express love in the nineteenth-century bourgeois household. Offering attractive and abundant meals was the particular responsibility and pleasure of middle-class wives and mothers. In America the feeding of middle-class children, from infancy on, had become a maternal concern no longer deemed appropriate to delegate to wet nurses, domestics, or governesses. Family meals were expected to be a time of instructive and engaging conversation. Participation was expected on both a verbal and gustatory level. In this context, refusing to eat was an unabashedly antisocial act. Anorexic behavior was antithetical to the ideal of bourgeois eating. One advice book, Common Sense for Maid, Wife, and Mother, stated: "Heated discussion and quarrels, fretfulness and sullen taciturnity while eating, are as unwholesome as they are unchristian."

Why would a daughter affront her parents by refusing to eat? Lasègue's 1873 description of anorexia nervosa, along with other nineteenth-century medical reports, suggests that pressure to marry may have precipitated the illness.

Ambitious parents surely understood that by marrying well, at an appropriate moment, a daughter, even though she did not carry the family name, could help advance a family's social status—particularly in a burgeoning middle-class society. As a result, the issue of marriage loomed large in the life of a dutiful middle-class daughter. Although marriage did not generally occur until the girl's early twenties, it was an event for which she was continually prepared, and a desirable outcome for all depended on the ability of the parents and the child to work together—that is, to state clearly what each wanted or to read each other's heart and mind. In the context of marital expectations, a daughter's refusal to eat was a provocative rejection of both the family's social aspirations and their goodwill toward her. All of the parents' plans for her future (and their own) could be stymied by her peculiar and unpleasant alimentary nihilism.

Beyond the specific anxieties generated by marital pressure, the Victorian family milieu in America and in Western Europe harbored a mélange of other tensions and problems that provided the emotional preconditions for the emergence of anorexia nervosa. As love replaced authority as the cement of family relations, it began to generate its own set of emotional disorders.

Possessiveness, for example, became an acute problem in Victorian family life. Where love between parents and children was the prevailing ethic, there was always the risk of excess. When
love became suffocating or manipulative, individualization and separation from the family could become extremely painful, if not impossible. In the context of increased intimacy, adolescent privacy was especially problematic: For parents and their sexually maturing daughters, what constituted an appropriate degree of privacy? Middle-class girls, for example, almost always had their own rooms or shared them with sisters, but they had greater difficulty establishing autonomous psychic space. The well-known penchant of adolescent girls for novel-reading was an expression of their need for imaginative freedom. Some parents, recognizing that their daughters needed channels for expressing emotions, encouraged diary-keeping. But some of the same parents who gave lovely marbled journals as gifts also monitored their content. Since emotional freedom was not an acknowledged prerogative of the Victorian adolescent girl, it seems likely that she would have expressed unhappiness in non-verbal forms of behavior. One such behavior was refusal of food.

When an adolescent daughter became sullen and chronically refused to eat, her parents felt threatened and confused. The daughter was perceived as selffully manipulating her appetite the way a younger child might. Because parents did not want to encourage this behavior, they often refused at first to indulge the favorite tastes or caprices of their daughter. As emaciation became visible and the girl looked ill, many violated the contemporary canon of prudent child-rearing and put aside their moral objections to pampering the appetite. Eventually they would beg their daughter to eat whatever she liked—and eat she must, “as a sovereign proof of affection” for them. From the parents’ perspective, a return to eating was a confirmation of filial love.

The significance of food refusal as an emotional tactic within the family depended on food’s being plentiful, pleasing, and connected to love. Where food was eaten simply to assuage hunger, where it had only minimal aesthetic and symbolic messages, or where the girl had to provide her own nourishment, refusal of food was not particularly noteworthy or defiant. In contrast, the anorexic girl was surrounded by a provident, if not indulgent, family that was bound to be distressed by her rejection of its largess.

Anorexia nervosa was an intense form of discourse that honored the emotional guidelines that governed the middle-class Victorian family. Refusing to eat was not as confrontational as yelling, having a tantrum, or throwing things; refusing to eat expressed emotional hostility without being flamboyant. And refusing to eat had the advantage of being ambiguous. If a girl repeatedly claimed lack of appetite she might indeed be ill and therefore entitled to special treatment and favors.

In her own way, the anorexic was respectful of what historian Peter Gay called “the great bourgeois compromise between the need for reserve and the capacity for emotion.” The rejection of food, while an emotionally charged behavior, was also discreet, quiet, and ladylike. The unhappy adolescent who was in all other ways a dutiful daughter chose food refusal from within the symptom repertoire available to her. Precisely because she was not a lunatic, she selected a behavior that she knew would have some efficacy within her own family.

[Oral History]

ELVIS SPEAKS!

From Elvis After Life: Unusual Psychic Experiences Surrounding the Death of a Superstar, by Dr. Raymond A. Moody Jr., published by Peachtree, in Atlanta. Moody interviewed people who claimed to have been visited by Elvis since his death in August 1977. Below is the account of Hilda Weaver, a clinical psychologist.

I met him once when I was a young child. Actually what happened was he walked by me. He looked down at me, held up his hand in a wave, and said, “Hi, honey.” There I was, a little kid, and all of a sudden a man who I imagined was passionately desired by half of the women in humanity was actually talking to me in an affectionate way. What a thrill!

I was not that much of an Elvis fan, really. Up to the time I had this experience, I had only seen a couple of his movies. I have about half a dozen of his albums, I guess. I was never obsessed by Elvis the way so many people my age were. I have always been a serious type. Always studying, always interested in my work, which is psychology. Academic studies were my life.

That’s why it was so surprising to me when I was visited by Elvis Presley. Now, you have to realize, I have no interest in things like ghosts or ESP. I had always been very narrow-minded about the human mind. I thought that stuff was all imagination or suggestibility.

This is what happened. I was in my office one evening, writing an article for a professional journal, and I looked up and Elvis Presley was sitting across from me, in the comfortable tan chair where my clients usually sit. As I realized who he was and sensed the overwhelming kindness that just lingered in the atmosphere around the man, I could tell that he thought that all was not well with me. This was surprising be-