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LETTERS TO THE EDITORS

Eating disorders are described as "psychosomatic passions" in the Christian Patristic Tradition

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Eating disorders (ED) are mental health disorders defined by abnormal eating habits that negatively affect a person's physical or mental health. Bulimia nervosa (BN) and binge eating disorder (BED) are classified as overeating disorders (OD) and are associated with food addiction (FA), a behavioral addiction (not officially included as such in the DSM-5) characterized by compulsive consumption of palatable foods, despite its adverse consequences.[1-3] However, the existence and description of persons with ED or OD is not new. It is noteworthy that the Christian Patristic Tradition, centuries before the dawn of psychiatry, had included abnormal eating behaviors among the "psychosomatic passions," i.e., bad habits which destroy the human body and soul and are created through multiple repeated falls into sin which urge the individual to commit the particular sin more and more.[4,5] In other words, the ecclesiastical term "passion" to a certain degree embodied the meaning of the modern medical term "addiction."

Saint Dorotheus of Gaza (c. 505-565 AD), known as Abba Dorotheus, had separated the abnormal eating behaviors into two categories: "binge eating" (Greek: γαστριμαργία) and "gluttony" (Greek: λαιμαργία).[5] Although, in his view, these two categories were psychosomatic EDs motivated by the achievement of pleasure, the first category was characterized by an irrepressible morbid craving for consuming food beyond bodily needs, loss of control when eating, and continued consumption despite negative consequences (repeated overeating episodes), while the second category was characterized by a morbid desire for consuming palatable foods prepared with great care.[5] Saint John Climacus (c. 579-649 AD), also known as John Sinaites, defines "γαστριμαργία" as "hypocrisy of the stomach, for when it is glutted it complains of scarcity, and when it is loaded and bursting it cries out that it is hungry."[6] He further characterizes it as "the deviser of seasonings, the source of sweet dishes, the father of fornication" and other passions, such as hardness of heart, sleepiness, laziness, and so on. He considered the nature of food as the doorway to this passion; habit as the cause of its insatiability; and repeated habit, insensibility of soul, and forgetfulness of death as its foundations.[6] The same author also suggested tricking the resourceful abdomen by denying ourselves fatty foods initially, then the savory foods, and finally the palatable foods, but notes that "some who were servants of their stomach have cut their members right off, and died a double death" (probably referring to limb amputations in gluttonous persons who were obese diabetic patients).[6] In modern medicine, the constant pursuit of pleasure through eating large amounts of food beyond bodily requirements (hedonic overeating, hedonic hyperphagia, or hedonic polyphagia), or through consumption of hyperpalatable foods, could be interpreted by the activation of the reward system (mesolimbic pathway) which regulates cognitive processes and plays a central role in the neurobiology of addiction.[2]

Based on the above, according to the Christian Patristic Tradition, one could place all known modern EDs which are characterized by repeated overeating episodes (e.g., BN, BED) under the umbrella term of "γαστριμαργία," and those characterized by a morbid desire for consuming palatable foods (e.g., FA), under the umbrella term of "λαιμαργία." However, as "passions", all EDs in the Christian Patristic Tradition are motivated by the achievement of pleasure. It is remarkable that the Bible advises against excessive food consumption, i.e., beyond bodily requirements (see Wisdom of Sirach 18:30-32, 31:12-18, 37:29-31; Proverbs 23:1-3, 23:20-21, 25:16; Luke 21:34-36; Philippians 3:17-19). Also, the story of the Israelites who died from cholera in the Wilderness of Paran because of their excessive consumption of quails sent by God in response to their craving for meat to achieve the same pleasure from food they had experienced in Egypt as slaves, and which "manna" no longer offered them (see Numbers 11:4-13.31-35), reveals the deadly short-term consequences of hedonic overeating.[7] Finally, the priest Eli's two sons, Hophni and Phinehas, were punished by death by God for their gluttony (see 1 Samuel 2:12-17.34, 4:11).

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Burnout in psychiatry residents: the role of relations with peers, preceptors, and the institution

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Physicians have a higher prevalence of mental health problems compared to the general population. The prevalence of burnout in residents has been reported to range between 25 and 75%, and burnout has been associated with increased medical errors, suboptimal care of patients, and reduced empathy.[1,2] Despite current knowledge about the problem and several interventions implemented to date, rates are still rising, with some authors now talking of a burnout epidemic.[3]

The aim of this cross-sectional study was to evaluate the association between burnout and perceived relations with preceptors, peers, and the institution. Approval was obtained from the local ethics committee (protocol 70231 617.6.0000.5327). All psychiatry residents from a city in the South of Brazil were invited (n=87), and 66 (76%) agreed to participate. A sociodemographic questionnaire was administered, burnout symptoms were evaluated by means of the Maslach Burnout Inventory (MBI), and relations by means of the Work Environment Evaluation Instrument (WEEI).[4,5]

The mean age of the participants was 28.3±3.1 years, and 53% were male. According to the cutoff point most frequently used in the literature, 55 participants (83.3%) would be classified as meeting the burnout criteria: 47% were positive for emotional exhaustion (EE), 62.1% for depersonalization (DP), and 69.7% for personal accomplishment (PA). Relations with preceptors, the institution, and peers all correlated with EE and DP (Table 1). The items most correlated with EE were "I feel that I am always short of what the preceptors expect of me" (r_s = 0.53; $p < 0.001$), "I feel more pressured than helped by my preceptors" (r_s = 0.43; $p < 0.001$), and "I feel a collaborative climate in my institution" (r_s = -0.39; p = 0.001). DP correlated more with the items "I feel a collaborative climate in my institution" (r_s = -0.47; $p < 0.001$), "I feel like I belong to my institution" (r_s = -0.46; $p < 0.001$), and "I feel more pressured than helped by my preceptors" (r_s = 0.43; $p < 0.001$). PA correlated with the relationship with peers and the institution (Table 1). The items most correlated with PA were "I feel like I belong to my institution" (r_s = 0.33; p = 0.007), "I feel a collaborative climate in my institution" (r_s = 0.32; p = 0.008), and "My colleagues are not my friends" (r_s = -0.28; p = 0.024).

These findings highlight potentially modifiable institutional factors as a way to face the rising rates of burnout among health professionals and emphasize the need for further investigations on the subject. Interventions aimed at improving the quality of relations within institutions may have great potential for reducing burnout rates and mental health problems in physicians and other health professionals, as well as improving their well-being.

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Table 1 Correlations (Spearman's rho) between WEEI and burnout dimensions

	WEEI peers	WEEI preceptors	WEEI institution
Emotional exhaustion total	0.337*	0.558*	-0.428*
Depersonalization total	0.327*	0.481*	-0.457*
Personal accomplishment total	-0.280†	-0.180	0.351*

WEEI = Work Environment Evaluation Instrument.
* Significant at $p < 0.01$.
† Significant at $p < 0.05$.