Impact of Anorexia Nervosa - A Social Work Perspective in the Indian Context

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Abstract

Anorexia nervosa is one of the psychiatric disorders which has the highest mortality with a prevalence rate of 37.2/100000 in young women and an average age onset of 15 years in India. Since anorexia nervosa is considered as a socio-cultural syndrome, it is mandatory to enquire into its existence in the Indian context.

The paper has reviewed research articles on anorexia in the Indian context and analyzed the social work perspective in this phenomenon as well as the influence of social and family factors in the onset of this disorder.

The recent studies indicate that due to cultural transformation this disorder is also prevalent in developing countries like India. In this study, previous researches on anorexia in India are discussed and reported that there is an increase in the incidence of this disorder particularly among Indian adolescent and young adult females.

Keywords: *Anorexia Nervosa, Adolescents, Prevalence, Role of Family, Socio-Cultural Factors*

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Background

Eating is considered as one of the significant determinants of health and an important factor in one person's lifecycle. Kiran, Dhadda, Singh, Singh, and Singh(2017) say that eating attitude is a vital term associated with the process of a healthy life and one of the important aspects to be discussed. It is mainly because of this, seeing one's eating attitude through different approaches such as cultural, psychological and social become necessary. This points to the fact that social and psychological components can be included in the determinants of eating attitude and can be believed that food choices have connection with cultural determinants. It is in this background that the term 'Anorexia Nervosa' gets its importance.

Diagnostic Criteria for DSM-5 Eating Disorders (Stice, Marti & Rohde, 2012, p. 3)

Anorexia Nervosa	• Body mass index less than 85% of the median expected for age and gender • Definite fear of weight gain more than 75% of the days for at least 3 months • Weight and shape were / are one of the main aspects of self -evaluation
Bulimia Nervosa	• At least four uncontrollable binge eating episodes per month for atleast 3 months • At least four compensatory behaviour episodes per month for atleast 3 months • Weight and shape are definitely one of the main aspects of self evaluation
BingeEating Disorder	• Atleast four uncontrollable binge eating episodes /day per month for atleast three months • Less than one compensatory behaviour on average per month during this period • Marked distress about binge eating

Diagnostic Criteria of Eating Disorders in ICD-10

WHO (2016) has described eating Disorders as Anorexia Nervosa, Atypical Anorexia Nervosa, Bulimia Nervosa, Atypical Bulimia Nervosa, Overeating associated with other psychological disturbances and Vomiting associated with other psychological disturbances in chapter V of ICD-10

Sharan and Sundar(2015)say in the study that anorexia nervosa is a type of eating disorder. Eating disorders are associated with eating behaviours, associated thoughts, attitudes, and emotions and results in physiological impairment. Upadhyah, Misra, Parchwani and Maheria(2013) characterize anorexia with disordered eating behaviour and attitude on weight and shape as well as disturbance in the perception of body image. Anorexia is one of the most common psychiatric disorders among women and one of the top ten leading causes of disability in females. The dangerous aspect in anorexia is that globally it has the highest levels of suicide attempts and mortality among all other psychiatric disorders.

WHO (2016) describes the term 'anorexia nervosa'as a disorder which is characterized by deliberate weight loss, induced and sustained by the patient. The term was originated from the Greek term for 'loss of appetite' and also from a Latin term implying nervous origin. It occurs most commonly in adolescent girls and young women, but adolescent boys and young men can also be its victims. This is a disorder associated with a clear psychopathology of dread of fatness and flabbiness of body contour, which persists as an intrusive overvalued idea and the patients impose a low weight threshold on themselves. There is usually under nutrition of varying severity with secondary endocrine and metabolic changes and disturbances of bodily functions. The symptoms include restricted dietary choice, excessive exercise, induced vomiting and purgation, and use of appetite suppressants and diuretics.

Mohandoss(2016) reports that a survey on Eating Disorders since 1995 from India indicates to the increasing incidence and prevalence of eating disorders particularly anorexia nervosa, among Indian adolescents. It can be mainly an after effect of the economic changes, rapid urbanization, and increased women participation in the work-force, globalization, and targeted advertisements. Against this background, this paper analyses the

term 'anorexia' in the Indian context along with its socio-cultural contributors.

Materials and Methods

The paper followed the narrative type of review and since the literature on this area in the Indian context is relatively sparse, all types of research studies were included. This helped to get a true picture of the research landscape. The researcher did an electronic search to select the articles. This included MEDLNE, Google Scholar, PsycINFO, SCORPUS and Research Gate to recognize relevant peer-reviewed English language articles. Towards this end, the researcher used a combination of the following terms: Anorexia Nervosa, Indian Context, Prevalence, Social Work Perspective, Social Factors and Familial Factors.

The researcher selected research studies in the Indian context with the objective of knowing the impact of the term 'anorexia nervosa' in Indian literature, and identified studies from international context also to identify the socio- familial factors contributing to this from a social work perspective. The full text of the articles was retrieved electronically. The retrieved articles were manually screened according to the objectives and selected potentially relevant articles.

Anorexia Nervosa in Indian Context

Countries which undergo rapid changes in economic and cultural aspects are at high risk in psychiatric morbidity in general. Among these eating disorders anorexia has a major impact. "Anorexia is an alarming" disease. But cases of anorexia nervosa were negligent in India even before two decades. But psychiatrists are claiming that the statistics is increasing five to ten times in India in the last few years. Chandra, Abbas and Palmer (2012) state that eating disorders in general can be considered as representative of cultural transition and specifically anorexia is shaped by social and cultural phenomena.

Khandelwal, Sharan, and Saxena (1995) reported four case studies and all the cases were Indian adolescent girls within the age group of 15 to 22 years. The various factors contributing to the onset were highly related to familial and social factors like single parenting, academic aspirations and difficulties. This points to the changing environmental factors as contributors

of anorexia nervosa among adolescent girls. Mohandoss(2016) explained the data regarding the prevalence of anorexia among Indian adolescent population as 332906.6 with high predominance of female population over male population. The prevalence rate among male is 10/100000, whereas for females it is 37.2/100000. The combined general burden is calculated as 22.3/100000. Upadhyah et al., (2014) supported the scenario with the study findings that multiple psycho-social factors contribute to the vulnerability of disordered eating and unhealthy weight control measures among Indian adolescent population, especially girls. Das and Ashok (2018) invited the attention of researchers from urban and rural areas of India with regard to the presence of anorexia among adolescent girls by presenting case studies. The findings of the study say that anorexia, an urban concept, is seeping into the rural areas of India. The reason was found that Indian culture itself contributes to the development of anorexia since the emphasis on body image on female gender is prevalent in India.

It can be observed that even though the term is familiar to Indian research scenario, there is a lack of large - scale literature on anorexia in India. Nivedita, Sreenivasa, Rao, and Malini (2018) state that Indian studies are either incomplete or limited in this area because of the deficiency in standard diagnostic techniques, that can be applied among the Indian adolescent population for the efficient detection of anorexia nervosa. Mammen, Russell, and Rusesell (2007) mention that the prevalence of eating disorders, specifically anorexia nervosa in non - western countries is lower but seems to be increasing. While considering situations in India, things are going in two directions, like on one hand, there is an increasing recognition of eating disorders within the multi - cultural Indian population, and on the other hand the culture bound syndrome of eating disorders is alien to India.

Socio-Familial Factors on Anorexia

Keel and Klump (2003) specified the role of socio-familial factors on the development of anorexia, since this syndrome is more prevalent in industrialized and western culture and more common in females. It is discussed in various studies that people with anorexia face social difficulties in some social life situations like social network, trouble in regulating emotions in some social settings etc. The Emily Programme (2018) observed

that social difficulties such as perfectionism, bullying, and loneliness act as maintenance factors in anorexia nervosa among adolescents.The development of anorexia has many influencing factors such as social, cultural, familial and psychological. Among this, familial and socio-cultural factors are the areas of special focus that has to be represented.

Cunha, Relvas, and Soares (2009) studied family relationships and anorexia nervosa in their study "Anorexia Nervosa and Family Relationships: Perceived Family Functioning, Coping Strategies, Beliefs and Attachment to Parents and Peers," and stated the presence of dysfunctional transactional family patterns in the development of anorexia nervosa. One of the major findings the study put forth was the relationship of anorexia with early mother-child relationships and failure to develop autonomy from parental bond. Polivy and Herman (2002) give more strength to the argument by stating in their study "Causes of Eating Disorders" that the families of anorexic patients can be intrusive, hostile and negating with the patient's emotional needs. Cernigliaa et al., (2017) suggested in the study that the incidence of anorexia in early adolescence has clear connection with specific maladaptive family functioning and individual vulnerability and this statement is based on the transactional theoretical frame work of anorexia nervosa. Grange, Locke Loeb and Nichollas (2009) explained the historical roots regarding the familial influence in anorexic occurrence. According to their findings, it was in the 19th century that the importance of family support and the role of parental interaction in the child's development, especially in accounts with the incidence of anorexia nervosa, was discussed for the first time. Wozniak, Rekleitie and Roupa (2012) discussed the importance of family by quoting the fact that anorectic individuals are from families, which may have lost one close member, or the vulnerable individuals may be sexually abused during their childhood and may have common characteristics of low self - esteem, feelings of shame, negative attitude and impaired emotion regulation.

Carey (2005) considers family as one of the main socialization agents, majorly with the case of gender. Social learning theories give more strength to the aspects that, the role of family, especially parents, in the development of an individual's identity. The author also mentions very clearly that the external factors contribute or affect anorexia, and among adolescents, the

role of family has to be mentioned. Family is the most pervasive social institution that plays a significant role in an individual's socialization and healthy emotional development. Alam (2017) indicates that type of family plays a great role in the incidence of any emotional disturbance among adolescents. Chandra et al., (1995) have presented three case studies which convey the fact that anorexia as a symptom as well as a syndrome can perform often as a manifestation of family pathology and the family can be affected as a consequence or a maintaining factor in the patient's problem.

Generally, eating disorders are considered as a culture bound syndrome. Prince (1985) defined a culture-bound syndrome as "a collection of signs and symptoms (excluding notions of cause) which is restricted to a limited number of cultures primarily by reason of certain of their psychosocial features". With this definition, he proposed that anorexia nervosa might represent a culture-bound syndrome. Chadda, Malhotra, Asad, and Bamberry (1987) specified that socio - cultural factors have a significant role in the development of anorexia nervosa and suggests the reason behind anorexia is more common among females as the heightened of professional demands and to maintain the traditional standards of attractiveness. Keel and Klump (2003) remarked that the westernized idealisation of thinness is a common etiological factor of anorexia nervosa. Chadda, Malhotra, Asad and Bamberry (1987) observed that the cultural expectation to be thin is directing adolescent girls towards the belief of contemporary thinking that thinness is always taken as a symbol of beauty and success. The dual pathway model proposed by Matera and Czepczor (2017) clearly says that internalization of the thin-ideal contributes to body satisfaction and also hypothesize that high family, media, and peer pressure contribute to increased level of body dissatisfaction.

Burbatch (2014) opined that anorexia is a difficult phenomenon to explain and difficult to treat also. The author clearly proposed three aspects in the development and maintenance of this disorder as threat of exclusion, threat of starvation, and threat of eating. Among these factors, threat of exclusion had clear roots towards the social relationships of the individual. Kucharska, Jeschke and Mafi (2016) stated that individuals with anorexia seem to be socially withdrawn and have only smaller social networks, less social interactions and reduced number of close friend circles. This evidence

leads to the point of social aspects associated with anorexia which needs to be addressed. Adenzato, Todisco and Ardito (2012) explained the concept of social cognition and analyzed the level of social cognition among anorectic individuals. They defined social cognition as the ability to construct mental representations of the relations that exist between one self and others, and to flexibly use this to function efficiently in one's social environment. It was found that the anorexic individuals' social cognition is worse than of healthier ones. Matera and Czepczor (2017) put forward the dual path way model of eating pathology that gives more strength to the argument of cultural and family influence on anorexia by saying the mixture of socio, cultural dietary and affect regulation aspects of anorexia nervosa. This theory hypothesises that high pressure of family, media and peer ends in increased body dissatisfaction. Banks (1992) indicates that the persons with anorexia are from families which have traditional gender roles and relations. In the another side social science researches on the cultural proclamation of anorexia nervosa primarily aimed at women who are maintaining thin ideal as central standards of beauty. This assumes to the cultural focus on dieting and thinness.

Socio - cultural Theory of Anorexia Nervosa

Hsu (1988) paved the way to the socio-cultural theory that states about the influence of socio-cultural factors by giving evidences:

1. The high emphasis on slimness of women;
2. The changing role of women in a changing society; and
3. The vulnerability of upper social class adolescent girls.

Attie, Gunn and Peterson (1990) emphasized the significance of socio - cultural factors in the occurrence of anorexia. The authors explained the concept from a historical point of view that the trend of developing anorexia nervosa had cultural ideological background. This happened mainly because of the preoccupation with weight and shape, particularly among middle class and upper middle class families either from western culture or western influenced cultures.

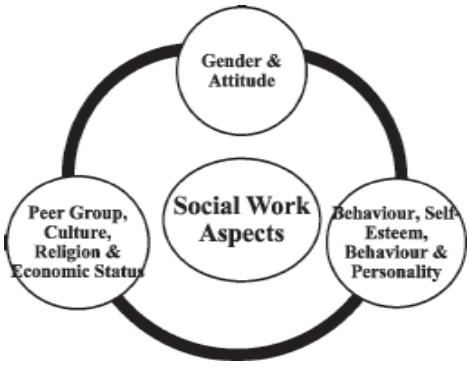
Iancu, Spivak, Ratzoni, Apter and Weizman (1994) discussed the socio -cultural factors in the occurrence of anorexia by proposing a socio

cultural theory. This theory says that it is not compulsory that all women, who are exposed to socio cultural pressure will be vulnerable to anorexia nervosa. But anorexia nervosa has clear cultural roots that include image related careers, less acceptance in equality of sexes, and attitude of rejection on motherhood suggesting that anorexia nervosa can be a culture bound syndrome. The incidence of anorexia nervosa commences at the age of fifteen and this increases as per the socio - economic strata, and the habit of giving designation to food as 'good' and 'bad' will be the magical beliefs. This theory says women always equate attractiveness with slimness and their role diffusion increases the feeling of insecurity and it intensifies the struggle for perfection and control. The socio cultural theory states that socio cultural factors are clearly involved in the development of anorexia nervosa, and in females' attractiveness always goes with slimness. Along with this, the cultural heritage of sexual inequality is one of the responsible factors for the development of anorexia in women.

Management of Anorexia based on Social Work Perspective

Morris and Twaddle (2007) believed that anorexia nervosa can be considered as a coping mechanism for developmental challenges, transitions, family conflicts, and academic pressures. Thus, the major precipitants of anorexia nervosa are the onset of puberty and adolescence. This statement points towards the role of social work in the management of anorexia nervosa since it is combined with familial and social factors.

Figure 1: Social Work Dimensions in the Management of Anorexia



(Self-derived from the literature reviewed)

From the articles reviewed, it was observed that social work has a relevant role in the management of this disorder with various dimensions. Gender, adolescents' attitude, self- esteem, behaviour and personality, peer group influence, socio, economic, and religious aspects are the major dimensions where social work profession can intervene.

Munro, Randell and Lawrie (2006) ;Roychowdurry (2011); and Zuroff et al., (2007) describe that the Maslow's Hierarchy of Needs can be taken as a guide for social workers to intervene in this issue. Since anorexia nervosa is considered as a severe psychological, social as well as physical illness, the physical, social and psychological needs have to be considered. Social work professionals can develop a need- based framework which is highly suitable in the management of anorexia nervosa in order to understand the need based behaviour of persons with anorexia nervosa. The major social and psychological components while framing can be emotional safety, control and competence, and nurturance and acceptance, while the physical components can be physical safety, activity, nutrition and rest.

Attie, Gunn and Peterson (1990) say that the theories on family have conceptualized anorexia nervosa as a syndrome that maintains an illusion of harmony and perfection and avoids conflicts in the psychosomatic families and identified five predominant characteristics in the interaction pattern among family members with an anorectic member as enmeshment, over protectiveness, rigidity, lack of conflict resolution and unresolved marital conflict. This leads to the significant role of social work professionals in the management of this issue.

Wolfson, Woodside and Lockstorm(1997) refer that the major contribution from the social work profession in this area is family therapy. Barret and Schwartz (1987) proposed a three part model of family therapy which is based on structural and strategic schools of family therapy. Pisetsky, Utzinger, andPeterson(2016); Lock, Agras, Bryson and Kraemer(2005) state that since 1970's, family therapy is considered as one of the most accepted treatment for people with anorexia nervosa but the recent trends indicate that though some family characteristics have influence, it is not the cause of occurrence of this disorder. The Royal Australian and New Zealand College of Psychiatrists (2009); and Fishman (2015) point to another area of social

work intervention in the management of anorexia nervosa, that is psycho education. This works fully on the principle of listening to the client's information needs and readiness and makes sure that he or she is fully informed so that the client can take care of his or her health.Apart from this, social work professionals can do narrative therapy and motivational enhancement therapy which has emerging popularity in the application of motivational interviewing in the treatment of anorexia nervosa

From all the literatures reviewed, it is evident that the role of family influences the development as well as maintenance of anorexia and further it leads to individual factors of vulnerability. Balottin, Mannarini, Mensi, Chiappedi and Gatta (2017) state the changing role of family. The authors say that there is a shift of the family functioning, which has moved from the potential etiological role in the maintenance of anorexia to the facilitating role of the treatment of anorexia nervosa. So, it can be summarized that the evidence based treatment is an appropriate tool in the management of anorexia nervosa; it can be family- based systematic intervention or individual therapy. It can be represented as

:**Figure 2: Management of Anorexia**

(Self-derived from the literature reviewed)

Conclusion

Anorexia nervosa is considered as one of the life threatening psychiatric conditions. This disorder is pervasive among adolescence, particularly girls, and even though the root cause of this disorder is not clearly identified, it is proved that anorexia nervosa develops on the basis of specific social, psychological, biological, and familial context. And in today's context, modern technologies such as social media add to the phenomena. In the Indian scenario, studies on this area are lacking, and this creates lack of perception on this disorder among general public compared with other psychiatric disorders. In some cases people are not willing to disclose the situation that they suffer on fear of discrimination. This represents the dangerous situation where people suffering this syndrome will be under pressure both in dealing with the condition as well as hiding it from others.

The studies reviewed show that abnormal eating behaviours and weight concern is prevalent among the adolescent population, and some studies indicate that it is almost near to that of the western population. Social workers can play a relevant role in the prevention and management of anorexia nervosa. Social workers can conduct group awareness programmes among the general adolescent population about the need of following a balanced healthy diet pattern. Specifically, in the Indian context, creating awareness on this disorder is of high significance. The research on anorexia nervosa in the Indian scenario gives a unique opportunity for future researchers to test the role of cultural and social factors in the incidence of anorexia nervosa. Future researches in this area will help in knowing the psycho physio pathology of this disorder and aid in preventive and therapeutic planning.

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