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Anorexia Nervosa and gender: a comprehensive interdisciplinary approach; Part 1 – Historical, epidemiological, clinical, and familial aspects

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Abstract

This study was performed in order to broaden the understanding of anorexia nervosa as a paradigmatic condition among eating disorders, considering the principle that individual and collective factors are fundamental in the construction of health and disease phenomena. The study is divided into three parts; in this one – the first - historical, etiologic, epidemiologic and clinical aspects are discussed; in the second part, the discussion involves the contributions of Psychology, Anthropology and Sociology, also in an interdisciplinary arrangement, as well as the third part - which concludes the study - presents a theoretical essay on the use of some homeopathic medicines applicable to the treatment of anorexia nervosa, considering the Law of Similarity of the Homeopathic Doctrine. A bibliographic review was performed over the state of the art of the clinical condition anorexia nervosa, using the PubMed search platform. Although each part of the study has an independent context, the reader will benefit from reading and understanding the three parts, since the interdisciplinary arrangement reinforces the understanding of the subject studied in its general and specific aspects. The first part is presented with emphasis on the etiological, epidemiological, clinical and familial aspects of the disorder, but always emphasizing the interaction with social determinants in the genesis of anorexia nervosa. It is concluded that interdisciplinary studies are necessary and can broaden understanding over the genesis of human suffering – as occurs in the clinical condition anorexia nervosa - thus bringing patients closer to the most effective therapies, in a holistic perspective.

Keywords: Eating Disorders; Anorexia Nervosa; Medicine; Psychology; Anthropology; Sociology

1. Introduction

The Biblioteca Virtual em Saúde (Virtual Health Library) of the Ministério da Saúde - Brasil (Ministry of Health - Brazil) - through Descritores das Ciências da Saúde (Health Sciences Descriptors) - defines as follows:

Allopathy: name given to conventional medicine therapy.

Therapeutics: procedures with an interest in the curative or preventive treatment of diseases.

Psychosomatic Medicine: System of medicine that aims to discover the exact nature of the relationship between emotions and body functions, affirming the principle that the mind and body are a unit.

Homeopathic Medicine is presented as the one systematically founded by Samuel Hannemann from the final years of the 19th century; its scientific methodology was based on experimentation in healthy men, with the application and confirmation of the principle that similar cures similar, that is: the principle present in the medicine capable of producing specific symptoms in healthy men is the same principle capable of curing these symptomatic manifestations in the sick man (1).

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The *illness*, according to the homeopathic doctrine, is considered as a result of the disturbance of the vital energy, and the curative action of the medicine must be processed by producing the reaction of this energy towards the recovery of balance and organic harmony.[1].

Psychosomatic Medicine advances in understanding the manifestations of the various human health disorders, signaling that psychic conflicts that are not sufficiently elaborated or resolved in the psycho-emotional dynamics tend to "precipitate" in the body, as a form of "compensation" for the tension generated by the energy used to deal with the disorder. Thus, this epistemological approach brings the understanding of the human being as a psychophysical unit, with its peculiarities of emotions, conflicts, complexes, genetic determinants, and environmental factors - with emphasis on interpersonal relationships in the micro and macro social spaces [2–4].

In an increasingly complex society, there are clinical conditions with a relevant impact on sick individuals – in addition to the repercussions on family members and other people in their relationships – *Eating Disorders* - which, in a simpler way, are classified into three main categories: a) food compulsions; b) nervous bulimia; c) anorexia nervosa [5]. Binge eating disorders and bulimia nervosa are not part of the object of this study, which focuses specifically on anorexia nervosa.

The *Biblioteca Virtual em Saúde* – BVS (Virtual Health Library) – defines such conditions as follows:

Eating Disorders: "A group of disorders characterized by physiological and psychological disturbances of appetite and food intake".

Anorexia nervosa: "An eating disorder characterized by the absence or loss of appetite - known as *anorexia*. Among other characteristics are the excessive fear of becoming overweight, body image disturbance, significant weight loss, refusal to maintain the minimum normal weight and amenorrhea. This disorder occurs more often in adolescent females." (Free translation of the original: APA, Thesaurus of Psychological Index Terms, 1994) [6]

Eating disorders (ED) and obesity are clinical entities – which generally involve body image disturbances. Processes of a psychosomatic nature, with strong accents of influence from the family and sociocultural context, their understanding necessarily goes through interdisciplinarity, being relevant the contributions of physicians, psychologists, anthropologists, sociologists, nutritionists, in an aspect of integration of the different fields of knowledge [7–10].

The treatment of conditions characterized as *eating disorders* – with emphasis on *anorexia nervosa* – constitutes a real challenge for current therapeutic practices; in this context – an interdisciplinary focus on the study of clinical entities becomes fundamental. Much has been debated about the participation of sociocultural factors in the genesis of anorexia nervosa; studies have emphasized the contribution of cultural determinants, such as the demand for a thin body being essential in attributes related to standardized concepts of beauty, which would lead to a majority association with Western customs. However, cases of *anorexia nervosa* have been reported in which the fear of gaining weight would not be central to the disease process, including the appearance of cases with increasing frequency in eastern societies. This points to the need for a broader view of tne conditions under which the disease develops and the presence of factors that destabilize organic homeostasis, albeit in the form of sociocultural factors. [1,11].

The present study is justified to expand understanding and knowledge about the clinical condition anorexia nervosa, within an interdisciplinary perspective, which can contribute to early diagnosis, understanding of the pathophysiological mechanisms and the clinical picture, and the adequate therapeutic approach.

2. Material and methods

Initially, a bibliographical review is built on the state of the art of *anorexia nervosa* – with published studies relevant to the present approach, including historical aspects, epidemiological profile, diagnostic elements, clinical picture, treatment and prognosis.

For the bibliographic review, articles published in the last 10 years in the PubMed database (search platform of the NLM – National Library of Medicine – in the United States) are searched, with the descriptors: *eating disorders* and *anorexia nervosa*; articles are filtered in the English and Portuguese languages, search result 350 articles; these articles were selected according to the pertinence of the theme, which resulted in the analysis of approximately 80 articles. As this is the first part of this study on anorexia nervosa, the comprehensive interdisciplinary review presents systematized reflections on possibilities of understanding the development of this disorder, including historical, genetic, epidemiological, familial and socio-environmental aspects. In the second part – to broaden the interdisciplinary

understanding of this pathology, psychogenesis and psychodynamics, in addition to the possible consequences of social interactions present in the dramatic picture of Anorexia Nervosa – are addressed with the contribution of the theoretical foundations of psychoanalysis - with the concepts of Sigmund Freud, Carl Jung and Jacques Lacan, as well as socio-anthropological theories with concepts from Marcel Mauss and Clifford Geertz. In the third and last part, specific homeopathic medicines are presented and discussed – based on the Law of Similars contained in the Homeopathic Doctrine – and the possibility of using them in the treatment of patients with Anorexia Nervosa.

3. Reviewing knowledge about the disease

3.1. Historical Elements

Anorexia Nervosa has been present in historical documentation for a long time, being originally seen as a manifestation of some primary psychological destabilization, and associated with hysteria since the 19th century; however, since the 1st century BC there are the first references to this state which was called *fastidium*, and meaning aversion to food, stomach sickness, or even inappetence, being found under this term also in several texts from the 15th century [7,9]

In 1689, in the first medical account of what would come to be known as *Anorexia Nervosa*, Richard Morton described the treatment of a young woman who, rejecting any therapy, ended up dying of starvation. In his description, Morton made it clear that the conditions were not accompanied by fever, cough or dyspnea, and were characterized by decreased appetite, amenorrhea, aversion to food, constipation, extreme emaciation and hyperactivity. He considered violent passions, immoderate use of spirits, and unhealthy air as causes of illness. Since then, he revealed his perplexity and strangeness in the face of the characteristic disinterest with which these patients considered their state of malnutrition, apparently remaining excessively excited despite the extreme organic weakening, a picture that Freud would later call *"the beautiful indifference of hysterics"* [7,9]

Even though there are several reports in the literature, it was in the second half of the 19th century that anorexia nervosa was characterized as an independent clinical entity, with well-defined symptoms. In 1873, Charles Lasègue, in France, and William Gull, in England, published texts on the subject, describing the clinical picture in its peculiarity; the first called it *"hysterical anorexia",* and the second *"anorexia nervosa"*[7,9]

William Gull referred to a peculiar form of disease that affected young women, characterized mainly by extreme emaciation, and specifying since then that the lack of appetite was due to a morbid mental state, and not any gastric dysfunction. During the Middle Ages, fasting practices were frequently reported, generally associated with pacts with demons or divine miracles. In the interstice of time between the 13th and 17th centuries, anorexic behaviors were described in about 250 Italian saints, in what was called *"sacred anorexia"*; it was asserted that those young women, *triumphing over hunger, sexuality and pain*, intended to break the chains of the impositions of the body by dedicating themselves to beatific goals, which included the exclusion of any traces of femininity [7,9].

3.2. Predisposing Factors and Epidemiological Aspects

Suffering strong influence from cognitive-behavioral concepts, contemporary psychiatry admits that, although dependent on some genetic predisposition (not definitively confirmed), anorexia nervosa requires something more to understand its psychogenesis. Stronger than heredity, the environment of significant pressures exerted by family members or the social group regarding physical appearance plays an important role; also, the context of a family dynamic characterized by obsessive, depressive, perfectionist and competitive traits, sometimes with obesity as a characteristic among family members. In the plot of family conflicts, challenges to development in the social context, pressures in the school environment, and so on. and, mainly, the arrival of adolescence with its conflicts and readjustment needs in the self-recognition of identity, would trigger the picture, in its peculiar drama[5,6,9,10,12–15]

The body image self-perception disorder – by the way, poorly understood – constitutes a core aspect of the clinical picture, and therefore, a privileged object for the therapeutic approach. Anorexia nervosa would be molded on distorted and dysfunctional concepts about the body, its shape and weight, which includes a hermetic and individual relationship between personal valuation and physical conformation [7,16].

In its most characteristic form, Anorexia Nervosa affects women in about 95% of cases, more commonly between 14 and 17 years old, although it can affect patients at an earlier age (10 to 11 years old) or later (after 23 years old); therefore, it is admitted that there is a prevalence of 4 to 5 cases among every 1,000 adolescents in Western cultures, which would mean about a quarter of Bulimia Nervosa cases in the same societies [10,13,14,16–18]

3.3. Clinical picture and diagnosis

The 10th revision of the International Classification of Diseases and Related Health Problems – ICD 10 – convened by the World Health Organization, and held in Geneva in l989, defines Anorexia Nervosa with Code F50.0, and describes:

"Anorexia nervosa is a disorder characterized by intentional, patient-induced and sustained weight loss. The disorder commonly occurs in an adolescent or young woman, but it can also occur in an adolescent or young man, such as a child approaching puberty or an older woman up to menopause.

The disease is associated with a specific psychopathology..."

Patients impose a low weight on themselves. Malnutrition of varying degrees commonly exists, accompanied by secondary endocrine and metabolic changes and disturbances in physiological functions. Symptoms include a restriction of food choices..."

Four basic factors give rise to the suspicion of anorexia nervosa: 1) adolescence; 2) restrictive eating behavior; 3) slimming; 4) amenorrhea. On many occasions, even with the disease in progress, the syndrome goes unnoticed behind justifications that do not draw much attention, most often nowadays the adoption of a common diet, with a decrease in the quantity and modification of the quality of food ingested [7,13,17]

Contributing to the seriousness of the situation not being noticed, the psychological disturbances that arise are initially associated with manifestations typical of adolescence (irritability, some change of character, depressive mood, tendency to isolation, or even hyperactive behavior). It is in this sneaky way that the first characteristic manifestations of the condition usually go unnoticed, both psychological and merely dietary. With the evolution of the syndrome over time, at a certain point the parents begin to feel uncomfortable with their daughter's diet, which they consider to be as severe as it is bizarre, and their concern is aggravated by the young woman's "beautiful indifference" to her progressive weight loss. When they then try to dissuade the teenager from her intention to lose weight, the frightened parents face a defiant attitude that contrasts with a previous behavior marked by submission, which surprises them a lot. Parents see themselves as targets of indulgent contempt simply for not sharing the weight loss project, while observing that the new eating pattern adopted acquires a central place in the young woman's daily life; in this way, the pre-existing conflicts of the anorexic condition, both in the individual sphere and in the family dynamics, are inexorably replaced by concerns or discussions around a single central question: *to eat or not to eat* [6,13,18–20]

Charles Lasègue described the creation of a new order of family functioning, absolutely centered on the anorexic symptomatology, which strongly establishes the bond between the patient and her public, an aspect that he already considered central in the maintenance of any hysterical symptom. Observational experience reveals that the parents' insistence stimulates the anorexic's resistance. If malnutrition is not clinically serious, and protein deficiency is not yet externally evident, weight loss is relatively well supported; this allows, for a long time, the continuation of an often-excessive daily activity. Soon, however, social relationships and fantasies tend to become impoverished, with energies centered on the ascetic ideal imposed by the anorexic girl on herself; questions that eventually relate to genitality or pregnancy are repelled or ignored [7,8,21]

3.4. The clinical picture - physical symptoms

The clinical picture presents several symptoms and signs in the body, typical of anorexia nervosa. In the digestive system, intestinal constipation, a feeling of postprandial fullness, a decrease in peristalsis, often alternating with diarrhea due to the use of laxatives, are presented. Regarding the cardiovascular system, the patient has bradycardia – a frequency lower than 60 beats per minute – while, due to the decrease in the circulating volume, arterial hypotension occurs, which can cause dizziness, orthostatic hypotension and syncope**.** [8].

There is a failure in homeostasis in relation to the conservation of body temperature, causing increased sensitivity to cold, and hypothermia events that can be fatal. With the passage of time, there is a decrease in secondary sexual characteristics, as well as loss of the feminine contours of the hips and buttocks. Glandular dysfunction associated with malnutrition usually produces amenorrhea, which may persist even after body weight has recovered. In appearance, attention is drawn to the dryness of the skin, which loses its shine and is often covered with lanugo, the hair becomes thin and brittle, and reddish, testifying on the surface the effects of profound malnutrition. In turn, the nails are also brittle, with slow growth, and the decrease in body immunity associated with malnutrition favors the appearance of mycoses. In more severe cases, cataracts, optic nerve atrophy, retinal degeneration may appear. Impaired metabolism and malnutrition can also result in osteopenia and osteoporosis, which can result in bone fractures. [5,13,16,22]

3.5. The clinical picture - psyche

In the field of psychopathology, psychoanalysis admits that, based on the Oedipal dialectic, the psyche of a young human being in the process of development will move towards a definitive structural organization, which will depend on how the subject will position himself in relation to the phallic attribution, and it is from then on that there will be a specificity and a predetermination in how he will manifest the economy of his desire. For Freud, assuming castration for the girl implies recognizing and accepting that the mother, desiring the father's desire, intends to find something in her man, even knowing that he does not possess it entirely; and that, in the resolution of the Oedipus Complex, both the boy and the girl must accept that, if the mother desires the father, it is because she attributes to him the possession of the phallus. Recognizing herself as the one who does not have the phallus is the fundamental condition for the woman to be able to desire and relate to the man, and this is precisely what the hysteric refuses to accept, *claiming the right to equally possess it*. [8–10,23].

It is then considered that, for the hysteric, who knows about her desire is not her, but the other whom she sees as possessing the phallus, and it is up to her to respond to what he supposedly desires. Submitting oneself to the desire that is admitted as belonging to the other becomes the most characteristic structural feature of hysteria; as the fundamental core of the cause of her disorder, this is thus the direct determining factor of several aspects of the sociability relationships that the hysteric establishes, and also the background of her unconditional response to the expectations of the culture in which she is immersed, at each moment of her vital experience [23].

In contemporary times, society has praised the valuation of the thin body as part of the ideal of beauty, and for various reasons and mechanisms (frequency to gyms, diets, surgeries, and various uses of technological devices that promise the utopian ideal of the thin, young and beautiful body) - many of them legitimized by biomedical knowledge- many women surrender to the task of seeking to correspond to social expectations. Even in this context, and even though the strength of these cultural elements in the emergence of anorexia nervosa is discussed, it must be recognized that they, at least, contribute to masking its signs and symptoms, delaying the diagnosis and adequate treatment. It is undeniable, however, that the possibility of culture constructing a disease must necessarily depend on it being supported by unconscious structural arrangements, as necessary – although not exclusively sufficient – foundations for the development of the syndromic condition. [5,24–26]

Since his original description of the classic picture of anorexia nervosa, Lasègue considered it to be no more than one of the countless faces assumed by that neurosis, which medical nosology details in great abundance in digestive expressions. However, it was only after the first Freudian texts that the psychogenesis of hysteria, in all its forms, was firmly established. For Freud, the loss of appetite would correspond, in sexual terms, to the loss of libido. The lack of appetite for food, therefore, would represent a lack of sexual appetite for the anorexic, and her exclusive occupation with food issues would point to the extent to be occupied by sexual issues, if they could be considered. The lack of appetite, the extent assumed by dietary issues in everyday life, and the emaciated body that throws to the ground all the possibility of erotic appeal, precisely at a time when femininity emerges and, with all its strength and complexity, compromises that body [7,10,22,26,27]

3.6. Family Relations, interactional dynamics and Anorexia Nervosa

First system of self-identification and references to the outside world, the family plays a fundamental role in the healthy development of the individual, and - when dysfunctional - can play a disorganizing role in the weakened psyche, thus facilitating the emergence of health disorders and psycho-emotional and organic homeostasis. Anorexia Nervosa is a predominant disease and almost exclusively present in female adolescents; the influence of parental figures on the psycho-emotional universes of these patients has long been studied. It is considered that, although with a history of good physical treatment, this would not have been done according to the adolescent's individual needs, but according to the mother's wishes and desires; this would ultimately leave the adolescent with difficulties in identifying and dealing with her own actions and sensations. In relation to the mother, who would have a domineering and “castrating” behavior in relation to the adolescent, the father figure would be, in opposition to the mother, described as a weak, passive individual with an obsessive nature; despite being affectionate, he would be permissive and neglectful, interfering little in the family's own decisions. Some authors consider that the father figure could have a polarized position in relation to the anorexic adolescent: from an affective distance, failing to fulfill the differentiating role within the couple, to an excessive proximity, replacing the distance from the woman by excessive attention for the daughter [28].

It is considered as a possible psychodynamic mechanism that the excessive intrusiveness of the mother figure in the earliest stages of the adolescent's development, combined with the little expressiveness of the father figure, do not allow the healthy intervention of the father in the Oedipus Complex, leaving the young woman "imprisoned" in the mother complex, which already has a repressive and paralyzing effect on itself[28]; thus, according to the Lacanian theory, the

adolescent's desire would never have been submitted to the father's law of desire, leaving a gap of symbolic nature in this temporal space. As the Oedipal phase was not sufficiently structured in psychic life, the possibility of libidinal investment in the parent of the opposite sex through the closest affective relationship is experienced with anguish, as it is perceived as a threat to the adolescent's own integrity. Due to the fragile limits of the Ego, so firmly defended in Anorexia, any degree of narcissistic decentration represented by object projection would be experienced as intolerable, due to the degree of threat it would represent[28].

In a case study report on Bulimia Nervosa, an approach based on the concepts of Jungian Psychotherapy was presented. The authors point to the importance of the internal experience of the "mother complex" (central nucleus formed by the "Great Mother archetype" – with whom the young woman must have a positive identification – including the meanings of protection, shelter and nutrition - culturally and psychologically associated with the feminine). The "father complex" is also important, as it is decisive in the delimitation of roles, and in the "separation", "independence" of the "mother complex", and for this very reason is structuring for the personality in development, being expected a healthy authority, care and protection[29].

Oliveira [2004] presents in his Master's thesis results of case studies in which he observed interactional patterns in families of patients with Anorexia Nervosa, describing: dysfunctionality in interaction patterns, hindering the emotional development of members of the investigated family groups; absence of communicational tune; presence of dysfunctional and rigid rules; inadequacy of roles; conflicts not sufficiently expressed; autocratic and fixed posture in leadership roles; aggressiveness with destructive manifestation; low level of physical affection and self-esteem; difficult individualization process; poverty in the level of affective-relational exchanges between the members of the couple; in the study it was also noted the predominance of coercive parenting techniques in relation to the raising of daughters; it was also considered that the attitude of the parents was perceived by most members as authoritarian and at the same time negligent styles.[30].

Self-esteem is considered a basic human need and would be derived from the esteem that this developing individual has perceived of the "other" in relation to himself. Hence the importance that parental affections and relationships (as primordial links) play in the psycho-emotional balance of children. The experience of feeling appreciated since childhood should probably develop the individual's perception of his own worth, self-esteem (confidence in his strength, worth, adequacy and capacity), and a sense of personal security. Adolescents with high self-esteem tend to perform more confidently when facing new situations; they would deal with the different realities in a more autonomous, independent way, and with greater accuracy. On the contrary, adolescents with low self-esteem would develop a greater sensitivity to criticism directed at them, revealing feelings of worthlessness and inferiority, evolving with insecurity and isolation. From this point of view, it is considered that having low or high self-esteem is essential for individuals to have a lower or higher performance in relationship life, respectively[29].

Functional impotence can lead many family members to have a negative response towards the patient with anorexia nervosa, either because of non-acceptance of her condition, that is, by blaming her for "monopolizing" the family group due to her morbid condition. Behaviors considered "weird" and unrecognizable, drastic changes in physical appearance, isolation and obsessive acts can lead family members to a frantic stress reaction for "having to deal with these frustrating and strange ways".[31]. Despite this, it is observed that in many situations parents of anorexic patients label them in the past or present as "nice", docile and sweet. As part of the central psychodynamics of the anorexic patient, the family also plays a fundamental role in the development of protection and care strategies that lead to their recovery. It is considered that the family culture that favors the non-manifestation of feelings and emotions would facilitate the appearance of Anorexia Nervosa. Several studies point to the etiological or contributory role of the family in the development of Anorexia Nervosa, allowing the deconstruction of the concept that defined the disorder as a mere reduction or absence of appetite, absence of the volitional aspect of eating, or simple submission to standards of beauty. The contributions of the studies point to the presence of psychological disorders of profound shades, compromising the affective-emotional life of anorexics both in intra and extra personal life[31].

Dysfunctional family dynamics cause disharmony in the group context, affecting individuals with a greater degree of exposure and vulnerability, who may develop the disorder anorexia nervosa. It is because of this causal dynamism that the treatment of anorexic patients necessarily involves rebuilding the healthy family dynamics, rebuilding affective-emotional bonds, sharing anguish, afflictions, virtues, and strengthening the bonds of union among the members of the family group[31].

Like obesity, Eating Disorders can be considered as hybrid nosological entities, with a strong psychosomatic component, and an interdisciplinary approach is fundamental in the conducts aimed at the treatment of these clinical conditions[8].

According to Mauss:

"Whether we study special facts or general facts, deep down it is always with the whole man that we are dealing..." [Marcel Mauss, Antropology and Sociology (free translation of the original: Anthropologia e Sociologia [2003], p 337]. [32].

4. Conclusion

Anorexia Nervosa is a clinical entity that, although uncommon, can have poor evolution and a severe prognosis; it also characteristically affects adolescent females. There is a clinical picture often marked by body image disturbance that evolves with intentional weight loss through food refusal; attention is drawn to the psychic aspect of the young woman's "beautiful indifference" to her progressively deteriorating condition, with weight loss leading to cachexia; the relationship with the bystanders is conflicting, with a defiant attitude, and to a certain extent "dominating" the scene of family life; the theatricality, the dramatic picture, the disproportionate psychic reaction to the serious organic condition – lead to the approximation of the clinical picture to hysterical dissociation.

The interdisciplinary approach seeks to establish bridges between the various fields of knowledge, gaining breadth and effectiveness in understanding the phenomena of health and disease, and considering: the sociocultural context (macro and micro social environments); the individual's psychic structure (including the complexes that support personal imbalances and idiosyncratic manifestations of suffering with unconscious matrices); and the biomedical context (with biochemical disorders subject to specific treatment). Therefore, people must avoid the dichotomy that adopts a mere biologizing or socializing approach to the phenomena of health and illness; for adequate treatment and better prognosis, it is fundamental to recognize the capacity of agency – that is, self-determination - that is usually present in each individual context, to a greater or lesser extent, although with the limits imposed by sociocultural factors.

Within the microsocial space – with an emphasis on the family – there is already proven evidence that the treatment of family components is essential for the success of patient treatment; and in the treatment of these, it is important to understand the psychodynamics of the altered body image, and its symbolic determinants: the castration complex, the denial of sexuality in aspects of femininity, etc. Young people, in general, if conflicts organized in complex ways are not resolved, will be more likely to experience prolonged suffering and loss of opportunities to fully experience their bodily potentials.

Synthetically understood, anorexia nervosa exemplifies the case of a psychic terrain that has become conducive to the influence of conflicting family contexts and specific sociocultural precipitating and/or aggravating factors; the patient suffers the drama of the manifest abandonment of the most basic instinct - that of preserving life; this last condition manifests itself through pathological behaviors and impairment in varying degrees of severity of bodily and psychic homeostasis.

Understanding how this disarrangement is processed in the psychic field, and how it is articulated with family and sociocultural dynamics, can enable more effective interventions that are also aimed at self-knowledge and conscious choices that can prioritize personal fulfillment in the life trajectories of young adolescents.

Compliance with ethical standards

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The Author declares no conflict of interest.

Statement of ethical approval

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