



Anorexia Nervosa and Gender - a Comprehensive Interdisciplinary Approach; Part 2: Collective and Individual Factors in the Construction of the Disorder

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Abstract

This study was performed 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. This study is divided into three parts; in the first part - historical, etiologic, epidemiologic and clinical aspects are discussed; in the second part - this one -, the discussion involves the contributions of Psychology, Anthropology and Sociology, also in an interdisciplinary arrangement; the third part - which concludes the study - presents a theoretical essay on the use of some homeopathic medicines at least theoretically applicable to the treatment of Anorexia Nervosa, considering the Law of Similarity of the Homeopathic Doctrine. A bibliographic review was performed 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. The second part - this one - is presented with emphasis on contributions of some of the main social sciences - Psychology, Anthropology and Sociology - and discusses theoretical concepts expressed by Sigmund Freud, Carl Jung, Jacques Lacan, Clifford Geertz, Marcel Mauss, among other scientists - always emphasizing the interaction between individual and collective factors as contributors to 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: Anorexia Nervosa; Medicine; Psychology; Anthropology; Sociology

1. Introduction

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 1989, 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..."

From the Integrative Review on the epidemiological, clinical, psychic, and socio-anthropological aspects of patients with the nosological entity Anorexia Nervosa - Part 1 - the following topics can be pointed out:

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The role of genetics is possible, but not yet sufficiently determined. The triggering of the clinical picture in all its drama would occur in the context of family conflicts, challenges to development within the social context, pressures in the school environment, and mainly precipitated by the arrival of adolescence with its conflicts and needs for readjustment in self-recognition of identity.[1–8].

As a central aspect of the clinical picture of anorexia nervosa, the body image disturbance is identified; this disturbance constitutes, therefore, a fundamental aspect in the therapeutic approach. It is recognized that Anorexia Nervosa would be based on distorted and dysfunctional concepts about the shape and weight of the patient's body, which is configured through a hermetic relationship between the person affected by the disorder and personal value in relation to physical conformation. [9,10].

Anorexia Nervosa affects women in about 95% of cases, in an age group most frequently between 14 and 17 years old - although it can also appear in patients at an earlier age (10 to 11 years old) or late (after 23 years old); in western cultures, a prevalence of 4 to 5 cases is estimated among every 1,000 adolescents. [3,6,7,9,11,12].

In general, four basic factors that raise the suspicion of anorexia nervosa are considered: 1) adolescence; 2) restrictive eating behavior; 3) slimming; 4) amenorrhea. As an element that hinders the detection of this serious health problem, the behaviors revealing the initial psychological disturbances are undervalued in their severity, as they are considered manifestations typical of adolescence (tendency to isolation, hyperactive behavior, irritability, change of character, depressive mood). However, as time passes, the parents begin to feel uncomfortable with their daughter's diet, which they begin to consider as severe as it is bizarre - and this shock of perception is aggravated by the "*beautiful indifference*" that the young woman shows in the face of her progressive weight loss. In this state of concern, the parents try to dissuade the teenage daughter from her goal of losing weight; however, they perceive, frightened and surprised, the daughter's defiant attitude in contrast to her behavior previously characterized by submission. At the same time, the parents see themselves as the object of indulgent contempt shown by their daughter, justified by not sharing her weight loss project; they also observe that the dietary pattern adopted by the young woman plays a central role in her daily life; the conflicts manifested in the phase prior to the anorexic behavior - both in the young woman's individual aspects and in relation to family dynamics - are fundamentally replaced by a single and central focus of concerns and discussions: *to eat or not to eat*. [3,4,12–14].

In reference to the clinical repercussions of the anorexic condition, for some time malnutrition does not appear to be clinically serious - as it turns out to be - and weight loss is relatively well supported; such mistaken assessment allows the continuation of daily physical activity for a long time, which is relatively excessive in relation to the clinical picture. However, as the disease progresses, there is an impoverishment of social relationships, and all the energies of the young patient are concentrated on the ascetic ideal - in which all questions that are eventually connected to pregnancy or genitality are repelled or even ignored. [1,7,8].

Regarding the digestive system, the patient has symptoms of intestinal constipation, decreased peristalsis, feeling of postprandial fullness. With the evolution of the disease, the secondary sexual characteristics suffer a decrease in their expressiveness, in addition to the loss of the feminine contours of the hips and buttocks. Hormonal disorders associated with malnutrition are also revealed by amenorrhea. Also as a result of profound malnutrition, dry skin, thin and brittle hair, as well as brittle nails, with slow growth, and the appearance of mycoses related to the decrease in the immunity of the sick organism. Cataracts, optic nerve atrophy and retinal degeneration can also appear as a result of advanced malnutrition. As a result of changes secondary to compromised metabolism and severe malnutrition, osteopenia and osteoporosis can occur, which can be predisposing conditions for the occurrence of bone fractures. [1,3,9,15].

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

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

Homeopathic Medicine is presented as the one systematically founded by Samuel Hahnemann 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 [16].

Psychosomatic Medicine expands the understanding of the manifestations of the various disorders of human health, and states 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. This epistemological foundation brings the understanding of man as a psychophysical unit, with his peculiarities of emotions, genetic determinants, conflicts and complexes, and environmental factors - with special emphasis on interpersonal relationships in the micro and macrosocial spaces [17–19].

Scholars have discussed the participation of sociocultural factors in the genesis of anorexia nervosa as a characteristic of western societies, The demand for a thin body is cited as an essential attribute to standardized concepts of beauty; however, cases have been reported - including in eastern societies - in which this demand for a thin body would not be a recognized social determinant; such facts emphasize the need for further studies on the basic conditions in which the disorder occurs, and on the sociocultural factors capable of influencing the homeostasis of organisms [16,20].

The second part of the study – this one - is presented with emphasis on contributions of some of the main social sciences – Psychology, Anthropology and Sociology – and discusses theoretical concepts and epistemological foundations expressed by Sigmund Freud, Carl Jung, Jacques Lacan, Clifford Geertz, Marcel Mauss, among other scholars - always emphasizing the interaction between individual and collective factors as contributors to the genesis of anorexia nervosa.

The present study is justified as a way 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, the clinical picture, and the proper therapeutic approach.

2. Material and methods

A bibliographic review was carried out on the state of the art of anorexia nervosa, selecting published studies including historical aspects, epidemiological profile, diagnostic elements, clinical picture, treatment and prognosis, individual psychological aspects and those related to interpersonal dynamics in the family nucleus and in the social context, in addition to social factors with a possible influence on the development of this disorder; PubMed - NLM search platform (National Library of Medicine - in the United States) was used; the descriptors were *eating disorders* and *anorexia nervosa*.

The articles were filtered according to the English and Portuguese language, being further selected according to the pertinence of the theme, which resulted in about 80 selected articles. The first part of this study addressed interdisciplinary understanding including historical, genetic, epidemiological, familial and socio-environmental aspects. In this second part – with the aim of expanding the interdisciplinary understanding of this pathology, - psychogenesis and psychodynamics, in addition to the possible consequences of micro and macro-social interactions present in the dramatic picture of Anorexia Nervosa are addressed with the contribution of the epistemological foundations of psychoanalysis - with the theoretical concepts of Sigmund Freud, Carl Jung and Jacques Lacan, as well as Sociology and Anthropology, with the theoretical contributions of Marcel Mauss and Clifford Geertz, besides other scientists. In the third and last part, some specific homeopathic medicines are presented and discussed – based on the Law of Similars contained in the Homeopathic Doctrine – that at least in theory may eventually and judiciously be used in the treatment of patients with Anorexia Nervosa.

3. Reviewing knowledge about the disease - regarding the necessary articulation between psychological and sociological knowledge

According to Geertz (2001, p 175; free translation of the original)[21]

“To the permanent enigmas that afflict psychology – nature and nurture, top-down and bottom-up, reason and passion, conscious and unconscious, competence and performance, privacy and intersubjectivity, experience and behavior, learning and forgetting – will come to be added a multitude of other puzzles: meaning and action, social causality and personal intention, relativism and universalism, and, perhaps most fundamentally, difference and commonality. If there's one thing that obsesses anthropology, it's the difference that difference makes.”

Mauss [22] considers that there are societies only among living beings, and, therefore, sociological phenomena are the phenomena of life. He asserts that both Sociology and Psychology are part of Biology, since they deal with “*men in flesh and blood, who live and who have lived*”. He also reflects that there are more things in societies than *collective representations*, regardless of the importance that the latter have. Mauss also states that history, language and habits,-

in short, tradition - are in the background of social phenomena; even an apparently new social fact is in the course of historical antecedents, which constitutes the past of the individuals related to the referred fact. He goes on to affirm that in terms of morphological, historical and statistical aspects, Sociology has a lot to offer to Psychology, but the former must seek in the latter the support for the understanding of collective representations, the ideas and motivations that serve as a foundation, and the social behaviors and practices that derive from these ideas and motivations.

Mauss asserts that even when the individual is deeply imbued with collective representations or emotions, he is still a generator of action and singular, personal impressions. This consciousness would then be the object of study of Psychology. The action space of the individual consciousness is thus respected as a sacred corner, which operates independently of the degree of influence of the collective space. He finally highlights the role of collaboration in joint research to be carried out by psychologists and sociologists [22].

Mauss enriches his reflection by listing the three sciences that collaborate in the theory of collective practices and representations, namely: *statistics and history* - which present the facts and circumstances in which they are involved - and *psychology* - which helps to understand the referred facts, in appropriate terms with accuracy and scientific nature. Psychology would provide the space of sociological study with the most useful concepts and words for understanding reality [22].

In his text, Mauss enumerates specific contributions from the field of Psychology to Sociology, whose relevance falls on the notion of *symbol* and essentially *symbolic activity of the spirit*: he deepens the idea that the so-called “*mental states*” would fundamentally be constituted of *symbols, signs, set of activities and images with action* in the deep unconscious, and determining individual and collective behaviors [5,22],

The author also refers to the social act its eminently *symbolic aspect*. Collective representations thus would not generally deal with a single representation of something individual, but essentially a representation chosen in some arbitrary way, with the aim of giving rise to specific meanings and guiding certain practices. For example, in a rain ritual, natives of Central Australia emitted screams that were translated by the informant as imitations of the noise of drops of water falling on the stone. The scream, in addition to onomatopoeia, would include a reference to the myth, the symbol, the whole involving the circumstance in focus. The idea of symbol, applied in the dynamics of individual lives and in processes involving social groups, can contribute a lot to the understanding of myths, rites, beliefs, hallucinations, collective delusions, etc. [22–25].

It is worth reinserting the subject matter of this essay here - which includes, when discussing a pathology that predominantly affects adolescent women, the real/symbolic/imaginary tension in the relationship between genders. Reflecting on the Freudian Psychoanalytic Theory – which will be addressed further on – the *castration complex* would delineate *subliminal ritual behaviors in men and women*, for different motivations and with different behavioral equivalents. In women, the lack of the *phallus* (triggering what Freud called *penis envy*) would be capable of generating competitive antagonisms motivated in the deep unconscious. In men, the anxiety generated by the unconscious *fear of losing the penis* would be capable of promoting behaviors of *insecurity* or *ostentation of a compensatory power*. Such reflections can be extended to individuals or social groups, modulated by the *symbol of power* [22–24,26].

Reflecting on the notion of instinct, Mauss points out that individual actions would not only reflect the disposition of the spirit in relation to things, but fundamentally the relationship that exists between things and the body, mainly instinct; the latter would act even more on issues of Collective Psychology than on Individual Psychology. Not only do men have their psychic dispositions similarly affected by the same things and images, but their instinctual identities are fundamentally affected by the same images and things. Social life would be, in short, the hypertrophied manifestation of the herd instinct, in its various metamorphoses. In extreme situations, these instincts can generate segregation or aggregation, excitement or discouragement, depending on the level at which the personalities feel more or less threatened. The strength of the averagely normal man would be outlined in his capacity to resist instinct, or even more its correction thanks to the use of other instincts. [22–24].

Mauss points out that in Sociology, man is almost never divided into faculties; he always deals with his body, his psyche, given simultaneously. Usually the body, soul, society are fully interacting. These are the so-called “*totality phenomena*”, in which all individuals participate in their entirety, that is, with their moral, social, intellectual, physical and material components. [22–24,27].

As an exhortation for the participation of Psychology in the studies of the Social Sciences, Mauss emphasizes the urgency for Psychology to carry out the study of the “*complete man*”, not the “*compartmentalized one*”. For – he argues – it is this indivisible man, who is found in demographic, statistical, economic studies. Most of the time, people are dealing with

the stories of average men, endowed with an equally average life. In exceptional situations one comes to the story of exceptional men, but these are still men like their fellow men. [22–24,27,28]

Considering the importance of the total man, Mauss emphasizes that rhythms and symbols awaken in men in general the faculties of their souls and bodies. The individual compelled to an obligation, in a state of hallucination, can only be fully understood if the observer knows how the physiological repercussions of the special state in which he finds himself occur. The psychologist is then asked to develop a theory that contemplates the relationships between the different compartments of the psyche and between these and the body. Family and social life, as well as material life, are full of instinctive reactions.[22–24,28].

In this sense, men belonging to social groups with less rules of social origin would be *instinctive men* or *total men*; those individuals belonging to more *refined* social layers, with more rules and social control - would be (at least in theory) those more *prepared* for a more effective control of the different layers of their consciousness; due to the formal education of these individuals, the more elaborate concepts, the choices would probably be meticulously deliberate, and they should resist instinct more effectively, thus having a more or less effective control over their actions; these would be men torn between *refined consciousness* and *instinct*. [22–24,27,28]

The study of this totality is essential to understand everything that does not correspond to the standard reality of the so-called *elites* of today's societies. It is admitted as a crucial error of sociology to advocate a uniformity of mentality that is assumed from a mentality similar to that dominant in the social category of the observing scientist. [22].

4. Some elaborations on the psychological foundations of possible tensions in gender relations

Psychology points out that when human behavior is observed, conscious aspects are discriminated (which can be explained by generally explicit logical reasoning structures) from unconscious ones (generally implicit and linked to deep emotions), whether in relation to everyday facts and acts or unusual experiences [23,24,26,27].

According to Foucault (2006 [1984]) it is believed that probably no field of human experience presents greater difficulties to a comprehensive methodological approach than the area of sexuality. Profoundly susceptible to cultural determinisms (political, religious, scientific), this vital manifestation of the process of human experience - unlike what happens with other animals - is frequently concealed, minimized, maximized, metamorphosed, finally relativized within a spectrum of wide range and unpredictable in its immediate and late consequences [23,24,26,27,29].

Biology attributes to humans and animals a *sex drive* to express the need for sex. Such an impulse is considered similar to that of eating, and therefore feeling hungry. This expression of sexuality is known in psychology as *libido* [24,26].

According to Freud (1980 [1905]), during personality development, the child experiences erogenous sensations to some degree, and differentiated perceptions about the sex/gender relationship. In this way, for a while, only the male gender is recognized, *as if the girl also had a penis* [26]. Upon discovering the *difference* between the tiny clitoris and the boy's penis, the girl would develop the *Castration Complex*, designed as *penis envy* (since its first theoretical formulation by Freud in 1914). This *penis envy* (the psychoanalytical basis of the *castration complex*) would be the unconscious and powerful foundation that would remain underlying various neurotic female behaviors, and that would greatly affect women's relationship with the male element. [23,24,26,27].

Therefore, *penis envy* - the energetic core of the *Castration Complex* in women - has important psychic and emotional consequences, since when it generates a *Narcissistic Wound* (self-image evaluation disorder), which will probably never fully heal, remaining latent, and then will manage the life of the future woman to some extent. This *Narcissistic Wound*, with its entourage of feelings of inferiority (almost always unconscious), and *subjective sensation of incompleteness*, may still - according to Freud -, have three possible destinations: a) the *neurotic search for the man's penis* through the relationship with the partner(s); b) the replacement of the *desire for a penis* by the *desire to have a child* - the symbolic equivalent - in whose situation she would *achieve femininity*; c) and the fixation on nonconformity, on the *self-depreciation of the condition of being a woman*, and the assumption of a *masculine* behavior (not having a real penis, she would neurotically experience, in her psychic world, a *symbolic phallus*) [23,24,26,27].

Within the same theme and around the same developmental stage, the boy could develop *fear of losing the penis* - an organ considered both valuable and vulnerable due to its external location - this situation of fear being often stimulated by external threats made by the mother, nanny, etc. Consequently, the *fear of losing the penis* would make the boy distance himself from the *Oedipus Complex*: moving away from the mother as *an old object of love fixation*, and as a

protection mechanism, identifying with the Father, unconsciously recognized as a representative of law, of interdiction [23,24,26,27].

According to Freudian theory, the symptom of inhibition of sexual impulses would correspond to an impoverishment of the libido (energy, or life drive), or to a precautionary attitude (as in depression), arising as a defense against unconscious impulses (*Id*), whose efforts employed in the defense mechanisms would cause great waste of psychic energy. This means that, with the pressure that emerges from the unconsciousness for the realization of the impulse, the subject can defend himself either with the release of a symptom (neurotic conversion of psychic tension into a somatic symptom), or with the inhibition of the impulse. In this case, the requirement of the unconscious drive (*Id*) is especially threatening because *"it carries with it the danger of castration"*[23,24,26,30]

Jung defines *the symbol* as an element with a strong potential to determine human behavior. It has a known – conscious – face and a generally unknown – unconscious – face that yearns to reveal itself frequently in human events, from the most banal to the fantastic ones. According to Jung, *"... the sign is always less than the concept it represents, while the symbol always means more than its immediate and obvious meaning"*. [23,25,27].

Combining the Jungian Theory with the theoretical foundations of Psychosomatics, it is understood that the unconscious energy drive, which cannot be understood by the conscious Ego, is generally repressed; this force of repression results in a reaction of equal magnitude and strength to that of repression; when it cannot be *"received"*, *"recognized"* by the conscious ego, such energy can *"precipitate"* in the physical body, causing symptoms. That is, aspects that are neglected, repressed, denied, and belonging to the individual's psyche (known as *"shadow"* in Jungian theory), can *"incarnate"*, *"embody"* in the person, causing the manifestations that we know as symptoms of physical or mental disorders[23,25,27,31].

Anthropology and Psychology can set themselves the challenge of understanding how the unconscious symbols, the myths that are organized in psychic life, and the rites and rituals that are automatic or resultant from the drives of the deep unconsciousness, have the capacity to manifest as symptoms of disease. In the sphere of sexuality - with the charge of vital energy (*libido*) that it adds - being in harmony with the psychic mechanisms can be the key to the search for the experience of totality, escaping the fragmentation of personality that can be externalized by the disruptive components of neurotic behavior.[23,27,31,32].

Discourses on sexuality are often revealing of what is most superficial in the manifestations of human libido, or yet, they emerge as a challenging counterpoint to what is most hidden in unconscious processes, where vital forces are suffocated by various mechanisms of denial and repression. [23,31–33].

Psychological theory points to the importance of the unconsciousness in the development of individual behavior and its articulation with collective life processes. The *Ego*, a structure that is identified in common sense as *"the Person"* - and generally seen as what is recognized as *"the body"* - is the result of what was structured in the psyche, in a selective and dynamic way during the process of personality development, as the combination of characteristics that are *desirable and approved by the Superego*. The qualities and tendencies that were not sufficiently valued, or were still evaluated as reprehensible, subject to external censure or tending to lead the individual to failure in the relationship life, are usually maintained – at the expense of a considerable energetic effort – *in the deepest layers of the psychic apparatus* [23,25–27,29,31].

It is perceived - returning to the core of the study topic - that eventual tensions in the relationship between genders can have deeply installed psychic matrices. It is useless for researchers to refuse to recognize that the adults who constitute their objects of study have biographies, were children in the early stages of development, naturally went through the sexual identification phase (noticing the presence or absence of the penis/phallus, among other significant events in personality development), and most likely incorporated to varying degrees the components of the Castration Complex. It is harmful to the process of regular experience of subjects in individual or collective lives when *behavior is managed by a complex*. The complex, despite its *"magnetism"*, is unable to encompass the entire human being, and generates profound biases of vision and understanding, both in the observed individuals and in the observers [23,27,32,33].

5. Psychological and Socio-anthropological theory in the understanding of family interactional dynamics

The family plays a fundamentally important role for the healthy development of the individual, being the first system of self-identification and references to the outside world; when this family is dysfunctional, it can, on the contrary, play a

disorganizing role in the psyche of the developing individual, which can predispose to the emergence of psycho-emotional and affective homeostasis disorders, in addition to the appearance of diseases. Since Anorexia Nervosa is a predominant disease in female adolescents, the influence of parental figures on the psycho-emotional structures of these patients has long been discussed. It is considered that often the adolescent's individual needs would not be considered, but the mother's wants and desires, which would leave the young woman with difficulties to identify and deal with her own sensations and actions.

While the mother would often have a domineering and "castrative" behavior in relation to the teenager, the father would be described as a passive, weak individual, with an obsessive nature, interfering little in the family's decisions; this omitted father figure could fail to fulfill a differentiating role, varying his behavior from an affective distance to an excessive proximity - perhaps an unconscious search to replace the distance from the mother with too much attention towards the daughter. [34].

It is considered that the excessive intrusiveness of the mother figure in the earliest stages of the adolescent's development, associated with the little expressiveness of the father figure, do not allow the healthy intervention of the father in the *Oedipal Complex*; in this way, the adolescent would be "imprisoned" to the maternal complex, which in itself already has a repressive and paralyzing effect[34]. According to the Lacanian theory, the child's desire would never have been subjected to the father's law of desire; in this temporal space there would remain a gap of a symbolic nature. Since 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*. Considering 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.[34].

Scholars point to the importance for the young adolescent 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, which are attributes culturally and psychologically associated with the *feminine*. The "father complex" would be decisive in the delimitation of roles, and in the "separation", "independence" of the "mother complex"; for this reason, the *paternal complex* - in which the attributes of healthy authority, protection and care are expected - would be structuring for the developing personality [35].

In a case study, the author described interactional patterns observed in families of patients with Anorexia Nervosa; a) dysfunctional patterns of interaction that caused difficulties for the emotional development of family members; b) the presence of dysfunctional and rigid rules, inadequacy of roles and insufficient expression of conflicts; c) autocratic and fixed posture in leadership roles; d) aggressiveness with destructive manifestation and low level of physical affection and self-esteem; e) poverty in the level of affectivity, -relational exchanges between the members of the couple, and a predominance of coercive parental techniques in relation to raising the daughters; f) also in a relevant way, it was described that the posture of the parents was perceived by most members as authoritarian styles and at the same time negligent.[36].

The self-esteem of the individual in the process of development - as a basic human need - would be derived from the esteem that this individual has perceived of the "other" in relation to him/herself. This highlights the importance that parental affections and relationships play in the psycho-emotional balance of children. The foundations of Psychology consider that the experience of feeling appreciated since childhood should probably develop in the individual the perception of his own worth, and self-esteem. Thus, adolescents with high self-esteem would tend to perform more confidently when facing new situations; they would deal with the different realities in a more autonomous, independent way. On the contrary, adolescents with low self-esteem - due to feelings of worthlessness and inferiority, insecurity and isolation - would be more sensitive to criticism directed at them. Therefore, it is considered that having high self-esteem is essential for individuals to perform well in a relationship.[35].

The family of the patient with Anorexia Nervosa may develop a feeling of functional impotence and a negative response to the patient's behavior, not accepting her condition and blaming her for "monopolizing" the family situation due to her illness; family members may develop a stress reaction due to the fact that they have to deal with the "strange and frustrating behavior of the patient", whose past behavior was considered that of a "nice" young woman.[37].

As a result of the most recent studies, it is possible to deconstruct the concept that Anorexia Nervosa would be a disorder resulting from a mere lack of appetite, or absence of the volitional aspect of eating, or even mere submission to beauty standards. Several studies point to the etiological or contributory role of the family in the development of Anorexia

Nervosa, which essentially manifests itself as a psychic disorder of profound contours, and which compromises the emotional and affective life of the anorexic patient, both in the intra and interpersonal aspects.[37].

The situation of dysfunctionality in the family group leads to disharmony in the interactions among the people in the group, and fundamentally affects people who have a greater degree of vulnerability and exposure, and may then develop the clinical picture of Anorexia Nervosa. Understanding this causal mechanism, the treatment of the anorexic patient involves the reconstruction of a healthier family dynamic, recovery of affective and emotional bonds, and strengthening of the bonds of union between the members of the group[37].

Finally, understanding the dynamics in which Anorexia Nervosa occurs, it can be concluded that, like obesity, Eating Disorders can be considered as hybrid nosological entities, with a strong psychosomatic component, and the participation of psychological and social factors; therefore, it is strongly recommended to carry out an interdisciplinary approach in the conducts aimed at the diagnosis, treatment and rehabilitation of these disorders.[38]

According to Merleau-Ponty:

“Perception is a judgment, but one that ignores its reasons, which means that the perceived object is given as a whole and as a unit before we have apprehended its intelligible law...”. (free translation of the original: Maurice Merleau-Ponty, *Phenomenology of Perception* (2006), p. 73)[28].

6. Conclusion

The men and women whose information fills graphs and explanatory tables of demographic and statistical data, are people with personal life stories, and who consequently have psychic determinants that influence acts and facts of their lives, not always recognized by consciousness, and usually deposited in the deep unconsciousness. These psychic elements – *thoughts and emotions* – carry magnetism and powerful driving forces, capable of shaping different individual and collective behaviors. Hence the fundamental importance of research works and studies carried out within an interdisciplinary perspective, with foundations in Medicine, Epidemiology, Psychosomatics, Psychology, Sociology, and Anthropology, among other sciences capable of adding special perspectives, and of understanding data observed in the object of clinical, epidemiological or ethnographic investigations in a broader way.

Anorexia nervosa – here taken as a paradigm of the so-called Eating Disorders - is presented in its sociological and psychoanalytic understanding, assuming that an integrated view of the various individual and collective factors that contribute to its construction may collaborate to a more comprehensive approach and more effective treatment. This clinical entity - infrequent from an epidemiological point of view but frequently devastating in its implications - has a long history of presence in different societies; the relationship of this clinical entity with precipitating factors has been recognized; among these factors are the pressure of culture for a body model required by a socially constructed model of beauty.

Between each subject's body and society, there is a field of *agency* - *the subject's ability to act* (considering its individuality) that is mediated by social and cultural factors; this is a space for individual subjectivity, which through its own resources, consciously or unconsciously, mediates between the personal and the collective, and works on the construction of its own destiny.

The family living space seems to be of fundamental importance for the psychic homeostasis of young individuals under development, considering the importance of introjection of adequate representations of parental figures, motivated by healthy and harmonious coexistence; studies have shown the frequency of distortions in parental representations, notably the paternal one, as having an important role in the development of anorexia nervosa.

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 eventually may support personal imbalances and idiosyncratic manifestations of suffering - with unconscious matrices); and the biomedical context - with possible biochemical disorders that can be treated. 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.

Briefly 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 - destabilizing

conditions of organic homeostasis - suffering the drama of manifest abandonment of the most basic instinct - the conservation of life; this manifests itself in the form of pathological behaviors and impairment of body and psychic homeostasis in varying degrees of severity.

Sociocultural and family factors, the influence of cultural determinants, the complexes presented and experienced in deep unconsciousness under the development of personalities – in short, this constellation of factors - can constitute powerful agents in the disturbance of vital energy.

It is suggested to carry out more studies of a similar nature, seeking the expansion of the understanding of the phenomena of health and disease, and finally the manifestations of life.

Compliance with ethical standards

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The Author declares no conflict of interest.

Statement of ethical approval

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