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**Dagmara Maria Boruc\***

Warsaw Management University

ORCID: <https://orcid.org/0000-0002-8568-7627>

e-mail: [dagmara.maria.boruc@gmail.com](mailto:dagmara.maria.boruc@gmail.com)

**Izabela Pietrowska\*\***

Warsaw University of Life Sciences

ORCID: <https://orcid.org/0000-0002-2289-9921>

e-mail: [izabela.pietrowska1@gmail.com](mailto:izabela.pietrowska1@gmail.com)

**THE CHARACTERISTICS OF THE FUNCTIONING OF  
PEOPLE WITH ANOREXIA NERVOSA IN THE CONTEXT  
OF SOCIAL CHANGE**

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**Keywords:** social change, Anorexia Nervosa, diagnosis, eating disorders.

The aim of this paper is to present selected aspects of eating disorders and their determinants in the context of social change. At the same time, an attempt is made to identify effective forms of complex and multifaceted interventions in the course of eating disorders. The most important aspects are presented in relation to the diagnosis and treatment of individuals with diagnosed with Anorexia Nervosa. A detailed review of Polish and foreign literature was therefore made. The latest analyses of this phenomenon have a noticeable impact on the perception and understanding of eating disorders.

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\***Dagmara Maria Boruc** – Ph.D. in social science in pedagogy; scientific interests: pedagogy, rehabilitation, penitentiary science, clinical psychology.

\*\***Izabela Pietrowska** – M.A. in pedagogy; scientific interests: pedagogical therapy, sensory integration therapy, pedagogy.

## CHARAKTERYSTYKA FUNKCJONOWANIA OSÓB Z ROZPOZNA- NIEM ANOREXIA NERVOSA W KONTEKŚCIE ZMIANY SPOŁECZ- NEJ

**Słowa kluczowe:** zmiana społeczna, Anorexia Nervosa, diagnoza, zaburzenia odżywiania.

Celem niniejszej pracy jest przedstawienie w kontekście zmiany społecznej wybranych aspektów zaburzeń odżywiania oraz czynników je warunkujących. Równocześnie podjęto próbę identyfikacji skutecznych form interwencji złożonych i wielopłaszczyznowych w swym przebiegu zaburzeń odżywiania. Przedstawiono najistotniejsze aspekty w odniesieniu do diagnozy oraz przebiegu jednostek z rozpoznaniem Anorexia Nervosa. Zatem dokonano szczegółowego przeglądu polskiej i zagranicznej literatury. Najnowsze analizy niniejszego zjawiska mają zauważalne oddziaływanie na zmianę perspektywy rozumienia oraz postrzegania problemów zaburzeń odżywiania.

### Introduction

The specificity of eating disorders has been analysed by both theoreticians and practitioners since the beginning of its recognition and naming. The topic has been increasingly discussed in the media and popular science publications around the world. Interestingly, this does not translate into better public awareness. Myths and stereotypical convictions about their harmlessness still persist, which leads to trivializing and downgrading the dangers in connection with numerous complications in their course (Rajewski 2003). According to the latest DSM-5 (2013) classification, eating disorders are a persistent distortion of behaviour associated with eating in a broad sense. According to James N. Butcher, Jill M. Hooley and Susan Mineka (2018), these are completely separate clinical entities with two types found in adults. Importantly, eating disorders are a group of mental illnesses that increasingly lead to death in people suffering from them. The most commonly diagnosed disorders include those with restriction and/or avoidance of food intake, as well as paroxysmal overeating, overweight and obesity. This article focuses on the first group of disorders, in particular Anorexia Nervosa (AN).

The first mentions of Anorexia Nervosa can be found in religious writings (Vandereycken 2002). There was a description of a profoundly serious case, one could even say an extreme medical case. Quite an extensive discussion was presented by Richard Morton (1689), who described two young,

teenage patients, one of whom had died. In a publication from 1888, William Gull included a description of a fourteen-year-old girl whose attitude towards eating took on an aversive form. Over time, she also refused to drink liquids, i.e. tea (Gull 1888).

Currently, the prevalence of Anorexia Nervosa incidence in the world seems to increase noticeably over the 20th century. It is observed in 0.5-1.0% of women, and 0.05-0.3% of men (Butcher, Hooley, Mineka 2018). Significantly, in the men's category the group at the highest risk are those between the ages of 14-15 and around 19 years of age. The onset of AN occurs quite early. The estimated age is 15-19 years of age. In the Polish population, in turn, in the group of girls under 18 years of age, the occurrence of AN is 0.8-1.8%. On the other hand, taking into account the patients who do not meet the full-spectrum diagnosis, there are 3.7% of AN cases (Wiatrowska 2009, Bator et al. 2011).

Anorexia Nervosa usually starts early in life. Most often, it begins in puberty or early adulthood, i.e. between 15 and 19 years of age. However, we found data on late onset, i.e. over 40 years of age. The prevalence in this group is about 0.9% for women and 0.3% for men.

### **The diagnosis of Anorexia Nervosa and diagnostic significance for further interactions**

The literal meaning of the name Anorexia Nervosa means a lack of appetite caused by high levels of nervousness and, above all, anxiety. The key *differentia specifica* (Latin) are: fixed behaviour used for weight loss and/or deeply felt fear of weight gain and obesity, a distorted body and weight image with an unpleasant feeling of this weight, as well as a chronic reduction of energy consumption to a minimum in order to reduce body mass. The risk factors for Anorexia Nervosa include: genetic factors (the conformity factor appears primarily in identical twins and in first degree relatives); temperamental factors (for which an increased risk of illness is observed in individuals who had already exhibited symptoms of obsessive behaviour during childhood, as well as in those suffering from anxiety disorders); and environmental factors, which indicate a close correlation of the disorder in a given culture and the impact of the cultural factors, among which the so-called "cult of slim figure" is disturbingly supported (Gałecki et al. 2018).

This section presents strict diagnostic criteria for DSM-5 (2013) provided in the Polish language version by Piotr Gałecki, Maciej Pilecki, Joanna Rymaszewska, Agata Szulc, Sławomir K. Sidorowicz and Jacek Wciórka (2018). Anorexia Nervosa is characterized by:

"A. Restriction of energy intake relative to requirements, leading to a signifi-

cantly low body weight in the context of age, sex, developmental trajectory, and physical health. A significantly low weight is defined as a weight that is less than the minimally normal weight or less than minimally expected for children and adolescents.

B. Intense fear of gaining weight or of becoming fat, or persistent behaviour that interferes with weight gain, even though significantly underweight.

C. Disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or persistent lack of recognition of the seriousness of the current low body weight.

Specify whether:

Restricting type: During the last three months, the individual has not engaged in recurrent episodes of binge eating or purging behaviour (i.e. self-induced vomiting, or the misuse of laxatives, diuretics, or enemas). This subtype describes presentations in which weight loss is accomplished primarily through dieting, fasting and/or excessive exercise.

Binge-eating/purging type: During the last three months the individual has engaged in recurrent episodes of binge eating or purging behaviour (i.e. self-induced vomiting, or the misuse of laxatives, diuretics, or enemas).

Specify current severity: Mild: BMI more than 17; Moderate: BMI 16- 16.99; Severe: BMI 15-15.99; Extreme: BMI less than 15" (Bodymatters Australasia 2020).

### **A review of the literature showing the characteristics of the functioning of people diagnosed with Anorexia Nervosa in the context of social change**

The frequency of recognitions, including the diagnosis towards Anorexia Nervosa, observed by the authors in recent years points at fundamental changes. First of all, a change in women's image over the centuries – from ancient times to the present day. Secondly, the increase in the incidence rate of eating disorders – Anorexia Nervosa. Thirdly, the cultural context and specificity of the occurrence of Anorexia Nervosa in particular geographical regions. Fourthly, changes in self-perception in the male population and their approach to the aspect of attractiveness.

According to the literature on the subject (Wolska 1999, Kaschack 2010, Gronkowska 1999, Kochan-Wójcik, Małkiewicz 2003, Strzelecki, Cybulska, Strzelecka, Dolczewska-Senek 2007), the image of a woman has revealed noticeable tendencies to change over the centuries. A woman's attractiveness was considered in the context of her qualities, strictly physical traits, i.e. fertility attributes (large breasts, wide hips).

The first mention comes from ancient Egypt and dates back to the

second century BC. The figure shows a model of an ideal woman with lush female shapes, i.e. with wide hips and large breasts, with noticeable adipose tissue. It was similar in ancient Greece and Rome. In the Middle Ages, limiting the amount of food consumed was quite a common phenomenon. It was an expression of readiness to participate in the process of salvation and a proof of boundless trust and devotion to God. Thinness was synonymous with piety, a peculiar evidence of godliness. The Baroque era also leaned in the direction of abundant shapes. The 1940s gave rise to a further reduction in women's size. And so, the expected dimensions of a model compared to the average female build, in accordance with the guidelines of the World Health Organization (WHO), placed 5% and even 8% below the standard (Serwis Modeling 2020, Strzelecki 2007). In the 1960s, the boy-like figure of Lesley Lawson, also known as Twiggy, became the object of desire for all women. Since then, slimness has firmly established its position in media coverage, and it has become a requirement for all women seeking life success. Moreover, a close relationship between being thin and having positive self-esteem has been reported (Apfeldorfer 1999). The 1980s and 1990s were a period of intensive emergence of newer television programs and a growing importance of the Internet and its influence. Mass media began to play an increasingly important role in creating reality. The messages adopted one unchanging idea: thinness is the ticket to success and an attractive woman must be slim and well-groomed in the first place. Health aspects were overlooked. This trend seems to have continued until the 21st century and the present day.

A noticeable increase in diagnosis of Anorexia Nervosa was observed in the 21st century, and it is most certainly related to the mass media coverage and social expectations. In the culture of contemporary discourse on a slim body and diet, there are phenomena that promote thinness and various targeted slimming agents. One can find hundreds of great restaurants, as well as hundreds of attractive recipes with colourful photos. This discrepancy is inscribed in the units (Melosik 2001).

In accordance with the currently adopted salutogenic model (Antonovsky 1979, 1995), i.e. a holistic approach to understanding eating disorders, the following factors were included: biological, genetic, personality, temperamental, and cultural ones. The available data indicate that the etiopathogenesis of Anorexia Nervosa cannot be neglected from a cultural perspective. And so, in the countries where the so-called "cult of slim figure" is observed, the prevalence of eating disorders, including Anorexia Nervosa, achieves a significantly higher rate. This is the case in Western Europe or the United States of America. What is more, belonging to a particular race as well as

understanding what attraction is both seem to be of great importance in this case. The level of urbanization and industrialization of a given country also seems significant.

The review of relevant literature shows, inter alia, that there was a higher level of dissatisfaction with their own appearance and a lower level of sense of attractiveness among Caucasian people when compared to the white race (Wildes, Emery, Simmons 2001). Furthermore, in Asian countries where there is a predominance of white representatives, the incidence of eating disorders, including Anorexia Nervosa, is significantly higher compared to black women, especially African American women (Wildes, Emery, Simons 2001; Stiegel-Moore 2003; Stiegel-More, Bulik 2007). The results of a study conducted on a group of Latin American women who lived in the United States of America were surprising. In their group, a larger number showed symptoms of eating disorders, a higher level of dissatisfaction with their own body figure and the adoption of the American model of slim figure as an ideal model of beauty (Alegrie 2007).

Regarding eating disorders, the first associations refer to the group of adolescents during puberty, mainly young women, compared to their male counterparts. It is estimated that the first cases occur between the age of 15 and 19 in women (compared to men). This is primarily associated with a low level of satisfaction with one's own appearance, especially with regard to weight and body dimensions. However, in the group of homosexual or bisexual men, the estimates clearly show that this population is more likely to choose behaviours aimed at improving their physical appearance, losing weight to increase their attractiveness and assimilation of messages referring to the so-called "cult of slim figure", as opposed to heterosexual men (Feldman, Meyer 2007). Why is that? Because heterosexual men understand attractiveness by bodybuilding (Jones, Morgan 2010).

In conclusion, attractiveness has always been and will probably continue to be an indispensable aspect of human interest. It should be borne in mind that the course of eating disorders is extremely dangerous both for the health and life of the individual, which are closely related to the discussed aspect. Despite constant analysis, observations and case studies, eating disorders still remain an issue that can surprise both theoreticians and practitioners. Hence, their constant exploration is so important as they begin to affect a wider range of society, ignoring any boundaries, conditions or distances, which seems to be confirmed by the data prepared by Pamela K. Keel and Kelly Klump (2003, 2010).

## Summary

In sum, the knowledge of the specificity of the disorder, and thus a thorough, complete and clear diagnosis made by specialists in this area, may enable us to determine the most optimal range of assistance for the patient (Bekker, Boselie 2002; Benton 2004). The treatment concerns not only the purely physiological aspect and the physicality of the patient but also, most crucially, the area of their psyche and emotions (due to the perceptual distortion of one's view of their body figure with a simultaneous lack of the ability to accurately assess the right proportions of his own body). After all, it is about human life. Moreover, including such a variable as the social context, and therefore social change, seems to be obligatory.

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