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CAN VIOLENCE CAUSE EATING DISORDERS?

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SUMMARY

The origin and course of eating disorders and nutrition have a multifactorial etiology and should therefore take into consideration: psychological factors, evolutionary, biological and socio-cultural (Juli 2012). Among the psychological factors we will focus on violence (in any form) and in particular on the consequences that they have on women, which vary in severity. Recent studies show that women get sick more than men, both from depression and eating disorders, with a ratio of 2:1; this difference begins in adolescence and continues throughout the course of life (Niolu 2010). The cause of this difference remains unclear. Many studies agree that during adolescence girls have negative feelings more frequently and for a longer duration caused by stressful life events and difficult circumstances, such as abuse or violence. This results in an increased likelihood of developing a symptom that will be connected to eating disorders and/or depression. As far as the role of food is concerned in eating disorders, it has a symbolic significance and offers emotional comfort. Eating means to incorporate and assimilate, and even in an ideal sense, the characteristics of the foods become part of the individual. Feelings that lead to binges with food are normally a result of feelings related to abuse or violence and lead to abnormal behavior which leads to binging and the final result being that the person is left feeling guilty and ashamed. Research confirms that 30% of patients who have been diagnosed with eating disorders, especially bulimia, have a history of sexual abuse during childhood. Ignoring the significance of this factor can result in the unleashing of this disease as the patient uses the disorder as his expressive theater (Mencarelli 2008).

Factors that contribute to the possibility of developing an eating disorder are both the age of the patient at the time of the abuse and the duration of the abuse. The psychological effects that follow may include dissociative symptoms and symptoms of an Eating Disorder.

Key words: *eating disorder and violence – violence against women – consequences of violence*

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It is well known from a clinical and non-clinical standpoint, that violence (in any form) will have consequences of varying severity in women.

Some studies show that women develop sicknesses more often than men, such as depression and eating disorders, with a ratio of 2: 1. This difference begins in adolescence and continues throughout the course of life (Niolu 2010), with a particular increase during pregnancy, postpartum, and premenopausal either because of or as a result of violence.

The cause of this difference remains unclear.

Several factors were postulated that could serve as an explanation behind this higher prevalence. For example, diversity in brain structure (Stevens 2012), differences in coping strategies, personal vulnerability (Yoo 2012) in the frequency of exposure and in the quality of stressful events; in particular, among these factors, stressful life events due to separation or a traumatic loss (past or recent), including the loss of a loved one, sexual abuse, difficulty in an emotional relationship, assisting children or elderly parents, economic difficulties, and violence (often domestic).

So, then why do women become ill more often than men? Some studies show that during adolescence girls have negative feelings more frequently and for a longer duration after stressful life events and difficulties such as abuse and violence. This suggests that they have a greater risk of developing symptoms that will be linked to eating disorders and/or depression. A study (Calvete 2005) conducted among 856 adolescents (491 females and 365 males) found that girls tend to doubt themselves, their ability to solve problems and feel that their problems are unresolvable more frequently than most boys. They also tend to need a higher degree of approval and a need to feel successful in order to feel safe and accepted compared to boys. More than 70% of the girls who showed these first symptoms experienced a difficult or stressful event in life (in most cases violence) compared to 14% of boys (Cyranowsky 2000). It is clear that if the symptoms arise in adolescence and an accurate diagnosis is made that we have a better chance of taking charge, which promotes a better prognosis in the individual's adult life.

When the life event affects women during the cycle of life, often we see one or more emerging symptoms that have a more aggressive effect on the body, such as: a body disorder. Therefore, this will lead to the person suffering and undermining their physical integrity. The person acts out physically in an act to undermine their mental suffering.

On an individual level, as a newborn, nutrition plays a key role in survival and in establishing working relationships with the outside world. The satisfaction provided by food and eating is an opportunity for the mother to teach her child about the pleasure of eating and its nutritional value. Through food we experience satisfaction, frustration, pleasure and displeasure. A person establishes food preferences that are both based on meaning and moral choices, values and models of membership which become attributes of their identity as

individuals and in groups. The emotions related to raw food experiences can influence ones eating habits much more than those of the organoleptic characteristics. Food has symbolic significance and provides emotional comfort, shelter, and identification. Eating means to incorporate, assimilate, and even in an ideal sense the characteristics of different foods become part of the individual.

These meanings are attributed to food and often or even in most cases there is as a result of abuse or violence an "abnormal" behavior with food; from one side of the void that the life event has left, and then the urge to fill it in order to forget (BED), put it back (BN) to ward off the pain from your body, and on the other extreme is refusing anything that keeps you alive (Anorexia Nervosa) and life itself. In a group of 30% of patients who were diagnosed with eating disorders, especially with a diagnosis of Bulimia, a history of a patient episode of sexual abuse in childhood was found. Ignoring and removing this factor can lead to teenage rampage, a disease in which the body is used as the person's expressive theater (Mencarelli 2008).

As early as the nineties some studies showed a link between Eating Disorder and Abuse. The majority of patients who were victims of emotional or sexual abuse developed an eating disorder, and in most cases Bulimia Nervosa, because they use with the body to expiate sin. Through vomiting they look to get away from the feeling of emptiness and the obsessive cleansing mimics the abuse. In this case it is difficult to maintain stable relationships. In this case, it is possible that the personality structure of these subjects vary from passive – aggressive to antisocial histrionic.

In restrictive anorexics who have suffered abuse their logic is: "You have been abused, and the act of sex was used as pleasure. I will now take my pleasure by not eating." It is recommended in the anamnesis to differentiate whether or not the patient has suffered harassment or sexual abuse; if this is done in the pre - pubertal and pubertal period the abuse tends to crystallize in the mind and the memory is more important than the actual incident. Also keep in mind, that the attitude of a manipulative disorder has also been seen, which might focus on an "abusive event" to find the necessary cause (dynamics are unknown).

The Eating Disorder fact does not evolve only after violence, its debut has multifactorial causes. It is often found in people with low self-esteem, emotional fragility, and difficulty in problem solving. From the clinical point of view we must look at the symptoms from the onset without forgetting the characteristics of patient personality, so that we can figure out how to intervene. Some food pathological manifestations are associated with personality characteristics, Axis I symptoms and quality of life due to specific types of global functioning (Juli 2012).

Often the Eating Disorder becomes a solution to violence but soon turns into dysfunction. In therapy it is important to talk about the violence and help the patient in the development of what he/she has suffered. It is suggested at a later time to focus on the ED to stem the expressed emotionality and in order to discern the ED from abuse.

People with eating disorders and sexual abuse are more likely to develop psychiatric disorders or a phobic obsessive nature than non-abused subjects.

On the other hand, those abused with "Addiction" (crossed repeated physical) who are more depressed (because of the violation of personal space peri individuality). This would explain the presence of the rituals; washing up to fifty times a day. This ritual acts as a defense; we protect ourselves from a bodily experience that comes forward because Eating Disorder in the body is a state of mind that is defined as: "Act of communication failure": I give the body what it cannot verbalize; if I cannot verbalize, then I need a mime in the archaic way with food.

The self-destructive behavior, such as self-injury, is the most important predictor for both Physical or Sexual abuse for both Eating Disorder, and in particular has demonstrated as a strong correlation between substance abuse, Bulimia Nervosa, and a serious history of sexual abuse. Self-injury is part of the Eating Disorder because it has to do with pleasure, as well as having a punitive aspect; it restores the fundamental concept of the psyche integrity: I achieve pleasure through pain.

In children under 12 who are sexually abused, it is common to see the chronicity of Eating Disorder connected to impulsive acts (antisocial behavior, hyperactivity) and then with substance abuse.

Factors mediating between Eating Disorder and abuse are the age of the patient at the time of the abuse and the duration of the abuse and its subsequent psychological effects including dissociative symptoms and eating disorders.

A long-term consequence of preteen abuse is what is known as an attachment disorder (unusual attachment that occurs in an adolescent stage for a long duration of time) that does indeed affect the abuse; this also may occur in adolescent girls as an unintentional defense mechanism, or result in homosexuality because the patient decides that the figure of a woman is reassuring, so she decides to indulge in the pleasure of attachment and relation with the female figure disregarding the need for a man. From a clinical point of view it is suggested to modify the cognitive behavior.

When the abuse is carried out by a male the relative symptoms will mimic BED (binge eating disorder) or Vomiting: because these two modes represent an anesthetic to forget, associated with guilt, low self-esteem, and negative beliefs: "I deserve the Eating Disorder", "I did something wrong."

In Eating Disorders, the body turns into a prison, seeing more and more reduced spaces and modes of expression and relationships with itself and with the world. The body, as a result of what has happened, poses as a vehicle of emotions, creativity, communication, life and getting caught on a path, which more often

leads to a tunnel, which leads into a single, unalterable direction. It is the way of the obsession that has traveled within a half (body) monadic that does not show and shine (Bianchini 2008).

In order to restore clear perception and rebuild a relationship with the world it is necessary to "look around", sometimes stopping, trying to put one foot out for themselves and explore other ways. In other ways, you are taking a step-even in another direction. Eating disorders are now one of the most worrisome health emergencies in the Western Hemisphere. The spread of the disease has a speed and a disconcerting relevance. There are no other examples of psychiatric diseases with a similar propagation and with the characteristics of a true social epidemic (Gordon 1990). This is the first phenomenon of a global disease, linked to what is commonly referred to as modernity, which spreads like wildfire in conjunction with the spread of models, lifestyles, culture and body. It has been said many times that every period of history tends to favor a specific disease (tuberculosis in the nineteenth century, syphilis in the eighteenth century) which tends to become the metaphorical image of a given company, a given world. There is no doubt that eating disorders lend themselves perfectly to represent this modern age, for their links with the identity of the body, with food, friend and foe, abundance and lack at the same time, with the obsessive and sophisticated ability to evolve and blend much like a virus (Dalla Ragione 2008).

The Eating Disorder has increased but has also changed giving rise to new and complex forms. In the Diagnostic and statistical manual of mental disorders (DSM V) Eating Disorders are divided in to Bulimia Nervosa, Anorexia Nervosa, and Binge Eating Disorders not otherwise Specified. Today we are witnessing the onset of multi complex bulimia, binge compulsive disorder. The orthorexia and pipelines that are associated with them are: self-harm, drug abuse, conduct disorders, and personality disorders.

We must not forget the presence of facilitating factors, such as social pressures which act through mixed messages about the role of women which are commonly filtered by the media and by subliminal social imperatives such as, women being devoted to family values and caring for the household (like the women of the past). However, it is also suggested that women be more traditional nowadays, and that they portray a sense of autonomy and independence.

They are even encouraged to be competitive, which is typically a male trait. This first level creates a genuine psychological distress in vulnerable individuals, which is amplified by preference. Even more evident and pressuring is the image for women to be lean, agile, and super active (Wonder Woman). Because thinness has become a dominant cultural ideal in the twentieth century it is the subject of discussion for females. Anorexia is so powerful and extreme. It is a psychological battle for a woman. It is a combination of social, economic and psychological differences which have been produced in a generation of women who consider themselves full of defects, who are ashamed of their needs and do not feel worthy of existing unless they are able to transform themselves into new 'worthier' versions of themselves (without stereotypical ideals, body requirements, social pressure). Anorexia is one of the extremes of a continuum of which almost all women in today's society are a part of. Today's culture has an important role in contributing to this. In conclusion, there are two unique aspects of eating disorders: first, they are more common in women (about 90% of people who suffer from ED's are female); Second, the Eating Disorder represents a cultural phenomenon which has been historically present in industrial societies, such syndromes are so-called "culture bound".

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