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ANOREXIA NERVOSA RESULTING FROM FAMILY REJECTION

P.O. EBIGBO & E.N. OKUNNA

Anorexia nervosa is a well known psychosomatic problem the world over. It was first described in 1873 by the British physician named William Withney Gull as "apepsia hysterica". Almost at the same time Ernest, Charles Lasègue described it as "Anorexie hystérique". The Germans call it "Pubertaetsmagersucht" meaning an addiction to refuse food and to grow slim and occurring during the period of puberty (Strunk 1978). There is a general consensus that it is predominantly an illness of the female, outnumbering the males in a ratio of 30:1 and occurring mainly between the ages of 15-25 years (Meyer & Feldmann 1965). Three symptoms are supposed to be usually present in the manifestation namely (1) refusal of food intake (2) amenorrhoea and (3) chronic constipation (Jones 1976).

Generally it is believed that in the etiology of anorexia nervosa among females, independently of type of personality, there is always difficulty or refusal in accepting the female role. In the west more whites have it than blacks and there is a prevalence of about 15-75 cases in 100,000 (Meyer & Feldmann 1965). According to Anna Freud, for the patient, taking food before others is just like undressing during a sexual temptation before others. Just as one is ashamed to engage openly in a sexual act so also hunger is experienced with guilt and swallowing may become nauseating. This means that the quarrel over food is just a symbolic representation of the quarrel over drive. Dining table therefore represents bed for sleeping (A. Freud [1936] 1964).

Alongside the psychoanalytic model there is also the systemic

model which sees the anorectic behaviour as a result of /p. 178/ the breakdown in the communication system of the family (Selvini 1977, Minuchin 1978). Several authors like Schutze (1980) accept both the psychoanalytic and the systemic model.

Treatment methods are many. Some use the pure somatic model and work continuously towards increase in weight (Meyer & Feldmann 1965), other follow behaviour therapy methods strictly rewarding selectively eating behaviours. (Gaillard & Wulliemier (1981) as well as Brand & Gensicke (1980) are of the opinion that the somatic and behavioural methods should be complemented by family, systemic, communication models of treatment.

It is generally accepted that for the treatment of anorexia nervosa the hospital team (Stern 1981, Story 1982, Rosman 1975) and the family (Petzold 1979) are very important.

In Nigeria except for fragmentary reports e.g. Ebigbo & Ihezue (1982) little work has been done on this rather important symptom in the period of adolescence. The present case study aims at contributing to the exposition of the peculiar dynamics of this disease in Nigeria and indirectly therefore contributing to what is already known of the disease generally.

Case Report

A twenty years old Nigerian unemployed female presented at the university of Nigeria Teaching Hospital with pelvic sepsis following a spontaneous abortion of a 20 week old pregnancy and manual removal of the retained placenta by a mid-wife at home. She had self medicated with several courses of various antibiotics including penicillin and cotrimoxazole without improvement; she then sought medical treatment.

She was the last in a family of six siblings. According to her, her eider sister and her husband with whom she was living, forced her to marry an already married man against her moth-

er's wishes. Shortly after this marriage, her mother bad a stroke and died. Her father bad died when she was 6 years old. After one year of forced marriage, the husband died in a motor accident. At this time the patient was in her 20th week of gestation. In the course of grieving for the deceased husband, she had spontaneous abortion.

/p. 179/ One of her relations accompanied her to the hospital. She had no visits otherwise from the rest of the family. A clinical examination revealed an ill looking, pale, and slightly jaundiced female. She was pyrexial and depressed. There was mild guarding on the anterior abdominal wall. The liver and the spleen were 6 cm and 8 cm enlarged respectively. Vaginal examination revealed a normal sized anteverted uterus, a parous cervrix and mild adnexal tenderness. Liver functions tests, serum electrolytes, urea and creatinine were within normal limits.

She was therefore transfused with three units of blood and treated with antibiotics. She showed marked improvement within 24 hours but begun to refuse her food and drugs. She became constipated. She expressed no wish to stay alive. She was referred to the psychiatric unit. All effort to treat her failed. She continued to refuse her medication. Her brother threatened to abandon her. Her village Chief was invited to motivate him to mobilize financial and moral support for the patient. He also never returned.

Her continued rejection of food made the brother aggressive and almost apathetic to continued support.

She progressively lost weight. She developed acute renal failure after four weeks in hospital and died to the relief of her brother and as it appeared the whole family.

Discussion

It would seem certain that this is a case of anorexia nervosa with the three above mentioned symptoms present namely: (1)

refusal of food in-take (2) amenorrhoea and (3) Chronic constipation- she died of renal failure.

Furthermore it would also seem that it was made difficult for her to accept the female role. She was forced into marriage by her sister and her husband with whom she was living. No traditional marriage rites were performed. Her husband had a wife already. She was hanging in the air. To make matters worse her mother died of stroke and according to her brother, their relations brought her death into relationship to the disappointment by the patient. Her husband, who could have sustained her, died after one year of marriage. /p. 180/ She aborted her child spontaneously. In the absence of her husband and her parents, her sister and her husband, who forced her into marriage, did just enough to bring her to a local maternity where she developed septicaemia. Out of pity her eider brother brought her to the Teaching hospital, when it was almost late.

In the light of the above it became more difficult for the patient to accept her role as a female. It is only through denial of the female role would her guilty feelings towards her mother, that she was ever married, that she bad lost her husband and her yet unborn child be erased. Furthermore according to Ebigbo (1979) arranged marriage of an underage girl does precipitate in the young girl an imprinting fixation leading to a positive or negative reaction. In the positive reaction type as this case appears to be, there is desorientation and psychosomatic disturbance if the husband should die or the girl is sent away.

Furthermore Izuora & Ebigbo (1982) proposed the theory of depression or death triangle and found empirical evidence for it among kwashiorkor children. Parents/relations, doctors and nurses form a triangle of health care delivery support. If all three are substantially lacking in their enthusiasm for the patient, the patient would hardly survive. Severe cases can precipitate apathy, depression or despair in the relations, or doctors or nurses. If the depression or apathy engulfes all three, the patient must surely die. In the present case a very important part in the health care of the patient, namely the relations was lacking and a basis for suc-

cessful treatment especially in a developing country was not there. The brother brought her to hospital, after she had been neglected in a local maternity for a long time with very little money. The usual relation's support for the hospital with regard to feeding and buying of drugs was lacking. She never got a single visitor. How far doctors and nurses were negatively influenced by the apathy of the relations to complete the depression/death triangle was not further investigated in this case.

This case brings out once again the fact that relation's support in patient management is very important that the mind of the patient coupled with her cooperation in receiving /p. 181/ hospital treatment are also very important. Her society has non verbally and secretly decreed that she must die and there was no alternative but to comply, the efforts of hospital personnel notwithstanding. Once again the adverse effect of arranged marriage of an underaged girl is amplified.

Dr. P.O. EBIGBO
Dept. of Psychological Medicine
The University of Nigeria Teaching Hospital
P.M.B. 1129, Enugu - Anambra State (Nigeria)
Dr. B.N. OKUNNA
Dept. of Obstetrics & Gynaecology
The University of Nigeria Teaching Hospital
P.M.B. 1129, Enugu - Anambra state (Nigeria)

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SUMMARY:

A twenty year old girl presented at the UNTH Enugu with pelvic sepsis following spontaneous abortion. She was treated and she responded well. However on recovering she developed anorexia nervosa. Due to lack of financial and moral support from the family, hospital efforts at treating the anorexia nervosa failed to achieve results and the patient died of renal failure. Very important in the etiology of the illness is that she was forced into

marriage by her sister and her husband against the will of the mother who later died of hypertension. In her 20th week of gestation her husband died of car accident und she aborted the child following grief reaction. Her sister and her husband abandoned her. Deserted by all she developed guilt feeling manifested in anorexia

Key words: • Forced Marriage • L.ack of Family Support • Guilt Feeling • Anorexia nervosa • Enugu • Nigeria.

RÉSUMÉ:

UN CAS D'ANOREXIE MENTALE
CONSÉCUTIF A UN REJET FAMILIAL

Une jeune femme de 20 ans présentait au CHU d'Enugu (Anambra State. Nigeria) une infection pelvienne suite à un avortement spontané. Elle répondit favorablement au traitement administré. Cependant elle développa une anorexie mentale après son rétablissement. En raison du manque de soutien matériel et moral de la part de la famille, les efforts de l'hôpital pour traiter son anorexie mentale échouèrent et la patiente /p. 183/ décéda de défaillance rénale. Les AA. Soulignent dans l'étiologie du cas le fait que la patiente fut forcée au mariage par sa sœur et son mari contre la volonté de la mère qui mourut d'hypertension. Au cours de la vingtième semaine de grossesse de la patiente, son mari mourut d'un accident de circulation et elle avorta spontanément sous l'effet de l'émotion. Sa sœur et son mari l'abandonnèrent. Délaissée de tous, elle développa des sentiments de culpabilité qui se manifestèrent en anorexie mentale.

Mots clés : • Mariage forcé • Manque de soutien familial • Sentiment de culpabilité • Anorexie nerveuse • Enugu • Nigeria