Anorexia nervosa and familial vulnerability in a migratory context

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Introduction

- Initially, researches focused on Caucasian upper middle-class young women who live in Western countries.
- Migrants were often an underrepresented subgroup of interest.
- New trend: epidemiological data found that migrants are increasingly diagnosed with anorexia nervosa (AN) and other eating disorders (ED) (Wildes et al. 2001, Keel & Klump 2003, Makino et al. 2004).
- AN: a Western culture-bound or a culture-reactive syndrome?

Objectives

- To elicit anorexic adolescents’ and their parents’ illness narratives.
- To examine relationships between personal and familial inter-subjective conflicts and social processes which contribute to adolescents’ and their parents’ illness experience.
- To make hypotheses about associations between psychopathological and social, individual and familial vulnerability in a migratory context.

Patients and their parents

- Two adolescent girls (15 and 16 years-old) with AN binge-eating/purging type (DSM-IV) and their parents
- Demographic characteristics:
  – Families live in Paris suburbs,
  – Parents
    - Childhood in Portugal, in rural area,
    - Adulthood in France, in urban area,
    - Low socioeconomic status
  – Adolescents are born in France.

Method (1)

- **McGill Illness Narrative Interview**

(Young & Kirmayer 1996)

- Initially developed in response to Young's (1981) critique of the explanatory model perspective in medical anthropology (Kleinman 1980)
  - Semi-structured and qualitative interview,
  - Designed to elicit 3 distinct types of reasoning about illness (knowledge structures) :

1-Explanatory models based on causal thinking.

2-Prototypes based on analogy with episodes in one's own or others' experiences.

3-Chain-complexes related to temporal contiguity.

Method (2)

- Narratives organise and give **meaning** to human experience (Turner & Bruner 1986, Mattingly & Garro 2000) : "Personal narrative does not merely reflect illness experience, but rather contributes to the experience of symptoms and suffering" (Kleinman 1988).
- The problem of personal **identity** can be solved by considering the narrative dimension of the self: "To answer the question "Who?" is to tell the story of a life" (Ricoeur 1988).

Method (3)

- Focus on narratives, impact of illness, help-seeking and service utilization
- Qualitative analysis of narratives in two ways:
  - Internal dynamic: psychological processes (with a psychodynamic perspective),
  - External dynamic: social processes as migration, socioeconomic factors and stigma experience (Goffman 1963).

Results (1)

- **Help seeking and service utilization**: the "abnormal" eating behaviour leads rapidly to a medical consultation in contrast with what is usually observed in the middle upper class families of adolescent with AN.
- Psychiatric history – including depression and alcohol addiction – is found in both families.
- **Psychological transgenerational suffering** seems to be expressed through migration as an ED in these second-generation migrant adolescents.

Results (2)

AN has several meanings in these families:

- Mothers encourage their daughters' independence and the promotion of societal ideals, as thinness. These positions could appear as some forms of protection from interpersonal dysfunctions inside the family.
- But it could also strengthen the impact of the dominant aesthetic sociocultural stereotype of body shape in eating behaviours.
- Parental conflicts revolve around educational expectations linked to their new upwardly mobile status in migration.

Results (3)

Stigma and acculturation level:

- For mothers, ED participate to the "destigmatisation" process of their daughter and the family regarding to the social class and migrant status.
- In contrast, for fathers, AN is still rare and the illness stigmatises their daughter and their family.
- Parental conflicts and social isolation from the rest of the family and the cultural group are present in the two families.

Discussion

- Migration is a dynamic process of environmental and familial change, within, adolescents have to construct their identity (Moro 2002).
- **Qualitative research** has to be promoted in understanding meanings that adolescents with ED and their parents give to their illness experience, especially within a changing sociohistorical context.
- **Narrative research** has to be better developed in psychiatry also for the possibility of involving patients from their point of view and for the potential use of narrative as a vehicle for change, for a "therapeutic emplotment" (Mattingly 1994).

Conclusion

- An interactive and constructive approach between individual and collective factors leads to a better understanding of the familial vulnerability process for AN in a migratory context.
- Mothers and fathers could have different positions in front of their daughters' ED.
- Sociocultural factors could modify the expression of psychological familial suffering and the several meanings of AN in migrant families.