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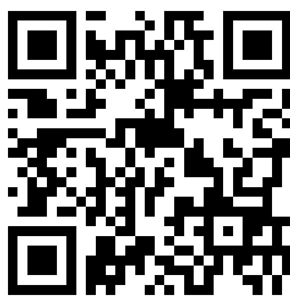

Examining the role of counsellors on eating disorders in Ghana

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Abstract
This study aimed at analysing effects of eating disorder associated with humankind, with close reference to Atebubu as the case study. The study further examined the counsellors' roles to mitigate these effects. The study adopted qualitative design because the focus was not only to compare the frequencies but also simple percentages. The analysis took into consideration fifty (50) respondents as the population sample with a balanced gender distribution of twenty-five (25) women and twenty-five (25) males. The purposive sampling technique was employed to elicit essential information for the investigation. Unstructured interviews and observation were the data collection instruments. It was identified that counsellors as agents of change in human lives should effectively counsel their clients on eating disorders. It was also discovered that, eating disorders dragged many individuals into health-related diseases and eventually, disowned their lives. Finally, it was realized that the effects of eating disorders brought about complicated diseases and life-threatening issues. Since life is essential commodity, this study recommend that populace should know when, where and what to eat to ensure good health. It was very insightful for this study to empower individuals to realize the awareness of the effects of eating disorders and its repercussion thereof.

Keywords: counsellor, disorders, episodes, night-eating, normalization

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Public Interest Statement

A lot of work in some areas of eating habits have been done by prominent scholars. Eating and it related issues have received a lot of attention all over the world. Most scholars in Ghana, in particular, focused their attention on classification of food and their preservation without considering the environment of how it can endanger human life. This paper seeks to investigate into eating habits to bring hope and strong resilience life in terms of eating disorder to people. This paper can be meaningful to those who want to explore discourse on eating disorders to create acceptable and meaningful advice.

Introduction

There is a commonly held view that eating disorders are lifestyle choice Stunkard et al. (1955). Eating disorders are actually serious and often fatal illnesses, obsessions with food, body weight, and shape may also signal an eating disorders. Common eating disorders include anorexia nervosa, bulimia nervosa, night-eating syndrome, eating disorders not otherwise specified and binge-eating disorders. Eating disorders occur in men and women, young and old, rich and poor and from all cultural background: they result in about 7000 death a year as of 2010, making them the mental illnesses with the highest mortality rate.

People with an eating disorder may have started out just eating smaller or larger amounts of food than usual, but at some point, the urge to eat less or more spirals out of control. Eating disorders ore very complex, and despite scientific research to understand them, the biological, behavioral and social underpinnings of these illnesses remain elusive. (National Institute of Mental Health, NIMH, 2010). This means that eating disorder causes more harm than good to humankind which consequently resulted to death. Eating disorders refer to a group of conditions defined by abnormal eating habits that may involve either insufficient food intake to the detriment of an individual's physical and mental health (Brownell and Fairburn, (2002).

There are five classifications of eating disorders; anorexia, bulimia, binge eating disorder (BED), eating disorders not otherwise specified (EDNOS) and night eating syndrome. Anorexia nervosa (AN) is a highly distinctive serious mental disorder. It can affect individuals of all ages, races, and ethnic origins. However, adolescent girls and young adult women are particularly at risk thirteen and fourteen years. The disorder involves the fear of gaining, weight, having a distorted body image, a refusal to maintain normal weight, and the use of extreme measures to keep the weight off.

Bulimia Nervosa (BN) is serious, potentially life- threatening eating disorder. It is characterized by a cycle of bingeing and compensatory behaviors such as self-induced vomiting designed to undo or compensate for the effects of binge eating. Patients diagnosed with bulimia nervosa follow closely with patients diagnosed with binge- purge anorexia. Bulimia is diagnosed if the binge- purge cycle occurs at least two times a week. The act of purging can cause severe damage to the esophagus and teeth and it can also cause the gag reflex to be less sensitive.

Binge- eating disorders (BED) according to the diagnostic and Statistical Manual of Mental Disorder (DSM), 5th edition, binge-eating disorder is defined by several criteria. Individuals must report consuming an amount of food that is definitely larger than what most people would eat in a similar period of time under similar circumstances in addition to experiencing a loss of control over one's eating behavior during this time. In addition, at least

three of the following characteristics must also be present; summing food much more rapidly than normal; eating food until uncomfortably full; consuming large amounts of food when not feeling physically hungry; consuming food alone to avoid embarrassment; or feeling disgusted, depressed, or guilty after the eating event. Critical examination of these eating disorders one may beginning to question the phenomenon on the position of the event.

Eating disorders not otherwise specified (EDNOS). Eating disorders not otherwise specified is much used by clinicians yet largely ignored by researchers. It is the category for disorders that do not meet the criteria for any other specific eating disorder and accounts for about 50% of eating disorders. Although patients with eating disorders not otherwise specified do not meet the diagnostic criteria for either AN or BN, if the disordered behaviors continue, they may progress to frank AN or BN.

Night-eating syndrome (NES) The other prominent from of disordered eating related to overweight and obesity is NES. NES was first described by Stunkard et al. (1955) among a group of individuals with obesity seeking weight loss treatment. They reported that those with the syndrome consumed a large majority of their caloric intake (25% or more) at a time when individuals without obesity seeking weight loss treatment. In addition, the patients experienced insomnia and morning anorexia. Attention to NES was neglected until the late 1990's when the focus of eating -related research shifted in response to the growing prevalence of obesity in the United States.

Literature review

The most widely tested and well-validated sociocultural model is the Tripartite Influence Model of body image and eating disturbance. Stice developed the Dual Pathway Model (DPM) as an extension of the pre-existing sociocultural model by including mechanisms of action hypothesized to explain how a subset of women exposed to sociocultural pressures ultimately develops bulimia nervosa (BN) (Rheanna, N. Ata, Lauren M. Schaefer & Joel Kevin Thompson 2015).

Research provides strong evidence for an inherited predisposition toward developing an eating disorder. Eating disorders are often biologically inherited and tend to run in families. (Walker Vandereychen & Pierre, J.V. Beumont, 1998). Recent research suggest that inherited biological and genetic factors contribute approximately 56% of the risk for developing an eating disorder. Individual who have a mother or a sister with anorexia nervosa are approximately twelve times more likely to develop anorexia and four times more likely to develop bulimia than other individuals without a family history of these disorders. This type of eating disorder is in the domain of biological factors. This connotes that eating disorders should be checked to prevent other complications.

Darison, Gerald, C. & John, M. Neale, (1998). Remarked that there are various childhood personality traits associated with the development of eating disorders. During adolescence these traits may become intensified due to a variety of physiological and cultural influences such as the hormonal changes associated with puberty, stress related to the approaching demands of maturity and socio- cultural influences and perceived expectations, especially in areas that concern body image.

Wade, B. (2004). States that one most common cause of eating disorders is environmental factor. This encompasses child maltreatment, parental influence and social isolation. Child abuse which include physical, psychological and sexual abuse, as well as neglect has been

shown by innumerable studies to be precipitating factor in a wide variety of psychiatric disorders, including eating disorders. Parental influence has been shown to be an intrinsic component in developing the eating behaviour of children. Social isolation can be inherently stressful, depressing and anxiety provoking. In an attempt to ameliorate these distressful feelings an individual may engage in emotional eating in which food serves as a source of comfort. (Garrow, J. S., James, W.P.T. & Ralph, A. 2000).

Soraj, G. (2006). Points out that Anorexics tend to starve themselves as a way of feeling in control. Psychologically, people may feel powerless over life situations. Restricting food may be the only sense of control they have. Even children, who fall between ages 2 and 5, quickly that the way to control their parents is to refuse food.

Effects of eating disorders

Eating disorders can pose a number of health challenges or threats to individuals who are diagnosed of either one or more of the types. Therefore, it is imperative for counselors to offer counsel services to individuals who approach them for that service. The following are some of the effects of eating disorders. Malnutrition: this is a situation caused by undereating or overeating. The word malnutrition indicates deficiency for energy, protein and micronutrients either singularly or in combination. It can cause severe health risks including respiratory infections, kidney failure, blindness, attack and death. Dehydration is caused by the depletion or lack of intake of fluids in the body, or by restriction of carbohydrates and fat. Under this are: Muscle Atrophy, Insomnia, High Blood Pressure, Hypertension.

Methodology

The research design adopted for the study was survey and descriptive in nature that specifies the nature of a given phenomenon. It determines and reports how things look like. Besides, it recognizes the natural setting as the direct source of data and the students, teacher, nurses and farmers and other stakeholders were the purposive sampling respondents. The approach of the study was qualitative by nature. In all, fifty (50) respondents were observed and interviewed. The breakdown of the above social status group were: twenty five (25) students, ten (10) teachers, ten (10) nurses, five (5) farmer.

Research Site

The data was collected in the Bono East Region of Ghana in a town called Atebubu a, predominantly farming community in the Atebubu Amantin Municipal. In as much as the populace were farmers, other sectors for instance politics, education, health for which health played at outstanding position. The site was suitable for the investigation based on the location of the Municipal as a center in the Bono East Region. The study was therefore carried out at both public and private places. Close attention was paid to all respondents during the interview to monitor the effect of the concept under discussion.

Instruments for the data collection.

The suitable instruments for the elicited significant information for the analysis were observation, documentation and interview. In each of these driving instruments, operation ethical consent was taken into consideration. The purpose of using interview and the other tools was to obtain information by actually talking to the respondents or subjects. Unstructured

interview was selected among others for the study. Seliger and Shohamy (1989) explain this type of instrument as unspecific and no directionality is assign to it operation. This means that question continue to be unfolding during the interaction between interviewee and the interviewer.

Data Analysis and Findings

Fifty participants were used as interviewees or respondents to elicit significant information. They were put into groups and in each, group members gave their opinions to each interview question.

Table 1: Sample size

Gender	Number of respondents
Males	25
Females	25
Total	50

Table 2: Distribution of sample by age group

Age	Number of Respondents
Students (18-25yrs)	25
Teachers (32- 50yrs)	10
Nurses (25 - 48yrs)	10
Farmers (45-80yrs)	05
Total	50

The data were collected in different settings with the help of agencies such as education sectors that is at College level, Community visit, Health agencies, and ordinary people. The questions were categorized under different areas based on management strategies, and coping strategies in Atebubu Municipality.

Management Strategies (Clinical Components)

Table 3: Age

Age	Number of respondents	Percentage (%)
Students (18- 25)	(25) 25	(100) 55.5
Teachers (32- 50)	(10) 08	(100)17.7
Nurses (25 - 48)	(10) 09	(100) 20
Farmers (45-80)	(05) 03	(100) 6.6
Total	(50)45	(100) 99.8

Table (3) above shows that out of the total number of fifty (50) respondents that represent the social status and the age groups of the people in Atebubu Municipality, Twenty five students representing 55.5%, eight teacher representing 17.7%, nine nurses presenting 20% and three farmers representing 6.6% were able to manage eating disorders using clinical components such as systematic and comprehensive initial evaluation.

Management Strategies (Education Components)

Table 4: Age

Age	Number of respondents	Percentage (%)
Students (18- 25)	(25) 25	(100) 55.5
Teachers (32- 50)	(10) 10	(100) 22.2
Nurses (25 - 48)	(10) 02	(100) 4.4
Farmers (45-80)	(05) 03	(100) 6.6
Total	(50)45	(100) 88.7

Table (4) above shows that out of the total number of fifty (50) respondents that represent the social status and the age groups of the people in Atebubu Municipality, Twenty five students representing 55.5%, ten teacher representing 22.2%, two nurses presenting 4.4% and three farmers representing 6.6% were able to manage eating disorders using professional education which is a "hands on" approach enables clinicians to develop key competencies in the treatment of patients with eating disorders, thereby allowing some patients to be treated in their local communities without referral to a specialized treatment centre, especially if the clinicians feel supported by experts to whom they turn for advice

Table 5: Coping Strategies.

Be comfortable and familiar with your body	Number of respondents	Percentage (%)
Yes	33	66
No	17	34
Total	50	100

From the above table, it was clear that out of the 50 respondents 33 representing 66% responded "Yes" and 17 representing 34% responded "No" to whether they are comfortable and familiar with their body in terms of eating disorders. The interpretation is that a cross section of people below average have not taking key interest on eating disorders in respect to comfortability and familiarity of their bodies and therefore can have health challenges.

Table 6: Coping Strategies.

Start the day with breakfast	Number of respondents	Percentage (%)
Yes	42	84
No	08	16
Total	50	100

From the above table, it was clear that out of the 50 respondents 42 representing 84% responded "Yes" and 08 representing 16% responded "No" to whether they start their day with breakfast in terms of eating disorders. The interpretation is that many of the respondents used a coping strategy by starting their day with breakfast which consequently mitigated the challenges associated with eating disorders.

Table 7: Coping Strategies.

Go for a walk/exercise	Number of respondents	Percentage (%)
Yes	40	80
No	10	20
Total	50	100

From the above table, it was clear that out of the 50 respondents 40 representing 80% responded "Yes" and 10 representing 20% responded "No" to whether they go for a walk/ exercise in terms of eating disorders. The interpretation is that many of the respondents used a coping strategy by go for a walk/exercise which consequently mitigated the dangers unfolded with eating disorders.

Table 8: Coping Strategies.

Allow yourself to be good enough, not perfect	Number of respondents	Percentage (%)
Yes	31	62
No	19	38
Total	50	100

From the above table, it was clear that out of the 50 respondents 31 representing 62% responded "Yes" and 19 representing 38% responded "No" to whether they allow themselves to be good enough, not perfect in terms of eating disorders. This suggested that some of the respondents avoid coping strategy for allowing themselves to be good which put people in eating disorder and later resulted into something serious. Looking at the table 38% percent is quite a number.

Policy Implication

The policy implication is that, much as we admit there exists effects of eating disorders to some extent, it is equally important to adhere strictly to good manners of eating (Be comfortable and familiar with your body, start the day with breakfast, go for a walk / exercise, allow yourself to be good enough, not perfect. In this regard, counsellors should intensify their services by meeting their clients to create the awareness of eating disorders. College time table should be made available of counsel section to give room for clients to have consultation with their counsellors.

Conclusion

Based on the findings, counsellors as strong agents of change in this direction must take eating disorders as a serious phenomenon and intensify their services. This will create the awareness of the effect of the eating disorders and its consequence. On copping strategy, 20% of the respondents have no idea on "exercise of the body" which was quite significant. Much more substantial figure was 38% emanated from "allowed yourself to be good enough, not perfect". The study therefore, suggested that the entire education system should have positive orientation on this life- threatening issue. The paper has unfolded malnutrition, dehydration,

muscle atrophy, blood pressure and hypertension as some of the effects of eating disorders. Eating according to this paper has no formula but this study suggested that the best way to diet was to eat a wide varieties of enough food to meet your body's needs or requirements. Youth who don't have the power to determine what to eat and when to eat are the vulnerable group including adolescent as well as disabilities, children living in rural and remote areas, children living in informal settlements, children living and working on the streets are likely to experience these effects of eating disorder. Ensuring good health as a nation, the issue of eating disorders should be tackled head on.

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Conflict of Interest:

The author declares that there is no conflict of interest regarding the publication of this paper.

Bionote:

Adu Joseph holds a Bachelor of Education in Education a Master of Education in Guidance and Counselling all from the Usniversity of Cape Coast, Ghana. He is Education Tutor in the Department Education, for 9 years at the Atebubu College of Education in Ghana. The author's research interest is in the field of Guidance and Counselling. He holds to his credit three articles.

References:

Darison, G. C., & John, M. N., (1998). *Abnormal Psychology* (7th ed.). John Willey and sons Inc. U.S.A.

Fairburn, C. G., & Brownell, K. D. (2002). *Eating Disorder and Obesity* (2nd ed.). Guilford Press, 72 Spring Sheet, New York.

Garrow, J. S., James W. P. T., & Ralph, A. (2000). *Human Nutrition and Dietetics'* (10th ed.). Elsevier Limited, Netherlands.

Rheanna, N. A., Lauren M. S. & Joel K. T. (2015). The wiley Handbook of Eating Disorders: Wiley-Blackwell.

Seliger, H. W., & Shonamey, E. (1989) *Second Language Research Methods*. New York: Oxford University Press.

Soraj, G. (2006). *Textbook on pediatric nutrition*. Peepee Publishers and Distributors Ltd. New Delhi. Halquin Whitborne (2000). Abnormal Psychology. MaGraw Hills Company U.S.A.

Stunkard J, Grace, W.J., Wolff, H.G. (1955). *The night eating syndrome: a pattern of food intake among certain obese patients*. Am. J. Med: (19), 78-86.

Wade B. (2004). *The genetics of Eating Disorders*. Psychiatry (Edgmont) *1*(3), 18-25

Walker, V., & Pierre, J.V. B. (1998). *Treating eating disorders*. The Athlone Press. Park Drive London NWIITSG.