

Analysis of the social and national background of patients with anorexia nervosa in Lithuania

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Summary

Aim. The aim of this study is to analyse the social and national background of families with patients with anorexia nervosa in Lithuania.

Material and methods. The target group consists of 39 patients (and their families) with anorexia nervosa aged from 11 to 18 treated within a period of 15 months in four largest towns of Lithuania, where mental health treatment facilities for children and adolescents are in place. The main methods are clinical psychiatric examinations, a questionnaire drafted by the author of the study and aimed to assemble data on the cultural and social background of patients and their families, and a statistical data analysis.

Results. The results of the study, including the data on national identities of anorectic patients and their parents, as well as statistical information on mixed families in the target group, place of residence, and higher education of the parents and the grandparents of the patients are presented in the paper.

Conclusions. The presentation of data is followed by a discussion. The author makes several conclusions, which are presented in the paper. The most important and interesting of them are that children from mixed families are at a higher risk of developing anorexia nervosa and that there is an overrepresentation of parents with higher education in the Lithuanian anorectic families.

anorexia nervosa / cultural social factors / mixed family

INTRODUCTION

A prevalent part of Lithuanian psychiatrists claim the rates of patients with diagnosed anorexia nervosa have steeply risen in Lithuania in the recent years. Losing weight has become increasingly popular among girls and women, and perfect external appearance tends to be of enormous value.

The etiopathogenesis of anorexia nervosa is heterogeneous and multifactorial. A variety of factors relating to the difficulties of the separa-

tion - individuation process in the family have an impact, and so do the cultural, social, and biological genetic factors [1, 2].

Previous research into the subject demonstrates that eating disorders are closely linked with the cultural, social, and political context [3, 4, 5]. The huge and abrupt social, political, and cultural changes during the transitional period in Lithuania following the reestablishment of the country's independence have undoubtedly had an impact on the rise in the number of adolescent patients with eating disorders. Any transformation period frequently leads to a crisis of values in the society. Such social conditions further complicate the establishment of psychical identity in adolescents, often taking the form of an adolescence crisis. Eating disorders are largely qualified as culturally determined syndromes. Therefore, the impact of cul-

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tural and social changes on the development of eating disorders seems to be even more obvious. The emergence of these syndromes can be observed in contexts of abrupt economic and cultural changes. The cultural changes may either occur because of evolution of culture or as a result of geographical movement of persons [6, 7]. In the case of Lithuania, the evolution of culture is in place.

Lithuania has always been a multinational and multi-confessional country. According to the recent statistical data, there are 79.6% of Lithuanians, 9.4% of Russians, 7% of Poles, 1.7% of Byelorussians, 1.2% of Ukrainians, 0.3% of Jews, and 0.8% of inhabitants of other nationalities living in Lithuania. Vilnius, the capital city of Lithuania, has a long history of being a multicultural hub for people of many nationalities, including Lithuanians, Poles, Russians, and Jews. The recent statistical data on the national make-up of inhabitants of Vilnius show that there are 50.5% Lithuanians, 20.2% Russians, 18.8% Poles, 5.3% Byelorussians, 2.3% Ukrainians, 1.6% Jews, and 1.3% other nationalities living in the capital. Research into the national background of the families of anorectic patients appears to be interesting as is checking whether any of them belong to mixed families that naturally emerge in an ethnically varied society.

Multiculturalism of families could have both positive and negative effects on their children. Positive effects are language facility, enjoyment of the culture both of dominant and minority group [8]. However many authors suggest that intermarriage may have a number of negative effects on children, among them are anxiety, insecurity, guilt, anger, depression, and identity conflicts [9, 10, 11, 12, 13]. Certain themes run through studies that look at the mixed race marriages [14, 15, 16, 17]: complexities in identity development, parental ambivalence about ethnic identity, family conflict (perhaps suppressed), overlooked identity.

In view of the multiculturalism referred to above, the decision was made to conduct a study into the existence of interdependence between multiculturalism of families and occurrence of anorexia nervosa. I was also interested to look into the social background of the patients with anorexia nervosa, take stock of their places of

residence (rural/urban), and the level of education of their parents and grandparents.

As a professional child and adolescent psychiatrist, the author decided that her study should cover all patients who turned for help to child and adolescent psychiatrists in Lithuania. The target group included all patients who contacted child and adolescent psychiatrists with diagnosed anorexia nervosa and received, within a period of 15 months, outpatient and inpatient treatment in four largest towns of Lithuania where the main mental health treatment facilities are established, i.e. Vilnius, Kaunas, Šiauliai, and Klaipėda.

The system of mental help service provision to children and adolescents in Lithuania, which functioned at the time when the study was carried out

Child and adolescent psychiatrists provide assistance to children and adolescents aged from 0 to 18.

Since the health insurance system has been introduced in Lithuania in 1998, psychiatric treatment is offered at three levels.

All Lithuanian towns have functioning mental health centres in place. All of the mental health centres are first-level providers of medical services, which means that patients including families with children may directly apply for treatment to these facilities. The staff of every mental health centre must include the following medical professionals: a general psychiatrist, a child and adolescent psychiatrist, a substance abuse professional, a psychologist, a social worker, and a nurse.

Experience has shown that the complete group of specialists is only available to patients in the larger towns of Lithuania: Vilnius, Kaunas, Klaipėda, and Šiauliai. Where the staff of a treatment facility is incomplete, which in most cases means that a child and adolescent psychiatrist and a clinical psychiatrist are lacking, patients are referred to the second or third level facilities.

Second level facilities include psychiatric hospitals, inpatient units under general hospitals, psychosomatic departments under somatic hospitals, and outpatient units under the mentioned hospitals. Services to children and adolescents are provided in the following inpatient depart-

ments of the second level facilities: Child and Adolescent Department at Klaipeda Psychiatric Hospital, as well as Child and Adolescent Department and Psychosomatic Department under Children's Department at Children's Hospital in Šiauliai.

First-level doctors, i.e. GPs or psychiatrists are authorised to issue referrals to patients for inpatient treatment in these facilities.

Third level assistance is provided in clinics that have a university clinic or academy clinic status. They offer both inpatient and outpatient treatment. Patients need referral issued by a doctor for the purposes of counselling and inpatient treatment there.

Third level facilities include: the Child Development Centre under Vilnius University Hospital, Child and Adolescent Department under Vilnius Psychiatric Hospital, and Child and Adolescent Psychiatric Department in Kaunas Medical Academy.

Patients with eating disorders may be expected to turn for treatment to outpatient and inpatient mental health centres in Vilnius, Kaunas, Klaipeda, and Šiauliai as well as to the Child Development Centre, Vilnius Psychiatric Hospital, Kaunas Medical Academy, Klaipeda Psychiatric Hospital, as well as Child Psychosomatic Department and Child and Adolescent Psychiatric Department of Children's Hospital in Šiauliai.

AIM OF THE STUDY

The objective of this study was to analyse the social and national background of families in Lithuania with anorexia nervosa. I decided to make a complete medical register of all child and adolescent psychiatric patients with anorexia nervosa treated between 1st March 2000 and 30th June 2001 in four largest towns of Lithuania: Vilnius, Kaunas, Klaipeda, and Šiauliai where mental health treatment centres for children and adolescents are in place. I decided to contact all the patients who applied for child and adolescent psychiatric help and make a full description of anorexia nervosa that occurred within the study timeframe.

The population of patients with diagnosed anorexia nervosa treated in mental health treatment facilities by child and adolescent psychia-

trists is full and complete. It is a complete medical register defining the phenomenon of anorexia nervosa in the country. Thus, the present study may be called "photography" of anorexia nervosa in Lithuania. The families and patients with anorexia nervosa are presented in the context of multiculturalism and multiethnicity, as the study takes account of the national identity of the patients and nationality of their parents. The study looks into the problem of whether the emergence and development of the symptoms of the disease can be influenced by the multiethnic environment where interpersonal conflicts may carry an additional national undertone, mixed marriages are formed, children have an opportunity to make a choice as to their national identity, and tensions may occur resulting from the cultural differences of the parents.

Hypothesis

This study poses a hypothesis that children from mixed families are at a higher risk of development of anorexia nervosa.

MATERIAL AND METHODS

During the first stage of my research I contacted all the heads of mental health facilities in Vilnius, Kaunas, Klaipeda, and Šiauliai as well as the child and adolescents' psychiatrists in these towns and heads of inpatient child and adolescent psychiatric departments in Vilnius, Kaunas, Klaipeda, and Šiauliai. Similarly, I contacted the head of the Psychosomatic Inpatient Department in Klaipeda and the head of Paediatric Psychosomatic Department in Šiauliai. I informed them in detail about my research and requested to inform me whenever a patient with anorexia nervosa contacts them requiring professional help. All doctors expressed their willingness to cooperate.

Subsequent to receiving information about patients entering outpatient or inpatient treatment, I went to meet each patient in person. The patient and the parents were informed by the doctors about my research beforehand. Thus, the patients and the parents were both motivated and willing to take part in an interview.

In each individual case after receiving accord from the patient, I conducted a clinical psychiatric examination of the patient, with the interview usually taking from 1.5 to 2 hours.

I also interviewed the parents of the patient and completed a genogram of the family, with the interview usually taking from 2 to 2.5 hours.

I personally drafted the questionnaire aimed to assemble the data on the cultural and social aspects concerning the patient and the family. The patients completed the questionnaire individually, usually while I was interviewing their parents. The filling in of the questionnaire usually took each of the patients from 30 minutes to 1 hour.

Finally, based on the data thus acquired, statistical analysis was performed. The following statistical methods were used: descriptive statistics (frequency tables 1, 2, 3; bar charts 4, 5, 6, 7, 8) and inferential statistic (Binomial test – comparison of the empirical probability with the known probability, two-tailed test when comparing with the probability 0.5, one-tailed in the other comparisons. Exact significance was calculated in most cases, see parenthesis after significances. SPSS 11.0 was used for data processing).

Description of the target group

The target group consisted of child and adolescent psychiatric patients with anorexia nervosa and their families. The patients received outpatient and inpatient treatment in mental health treatment facilities of the four largest towns of Lithuania: Vilnius, Kaunas, Klaipėda, and Šiauliai within a period of time between 1st March 2000 and 30th June 2001. There is a very high probability that they constitute the totality of all the patients with diagnosed anorexia nervosa in Lithuania treated within that time-frame. The target group consisted of 39 patients aged from 11 to 18 and their families. The youngest patient to apply within this time frame was aged 11. The group includes no patients aged over 18 either, since the latter are covered by psychiatrists treating adults.

The main criterion for selection was the psychiatric diagnosis of the patients based on ICD-10 made by the patient's doctor in charge. The

target group included patients with recognised anorexia nervosa as well as patients with bulimia nervosa, who before developing symptoms of bulimia had symptoms of anorexia at either clinical or sub-clinical level. This factor increased the homogeneity of the group by eliminating the patients with bulimia nervosa who never displayed any symptoms of anorexia in the outset of their disease. The target group also included patients with anorexia nervosa diagnosed by psychiatrists with all other diagnosis criteria of anorexia nervosa fulfilled, except for their BMI that exceeded 17.5. The target group consisted exclusively of girls, because there were no male patients with eating disorders treated within the given period of time.

RESULTS

The study encompassed 39 patients and 37 families (the target group included 3 patients with anorexia nervosa who were triplets).

Table 1. Place of treatment and investigation and types of Treatment

Place of treatment and investigation	Number	
	Inpatient	Outpatient
Vilnius	14	10
Klaipėda	4	1
Kaunas	5	2
Šiauliai	3	0
	26	13

National background of patients

Table 2. National identity of the patient

National identity	Number	Number (%)
Lithuanian	31	79.5
Polish	5	13
Russian	1	2.5
Wilnian and Lithuanian	1	2.5
Russian and Lithuanian	1	2.5

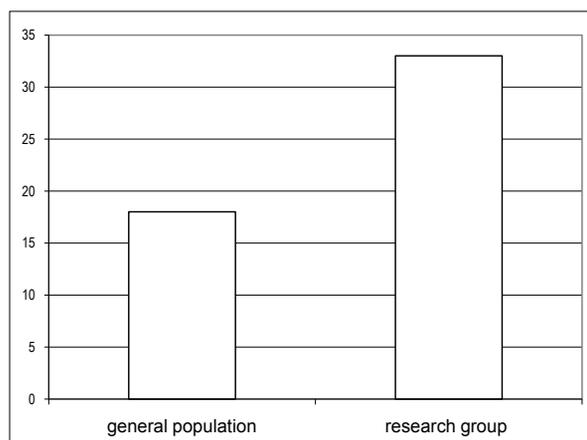
Table 3. National identity of the patient's father

National identity	Number	Number (%)
Lithuanian	24	66.7
Polish	3	8.3
Russian	6	16.7
Byelorussian	2	5.6
Ukrainian	1	2.7
	36	100
No date	1	
	37	

Table 4. National identity of the patient's mother

National identity	Number	Number in %
Lithuanian	27	73
Polish	5	13.5
Russian	5	13.5

Figure 1. Number of mixed families in the target group and in the general population



Mixed families made up 32% of the target group. They accounted to only 18% of the general population. This difference is statistically significant, $p=0.019$ (asymptotical significance, 1-tailed).

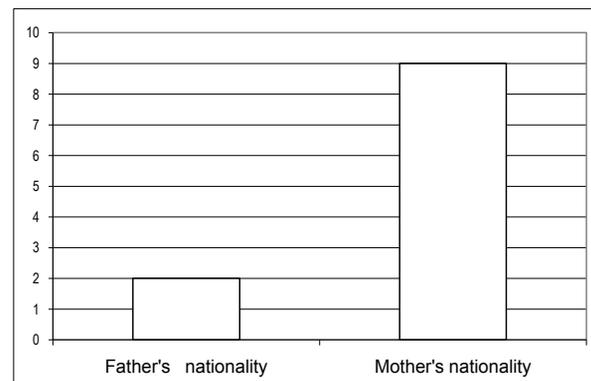
It is interesting to analyse how the patients in the target group chose their nationality. The process of identification with the national majority (the Lithuanian majority in this case) is generally less complex and does not cause so many tensions and internal conflicts. Moreover, the representatives of the national majority have incomparably more opportunities for development and a significantly wider range of professional opportunities to choose from. Notably, profes-

sional career in families with patients suffering from anorexia nervosa is considered to be a crucially important aspect of life. Which nationality does a girl from a mixed family normally identify with?

The study demonstrates that all patients from mixed families with one of the parents of Lithuanian origin opted for the Lithuanian national identity. The target group included 7 mixed Lithuanian-Russian families and 100% of girls in these families identified themselves as Lithuanians. If we compare 100% with 50%, the difference is statistically significant, $p=0.016$ (exact significance, 2-tailed).

During her adolescent crisis a girl usually identifies with her mother and adopts a female role. In cases of anorexia nervosa, however, a relationship conflict between the mother and the child frequently occurs and an adolescent rebellion of the patient opposed against her mother can be observed. It is therefore interesting to try to approach the following question: the nationality of which parent the girl from a mixed family is more likely to opt for?

Figure 2. Identification of patients with their parents in mixed families



Out of a total of 12 adolescent patients from mixed marriages, 9 patients identify with the nationality of the mother, and 2 identify with the nationality of the father. One patient referred to above comes from a mixed Lithuanian-Russian family and defines herself as both a Russian and a Lithuanian. The difference is not statistically significant $p=0.065$ (exact significant, 2-tailed), yet the statistical tendency is clear. Patients from the mixed families are more likely to identify with their mothers.

Analysis of the Social Background

An overwhelming majority of the families in the target group, i.e. 34 (92%) live in cities, and only 3 families (8%) live in rural areas. In the general population, urban residents account for 67%, whereas rural residents comprise 33%. The difference is statistically significant, $p=0.001$ (asymptotical significance, 1-tailed).

The data on the place of residence of the grandparents of the patients equals the percentage rates in the general population (67% city dwellers and 33% residents of rural areas).

Figure 3. Diagram representing the rate of city dwellers and residents of rural areas among nuclear families, families of grandparents of the patients, and the general population

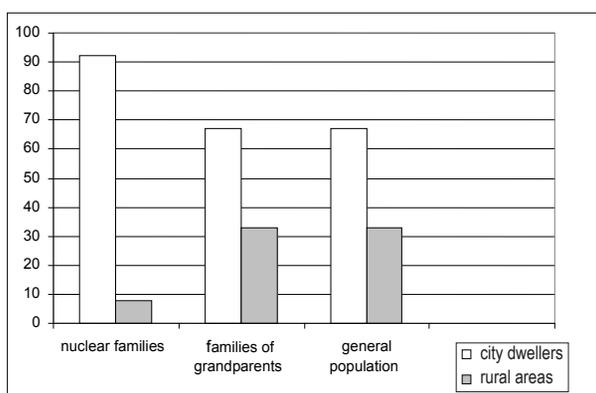
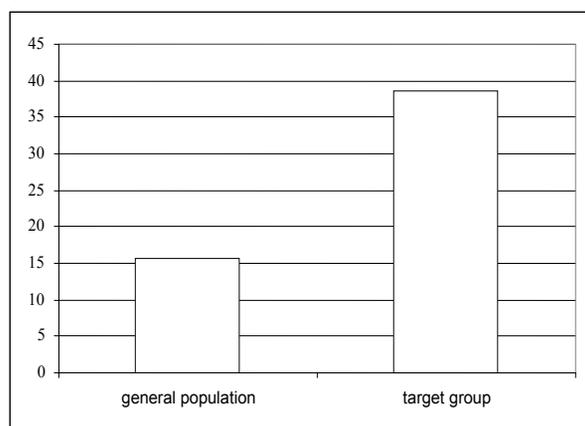
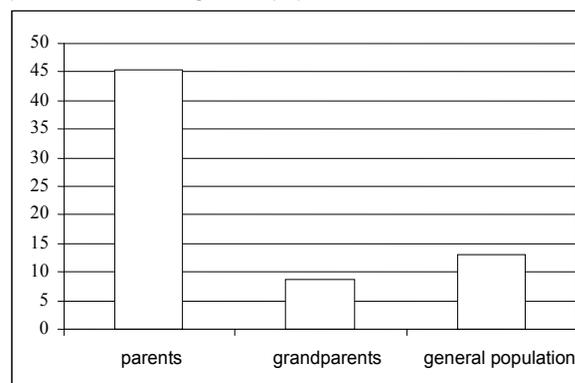


Figure 4. Capital city dwellers in the target group and in the general population



A total of 15 patients live in the capital city of Lithuania, Vilnius. They make up 39% of the target group. In the general population, capital city dwellers account for 15.5%. The difference is statistically significant, $p=0.000$ (asymptotical significance, 1-tailed).

Figure 5. Higher education in parents and grandparents of patients and in the general population.



The study results demonstrate that 46% of the parents and 9% of the grandparents of the patients with anorexia nervosa have higher education. The level of higher education in the general population is 13%.

The comparison of the study results with the data from the Department of Statistics leads to the conclusion about an over-representation of persons with higher education among the parents of patients with anorexia nervosa. The difference is statistically significant, $p=0.000$ (exact significance, 1-tailed).

Equally statistically significant is the difference in the level of education of the grandparents and the parents under research, $p=0.000$ (exact significance, 1-tailed). However, there is no statistically significant difference in the level of education between the grandparents of the patients and the general population.

DISCUSSION

The key objective of the study was to analyse the phenomenon of anorexia nervosa in Lithuania. The author was determined to furnish a complete medical register for the purpose. Since the author is a child and adolescent psychiatrist herself, she has decided that her target group would include all the patients who addressed child and adolescent psychiatrists within a year. This implies that the target group does not include patients aged over 18 who are covered by adult psychiatrists in Lithuania. Equally, the author did not contact somatic treatment units that patients with anorexia nervosa could have possibly addressed within the given year, yet the patients were not checked or diagnosed

by psychiatrists there. Chances are high that the group under study includes all the patients diagnosed and treated by child and adolescent psychiatrists in Lithuania within the above-mentioned period of time. At the initial stage of the study, a decision was made to limit the study to a time frame of one year. Research was launched in March 2000, yet in March 2001 the author decided to go on with the study until the end of the educational learning period.

During the study into the social and national origins of families of patients with eating disorders, a significant part of mixed families came into view (32%). Mixed families make up a considerable part of families in the target group, which is a significant difference compared to the general population. This means that (and this is our hypothesis) girls from mixed families are more likely to end up with eating disorders.

The families of patients with anorexia nervosa are described as well situated; their members pursue prestigious professions, seek success, and indeed are successful in their professional careers. Therefore, the results of the study showing that a large majority of patients reside in urban areas do not come as a surprise. As can be seen from the Figure 3., patients living in urban areas account for 92% of the entire target group. The patients and their families residing in towns comprise a largely greater group compared to the general population, and the difference is significant. At the same time, the rates of urban and rural dwellers in the generation of grandparents are identical to those in the general population. The difference between the rates of urban dwellers and rural dwellers in the generation of parents and grandparents is significant as well. This entails a hypothesis of family delegations in families with patients with anorexia nervosa in Lithuania. This implies that the parents of patients with anorexia nervosa are aspiring to fulfil the unfulfilled ambitions and dreams of their own parents. Obviously, urban areas offer more educational and professional opportunities. One may equally assume that urban dwellers have better access to psychiatric centres. Yet because of the clinical specificity of anorexia nervosa, i.e. the massive physical exhaustion of the patient, it is easily noticeable by parents and family doctors. One could hardly imagine that anorexia nervosa could remain unnoticed and

neglected. Sooner or later the child is referred to a psychiatrist for treatment.

In addition, the majority of people in the target group are residents of Vilnius (the difference is statistically significant). Undoubtedly, towns and particularly capital cities offer more opportunities to pursue career goals.

Normally, eating disorders occur in the middle and upper class. Due to the fact that the criteria for determining social status in Lithuania differ from the ones applicable to Western societies, the task of classifying patients in the target group by social class represented a major problem for the author. For the purposes of determining the social context, the level of education of the parents proved more informative.

The study demonstrates that the educational level of the parents of patients with anorexia nervosa is significantly higher than that of the general population. The figures are 46% and 13%, respectively. The number of parents with higher education in the group under study is threefold the number of people with higher education in the general population. Equally noticeable is the difference between the parents and the grandparents of patients in terms of their levels of education (46% and 9%, respectively). The parent generation of the patients with anorexia nervosa was significantly better educated than their own parents and the general population. Again, a hypothesis may be raised about family delegations in families with anorexia in Lithuania. According to this hypothesis, the parents of the patients are putting into life the unfulfilled dreams and ambitions of their parents.

Mixed families represent an important group among the target families. The existence of mixed families in Lithuania is a phenomenon that has to be taken into consideration by both sociologists and clinical experts dealing with mental disorders.

The difference in the rates of mixed families in the target group in comparison to the general population is significant ($p=0.011$). Mixed families account for 32% in the group under study, whereas in the general population they constitute 18%.

In the course of further research into mixed families, there was a need to find out with whom the patient is most willing to identify. What makes the most massive impact on the national

identity of a patient from a mixed family? What has more significance: parental authority or public acknowledgement?

The data from the study indicate that children from mixed families where one of the spouses is ethnically non-Lithuanian and the other is Lithuanian are more likely to opt for the Lithuanian national identity (the difference is significant). The fact that a girl who wants to attain success and pursue her career ambitions identifies herself with the dominant group is obvious and understandable. Yet the substantiation does not seem sufficient. In this context, the problem of psychosexual identification of girls should also be taken into account.

Female patients are more likely to opt for the nationality of their mothers than that of their fathers (significant difference). In families with anorexia nervosa though, the mother is usually a dominant figure in the family and the father is a passive one, while the relationship between the mother and the daughter is characterised by conflicts. Given this context, the identification of the daughter with the mother is wrought with tension. The girl is fighting with her mother over independence, yet in the end "has to" identify with her. In mixed families, the process of identification of female patients with their mothers could be especially difficult for the daughters.

It is known that, for the purpose of treatment of anorexia nervosa resulting from an unsolved adolescence crisis, addressing the problem of psychical and psychosexual identity crisis is crucial. The above text leads to conclude that in cases of patients from mixed families it is equally important to address the problem of national identity. Therapy aims to reduce the anxiety that often arises in situations where one has to make a choice. In adolescence, the anxiety may be even greater. Moreover, the disguised conflict of loyalty vis-à-vis the parents could equally represent a problem.

An illness of a patient may also in fact disguise a conflict between the parents (the spouses) and dissimulate the root causes of the conflict. Therefore, in the course of diagnosing and dealing with mixed families with anorexia nervosa, an additional problem needs to be expected and addressed, namely, the ethnic origins of both parents.

CONCLUSIONS

On the basis of the research data and the analysis carried out, the following conclusions can be made:

1. There are statistically significantly more mixed families in the target group compared to the general population.
2. There are statistically significantly more patients from nuclear families in cities and towns compared to the general population.
3. The rates of city dwellers among the parents of patients with anorexia nervosa are significantly higher, compared to the grandparents of the patients.
4. The rates of urban and rural residents in the grandparents' generation in the target families equal the corresponding rates in the general population of Lithuania.
5. The members of the Lithuanian nuclear families with anorectic adolescent patients are most frequently residents of the capital city. The number of the families under study living in the capital is higher in comparison to the general population.
6. The level of higher education in parents of the patients with anorexia nervosa is significantly higher as compared to the general population. In fact, over-representation of parents with higher education can be observed in this case. The family members of the patients with anorexia nervosa have prestige professions and hold high social positions.
7. The level of higher education of grandparents of the patients with anorexia nervosa is similar to the level of education in the general population.
8. The level of higher education in parents is significantly higher (statistically significant difference) compared to the level of education in the grandparents.
9. The patients from the mixed families in the target group are more likely to opt for the Lithuanian nationality. The identification with the dominant group is evident.
10. The analysis of the national identity of the patients from mixed families shows that the patients from mixed families are more likely to identify with the nationality of their mothers.
11. It is particularly important to take the generational context and cultural differences in the

family of the patient with eating disorders (if they exist) into account when dealing with a mixed family, marital conflicts and problems relating thereto, as well as in dealing with the adolescent crisis and the psychic identity of the patient with anorexia nervosa.

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