

The influence of anorexia nervosa on sibling relationships: A qualitative study of the perspective of patients while in intensive treatment

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Brief Literature Review

- Minimal empirical research is available about how anorexia nervosa affects sibling relationships (Dimitropoulos et al., 2008; Areemit et al., 2010).
- Siblings describe themselves as taking on a supportive role towards the affected individual especially if they perceive their parents as "burned out" (Dimitropoulos et al., 2008).
- To date, none of this research investigates the perspective of the affected individual with AN and how they believe their siblings have responded to their illness.

Research Questions

The aim of this qualitative study is twofold:

- 1) To develop an understanding of how AN affects the sibling relationship over time.
- 2) To identify the kind of support individuals with AN require from their siblings during and after intensive treatment.

Methods:

- Patients were recruited from the Eating Disorder Program, University Health Network from 2009 to 2011.
- Patients met DSM-IVTR criteria for anorexia nervosa (AN) as diagnosed by a psychiatrist or psychologist at the time of their initial assessment for treatment.
- Participants were also asked to forward information about the study to their siblings.
- We are only reporting on the qualitative themes that emerged from the patient interviews not the siblings.

Data Analysis:

- A semi-structured interview guide was established to provide standardization through the use of questions consistently used in all interviews.
- Piloted tested the interview guide with expert clinicians with expertise eating disorders and family based treatments.
- Interviews were transcribed and segments of the transcripts were checked against the tape to verify accuracy.

Data Analysis

- Using grounded theory, the research team simultaneously identified salient themes and new emerging areas for exploration to pursue in the qualitative interviews.
- Similarities and differences in interpretation of themes were processed extensively until consensus was achieved.
- A coding system for organizing major themes and sub-themes was established and thick descriptions were linked with key themes.

Descriptive Statistics:

- Twenty-six patients with AN (1 male, 25 female)
- Age ranged were 17 to 43 ($M = 25.58$, $SD = 7.10$)
- Patient body mass index ranged from 11.7 to 21 ($M = 15.23$, $SD = 2.16$).
- Duration of illness ranged from 1 to 29 years ($M = 7.88$, $SD = 7.42$).
- Onset of illness ranged from 9 to 30 years ($M = 18.67$, $SD = 5.21$).

Overview: Three salient themes

- 1) Sibling Reactions: Emotional responses from the sibling, including shock and frustration, often lead to withdrawal or over involvement.
- 2) Illness affects sibling relationship: Heightened strain, distancing and negative interactions in the form of criticism from both affected person and sibling(s).
- 3) Recommended strategies and interventions for both participant with AN and siblings.

Theme 1: Emotional Responses

- Siblings exhibited a range of emotions but the dominant ones frequently identified by affected individuals were *frustration, fear and helplessness*.
- These feelings, especially frustration with eating disorder, often resulted in the siblings either withdrawing or becoming overly involved in the management of the illness.
- Siblings either distanced themselves (withdrawing from the family) or shut down emotionally.

Theme 1:

Distancing: A form of self protection

P43 "She just did her own thing. She didn't want to be bothered.... She did her own thing and stayed away from the house."

- Participant describes a conversation with her brother:

P13 "Why do you stop talking to me? Why do you walk off? I would never do that to any of you guys." He says "I have to shut down. I have to separate myself from you, to protect myself. I had to stop talking to you and almost pretend like you didn't exist, so I could deal with it better..."

Theme 1: Over involvement and protection

- *Some participants noted that their siblings became overly involved and overly protective often at their own expense.*
- P48 "Basically he came home for the holidays and he was just like 'okay you're skinny we need to help you gain weight....' And he was kind of like acting like my mom. He was like 'okay we will fix it. No big deal'"
- P7 "But yeah I found she took on like a really mother approach, basically, take over my Mum's job, which was bad."

Theme 2: Negative interactions

The affected individual describes heightened strain in their relationships and increasing conflict and distancing in the relationship.

Three subthemes:

Conflict and tension during meal preparation and meal times.

Criticism, blame and shame from affected person and siblings.

Distancing in the sibling relationship.

- Negative interactions reduced as the person engaged in treatment and the process of recovery.

Theme: Distance in relationship

P7: "I can't really explain in any way that will make sense to her, what's going on in my head, and she doesn't want to hear it anyways so it pushes us apart."

P23 "She'd be a little bit more distant and stuff because she didn't actually want to be around me."

P18 "To an extent. It's been/it's brought us closer but in a way it's kind of like pushed us a part because I've kind of been really mean to her."

Theme 2: Conflict around Meals

Conflict around meals:

P9 "Well, at first it was really frustration, he got really, really upset, like he was annoyed by me and all those little things I used to do and it came to a point where he, like didn't even want to eat dinner with me."

P39 "There was a lot of tension I remember. I think a lot of it was with food. I think a lot of it was around food.... And I think she got really confused or pissed off or something, and would wonder why would I be reacting to that (food) and stuff like that?"

Theme 2: Criticism and Blame

P43 "Oh she will criticize, "oh you're eating again? Don't throw up in my toilet." Or "the washroom smelled." Why are you eating? You're just going to throw it up anyways." "Why bother eating? You're just going to die anyways."

P13 "My sister would say a lot of the times: "You're killing daddy" Blame me if he was upset or if his stomach was hurting or something like that because of his worrying for me. I can understand that but not like every time he's pissed off it's because of me, right?"

- Common for affected person to directly and indirectly express disdain for their sibling's eating habits, and to use pejorative words to describe the way they eat and their weight.

Theme 3: Supportive and helpful strategies

- Suggestions were provided for improving relationship and ensuring that support received by patient is beneficial to them especially during their treatment and recovery
- Strategies for supporting person during treatment & recovery
- Interventions aimed at assisting siblings with the effects of the illness.
- Interventions focused on strengthening the sibling relationship.

Theme 3:

Supportive Strategies to facilitate recovery from patient perspective:

- Become educated about the illness and treatment options.
- Directly communicate feelings without judgment and recriminations.
- Engage in non-food discussions and avoid weight related comments.
- Relate to each other as siblings rather than the sibling assuming a parental role.

Theme 3: Interventions:

- Development of sibling based interventions (groups for siblings or individual counselling)
- Educational information - strategies for addressing the effects of illness of siblings.

Discussion:

- The findings reveal that AN adversely affects the sibling relationship and robs patients of an important source of support.
- Significant tensions were reported especially around meal times.
- Target of criticism is often based on eating and weight in "well-sibling" and disordered eating behaviours in the affected sibling.
- While the illness contributes to negative interactions in the relationship, participants also identified a number of ways that siblings have been effective at assisting them.
- These results may aid in the development of interventions to facilitate effective communication between siblings.

Strengths & Limitations

- Focus on the unique perspective of those affected by the illness.
- Difficult to tease apart how much the illness was influencing what was being recalled in the interview (interviews conducted when patients were at a low BMI at the beginning of treatment).
- Reporting bias (individuals were providing more favorable information about themselves, their sibling(s) and families).
- Difficult to ascertain information about experiences of participants with more than one sibling (asked them to focus on one closest in age).
- Small sample size
- Cannot generalize to other patient and sibling relationships outside of intensive treatment.

Future research and clinical implications:

- Future research is recommended to obtain a larger sample size of patients with eating disorders and their siblings from tertiary and community based settings.
- Interview individuals at different time points in their illness and stages of recovery.
- Future research on a larger sample of patients and siblings is recommended to ascertain differences by birth order, age and gender of non-affected and affected siblings.
- Conduct qualitative interviews to elicit the unique perspectives of siblings regarding the effects of the illness on their relationship with respect to body image and meal times.