

The Influence of Siblings on the Experience of Anorexia Nervosa for Adolescent Girls

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This qualitative study explored the perspectives of adolescent girls diagnosed with anorexia nervosa and parents about the influence of siblings on sufferers' experiences of anorexia. In-depth interviews were conducted with 24 girls and 24 parents and analysed using constant comparative methods. Findings indicated that siblings can have both a positive and negative influence on girls through their presence in the family, responses to the illness, and impact on parents. A number of contributing factors affected the influence of siblings including: the sibling's understanding of anorexia; lifestyles; pre-anorexia relationships; whether parents and girls encouraged or discouraged a sibling's involvement with the anorexia; sibling and family characteristics; and professional interventions. The findings are presented as a conceptual framework that illustrates the relationships between these different dimensions. The findings underline the significance of sibling influence and the clinical value of further research into relationships between siblings and other family members in cases of anorexia nervosa. Copyright © 2006 John Wiley & Sons, Ltd and Eating Disorders Association.

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INTRODUCTION

Sibling relationships are increasingly being recognised as a powerful influence on children and adolescents (Bank & Kahn, 1997; Cicirelli, 1995). In

clinical literature about anorexia nervosa (hereafter anorexia), sibling relationship patterns have sometimes been portrayed as having symptom-maintaining qualities, necessitating family therapy (Colahan & Senior, 1995; Roberto, 1988), but siblings have also been viewed as a potential resource for recovery and as an integral part of family therapy (Le Grange, Binford, & Loeb, 2005; Lock, Le Grange, Agras, & Dare, 2001). Nevertheless, the influence of siblings on people with anorexia has rarely been researched.

In a comprehensive review, Vandereycken and Van Vreckem (1992) identified a paucity of research about siblings, contradictory findings, and a focus on

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problematic rather than potentially positive aspects of sibship. Little subsequent research has been conducted to redress this. Two qualitative studies have examined the impact of anorexia on siblings (Garley & Johnson, 1994; Ross & Handy, 1997) but only one study was identified that examined the impact of well siblings on patients with anorexia (Moulds et al., 2000). While this study found that siblings' Expressed Emotion was a poor predictor of patient outcome after six weeks, the finding may be explained by several factors including the short time frame and limited sibling interaction during hospitalisation. Given that the majority of sufferers of anorexia are adolescent girls (Pawluck & Gorey, 1998) and the evidence of a decline in the average age of onset of eating disorders (Bryant-Waugh, 2000; Patton, Coffey, & Sawyer, 2003) understanding the impact of siblings is increasingly important.

The aim of the current paper is to address a significant gap in eating disorders research by examining the ways siblings influence adolescent girls with anorexia from the perspectives of girls diagnosed with anorexia and parents. Parents can provide valuable insights as informed observers, key stakeholders in their daughters' well-being, and active participants in helping the ill child. The findings offer a new theo-

retical understanding about the influence of siblings on girls with anorexia, which has both clinical and research implications.

METHOD

The data for this paper were collected as part of larger multi-method research project entitled 'Multiple Perspectives of Eating Disorders in Girls'. In-depth interviews were conducted with 24 adolescent girls (aged 14–20 years) who had been diagnosed with anorexia nervosa and were currently receiving medical treatment, and 24 parents of girls who fit these criteria. Although some parents and girls came from the same families (see Table 1 for details), data was not matched as the aim was to gather a range of experiences. In 12 families the girls were receiving outpatient treatment, while girls from 18 families were currently inpatients. Eight families were currently participating in family therapy. Participants were recruited through clinics in Sydney, Australia. All families included at least one sibling and Table 2 describes siblings.

In depth interviews are aimed at understanding participants' subjective experiences and interpretations

Table 1. Participants

Participants	Daughters	24
	Mothers	16
	Fathers	8
Total participants:		48
Family members interviewed:	Both parents + daughter	6
	One parent + daughter	6
	Both parents only	1
	One parent only	5
	Daughter only	12
Total families represented:		30

Table 2. Siblings

Total number of siblings		54
Sibling gender	Male	32
	Female	22
Sibling relative age	Older	30
	Younger	24
Sibling living arrangements	With family	42
	Away from home	12
Sibling age	Range	7–27 years
	Mean	17.09 years
	Median	16 years

and are appropriate for studies that seek to investigate, to discover important variables and to generate hypotheses (Marshall & Rossman, 1989). A recursive model of interviewing (Minichiello, Aroni, Timewell, & Alexander, 1990) was used, in which interviews proceed along the lines of a conversation. This enabled participants to express what was important to them, thereby allowing critical issues about siblings to emerge (Bailey, 1991). Interviews were recorded on audiotape and transcribed verbatim.

A content analysis was performed of both parents' and girls' interviews to identify all instances where siblings were mentioned. The data were analysed using constant comparative analysis, in accordance with the Grounded Theory approach (Glaser, 1978; Glaser & Strauss, 1969) to identify and categorise the different ways in which participants discussed siblings throughout the interviews. Data within each of the conceptual codes generated were examined to ascertain the relationship of each of the concepts to one another and to group them into higher level categories (Glaser, 1992). A conceptual framework was developed from the conceptual codes to describe the influence of siblings on girls with anorexia.

This analysis does not endeavour to identify a particular 'truth' about siblings but to understand how the influence of siblings was perceived and understood by two key stakeholder groups—girls who were diagnosed and being treated for anorexia and parents of girls who fit these criteria. The theoretical basis for the study was symbolic interactionism

(Blumer, 1969; Hewitt, 1994) which is a well-established and widely used theoretical framework in qualitative research and the theoretical basis for the grounded theory approach used to analyse the data (Glaser & Strauss, 1969). Within this framework understanding the influence of siblings on the family requires exploration of family members' interpretations of siblings and siblings' actions.

FINDINGS

Girls with anorexia and parents described siblings as having both positive and negative influences on girls in three ways. First, siblings exerted an influence through their presence within the family unit. Second, siblings were described as responding or reacting to a sisters' anorexia through their interactions with her. Third, siblings exercised an indirect influence on girls through their impact on parents and parents' actions. Participants perceived a number of inter-related factors as contributing to the nature and extent of siblings' influence on daughters. The conceptual framework developed from the interview data is presented in Figure 1 and the findings are detailed in the remainder of this section. Quotes from the data have been provided to illustrate different concepts and each quote is identified in parentheses with a family number and whether the participant quoted is a mother, father or daughter (M, F or D).

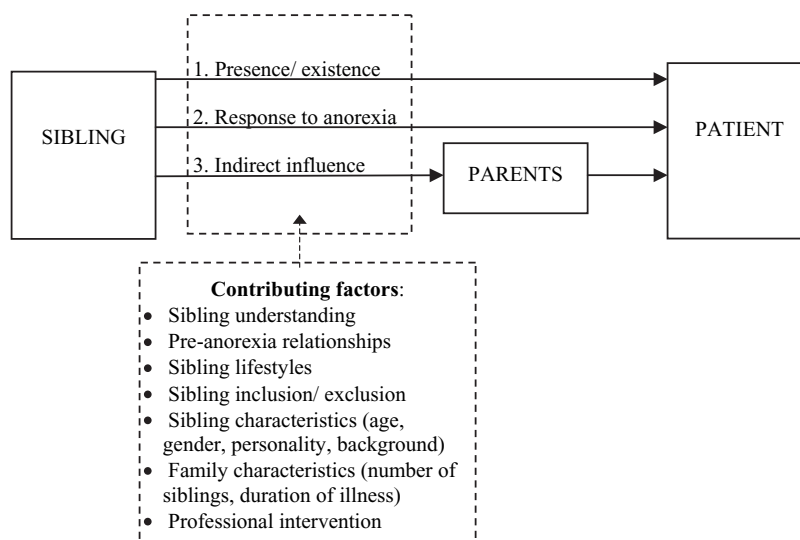


Figure 1. Conceptual framework for the influence of siblings on girls with anorexia

Mechanisms of sibling influence

Presence/Existence

Siblings, particularly those living at home, made up part of the family environment in which our participants lived and functioned. Girls and parents reported that siblings had an impact on girls through their very presence within the family. Sometimes siblings acted as catalysts or triggers for upsetting incidents and distress for vulnerable girls.

[Her brother] wanted a cuddle in bed at ten past seven. And she just went ballistic. She wanted him to get dressed. And the fact that she wanted this to happen, it had to happen now. (M55)

Some girls and parents even described situations involving siblings that they believed had contributed to the onset of the illness.

The year that [my brother] moved out is the year that I started to have problems with eating . . . just the change in the dynamics of the family probably had something to do with it. (D8)

Siblings represented a source of comparison for sufferers, which appeared to influence their self-concepts, but also made them aware of the detrimental effect that anorexia was having on their lives and, in some cases, provided a motivation to fight their anorexia.

I've had this thought that if my brother was born first, I would never have been born . . . People [from my ethnic background] are obsessed with having a boy to follow the surname. (D15)

[My daughter] had always won everything at the school swimming carnival. And she'd got up and the school had already stopped her doing sport . . . She came out the front and [her brother] was all dressed in his [sports] uniform . . . That was the day [my daughter] came in and she said [referring to the anorexia] 'that bitch has just taken two years of my life and she's not going to take one more second.' (M12)

Response to Anorexia

Girls reported being affected by what they saw as their siblings' response to their anorexia. Some girls experienced a sense of rejection, avoidance or distancing of the sibling relationship and this was also reported by parents. Participants attributed the distancing to girls' behaviour towards siblings and to siblings' frustration, resentment, and lack of understanding about anorexia.

Her sister who's 16 has a lot of resentment about what the eating disorder has done to our lives and to us and to her. Yeah, so sometimes they talk, but not a lot. (M26)

Girls' often expressed distress when they saw siblings withdrawing from them.

[My brother] didn't want to come and visit me during my last admission at all, which upset me but I can understand why. (D20)

In other families, siblings were seen as not being involved with their sister's eating problems and the sibling relationship seemed to remain relatively undisturbed. This sometimes meant that distant relationships between siblings remained distant and the sufferer may have missed out on a potential source of support. Sometimes, however, it was experienced positively as a continuation of a normal relationship in the midst of a great deal of upheaval.

I just like being around [my sister] 'cause we don't talk about [anorexia]. She's just normal.' (D22)

In many instances, girls and parents described siblings as responding to the anorexia by demonstrating support and a desire to help girls. Participants described many ways in which siblings supported the daughter with anorexia, such as by providing practical help (for example, cooking or bringing work home from school), contact, companionship and emotional support (for example comforting, commiserating, and being affectionate).

[My parents and sister are] a lot more understanding now and loving and they try and make me feel a lot better about myself 'cause obviously I have low self esteem, so they try and talk to me and help me.' (D34)

Often siblings were described as making conscious efforts to avoid upsetting girls, for example, keeping the house clean, or being tolerant of anorexia-related behaviours. Other siblings, particularly those who were older, shaped their sisters' experiences by confronting them; expressing their concerns and opinions; giving advice; providing information; and encouraging girls to resist anorexic behaviours.

[Her oldest sister] just very matter of factly, she said 'Marina, do you realise that you're probably anorexic? . . . You're going to the doctors. If you don't want mum to take you, I'll take you and you're going, I'm making an appointment right now. (M81)

Siblings' perceived attempts to help and support girls were often appreciated by girls though at other times these efforts were viewed negatively. Sometimes girls' experiences of their siblings' responses to anorexia were simultaneously positive and negative, and they also changed over time.

It's more like she's like my older sister and she's looking after me . . . I don't like that because it makes me feel like, inadequate in a way. She's been really good but she's just trying to mother me now and I don't want that. (D6)

[My brother] didn't know how to act around me and he froze up and he wouldn't talk for ages and ages. Like, we just lost contact. And then in the last sort of month since I started getting better he's been, he's come out of his shell so much and he's really supportive of me. (D12)

A number of girls and most parents expressed a perception that anorexia had a negative impact on siblings themselves. This caused worry and guilt for some sufferers.

Even though it wasn't me, I still feel guilty because of like the things that I did and the things I said and how I acted. (D12)

While many girls did not outwardly express concern about the impact of the anorexia on their siblings, two girls admitted that they tried to avoid thinking about this as it made them feel worse.

Indirect Influence

Parents reported that siblings influenced their own responses and behaviour, and believed that these affected their daughters with anorexia. Much of parents' discussion about siblings revolved around their concern for siblings' well-being. Most described making a concerted effort to look after siblings in the context of anorexia, for example, by trying to maintain normal family routines, providing emotional support, protecting, and monitoring siblings. Often this meant that parents divided their time and attention between siblings and compromised between doing what they thought would be best for their daughter with anorexia and attending to the needs of other siblings.

Our son's just finished HSC, so that was another consideration. [My husband] felt that it would be probably not beneficial to [my son] if he sort of jumped on the, you know, let's get our daughter better bandwagon and, and left him to his own devices. So he said no, look, you deal with Paula . . . I'll be the rock for James. (M74)

Many parents, already distressed and anxious about their daughter with anorexia, reported experi-

encing additional distress and anxiety at seeing the negative impact of the anorexia on siblings and sibling relationships. When siblings developed problems this added to the demands, stressors and self-blame that parents were already experiencing, further taxing their ability to cope.

[Her sister] didn't cope with having to, you know, be a good girl while everyone else was fussing over Angela. So we went through hell with Martha . . . eventually, I think she had a breakdown . . . Going through that, you know, both with Angela and Martha at the same time, was like I had a real crash of confidence as a mum. (M6)

Parents also, however, reported a number of ways in which they experienced siblings as supportive, helping them to cope. Some parents experienced the support that many siblings provided for the daughter with anorexia, as a great support to them.

I've been very lucky that . . . one of my siblings has been there for another sibling because if I didn't have her, then I would have been in a loony bin at the moment. (M81)

Additionally some parents found attending to positive aspects of siblings' lives and achievements provided a temporary but welcome distraction from the anxiety and tension of dealing with a daughter with anorexia. For others, having other children who were doing well (or at least had no eating problems), and with whom parents had a close relationship was reassuring and comforting, and counteracted parents concerns that their parenting may have caused the anorexia.

You think well I've got another daughter and she's not like that so it's not something that automatically occurs from this type of behaviour in the family. (M11)

Siblings provided parents with previous experiences that they used to deal with the anorexia. Having gotten through difficult situations with siblings appeared to increase parents' confidence in their ability to cope with the current crisis.

We've been through an awful lot . . . I don't think there's anything that can phase us now . . . We'd just been through [an illness] with [our son] and got him better. And then to have this was just 'oh well, we'll get through it, we get through everything else.' (M12)

On the other hand, traumatic experiences with siblings could also make parents more vulnerable to anxiety and distress in their current situation. Two mothers who had experienced the death of another

child described experiencing similar feelings of failure and helplessness in dealing with their anorexic child.

Siblings also influenced parents in more active ways. Parents described their own beliefs and actions as being influenced by opinions, information and advice that siblings offered.

I think I believe my kids . . . They are very sensible and it does, you know, mean a lot to me what they think . . . And they just are absolutely convinced that [my daughter] is not well enough to come home [from hospital]. (M81)

In some instances, siblings provided an interface or means of communication between parents and daughters with anorexia when the relationship was difficult.

When [my daughter] felt particularly uncomfortable at hospital, we went outside one day and [her brother] and her texted each other downstairs until [my daughter] had calmed down and actually invited us to come up again. (F12)

Contributing Factors

Girls and parents described a number of factors that they thought contributed to the nature and extent of siblings' influence on girls. One of the main contributors was thought to be siblings' level of understanding about anorexia and their sister's situation.

The twelve years old brother, he seems to understand Samantha and sometimes stand on Samantha's side. And helping Samantha. But the youngest one says 'oh, I love the food, if you full I can have your one?' (M28)

In most instances, increased sibling understanding was seen as beneficial for girls. Sometimes, however, an apparently oblivious sibling meant an undisrupted sibling relationship and may have reduced girls' and parents' concerns about the impact of anorexia on them.

I think my brother—he's only like 10—a lot of the time he just doesn't really understand what's going on. So he just kind of, yeah. We get along fine. (D16)

The relationships that existed between siblings prior to the anorexia also influenced siblings' involvement.

[My sister and I] are very different, like opposite . . . So we sort of keep out of each other's way and it seems to work OK. (D9)

Some parents encouraged siblings to support their sisters, for example by visiting them and attending family therapy, and some girls sought support from their siblings. However, sibling involvement was sometimes discouraged by parents or by the girls themselves.

[My brothers] were always, always pushed out of a lot of the involvement in it because they're younger. (D1)

Siblings' own lives and lifestyles contributed to siblings' influence, for example, whether they lived at home with parents and girls, and how busy they were with their own activities.

[My sister] had a retail job and basically she got home late and left work the same time I left for school so I only saw her and spoke to her whenever she had time. (D10)

Factors such as the ages and genders of siblings, their personalities and backgrounds, the number of siblings in the family, and the length of time the girl had been suffering from anorexia were all believed to contribute to the influence of siblings, often because of their impact on other contributors, such as understanding, prior relationships, lifestyles and whether they were encouraged or discouraged from involvement.

[My sister] has been one of my big supporters 'cause she did psychology in university, so she studied anorexia. So she knew, like more than what my parents knew. (D13)

Because our boys were a fair bit older and our little girl was the youngest, you know, the boys have enough maturity to realise that, you know, that we're directing our efforts and our energies towards Mel, not at their, not at their detriment, you know, like they were able to cope with that. (F32)

Finally, some parents and girls talked about the influence of professional interventions such as family therapy on siblings' involvement, particularly in relation to increasing their level of understanding about the problem.

I felt [that family therapy] was helpful because it got [her brothers] talking and, you know, it sort of gave them some ideas of how they could help Susan . . . It sort of made them aware that there are other people in the world besides them. (M14)

DISCUSSION

To date, the small amount of research about the influence of siblings has focused primarily on sibling structural variables such as family size, birth order, relative age and gender, and has produced inconclusive results. Our findings suggest that these types of factors influence girls but in complex ways that are unlikely to be reflected in simple statistical analyses. That is, they affect girls through their impact on the three mechanisms of sibling influence—presence/existence, response to anorexia and indirect influence—and they influence or interact with other contributors, such as sibling understanding, relationships and lifestyles. These findings are consistent with the general sibling literature, which suggests that sibling structural variables may provide an 'organisational framework' or the conditions within which other factors, such as differential parental expectations, operate to influence individual's lives (Cicirelli, 1995, p. 47). In clinical practice age and gender of siblings are often regarded as influential to siblings' contribution. However, it is important to recognise the variety of different ways in which siblings may affect girls and that this does not always depend on a sibling's ability to develop a detailed understanding of the situation or to provide direct support. It is also encouraging to note that although sibling structural variables, which are not changeable, do appear to contribute to sibling influence, other contributors (through which structural variables often exert their influence), such as sibling understanding and inclusion or exclusion, are amenable to change over time or with clinical intervention.

Although the purpose of this paper was not to compare parents' and girls' accounts, the findings indicated that these were different but not contradictory. Parents' and girls' accounts tended to emphasize different aspects of siblings' influence, thereby providing a more holistic view of this influence. For example, parents appeared to be more conscious of the impact siblings exerted on girls via themselves. This influence of sibling–parent relationships on parent–daughter relationships is well recognised (e.g. Stoneman & Brody, 1993) and is important because the influence of parents on girls' recovery is likely to be significant (e.g. Nielsen & Bara-Carril, 2003). Thus siblings' influence on parents, as well as their direct influence on girls is worth considering in clinical practice.

Our research supports the potential role of sibling support in the recovery of girls with anorexia. Yet siblings in our study were often described as being

reluctant to attend family therapy. This suggests a need for detailed research into the impact of family therapy participation on siblings themselves. More generally, there is clearly a need for additional research into the experiences of siblings and the impact anorexia has on them. Two small, qualitative studies suggest that our participants' concerns about anorexia's impact on siblings is well-founded (Garley & Johnson, 1994; Ross & Handy, 1997). Our research indicates that by supporting siblings and by assisting parents to support siblings, clinicians will also be supporting parents and girls themselves.

CONCLUSIONS

In clinical practice with children and adolescents with anorexia, siblings are increasingly being recognized as important and influential family members. However current conceptualisations of the influence of siblings and of the roles of siblings in girls' experiences are unsophisticated and often vague or too generalised to be helpful. This paper represents a step towards understanding siblings' roles and their influence. It specifies three mechanisms by which siblings influence sufferers, and identifies a number of factors that girls and parents reported as contributing to siblings' influence. The research underlines the importance of paying detailed attention to siblings and their multiple and complex influences on patients in clinical practice and the necessity of further research in this neglected area.

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