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Living with an Eating Disorder: What About Brothers and Sisters?

Karin Jasper, Ph.D. and Ahmed Boachie, M.D. FRCP(C)

Caring for a child with an eating disorder changes a family. Whether a family tends to be adventurous or cautious, traditional or non-traditional, close or more distant, it soon becomes similar, in key ways, to other families living with an eating disorder. The family re-organizes itself around the illness and this re-organization has significant effects on all family members, including brothers and sisters.¹

Family re-organization around the illness

Because the child with the eating disorder is driven to avoid adequate nourishment, meals and snacks that were formerly simple and routine matters take on enormous significance. They require

time and attention from parents that would ordinarily be available for a much wider range of family activities. Since eating disorders can be life threatening, parents understandably become as anxious about getting their child to eat as the child is about avoiding food.

Interactions around every meal can be intense and conflict-filled, pulling everyone's attention to the immediate moment. Siblings may look for refuge from this intensity by eating somewhere else: by the TV or at a friend's. Some try to help by distracting or calming their ill sibling, or by taking responsibility for getting her (or him) to eat. In any case, the family dinner where everyone takes part in conversation over an enjoyable

meal is no longer happening.

It is not unusual for a family to get "frozen" into established routines for fear that doing things any differently could make things worse. Family members feel that they are "walking on eggshells" around the ill child and, in order to avoid upsetting her, are tolerant of her illness-related behaviours (e.g. demanding that foods be prepared in an exact way, prohibiting certain foods from the house, throwing tantrums at meals.)

Young person with anorexia:
*"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."*²

Negative ways of coping tend to become more pronounced,

e.g. taking control, anger and blaming, avoidance, denial, or substance use. Division of labour between parents also becomes more pronounced, so that if most of the childcare is looked after by mom or dad, then even more of it will fall into that person's charge.

The parent who spends more time at work may spend even more time there. Parents' well-being and availability to siblings is governed by the illness.³ Brothers and sisters find themselves on the sidelines, with less time and attention for themselves from moms and dads. Summers can go by without family vacations and celebration times can pass without the usual family way of celebrating. All members of the family feel to a greater or lesser extent that they have lost control over their lives.

A family doing its best to look after an ill child can seem to be functioning poorly by ordinary standards. Families in this re-organized state might mistakenly be seen as having a dysfunction that has caused the eating disorder. What looks like a cause is actually an effect of the eating disorder. Such family re-organization is not specific to eating disorders, but is common to chronic illnesses of every kind.

Effects on siblings

If these family changes were short-lived, they might be easy to tolerate, but eating disorders take an average of seven years to resolve. Siblings are themselves facing the challenges of school, peers, and developing their individual identity. Naturally they feel resentful of the illness-related changes to family life that make it difficult for their own needs to be met. Feeling resentful may give rise to guilt feelings, e.g. thinking it is selfish to be angry that the ill sibling is taking so much parental attention. Guilt may also arise when a sibling believes that something she or he did contributed to causing the eating disorder. On other days, it may seem that their sister or brother could eat if she or he just tried hard enough or wanted to and that it is she or he who is being selfish. Siblings watching their parents in this situation may think that parents are overburdened. Depending on their age and personality, siblings may compensate by taking on responsibilities that really belong with parents, or they may behave in defiant or oppositional ways. They may start a process of detachment from the ill sibling.⁴

"[Her sister] found it very hard to deal with. She moved away from home and had a really hard time dealing with it all. And I don't think she could have come back to live at home. I think the house would have just exploded. Because you know, they don't understand what it's all about. Why can't she just snap out of it?"⁵

Too often, the siblings' need to understand what is happening is not taken seriously enough. Without help and understanding they may begin to experience significant anxiety and/or depression themselves. Sometimes a previously well sibling will develop an eating disorder. Siblings need to understand the effects of the eating disorder on their ill sister or brother, as well as on their own emotions, and they need to be supported to continue their own developmental paths.

Influences of siblings

Family is the most important resource for recovery of a young person with an eating disorder. Primary support for the ill child's recovery is the responsibility of adult caregivers, but brothers and sisters can contribute. In a recent study, adolescent girls with anorexia nervosa and

their parents were asked about the influence of siblings on the girls' experience of anorexia. Their answers reflected the variation in sibling relationships within and between families, as well as the nature of sibling relationships which includes both conflict and companionship.⁶

Some described sadness or feelings of rejection by their siblings' distancing or anger and resentment. Others described a very positive experience of the relationship staying the same: *"I just like being around my sister 'cause we don't talk about anorexia. She's just normal."*⁷ This is a more likely response when siblings are very young. At younger ages, they do not wish to see their older siblings as ill and so become less aware of the specific effects of the eating disorder. The ill sibling is also likely to prefer that the younger sibling is not aware of the eating disorder and will mask its manifestations to this end.

Many siblings were reported to care for their ill sister or brother by doing very practical things like cooking or bringing work home from school, or by providing companionship and emotional support. Siblings also express concerns and

opinions, give advice, and confront their sisters and brothers. Sometimes they are the ones who bring the illness to the attention of their parents. They were also described as encouraging their sisters and brothers to resist eating disordered behaviours.

Siblings contribute indirectly through their relationships with parents who are often influenced by the opinions, information, and advice that siblings offer. They can provide a means of communication between parents and the ill sister or brother: *"When my daughter felt particularly uncomfortable at the hospital, we went outside one day and her brother and [she] texted each other downstairs until my daughter had calmed down and actually invited us to come up again."*⁸

An unintentional way in which siblings contribute is simply by continuing their own developmental paths. Their development can represent a sort of reality check on the cost of the eating disorder to the ill sibling. This can become part of a motivation to resist the eating disorder.

"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'."*⁹

The role of family therapy

Eating disorders lead to major stresses on families. They place significant strain on sibling relationships. To some extent this is unavoidable. Factors that contribute include how relationships were before the eating disorder, age, gender, and personalities of siblings, the length of time that the ill child has had an eating disorder, and whether the sibling lives at home. These stresses and strains can be offset by family involvement in multi-family or family therapy. Either can help family members understand the impact of the eating disorder on the ill child as well as themselves. Siblings can learn to understand their ill sister or brother better and can be helped with any intense emotions they are feeling. They can be encouraged to contribute to their ill sibling in ways that are suitable to their age and their personal

development can be fostered even while parents are looking after the ill child. The development of anxiety or depression, or even another eating disorder in siblings, can discourage parents' self-confidence, but these things happen because of similar vulnerabilities in siblings, not because parents cause them. Family therapy can help parents turn away from blaming themselves and to focus on supporting their children effectively.

Siblings are important!

It is clear that siblings play a significant role in the lives of those with eating disorders. This role is acknowledged in all of the major therapeutic interventions for teens with eating disorders, including all forms of family therapy.

Multi-family group therapy, individual family therapy, and day hospital programs all implement a way of including siblings for at least some part of the therapy process. Siblings make a range of contributions to their sisters and brothers with eating disorders, including supporting them to resist the eating disorder, providing companionship, communication to and helping parents, and by being models of more carefree eating.

1. This information about family reorganization around the illness comes from two sources:
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 Eisler, I. (2005). The empirical and theoretical base of family therapy and multiple family day therapy for adolescent anorexia nervosa. *Journal of Family Therapy*, 27: 104-131.

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adolescent girls. *European Eating Disorders Review*, 14: 315-322, p.319

3. Hopia, H., Paavilainen, E., and Astedt-Kurki, P. (2005). The diversity of family health: Constituent systems and resources. *Scandinavian Journal of Caring Science*; 19, 186-195.

4. Highet, N., Thompson, M., and King, R.M. (2005). The experience of living with a person with an eating disorder: The impact on the carers. *Eating Disorders*. 13:327-344.

5. Highet, et al., p. 335.

6. Sharpe, D. and Rossiter, L. (2002). Siblings of children with a chronic illness: A meta-analysis. *Journal of Pediatric Psychology*, Vol.27, No. 8, pp. 699-710.

7. Honey et al., p. 318

8. Honey et al., p. 320

9. Honey et al., p. 318

Recommended Reading

Lock, J. and Le Grange, D. (2005). *Help Your Teenager Beat An Eating Disorder*. New York: The Guilford Press.

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