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Siblings in the Context of Anorexia Nervosa

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Abstract: Background: Sibling relationships may be relevant to the development of anorexia nervosa (AN), yet little research has focused on this aspect of the disorder. *Method:* A narrative study of four women in various stages of recovery from AN is described and results relevant to sibling relationships are presented, enriched by published anecdotes and case studies. *Results:* The anorexic interviewees described much antagonism and rivalry and little warmth and intimacy between themselves and their siblings. They seemed to feel they did not belong sufficiently in their families and other social settings despite a strong desire to belong. *Limitations:* The sample is small, reports subjective and retrospective and no control group was included. *Conclusions:* It is suggested that anorexic girls often feel emotionally isolated from and misunderstood by siblings, who may have much to contribute to the process of therapy and recovery.

Introduction

As shown by twin studies, a genetic predisposition plays a role in the development of anorexia nervosa (AN) and the siblings of sufferers thus have a significantly higher risk than controls of developing an eating disorder (1, 2). In the vast majority of cases, of course, the siblings of anorexics never become anorexic themselves, and some anorexic patients are only children. Yet the relevance of both affected and non-affected siblings to the development of the disorder in their sister (or brother, though the ratio is approximately 10:1) is evident in innumerable cases and in myriad ways.

When Hall (3) notes, "admittedly on anecdotal grounds, that the effects of siblings on each other may… be of importance" (p. 268), he is referring to the influence of anorexic rather than of non-affected siblings. He presents a case of five anorexic sisters: A's illness was triggered by jealousy of C's slimness, C's by the onset of B's anorexia, D's by C's death, and E's by D's anorexia. Shafii and his colleagues (4) describe the close relationship that developed between Karen, and her younger sister Bonnie after Karen was hospitalized with AN. Jealous of Karen's experiences in hospital and her newfound ability to stand up to her parents, Bonnie subsequently developed AN. Thoma (5) describes how the jealousy of Agnes C. was aroused when her younger sister became anorexic, became the focus of attention in the family and received special affection from her father (p. 191). Agnes responded by developing AN. Peggy Claude-Pierre's daughter, Nicole, developed AN after joining her mother in an intensive and successful effort to heal her anorexic sister (6).

Such stories abound in the literature, yet there is a disappointing dearth of insightful research relating to the unaffected siblings of AN patients, who occupy a marginal position in the bulk of the literature (particularly concerning etiology). Vandereycken and Van Vreckem (2, 7) nevertheless take a long-overdue and invaluable look at their role, especially in protection and recovery. They and others (8) have drawn attention to this lack of systematic research on the siblings of eating disordered individuals, singling them out as a forgotten, neglected group. We therefore know relatively little about how anorexic girls relate to and interact with their siblings.

The issue of sibling rivalry and jealousy in particular has received far more anecdotal than empirical attention. Bruch's patient, Karla (9), made up her mind to "elicit the same expression of great satisfaction" on her father's face as when her brother received an academic prize (p. 34). Another of her patients, Annette (10), always craved the approval of her big sister Josie, to whom she always related "in terms of superiority and inferiority," but who had always ignored her existence (p. 66). Sabine B. (5) displayed raging hatred towards her four siblings. "When people asked me how many brothers and sisters I had, I used to say I was an only child. My

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mother had no right to have any other children" (p. 155). In an attempt to gain her mother's approval and attention, she would dirty or tear her sisters' dresses "so that I would have the cleanest one and would be praised by mother, while Maria got smacked." She would also incite the older two to tease the younger two, lock the baby in the pigsty so she would starve to death or be eaten by the pigs, and put her in the sun "to burn her up."

Only a handful of empirical studies have addressed this issue. Murphy, Troop and Treasure (11), who used the the Sibling Inventory of Differential Experience (12) to compare 28 anorexic women with their unaffected sisters, found that the anorexic sisters reported more antagonism towards and jealousy of their sisters than vice versa. Engel and Hoehne (13) found that 33 anorexic patients did *not* significantly differ from normal controls in measures of "sibling rivalry" and "sibling relations," but do not mention how these were assessed. Two other studies (14, 15) failed to link outcome of AN to sibling rivalry. The clinical impression of Stierlin and Weber (16) and of Dally (17) is that rivalry is pronounced in anorexic families. Sibling rivalry is a fairly ubiquitous phenomenon. It is conceivable that it is not the degree of rivalry, but its specific nature and, above all, its subjective interpretation and implications that are of relevance in the development of AN.

This paper focuses on the relationships of anorexic patients with their non-anorexic siblings. The thoughts, observations and hypothesis presented are based on a narrative study of four women in various stages of recovery from AN and on published anecdotes and case reports. During the interviews, I did not attempt to explore how these women view the causes of their anorexia, its precipitating factors or the recovery process, but simply to listen to their spontaneous descriptions of their relationships with significant others at different ages.

Method

Participants

Four volunteers in various stages of recovery from AN participated in the study. Tzipi and Tina (all names have been changed) responded to an announcement posted at an Israeli institute of higher education. Loren responded to a similar newspaper announcement and Tina referred me to Ariella.

Loren, 40, grew up abroad and visited Israel frequently before immigrating seven years ago with her husband and two now teenage sons. Her AN (restricting type) developed in her mid-twenties, following her engagement. Although in remission, Loren remains extremely preoccupied with food and weight.

Tzipi is a 23-year-old student whose weight has fluctuated greatly since the age of seven. At the age of 12 she was hospitalized for two months for the treatment of AN (restricting type) and received follow-up individual and family therapy. At the age of 18 she relapsed, regaining her lost weight — and more — while in individual psychotherapy. Today she reports consistent overeating and feels she has lost the feeling of uniqueness she derived from a "real" eating disorder.

Tina, 23, developed AN during her army service and her illness has persisted for five years. She found school irrelevant to life, making no effort to study until she dramatically advanced her academic profile in the 11th grade. Frustrated with a lack of progress during four years of therapy, Tina recently terminated treatment.

Ariella, 23, works and studies. She lived to dance as a teenager, but at the age of 18 she began to diet and her weight plunged. She attended therapy for her AN (bingeing and purging type) only so her dance teachers would allow her to dance. Eventually, she was forcibly hospitalized in critical condition and spent a year in an eating disorders unit. She feels she has come a long way, but that her road to recovery is still rocky.

Procedure

Initial contact with participants included a brief clinical interview to confirm the former diagnosis of AN and the signing of informed consent forms. Interviews were conducted at the participants' places of residence. In order to hear as much as possible about the different kinds of relationships they experienced at different stages of their lives, I adopted Josselson's (18) concept of "relational space maps." In this approach, each participant is asked to write her name in a circle in the middle of a blank page and to arrange the people who were important to them at that

time of their lives in cirles around the self. It is explained that important people are those who were in the participant's mind, about whom she would have been thinking. The distance of each circle from self should reflect the degree of that person's inner presence for the participant, rather than whether they were physically present, how far away they lived, and so on. Deceased people, or those who were important as a group but did not really matter as individuals can also be drawn, such as a basketball team or a youth group. Maps are usually drawn at five-year intervals beginning around age five, although this is flexible. In this study, the three younger interviewees chose to draw more frequent maps to represent their teenage years, and Loren omitted a map for age 35, saying that nothing significant changed between the ages of 30 and 40. The interview then focuses on *how* each person on the maps was important.

The interviews with Tina and Tzipi each lasted approximately one and a half hours, the interview with Loren two hours, and the interview with Ariella three and a half. Interviews were recorded and transcribed verbatim. I read and reread the transcriptions, ascribing categories of content to relevant sections that served as a basis for the organization and analysis of results. Results relating to sibling relationships only are presented below.

Results

Loren

Loren has a brother, one year her senior, and a sister, four years her junior. Her childhood memories revolve almost exclusively around her siblings' outstanding scholastic achievements. Loren suffered from many "learning disabilities and problems in school." Her infinitely patient father spent endless hours teaching her; his help and "a little bit of tutoring" enabled her to hold her ground in regular classes and matriculate.

She recalls being unable to understand a test administrator in the second grade, and being labeled as "learning disabled and mentally retarded." She stresses that for her parents, "each child was an individual, however they progressed, they progressed" and that they never compared her to her siblings. Yet she always felt a failure and a misfit, unable to measure up to her siblings: "I decided that I had to have been adopted… years and years of being brainwashed in schools, being told you're mentally retarded, after a while you begin to believe it, or at least I began to believe it, so I couldn't understand how it was possible that my parents could have two totally bright children and one mentally retarded child."

Loren recalls "tagging along" with her brother, who resented her presence. She remembers him bringing home good grades, whereas her artwork at kindergarten never even earned smiley stickers like the other children's. Loren cannot remember her sister's birth when she was four, and has no memories of her as a baby; the first thing she recalls about her is that she excelled at school. At the age of 12, Loren felt sibling rivalry was greater than ever and that the bond between her sister and brother was growing closer, leaving her "out of the picture."

On several occasions during the interview, Loren described people in relation to my height and weight, for example: "he was just like this guy, probably your height but even thinner than you." At the age of 18, well before her AN became "full blown," the way she was constantly comparing herself to her sister had extended to the physical realm: "We were at that point the same height, um, wait a minute, we were the same height and we were the same weight… No, we weren't the same height, we had the same shoulder size and we were the same weight but she was taller than me and I couldn't understand why on her it always looked like she was thinner and I looked fat."

Today, at the age of 40, she still has minimal contact with her brother and sister and there seems to be little motivation on either side to create a meaningful connection.

Tzipi

When asked at the beginning of the interview whether she is close to her sister, three years her senior, Tzipi said the words "we never got on" three times within 30 seconds. When she was six and her sister was nine, they would fight frequently and violently, verbally and physically. Tzipi cannot recall what their fights were about, "no doubt trivial things." Although I feel that she was open and afforded me a real understanding of her sister, Tzipi refers repeatedly to "my sister"; she remains nameless.

It is not uncommon for the siblings of girls with AN to suffer from a disability or psychosomatic illness (19, 20). Tzipi introduces her sister by relating her history of diabetes. Tzipi is convinced that her mother, herself diabetic, chose to "bury her head in the sand" and childishly ignore the symptoms so familiar to her, until her older daughter was hospitalized in a critical condition. During her sister's stay in hospital Tzipi remembers crying, "as if I cared about her." Tzipi stresses how difficult life is for her sister: "She's a pretty miserable person." She feels the diabetes has caused her mother to overprotect her sister, depriving her of self-confidence. "I lack self-confidence," says Tzipi, "but I'm aware of it. My sister hasn't a drop of self-confidence."

Tzipi describes her father as emotionally absent and, like herself, as a loner and social misfit. Yet despite the fact that they hardly ever spoke, she felt warmth and love from him: "He loved me more than my sister" — and her mother loved her sister more than her: "In retrospect that depressed me." Tzipi feels that her mother always worried excessively about her sister, more than about her. Her parents had lost their firstborn daughter at the age of one and a half and Tzipi feels that her sister was the one to replace the dead child in her mother's affection.

Tzipi stresses how different she is from her sister and constantly compares herself with her in all areas of functioning. She explains that she herself is fat because she eats a lot, whereas her sister is fat because "she tends to be fat" — she eats a lot less than Tzipi, works out often in a gym and does a lot of sports. She says her sister has always been jealous of her "because I was always more successful than she was." Yet even though Tzipi, unlike her sister, has always been a good student, she considers her sister to be more intelligent than she is and to possess an excellent store of general knowledge that she herself lacks. Tzipi also stresses how sociable she herself is in comparison to her sister, which is interesting in the light of her frequent claims that she is a social misfit. She describes herself several times as being more "normal" than her "strange" sister, who is "very masculine" and has never had any friends.

After Tzipi's army service, she and her sister traveled together and had a terrible fight, since which they have hardly spoken. Again Tzipi cannot remember what it was about: "probably about my mother… because she is dependent on her and I'm not at all." She blames her sister for behaving childishly and bearing never-ending grudges.

Tina

Tina has a brother five years her senior. Although it is very unusual to omit first degree relatives from the relational maps (Ruthellen Josselson, personal communication), Tina included him on none. Had I not inquired, she would no doubt never have mentioned him. "I don't remember him at all, I'm just thinking of this age [six], I don't know where he was!" After some thought she recalled that before she was five, "every so often, you know, the little sister tagged along with him" (note that Loren, too, used the verb "to tag along"). When they were older he went to school all day and during the summer vacation "we'd turn on the TV and stuff, we really didn't have a relationship at all…" This is all that Tina mentions about her brother in an interview on significant others lasting an hour and a half.

Silence often speaks louder than words, and Tina's silence about her brother is salient. Rather than concealing unconscious or unspeakable issues, it seems to appropriately reflect the apparent "nothingness," the emotional detachment and the total mutual indifference that characterized the space between them. Had I probed her further about him, I would possibly have learned more about him, yet missed out on understanding how absent he was from Tina's interpersonal world.

Ariella

Ariella has six older siblings, and the sister closest to her in age is six years her senior. After Ariella was born, her mother suffered from a severe psychiatric illness and always blamed her youngest daughter for ruining her life, singling her out from her siblings by telling her that she should never have been born. "You made me sick and I'm going to die in the end just because you're bad… I'm gonna die because of all these pills that I have to take every day, or, um, cos I'll kill myself."

Ariella's great frustration as a very young child was that her siblings could read and write and she could not. At the age of four she started bombarding them with questions about the Hebrew and English alphabets, about this letter and that word, and taught

herself to read. Her siblings, all of whom she describes as very different from her, are strikingly absent from her narrative and do not appear on any of her maps until her present age of 23. Ariella mentions one of her sisters and her husband in the description of her forced admission to hospital at the age of 18, and also mentions that her sisters would often come and visit her in the evening during her year-long stay there.

In recent years, however, Ariella has found a healing connection to her siblings. She says she now speaks almost daily to four of them, who regularly come to visit her. Instead of thinking that "Ariella's like the strangest woman, whenever she decides to come back to earth [from the town where she lives] she can come visit us," they come to her apartment for dinner, sitting with her while their children play. Instead of expecting her to go home on her birthday as they used to, they now come to celebrate it with her. Ariella enjoys common interests she shares with two of her sisters in particular, and her life is greatly enriched today by her numerous nieces and nephews, who idealize and validate her.

Discussion

The total absence of even one close, caring childhood bond between my interviewees and their nine siblings is striking; I heard little if anything about intimacy and warmth and much about distance, antagonism and rivalry. It seems that the participants in this study felt very early in life that they were not basically understood by others, and in particular by their siblings. In general they had a feeling of disconnection and one could go as far as to say that they felt they did not really belong in their families. On Ariella's map of age six, she drew herself alone on an otherwise empty page: "I felt that nobody understood my language… It's not as if I was alone, I had a lot of people around me, um, but I felt I wasn't communicating." Her words are reminiscent of Bruch's (10) patient Annette, who describes herself as a lonely and isolated child, "like the statue [of Liberty], untouched and untouchable, on a little island in the gray ocean, with no relationship to anybody or anything" (p. 157).

I would like to suggest that feeling isolated from and enigmatic to significant others, siblings in particular, may play a pivotal and archetypal role in a broader and more pervasive sense of not belonging. Bruch's patient, Annette (10), felt that "she never belonged wholeheartedly anywhere, that she was forever condemned to be on the fringe" (p. 162). Concern for appropriateness, or the need to conform to social norms and avoid failure in interpersonal relations, has been shown to be a risk factor for disordered eating and possibly for eating disorders (21). What is striking about my interviewees is that their sense of not belonging seems to be accompanied by a strong, compensatory need to belong.

I therefore suggest that distance from and antagonism towards siblings may contribute to future anorexic patients' doubt that they are legitimate, egalitarian members of their families of origin. This feeling of not belonging may then extend to broader societal levels, and be accompanied by a compensatory desire to be fully accepted as a group member in various social contexts.

Tina, who hardly felt her family was there to belong to, spent much of her childhood with schoolfriends and their families. Tzipi never felt she belonged at kindergarten, at school, or in the army, and seems to be on a constant quest to "fit in" and belong in the world. She placed groups — her "class," "friends," and "people in the army" on her maps, mentioning no specific individuals. She described her experience in the army as traumatic because her exposure to the secular world was a shock to her system: "I didn't belong to normal society."

Ariella placed a youth group on her map at age 12, about which she enjoyed "everything, the ideological involvement, the philosophical thinking… the interaction, the social idea behind the thing that many people meet together once or twice a week and they have like a general idea… The sense of community I think was something very important… belonging to somewhere you choose to belong and that you believe in, in what's going on there and that you want to be part of it and feel you can contribute to it." Her dance friends appear as a group, as do her schoolfriends at the age of 18.

Loren felt she did not belong to her family to the extent that she suspected she was adopted. Her feelings of being left out, second best, unlikable and unwanted in relation to her siblings extended to her friendships at school and to her first boyfriend as

well. For two years she dated him, even though she was not attracted to him, found him void of personality and likened his handshake and kiss to "dead fish." She remained with him primarily out of a need to "belong" to someone and feel "attached"; it constantly amazed her that someone so bright (he was a medical student) could possibly want someone like her. Loren's maps included her youth movement, school staff, the school itself, and her work staff. Many of the individuals on her maps are extended family members, some of whom she included despite a lack of special or close feelings towards them.

A sense of connection and belonging both to family and to other groups, so lacking yet so desired by many AN patients, is a powerful potential source of healing. Just as Ariella's siblings contributed to her sense of isolation during her childhood, they now contribute much to her growing sense of connection and recovery. This potentially therapeutic value of reconciliation and connection with previously estranged or hostile siblings should be sought and tapped in formal therapy.

Being a part of or belonging to groups outside the family, which Josselson (18) calls "embeddedness," is also potentially therapeutic. Tzipi's hospitalization at the age of 12, for example, was subjectively the most socially rewarding period of her life. "We really got on. I was the joker, kind of… we spoke about everything, we really laughed. I really had a fantastic time there socially, fantastic… the communication was fantastic. There were all kinds of really terrific girls there." Today Tzipi derives much satisfaction from her active membership in a political organization. Ariella, too, enjoys her religious community to the full. This is interesting in the context of Garrett's (22) report that most of her anorexic interviewees "referred to a sense of participation in a community… as essential to their recovery" and that the sense of community they crave often has "specifically spiritual associations" (p. 98).

AN is perhaps in part a quest to efface oneself, conform, be accepted by and become like the others in a group. Yet it is equally, and paradoxically, a quest to be special, different and individual. This tension between belonging and not belonging parallels that between conformity and rebellion. Food is connected to a sense of belonging. Different cultures have their characteristic foods, families share meals, and a common meal does much to unite any group. The rebellious act of self-starvation isolates the anorexic and sabotages all hope of fitting in adaptively. In Bruch's (23) words, "The anorexic will fail to achieve his goal of becoming a respected member of his group, capable of mature independent relationships, through his angry isolation and food refusal" (p. 250).

The future anorexic's basic belief that she does not really belong in her family parallels an all-out effort to prove that she does by complying with expectations and often by trying to compensate parents for perceived disappointments from a sibling. Bruch's patients provide several examples. Hazel (Ida) (9), whose father had been disappointed by her half-sister, began to lose weight after hearing her father ask 'Is she now going to be a teenager?' which she interpreted as an expression of disgust and rejection (p. 62). Fanny's sister (23) was "'a disappointment' because she had wanted to go her own way," so Fanny developed anorexia in an attempt to be "ideal" (p. 239). In contrast to her demanding older sister, Laura (9) "tried to be 'a comfort' to her mother" (p. 28). Irma (9) felt that her sister had failed her parents and that she was thus obliged to compensate them (p. 134).

Much has been written about the role of social comparison processes in the development of body dissatisfacton and eating problems (24). It therefore seems likely that the process of physical comparison with a sibling should occur along the road towards AN. Loren compared her body with her sister's and envied her sister's slimness. Garrett (22) writes about Dominic, who felt he was too fat, "especially as his older brother was shorter, more slender and more athletic, like his father" (p. 135). Frances (23) desired to be thinner than her "slim and sickly" younger sister "with whom she had always been in jealous competition" (p. 241).

There are clear and serious limitations to this study. Four is a very small and not necessarily representative sample, with no control group for purposes of comparison. Since reports are retrospective, we can in fact conclude nothing about causality, though we can speculate. We hear only the very subjective voice of the anorexic sibling, which nevertheless reflects her inner reality. The voices of unaffected siblings, in particular how they relate to their sisters'

AN, would be interesting to hear. Researchers and clinicians should therefore view this study as "food for thought," as pilot research and the formulation of a tentative hypothesis worthy of further examination.

To summarize, sibling relationships may be of relevance to the development, prevention and treatment of AN. I suggest that feeling emotionally isolated from and misunderstood by siblings may be a predisposing factor in the development of AN, just as feeling basically accepted and understood by them may be protective. Hopefully, this preliminary hypothesis will stimulate future investigation into and elucidation of the role of sibship in the course of AN. The time is ripe for an in-depth examination of sibling relationships in the families of anorexics that takes into consideration the entire range and richness of human experience. Such an investigation could have far-reaching theoretical, etiological, preventive and therapeutic ramifications.

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