Differential environmental factors in anorexia nervosa: A sibling pair study

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Objectives. Previous studies have explored differences in psychosocial and familial factors between women who develop anorexia nervosa and those who do not. However, these studies have generally used between-group comparisons. This study looks at the environmental factors which may be antecedents of anorexia nervosa looking at sister pairs where one had anorexia nervosa and the other did not.

Design. A paired design was used to compare anorexic women with an unaffected sister on a number of background variables, including sibling interaction, parental care, peer group characteristics and other events unique to the individual.

Methods. The Sibling Inventory of Differential Experience (SIDE) was used to determine non-shared environment. Out of an initial sample of 148 women with past or current anorexia nervosa, 28 were identified who had sisters with no reported history of eating disorders and who also consented to complete the questionnaire.

Results. Anorexic sisters perceived more maternal control and reported more antagonism towards and jealousy of their sisters than did unaffected sisters. In addition, anorexic women reported having had fewer friends and boyfriends than their sisters.

Conclusions. These results confirm the perceived differences in background environment between women with and women without anorexia nervosa. These issues are discussed in relation to behavioural genetics, family dynamics and psychosexual development.

Anorexia nervosa has long been considered one of the most dramatic and complex of psychiatric syndromes. The postulated causes of this illness span a broad spectrum from genetic predisposition through neuropsychological anomalies to familial and cultural factors. Anorexia nervosa, therefore, raises fundamental theoretical questions regarding the roles of biological and psychosocial factors in the aetiology of mental illness. Concordance rates for anorexia nervosa among monozygotic twins are high and significantly greater than the concordance rates in dizygotic twins (Treasure & Holland, 1995). While these figures demonstrate the importance of genetic factors in

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anorexia nervosa, the fact that they are considerably less than 100% highlights the aetiological importance of environmental factors.

A number of authors has described differences in background environment (such as quality of parental care) between those with an eating disorder and those without (Schmidt, Humphress, & Treasure, 1997a, for a review). However, the gross deficits in childhood care that are characteristic of depressed women (e.g. Bifulco, Brown, & Adler, 1991; Bifulco, Brown, & Harris, 1987, 1994; Harris, Brown, & Bifulco, 1986) are often found in bulimic women (both normal weight and anorexic) but not in restricting anorexics (Schmidt et al., 1997a; Schmidt, Tiller & Treasure, 1993b). Although it is generally held that there are elements of childhood environment which are of aetiological importance in restricting anorexia (e.g. Slade, 1982), these may be more subtle than those identified in bulimia nervosa. For example, it may be that the control by mothers that has been reported is subtle manipulation rather than explicit control. Alternatively, it may be that anorexic patients report a subjective experience of difficulties which is not objectively valid. Or perhaps it is not gross disturbances in care that are important in the development of anorexia but other less severe experiences, such as differences in sexual maturation and development (Schmidt, Evans, Tiller, & Treasure, 1995).

In any case, studies on background environment in eating disorders have generally involved between-group comparisons and it is not clear whether other members of the same household as the eating disorder patients experienced the same kind of adversity without developing an eating disorder. If, as suggested by some authors (e.g. Bruch, 1970), the development of anorexia is due to parental rearing practices, and since at least some aspects of parental care tend to be concordant between sister pairs, one would expect higher rates of anorexia in those with a sister who has anorexia. This certainly appears to be the case with higher incidence rates of anorexia in sisters of anorexics (Treasure & Holland, 1995). However, this would lead one also to predict that, where sisters are discordant for anorexia, parental rearing practices are also different between the two sisters.

Several authors have also shown that stressful life-events often act as immediate provoking agents in the onset of anorexia nervosa (e.g. Beumont, Abraham, Argall, George, & Glaun, 1978; Schmidt, Tiller, Andrews, Blanchard, & Treasure, 1997b; Strober, 1984; for a review, see Troop, Schmidt, & Treasure, 1998). Although some have suggested this is true mainly for later onsets (Gowers, North, Byram, & Weaver, 1996; Mynors-Wallis, Treasure, & Chee, 1992), others have found remarkably similar rates of severe events and difficulties immediately prior to onset in all groups (Schmidt, Troop, & Treasure, in press). Another suggestion has been a history of teasing about weight and shape (Slade, 1982) and this too may show differences according to age with younger onsets more likely to report previous critical comments (Theander, 1970). Even where parental rearing practices are the same for both sisters, one could anticipate that sisters discordant for anorexia will show different rates of severe life-events immediately prior to the time when one sister developed anorexia. According to Brown and Harris (1978), a vulnerability factor (in this case, the quality of parental care) only exerts its influence on the onset of an illness in the presence of a triggering event (such as a severe event or criticisms of weight and shape). Thus, given two sisters who experienced the same parental
rearing practices, discordance for anorexia could still be expected due to differences in exposure to other unique triggering events.

This paper aims to assess the role played by environmental factors, which are experienced differently by sisters in the same family, in the aetiology of anorexia nervosa using a discordant sibling pair design. Many of the environmental influences that affect development are perceived differently by members of the same family (Daniels, 1986; Daniels & Plomin, 1985; Rowe & Plomin, 1981). Plomin and colleagues have suggested that differential experiences unique to the individual (e.g. breaking up with boyfriends; family constellation; the nature of the sibling interaction; differences in parental treatment; differences in extrafamilial networks) contribute to the differential development of psychopathology. Plomin, Chipuer, and Neiderheiser (1994) assert that non-shared environment accounts for environmental influence in a broad range of disorders and goes on to conclude that the existing evidence, although admittedly scarce, is consistent with the hypothesis that non-shared environment is of major importance in the aetiology of most psychopathology.

The Sibling Inventory of Differential Experience (SIDE) developed by Daniels and Plomin (1984) measures sibling interaction, parental treatment, peer characteristics, and events specific to the individual. Using this measure, Daniels and Plomin (1985) showed that the sibling who experienced more maternal closeness, had more ‘say’ in family decisions and experienced more peer and sibling congeniality had better psychological adjustment. Children who experienced more maternal control and less affection than their siblings were more likely to be anxious and depressed (Dunn & Maguire, 1994).

Conflictual and negative behaviour directed specifically towards one adolescent child accounted for 60% of the variance in antisocial behaviour and approximately 37% of the variance in depressive symptoms (Reiss et al., 1995). The sibling who was not the target of this negative interaction had less psychopathology as if he or she had been protected in some way, a mechanism termed the ‘sibling barricade’ by Reiss et al. (1995).

Although some studies have explored differences in personality characteristics between affected and unaffected twins or sisters (e.g. Casper, 1990; Treasure & Holland, 1993), the role of siblings in the development of anorexia, and the study of siblings discordant for anorexia nervosa to provide information on aetiology has been given little attention. However, there are exceptions. For example, Hall (1978) looked at the family structure and relationships of 50 female anorexia nervosa patients and unearthed an intense, ambivalent, rivalrous relationship with the sister who was closest in age. Sights and Richards (1984) also suggest a strong sibling rivalry although this was emphasized more in families of bulimic individuals than in families of anorexic individuals.

Wonderlich, Ukwstead, and Perzacki (1994) used the SIDE with 29 women with bulimia nervosa and compared them with responses from non-eating-disordered controls. The results of this study indicate that it is the paternal relationship which is the most likely source of non-shared environmental experience in bulimia nervosa. Bulimic individuals were found to be more likely than controls to rate their fathers as showing less affection towards them at the same time as being more controlling of them than their sibling. However, due to difficulties obtaining consent to contact
patients’ sisters, this study used the SIDE in a between-group design rather than with the sibling pairs for which it was designed.

The present study attempts to assess the extent to which differential environmental experiences may mediate in the development of anorexia nervosa. As the sister pairs under investigation were discordant for the disorder, it is the nature and direction of the non-shared experiences which are of most interest rather than absolute levels of non-shared environmental experience.

As many family studies as well as the clinical impression expressed by family therapists and other clinicians focus on the controlling and authoritative nature of the mother–daughter relationship (e.g. Bruch, 1978; Selvini-Palazzoli, 1974), it is hypothesized that the affected sibling will report more perceived maternal control and overprotection than her unaffected sister. As sibling rivalry was found to be of importance in two previous studies of sister pairs discordant for an eating disorder (e.g. Sights & Richards, 1984; Sterlini & Weber, 1987), sibling interaction is also of interest and it is hypothesized that the sibling relationship will involve jealousy and antagonism.

Method

Participants

The participants were recruited from an ongoing study investigating bone density and osteoporosis in sufferers of anorexia nervosa. Both the participants who were taking part in the study and those who had volunteered but did not actually take part were contacted by the first author. Out of an initial mail-shot of 148 participants, 28 anorexic women with unaffected sisters were identified and took part in the study (see below for a breakdown in response patterns). The anorexic participants ranged in age from 16 to 42 ($M = 24.9$ years). The unaffected siblings ranged in age from 16 to 46 ($M = 25.3$) and the groups of sister pairs did not differ significantly from each other. The mean body mass index (BMI) of the anorexic participants was 17.9 kg/m$^2$ (minimum = 12.6, maximum = 20.8). This relatively high BMI of affected sisters reflects the fact that many of those taking part in the bone density study were recovered from anorexia. Their lowest adult weight at current height was also ascertained and their BMI at the height of their illness was computed. The mean lowest BMI was 12.8 kg/m$^2$ (minimum = 9.5, maximum = 16.1). Seven of the 28 anorexic participants were weight recovered. Throughout the remainder of this paper the term ‘affected’ will be taken to refer to the sister who has had anorexia and ‘unaffected’ will refer to her sister with no history of eating disorder.

Instrument

The Sibling Inventory of Differential Experience (SIDE) is designed to assess non-shared environmental influences by asking each sibling to compare his or her environment to that of a sibling. In this study the SIDE was adapted for young adults by asking participants for retrospective reports of their experiences. Participants were asked to respond by thinking about their differential experience over the years when they were living in the parental home. SIDE responses were based upon a relative scoring system with the following values: My sibling has been much more this way than I have (5); My sibling has been a bit more this way than I have (4); My sibling and I have been the same in this way (3); I have been a bit more this way than my sibling (2); I have been much more this way than by sibling (1). Four categories of differential experience are assessed by the SIDE.

Differential sibling interaction. Twenty-four items tapping four underlying factors: antagonism, caretaking, jealousy and closeness between sisters.

Differential parental treatment. Nine answered separately for mothers and fathers assessing both affection and control.
Differential peer characteristics. Twenty-six items tapping three subscales: orientation toward college, delinquency and popularity.

Events specific to the individual. Items relating to boyfriend relationships, relatives, friendships, divorce, meeting a special person, extraordinary events, death of a loved one, and family psychological problems. For the purpose of the present study questions regarding the effect on the participant of family psychological problems and the influence of accidents and illness were excluded from the analysis because of the possibility of contamination of responses due to the respondent’s anorexia.

Procedure
Participants taking part in a study on osteoporosis were sent a copy of the SIDE and asked to complete the questionnaire in relation to their closest in age sister (if they had one). Participants were asked to complete the questionnaire for the period before the onset of their illness. It was not stated that they should confine their responses to the period directly before the onset of their anorexia. They were also invited to contact their sisters (or to provide their sisters’ addresses) in order that the SIDE could be sent to them to complete in relation to their anorexic sister. Clearly, after taking account of participants who did not wish to participate, this procedure also eliminates all anorexic participants who do not have a sister (i.e. singletons and those with only brothers), those who did not wish to contact their sisters in relation to their illness (either because they were estranged, not close or else had not told their sister of the anorexia) as well as those who gave permission to contact their sisters but whose sisters did not wish to take part. In addition, sisters who answered affirmatively to a screening question regarding a history of anorexia or bulimia were also excluded. In the first instance 148 women were contacted. The breakdown of responses are shown in Figure 1.

![Figure 1. Pattern of responses to the mailshot.](image)

Analyses
The data were analysed using SPSS/PC+ (Norusis, 1988). A doubly multivariate repeated measures analysis of variance was carried out to compare each affected sister directly with her unaffected sister. A separate MANOVA was carried out for each of the four constructs. Where significant differences were found, follow-up t tests were performed to examine the direction of the difference. The 11 items pertaining to ‘events specific to the individual’ did not tap a single underlying construct and were therefore analysed individually using t tests. A Bonferonni correction was then applied to the resulting p values.

Results
The results for the four main SIDE sub-scales (differential sibling interaction, differential paternal treatment, differential maternal treatment and differential peer characteristics) may be seen in Table 1.

Two of the categories of the SIDE showed significant differences between affected and unaffected sisters, differential sibling interaction and differential maternal
Table 1. Means, standard deviations and $t$ tests of sibling pair differences for the 11 SIDE scales

<table>
<thead>
<tr>
<th>SIDE sub-scale</th>
<th>Affected sibling</th>
<th>Unaffected sibling</th>
<th>$t$</th>
<th>$p$</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$M$ (SD)</td>
<td>$M$ (SD)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Differential sibling interaction</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wilks $\lambda = 0.63$, $p &lt; .05$</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Sibling caretaking</td>
<td>2.84 (0.71)</td>
<td>2.99 (0.68)</td>
<td>−.65</td>
<td>.52</td>
</tr>
<tr>
<td>2. Sibling antagonism</td>
<td>2.66 (0.81)</td>
<td>3.19 (0.58)</td>
<td>−2.62</td>
<td>.014</td>
</tr>
<tr>
<td>3. Sibling jealousy</td>
<td>2.22 (0.79)</td>
<td>3.12 (0.84)</td>
<td>−3.17</td>
<td>.004</td>
</tr>
<tr>
<td>4. Sibling closeness</td>
<td>2.76 (0.86)</td>
<td>3.01 (0.64)</td>
<td>−.98</td>
<td>.32</td>
</tr>
<tr>
<td>Differential paternal treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wilks $\lambda = 0.843$, $p &lt; .12$</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Paternal affection</td>
<td>3.30 (0.99)</td>
<td>2.99 (0.52)</td>
<td>1.28</td>
<td>.21</td>
</tr>
<tr>
<td>6. Paternal control</td>
<td>2.48 (0.84)</td>
<td>2.94 (0.48)</td>
<td>−2.20</td>
<td>.04</td>
</tr>
<tr>
<td>Differential maternal treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wilks $\lambda = 0.172$, $p &lt; .005$</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Maternal affection</td>
<td>3.10 (0.89)</td>
<td>3.13 (0.65)</td>
<td>−.11</td>
<td>.92</td>
</tr>
<tr>
<td>8. Maternal control</td>
<td>2.63 (0.73)</td>
<td>3.13 (0.67)</td>
<td>−2.44</td>
<td>.02</td>
</tr>
<tr>
<td>Differential peer characteristics</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wilks $\lambda = 0.863$, $p &lt; .31$</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Peer college orientation</td>
<td>2.69 (0.74)</td>
<td>2.97 (0.77)</td>
<td>−1.16</td>
<td>.26</td>
</tr>
<tr>
<td>10. Peer delinquency</td>
<td>2.87 (0.87)</td>
<td>3.02 (0.83)</td>
<td>−.54</td>
<td>.59</td>
</tr>
<tr>
<td>11. Peer popularity</td>
<td>2.91 (0.76)</td>
<td>2.81 (0.67)</td>
<td>.42</td>
<td>.68</td>
</tr>
</tbody>
</table>

treatment. In terms of sibling interaction, follow-up $t$ tests showed that affected sisters reported experiencing more feelings of jealousy and antagonism towards their unaffected sisters. In terms of maternal treatment, follow-up $t$ tests showed that affected sisters reported experiencing more maternal control than their unaffected sisters. Although differential paternal treatment did not differ significantly between affected and unaffected sisters in a multivariate analysis, $t$ tests did suggest that paternal control was greater for the unaffected sister. Differences in parental affection, sibling caretaking, sibling closeness and peer college orientation, delinquency and popularity were all non-significant.

Table 2 shows the results of the analyses of the 11 SIDE items measuring ‘events specific to the individual’. Unaffected sisters were more likely to go out on dates and are more likely to have fights with boyfriends.

**Discussion**

The present study sought to explore differences in environment between sisters who were discordant for anorexia nervosa. Previous studies have tended to compare between groups of anorexic versus non-anorexic participants but, given that there
Table 2. Means, standard deviations and t test results of the analysis 11 SIDE items ‘events specific to the individual’

<table>
<thead>
<tr>
<th>Event</th>
<th>Affected sibling M (SD)</th>
<th>Unaffected sibling M (SD)</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Likely to go out on dates</td>
<td>3.63 (1.39)</td>
<td>1.96 (1.16)</td>
<td>3.63</td>
<td>.001</td>
</tr>
<tr>
<td>2. Number of fights with boyfriend(s)</td>
<td>3.78 (1.01)</td>
<td>2.59 (0.84)</td>
<td>4.19</td>
<td>.001</td>
</tr>
<tr>
<td>3. Difficult time breaking up with boyfriend</td>
<td>2.96 (1.40)</td>
<td>2.86 (1.21)</td>
<td>0.36</td>
<td>n.s.</td>
</tr>
<tr>
<td>4. Likely to have an intense close friendship</td>
<td>3.41 (1.34)</td>
<td>3.04 (1.19)</td>
<td>0.93</td>
<td>n.s.</td>
</tr>
<tr>
<td>5. Number of friendships</td>
<td>3.33 (1.47)</td>
<td>2.26 (1.13)</td>
<td>2.50</td>
<td>n.s.</td>
</tr>
<tr>
<td>6. Likely to be influenced by teachers</td>
<td>2.67 (1.39)</td>
<td>3.30 (0.95)</td>
<td>-1.70</td>
<td>n.s.</td>
</tr>
<tr>
<td>7. Likely to be influenced by close relatives</td>
<td>2.44 (0.97)</td>
<td>3.22 (1.09)</td>
<td>-2.32</td>
<td>n.s.</td>
</tr>
<tr>
<td>8. Likely to be influenced by meeting a special person</td>
<td>3.15 (1.26)</td>
<td>2.93 (1.00)</td>
<td>0.69</td>
<td>n.s.</td>
</tr>
<tr>
<td>9. Likely to be influenced by an extraordinary event</td>
<td>2.78 (0.97)</td>
<td>3.15 (0.86)</td>
<td>-1.51</td>
<td>n.s.</td>
</tr>
<tr>
<td>10. Likely to be influenced by the death of a loved one</td>
<td>2.56 (0.85)</td>
<td>3.37 (1.01)</td>
<td>-2.54</td>
<td>n.s.</td>
</tr>
<tr>
<td>11. Likely to be influenced by parental separation or divorce</td>
<td>2.48 (0.75)</td>
<td>3.15 (0.72)</td>
<td>-2.66</td>
<td>n.s.</td>
</tr>
</tbody>
</table>

appears to be a fairly high degree of similarity in childhood experiences of neglect and abuse between sisters (Bifulco, Brown, Lillie, & Jarvis, 1997), these studies cannot rule out the possibility that even sisters discordant for anorexia experienced broadly the same environment as they were growing up.

Before discussing the findings in more detail, there are limitations that should be addressed. First, although care was taken to ask the sisters of the affected individuals whether or not they had ever suffered from an eating disorder, their self-report was the only information available as comprehensive screening of the sisters was beyond the scope of this investigation. It is possible that some may have failed to report eating symptomatology. Secondly, reports of non-shared experiences were retrospective and some doubts have been raised in the literature about the reliability of participants’ retrospective accounts of their own childhoods. However, Brewin, Andrews, and Gotlib (1993) reviewed the literature on retrospective reporting and concluded that participants’ retrospective accounts of their earlier experiences are, on the whole, quite reliable, particularly if they are unique, have major consequences and are unexpected.

Another possible drawback of the current study is the failure to distinguish between events which preceded and those which followed the onset of anorexia nervosa. As the onset of anorexia nervosa is most often in mid to late teenage years
(Turnbull, Ward, Treasure, Jick, & Derby, 1996), it is likely that many would have continued to live in the parental home after onset. It may be difficult, therefore, for the respondent to differentiate between the periods before and after onset and she may well find it difficult to avoid contamination of her memories by subsequent experiences. This may be particularly true for the unaffected sisters as they are unlikely to know as well as the affected sister precisely when onset of anorexia occurred. Another drawback is that the sample was self-selected and may therefore be unrepresentative of anorexic women as a whole. Quite apart from not being representative of anorexic women who did not have sisters, those who reported that they were estranged from their sisters could not be included as their sisters could not be contacted. It is probable that these relationships would also inform us greatly as to the influences sisters can have on the development of anorexia.

There has been some controversy as to genetic influences on SIDE measures. Scarr and McCartney (1983) argue that the genotype in both its species specificity and individual variability largely determines the organism’s responsiveness to environmental opportunities. These authors stress that a good theory of the environment is one in which experience is guided by genotypes that both push and restrain experiences. One sibling adoption study indicated that the SIDE reflects negligible genetic influence (Daniels & Plomin, 1985) while twin study suggests that it is influenced considerably by genetic factors (Baker & Daniels, 1990). The twin comparisons using the SIDE indicated a significant genetic influence for both parental affection and control and for sibling closeness and jealousy. The study using a sibling adoption design yielded less evidence for genetic influence. Adoptive sibling differences do not seem to be significantly greater than non-adoptive sibling differences in ratings of parental treatment. These twin and sibling adoption studies both suggest that peer characteristics show substantial genetic influence. The SIDE peer scales suggest even greater influence than the SIDE parental and sibling scales. This is not to say that attempts to measure the environment are futile, but that we need to bear in mind the relative magnitude of genetic influence on environmental measures. The differences found in the current study between the anorexic and non-anorexic siblings may be due not only to non-shared environment but to possible reactive gene–environment (GE) effects. Plomin and Bergeman (1991) argue that the one way forward in the investigation of the so-called ‘nature of nurture’ is to continue to sort out the relative magnitude of genetic influence on environmental measures. Future research using monozygotic, dizygotic and non-twin sibling pairs would help to shed light on this issue with regard to eating disorders.

Further potentially valuable work would involve the use of semi-structured interviews to assess non-shared environment. This method may enable a distinction to be made between parental treatment and the sibling relationship both before and after the onset of the illness so that more definitive conclusions about aetiology may be drawn.

Although there are weaknesses in the present study, the strengths should also be acknowledged. One of the major strengths was the paired nature of the sample. Brewin et al. (1993) recommend that, when looking at childhood environment, it is of value to obtain accounts from informants other than the individual under investigation. As both sisters were asked the same questions in the present study,
they were asked to rate their experiences (e.g. levels of maternal affection, etc.) relative to those of their sisters, we therefore have two independent accounts of each sisters' experiences.

As hypothesized, affected sisters perceived their mothers to have been more controlling of them than of their unaffected sisters. Whether or not this perception may be said to be due to the actual response of the mother to a daughter suffering from anorexia or to a distortion of the perceptions of the anorexic sister cannot be concluded from the current study.

Affected sisters also reported being more jealous of, and antagonistic toward, their sisters than vice versa. This could be related to the jealous and rivalrous relationship reported by Stierlin and Weber (1987). However, the unaffected sibling did not perceive herself to have been wronged in this way. Rather, it was the affected sister who reported having had these feelings towards her sister. Perhaps this could be explained by the so-called `secret rivalry' reported by Sights and Richards. It is possible that the anorexic individual had these negative feelings towards her sister but kept them under wraps. A number of studies has shown that women with anorexia are more alexithymic than non-eating-disordered women (e.g. Bourke, Taylor, Parker, & Bagby, 1992; Cochrane, Brewerton, Wilson, & Hodges, 1993; Schmidt, Jiwany, & Treasure, 1993a) and Troop, Schmidt, and Treasure (1995) found that eating disorder patients did not just report difficulties in recognizing their emotions but also in expressing them, thus perhaps causing them to keep the jealousy hidden. This could explain why the unaffected sisters seemed unaware of their anorexic sister’s jealousy.

More exploratory data were gleaned from the last 11 questions on `events specific to the individual'. The fact that the affected sibling was less likely to go out on dates than her unaffected sibling is by no means a novel finding. Tiller et al. (1997) investigated social support in anorexia and bulimia and found that those suffering from anorexia were significantly less likely than bulimics and student controls to have a spouse or partner as a support figure. This finding also relates to the later age of first intercourse and less positive attitudes to sexual relationships in anorexic individuals described by Schmidt et al. (1995). Schmidt et al. also found that the lifetime number of partners was lower in all eating disorder patients in their sample with restricting anorexics having the smallest number of partners. They point out that there is some controversy as to whether the delay in psychosexual development seen in anorexia patients is primary or secondary to the development of the disorder. However, even those restricting anorexics who had their first sexual intercourse before onset did so later than other eating disordered and control groups which suggests the possibility that they delayed psychosexual development may have preceded onset.

Conclusion

Previous studies using measures to detect severe adversity in childhood have generally failed to find such adversities to be of aetiological importance in restricting anorexia nervosa (Schmidt et al., 1993a). The results of the present study suggest that it may be less dramatic, but nevertheless significant, differences in relationships that may be of more importance in the aetiology of this crippling illness. Excessive
maternal control, antagonism and jealousy towards siblings and few intimate relationships or friendships appear to characterize the young woman susceptible to anorexia nervosa in contrast to her unaffected sister.

References


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