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Family Therapy for Anorexia Nervosa

Anoreksiya Nervoza İçin Aile Terapisi

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Abstract

Anorexia nervosa is a psychological disorder that has recently attracted great attention due to its high mortality rate. While it is thought that this psychological disease is common in adolescents, it has begun to pose a significant risk to older age groups as well. From the past to the present, many different psychotherapies have been proposed for anorexia nervosa; however, no consensus has been reached in the literature on this issue. This study aims to investigate the impact of family therapy on anorexia nervosa by comparing it with individual therapies. In the literature, divergent views exist regarding the effectiveness of family therapy, a topic that is frequently addressed in relation to anorexia nervosa. Provided that the family does not impede the treatment's progress, it has been found that family therapy is beneficial for anorexia nervosa, both by studying dysfunctional relationship patterns within the family and to support the treatment of the family.

Keywords: Anorexia nervosa, eating disorder, psychotherapy.

Özet

Anoreksiya nervoza yüksek ölüm oranına sahip bir psikolojik rahatsızlık olması sebebiyle son yıllarda büyük dikkat çekmiştir. Genellikle ergenlerde sık rastlandığı düşünülse de daha büyük yaş grupları için de önemli bir tehlike arz etmeye başlamıştır. Çok daha ölümcül bir hal alması ve tespitinin oldukça güç bir şekilde yapılabilmesi sebebiyle büyük yaş grupları için de ergenler için olduğu kadar önemli hale gelmiştir. Fakat çalışmalar çoğunlukla ergen yaş grubuna odaklanmaya devam etmektedir. Geçmişten günümüze kadar anoreksiya nervoza için birçok farklı psikoterapi önerilmiştir fakat literatürde bu konuda bir fikir birliğine varılamamıştır. Daha çok bireysel terapiler ve aile terapilerini odağına almakta olan anoreksiya nervoza özelinde yapılan çalışmalar çok farklı bulgular ortaya koymaktadır. Bu makale aile terapisinin anoreksiya nervozanın üzerindeki etkisini bireysel terapilerle karşılaştırarak incelemeyi amaçlamaktadır. Literatürde anoreksiya nervoza ile sık bir şekilde ele alınan aile terapisinin etkililiğine ilişkin farklı görüşler bulunmaktadır. Ailenin tedavinin ilerlemesine engel olmadığı sürece hem ailedeki işlevsiz ilişki kalıplarının çalışılması yolu ile hem de ailenin tedaviye destek olması amacıyla aile terapisinin kullanılması anoreksiya nervoza için faydalı bulunmuştur.

Anahtar Kelimeler: Anoreksiya nervoza, yeme bozukluğu, psikoterapi.

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1. Introduction

Anorexia nervosa is a serious mental illness that is relatively common (Çunkuş & Yiğitoğlu, 2019; Lawal et al., 2022). The American Psychiatric Association defines anorexia nervosa as experiencing a great fear of gaining weight and obsessing about one's body weight or shape (Eddy et al., 2008). Because anorexia nervosa is commonly associated with individuals who are lonely and depressed, it can be pretty difficult to diagnose (Toh et al., 2021). Anorexia nervosa is known as more common among adolescents, but recent data demonstrate that the occurrence of anorexia nervosa among older people has dramatically increased (Anwas et al., 2022; Mangweth-Matzek & Hoek, 2017). Furthermore, anorexia nervosa has more serious consequences for older people compared to adolescents (Mulchandani et al., 2021). Most importantly, its death rate is relatively higher than other psychiatric disorders (Kaloğlu & Hocaoğlu, 2023; Puckett et al., 2021).

In the presence of anorexia nervosa, therapeutic interventions are commonly used for patients to treat by revealing the causes of illness (Frostad & Bentz, 2022; Kinnaird et al., 2023). A variety of psychological therapies, including cognitive behavioral therapy, family therapy, and psychodynamic therapy, are recommended to treat anorexia nervosa (Backhaus et al., 2012; Cardi et al., 2018; Simpson et al., 2022). The American Psychiatric Association (APA) suggests family therapy for the treatment of anorexia nervosa by highlighting the positive effect of family participation. However, APA has no definitive suggestion about the most effective type of psychotherapy for anorexia nervosa (APA, 2006). According to the subject of the study, there are various categorizations of psychotherapies, but for anorexia nervosa, they are classified as individual therapy and family therapy (Robin et al., 1999; Treasure & Russell, 2011).

Over the past 50 years, numerous researchers have considered a variety of factors affecting the situation of anorexic patients in order to explore the reasons for anorexia nervosa. Anorexia nervosa has been studied by a significant amount of literature, but the impact of the family on anorexic patients has attracted too much attention (Ciao et al., 2015; Hildebrandt et al., 2012; Stern et al., 1989; Strober et al., 1986). According to Minuchin and his colleagues (1978), some families exhibit specific characteristics that may lead to an anorexic child, therefore family participation is valuable to study dysfunctional relationship patterns in detail. They also emphasize on the lack of conflict and overprotectiveness among these patterns.

Family therapy approaches are among the treatments commonly employed in anorexia nervosa (Fisher, 2019). Family-based treatment (FBT), systemic family therapy, and multi-family therapy are among these treatments. FBT is a behavioral therapy with empirically supported treatment that aims to prioritize weight restoration. FBT focuses on anorexic patients' thoughts when considering current starvation behaviors (Lock & Nicholls, 2020). Moreover, FBT is successful when dealing with some co-occurring psychiatric diagnoses (Trainor et al., 2020). FBT has stood out as an important family therapy approach for anorexia nervosa, as it shows the same effect as inpatient treatment at the end of 1 year (Haas et al., 2023). FBT, which has been found to improve long-term outcomes as well as short-term outcomes, has become a widely used family therapy approach for anorexia nervosa (Hagan et al., 2023; Springall et al., 2022). Hence, among family therapy approaches, the golden

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standard treatment is FBT. On the other hand, multi-family therapy research is increasingly common for anorexic patients. Eating disorder-focused family therapies prioritize working with family members in order to improve outcomes of anorexic patients instead of treating the family (Baudinet et al., 2021). Multi-family therapy aims to gather a certain number of families experiencing the same problem to treat the patients by involving families (Gelin et al., 2018). In multi-therapy sessions, families are encouraged to learn from each other how to support their anorexic family members (Asen & Schuff, 2006).

For family therapy approaches, which common feature is the family's participation in therapy, it would be beneficial to consider how family therapy differs from individual therapy in the treatment of anorexia nervosa. Thus, by contrasting family therapy with individual therapy, this study seeks to determine the effectiveness of family therapy in treating anorexia nervosa. This study aims to investigate the effects of family participation on patients with anorexia nervosa.

History of Anorexia Nervosa and Family Therapy

Until the 1960s, most eating disorders, such as bulimia nervosa, binge eating disorder, and anorexia nervosa, had not received much attention. Hence, previous researches on anorexia nervosa were inadequate in adressing the health problems of anorexic patients, because studies mostly neglected the psychological aspect of anorexia nervosa in those years. In the 1960s, some upper and middle-class girls began to starve themselves without any apparent reason. More interestingly, these perplexing actions resulted in fatalities for these girls showing incomprehensible behavior. Because of the dramatic increase in the death rate, anorexia nervosa has garnered significant attention from clinicians and the media. Thus, it has become a well-known disease in Western societies (Polivy & Herman, 2002).

A significant number of empirical research has demonstrated that although family therapy emerged in the 20th century as a comprehensive treatment, it has become highly preferred for anorexic patients in a short time (Baudinet et al., 2021; Fisher et al., 2019; Hambleton et al., 2022; Treasure et al., 2021). Until now, a vast number of research studies have compared family therapy and individual therapy (Datta et al., 2020; Forsberg et al., 2023; Gan et al., 2022; Nyman-Carlsson et al., 2022). In addition, most of these studies have mainly selected adolescent patients as the participant group (Couturier & Lock, 2006; Herpertz-Dahlmann & Salbach-Andrae, 2009; Le Grange & Eisler, 2009; Lock, 2019).

There are several differences between family therapy and individual therapy for treating anorexia nervosa. It is evident that these therapies have different participant counts in their therapy sessions. Their methods also differ significantly. At the beginning of family therapy, therapists typically invite patients and their family members separately to create a relaxing atmosphere where everyone can express themselves freely. Therapists prepare appropriate strategies with family members in order to adjust the patient's eating habits. In addition to that, ineffective therapeutic approaches are found and replaced with new ones. In order to explore how family dynamics affect anorexic patients, therapists should take family ties into account during the next treatment session, since patients and their family members participate in the therapy together.Thus, family therapists could determine what dynamics are dominant in the family and reveal which family patterns affect anorexic patients (Eisler et al.,

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2000). On the other hand, individual therapy provides a confidential space for the patient to express all concerns (Holbeck et al., 2023). Individualized plans are prioritized in individual therapies to deal with the psychiatric problem (Kaliamurthy & Camenga, 2022). Unlike group therapies, individual therapies include one-by-one sessions with therapists, so building trust is critical for these therapies (Odacı & Türkkan, 2023).

2. Advantages of Family Therapy in Treating Anorexia Nervosa

The literature shows inconsistent findings regarding the family's contribution to the treatment process of the anorexic patient and the impact of family involvement in the patient's recovery. The Maudsley group put forward that there is insufficient research demonstrating families causing eating disorders for their children as opposed to Minuchin and his colleagues. However, family involvement in therapy sessions is considered beneficial for anorexic patients by the Maudsley group (Dare et al., 1994). Although Minuchin and Maudsley group had different views on the role of family in the treatment of anorexic patients, they both suggest family participation during treatment. While Minuchin and his colleagues evaluate family as the causing factor for anorexia nervosa, the Maudsley group considers family as the assisting factor for the treatment. Based on the study of Salaminiou, a group of 30 anorexic patients were monitored for their weight status while participating in family therapy sessions. The results are shown in the below graph (Salaminiou et al., 2017).

As illustrated in Figure 1, 90% of patients-initiated treatment with a meager (low) weight. After three months of family therapy, half of the patients showed improvement. Additionally, most participants experienced positive weight changes by the end of therapy.

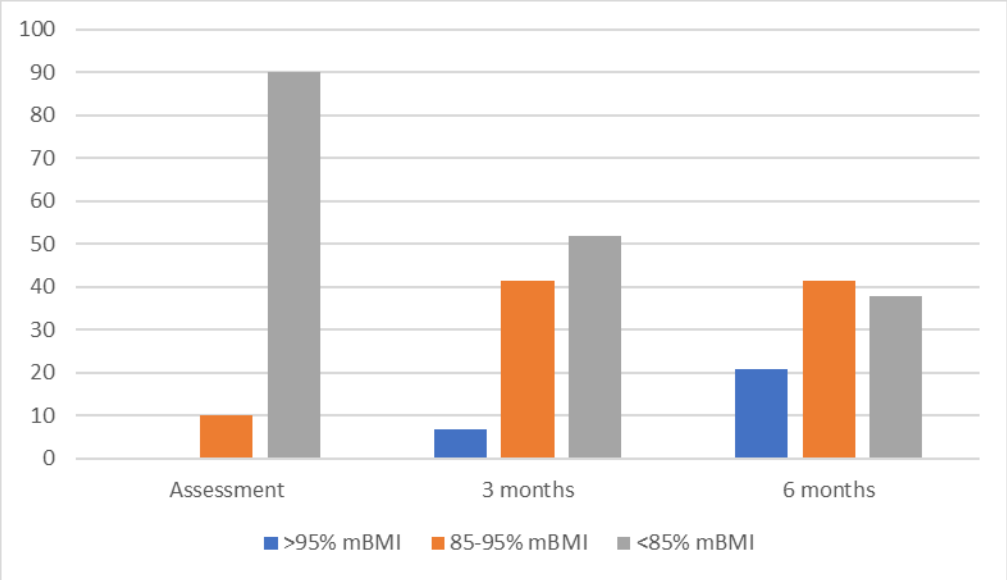

Figure 1. Changes in weight during treatment. %mBMI, percentage of median of body-mass index (Salaminiou et al., 2017).

Similarly, Russell and his colleagues conducted an outstanding study with 80 participants, among them 57 suffering from anorexia nervosa and 23 suffering from different eating disorders. At the start of the experiment, the 80 patients were randomly divided into two groups to assess the effectiveness

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of family therapy in treating anorexia nervosa. One group was selected as the treatment group, and this group participated in family therapy sessions. The other group was identified as the control group and attended only individual therapy sessions. Families were invited to take part in the study to strengthen the collaboration between the patient and family members. In the treatment group, change in the family was the first aim, so the family's control over the patient and the behavioral patterns of family members were evaluated. Both groups comply with regular attendance to therapy sessions to alleviate anorexia nervosa symptoms. At the end of the study, it was evident that family therapy was more effective than individual therapy for patients with anorexia nervosa when the illness first appeared before the age of 19 (Grange, 1999). Based on the studies conducted by Russell and Eva Salaminiou, it can be concluded that Anorexic individuals' symptoms are more likely to improve when family members attend therapy sessions as a supportive element for their condition.

3. Patient Satisfaction

One of the most critical factors that affects a patient's recovery time is what they anticipate from their therapy sessions. Therapists mostly focus on patient satisfaction as an essential factor in order to enable patients to attend therapy sessions as open and willing to change. Otherwise, resisting self-disclosure in therapy is an obstructive factor hindering patient improvement (Miglietta et al., 2018; Paulson-Karlsson et al., 2006; Rosenvinge & Klusmeier, 2000). In a study on patient satisfaction, Lock and his colleagues investigated the views of 32 patients with anorexia nervosa regarding the use of family therapy in their treatment. After three years of implementing family therapy sessions for anorexic patients, it was noted that 78 percent of the patients expressed the effectiveness of family therapy. In contrast, 28 percent of the anorexic patients requested individual therapy sessions to express themselves more freely (Krautter & Lock, 2004).

Likewise, Paulson-Karlsson and his colleagues conducted a study to evaluate the satisfaction of patients and parents at Queen Silvia Children’s Hospital in Goteborg, Sweden, over a period of 18 months.

In this study, there were three forms of sessions:

1. Individual sessions, including only the patient.

2. Parental sessions comprising only parents.

3. Family therapy sessions, including patients and their parents.

At the start of therapy, patients' and their family members' expectations were analyzed across various criteria, as shown in the graph below (Paulson-Karlsson et al., 2006).

Figure 2 demonstrates that parents' top expectations were providing comprehensive support and regulating abnormal eating behaviors. In contrast to their parents, 40% of patients expressed reluctance to take part in therapy sessions. Similar percentages of patients and parents desired support for a normal, healthy life, despite the fact that the top goals of anorexic patients and their family members differed. Patients and their parents did not expect positive changes in depression symptoms. Furthermore, they had low anticipations for weight gain. When comparing the findings of

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this study to Lock's research, there is no consensus on whether family therapy or individual therapy is more satisfying for anorexic patients (Paulson-Karlsson et al., 2006).

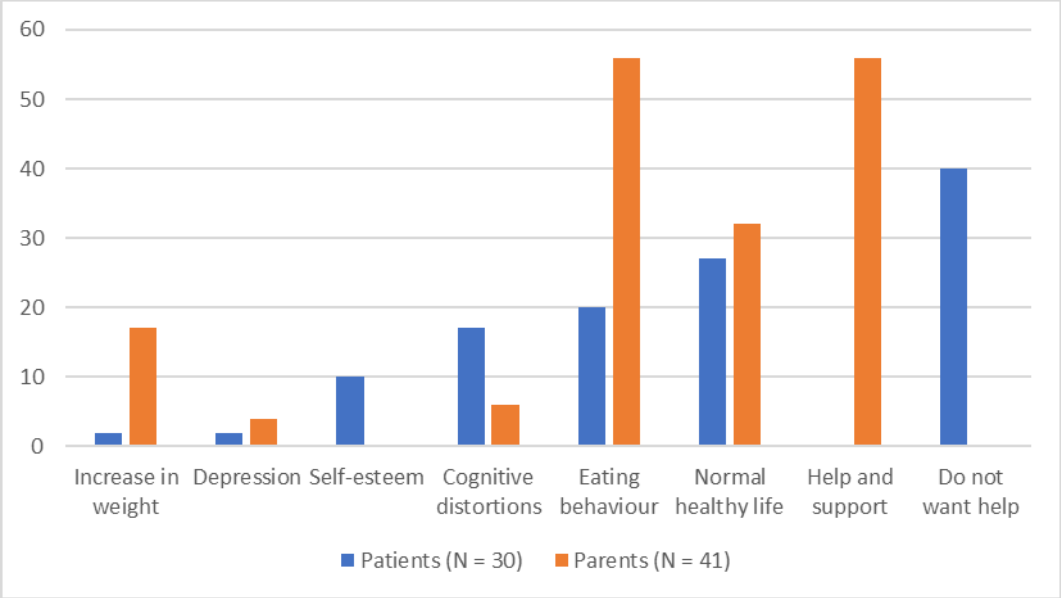

Figure 2 . Categorization of answers to the question: When you started treatment, what did you expect to be helped with? (Paulson-Karlsson et al., 2006).

Table 1 demonstrates a comparison between three forms of therapy according to the experiences of patients and their parents. Based on the table, patients and parents perceived individual sessions as beneficial. However, there was no consensus on the usefulness of parental sessions and family therapy sessions. Parents perceived these sessions as more useful than patients.

Table 1. Evaluations of Different Treatment Forms (Paulson-Karlsson et al., 2006)

	Patients		Parents		
	Frequency	%	Frequency	%	x^2
Individual sessions					Ns
Worse	-	-	-	-	
No help	2	7	1	3	
Some help	4	14	7	19	
Great help	22	79	28	78	
Parental sessions					8.97*
Worse	1	4	-	-	
No help	2	8	-	-	
Some help	9	36	6	16	
Great help	13	52	31	84	
Family therapy sessions					22.7***
Worse	-	-	-	-	
No help	6	35	-	-	
Some help	9	53	7	23	
Great help	2	12	24	77	

%=percent, x^2=chi-square

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A considerable amount of research has emerged on how family therapy can be used for adolescent patients, while there is a dearth of research related to elderly patients in the treatment of anorexia nervosa (Sturmey & Hersen, 2012). Recent research showed that the prevalence of anorexia nervosa among older people has risen, especially in developed countries. Hence, the lack of research on this age group is a huge handicap. Moreover, detecting the illness in older people is challenging because the symptoms they show are pretty small. For example, amenorrhoea and sexual interest are among these symptoms (Hill et al., 2001; Mulchandali et al., 2021). The anorexic adult population has been neglected by the trials conducted in the mental health field (Fisher et al., 2019). Unlike the extensive findings regarding adolescent, there aren't many studies on older age groups. As a consequence, the absence of trials is a serious drawback because anorexia nervosa affects older age groups more severely and is on the rise.

When family members are involved in therapy sessions, anorexic patients may undergo unpleasant repercussions. For instance, the anorexic patient may become discouraged from attending therapy sessions if family members criticize them. In this regard, therapists especially warn family members about inappropriate behaviors, like blaming. Nonetheless, critical matters therapists give importance to can be ignored by family members because they are not professional like therapists, so they have a possibility to unintentionally harm the anorexic patient (Grange, 1999; O'Reilly & Lester, 2016). Which family therapy approach is more effective cannot be put forward by considering current literature due to insufficient evidence (Fisher et al., 2019). More specialized experiments are needed to determine the efficacy of family therapy approaches on anorexic patients. Family involvement, explicitly evaluated in this study, can reveal positive and negative features. In this sense, family involvement is critical to family therapy approaches. Since the therapist is primarily responsible for overseeing therapy sessions, any risks that arise should be resolved in accordance with the family's role in the therapy process as determined by the therapist. Therefore, it's important to keep in mind that family therapy approaches come with several risks in addition to their benefits.

6. Conclusion

Several psychotherapies are implemented for anorexic patients to eliminate the causes of the illness and improve quality of life. However, determining the type of psychotherapy that should be considered for the treatment of anorexia nervosa is a controversial issue, since a large number of studies exploring the efficacy of individual and family therapy have revealed differing perspectives on treatment dynamics. Patients' resistance to family sessions is the first concederation in determining which type of psychotherapy is more beneficial, as not every individual fits into family sessions due to trust issues. On the other hand, family therapy gives better results than individual treatment if the patient strengthens from the presence of family members during family therapy sessions. Most of the research on anorexia nervosa focuses on adolescent patients. Nevertheless, there is a lack of research on the effectiveness of different psychotherapies for adult and older patients. Thus, future research should consider focusing on adults and older people, especially because of the high fatality rate of anorexia nervosa among these age groups. Since each family therapy for anorexia nervosa produces a wide range of findings, instead of detailing all of them, this study discussed its differences

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from individual therapy and focused on the advantages and disadvantages of family involvement. Discussing anorexic patients separately for each family therapy approach is essential for future studies to consider new models.

In the case of anorexia nervosa, the expectations of the patient and family members can differ significantly. It is essential to consider these expectations in therapy sessions. Family sessions should be more careful and sensitive than individual sessions, considering the patient's attitude towards family members. Regarding family therapy approaches, there are three main perspectives when explaining the treatment of anorexia nervosa. The first prespective focuses on dysfunctional family relationships as the emergence of the illness for anorexic patients. According to the second perspective, whether or not the family is a triggering element for the onset of anorexia nervosa, family therapy can effectively aid the patient by involving family members in therapy sessions. As opposed to the first and second views, the last perspective considers family as an obstructive factor in the recovery of the anorexic patient.

Authors Contributions

Topic Selection: BCK; Design: BCK; Planning: BCK; Data collection and analysis: BCK; Writing of the article: BCK; Critical review: BCK**.**

Conflict of Interest

The authors declared no conflict of interest

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