Pergamon

Eating Behaviors 4 (2003) 27–39

EATING BEHAVIORS

Family functioning in anorexia nervosa: British and Italian mothers' perceptions

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Abstract

This study tested the hypothesis that cultural differences would influence individuals' perceptions of family functioning. Mothers of British and Italian children and adolescents with anorexia nervosa completed the Family Assessment Device (FAD). British mothers perceived their families' communication and role definition as less healthy than did the Italian mothers. In contrast, the Italians perceived their families' behavior control methods as less healthy than did the British mothers. The findings might be explained by differences between British and Italian interpretations of the role of ''family,'' particularly giving the British emphasis on independence and the Italian emphasis on family life. It is suggested that these culturally divergent attitudes towards family life might have different influences on anorexia nervosa. Finally, implications for family therapy are discussed, taking into account those characteristics that are more relevant for each cultural group.

Keywords: Anorexia nervosa; Family functioning; Cross-cultural

1. Introduction

Research and clinical evidence have suggested that abnormal patterns of family functioning are associated with anorexia nervosa. As far as the research evidence is concerned, several

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1471-0153/03/$ – see front matter
PII: S1471-0153(02)00097-1

investigations have been performed. For example, Kog and Wandereycken (1988) suggested that families of individuals with an eating disorder show more conflict avoidance and rigidity than controls. In particular, families with a member with anorexia nervosa were found more cohesive than families with a member with bulimia nervosa. Another study (Waller, Calam, & Slade, 1989) reported that there are general dysfunctions in families of individuals with eating disorders when compared with controls. In particular, people with anorexia nervosa report less healthy levels of family affective involvement and behavior control when compared with families of both controls and bulimics. Strober and Yager (1985) suggested that there are two types of "anorexic families," one characterized by excessive cohesion and one by lack of cohesion.

As far as clinical evidence is concerned, a number of different perspectives have been developed. Psychoanalytic approaches have investigated the mother–child relationship and have in common the idea that the child, due to the inadequacy of the caretaker, does not learn to differentiate between physical needs and emotional states and believes that her/his own needs must be denied (e.g., Bruch, 1974). Others (Maine, 1991) have focused on the father–child relationship, suggesting that eating disorders may be linked to "father hunger" and a need for emotional connection with the father.

Further clinical theorizations of family functioning and eating disorders have focused on the whole family and the importance of its interactions. Selvini Palazzoli (1974) suggested that there are "anorexic families" where illnesses arise to ward off changes that endanger the unity of the family system. Interactional family patterns include poor parental sharing of responsibility and problem-solving, stifled and disqualifying communication, formation of coalitions against third family members, and lack of autonomy. Mothers are seen as aggressive and overprotective, whereas fathers are seen as emotionally absent. According to Minuchin, Rosman, and Baker (1978), the "anorexic family" is characterized by conflict avoidance and lack of conflict resolution, endless patterns of nullification between parents, the use of solutions to problems that have already proven unworkable, overinvolvement and poor boundary differentiation, overprotection and lack of autonomy, and fear of changes, in particular those brought about by the child's puberty. Recently, it has been argued that family characteristics need to be thought of as one of the factors in a multifactorial system of the development and maintenance of the eating disorders (Lask, 2000).

Family therapy is generally accepted as a critical element of treatment for children and adolescents with anorexia nervosa (Eisler et al., 1997; Lock & le Grange, 2001; Lock, le Grange, Agras, & Dare, 2001; Onnis et al., 1997; Russell, Szmukler, Dare, & Eisler, 1987). However, no systematic investigation has been conducted to determine whether family functioning in anorexia nervosa plays different roles within specific cultures and whether any such differences need to be taken into account in treatment. Studies investigating cultural issues in family therapy (Hodes, 1989; Lau, 1984) point out the need to identify differences in the functioning of families with different ethnic backgrounds, because the family is culturally defined (Textor, 1989). It might be argued that family therapists bring their cultural understanding to the therapy room and may not fully grasp family patterns from different cultural backgrounds (Lau, 1984). Furthermore, therapists from different family therapy