



A systematic review of the literature on family functioning across all eating disorder diagnoses in comparison to control families

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HIGHLIGHTS

- Worse family functioning in eating disorder families compared to controls.
- The notion of a typical pattern of family dysfunction was not supported.
- Eating disorder patients reported more family dysfunction than parents.
- Patients with positive perceptions of family functioning had better outcomes.

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ABSTRACT

The objectives of this review were to systematically identify and evaluate quantitative research comparing family functioning (a) in eating disorder families with control families, (b) in families with different eating disorder diagnoses (c) perceptions of different family members and (d) the relationship between family functioning and recovery. This adds to the findings of previous reviews of family functioning by including data from control families, the range of diagnoses, and focusing on recovery. Findings were considered in relation to models of family functioning.

Using specific search criteria, 17 research papers were identified and evaluated. Findings indicated that eating disorder families reported worse family functioning than control families but there was little evidence for a typical pattern of family dysfunction. A consistent pattern of family dysfunction for different diagnoses was not suggested but patients consistently rated their family as more dysfunctional than one or both of their parents. With respect to outcome and recovery, those with more positive perceptions of family functioning generally had more positive outcomes, irrespective of severity of eating disorder. Conclusions were limited by inconsistent findings and methodological issues. Further research is needed into the relationship between family functioning and outcome and the assessment of family functioning beyond self-report.

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1. Introduction

The role of the family in the development and maintenance of eating disorders has long been a subject of interest and research. Earlier research focussed on the causal influence of the family, whilst more recently, the impact that eating disorders can have on family functioning, and the role family functioning may have in the maintenance of the disorder have been explored.

1.1. Family functioning and eating disorders

Family functioning has been defined as “the interactions of family members that involve physical, emotional and psychological activities” (Commonwealth of Kentucky, 2001) and “the process by which the family operates as a whole, including communication and manipulation of the environment for problem solving” (Mosby's Medical Dictionary, 8th edition, 2009). Research has measured family functioning as either a unitary concept termed ‘General Functioning’, which is considered to be the overall health or pathology of the family (McDermott, Batik, Roberts, & Gibbon, 2002), or as a composite of several elements such as, *cohesion*, *adaptability* and *communication*. A list of definitions for the different components of family functioning discussed in the current review is presented in the Appendix. The different components of family functioning considered relevant to ED families² are best described in relation to the following models.

1.2. Models of family functioning

1.2.1. Family systems theory and the psychosomatic family

A core principle of family systems theory is to consider family systems as a whole rather than looking at family members individually. A central assumption is that a family's structure and organisation influence the behaviour of the family members. Minuchin, Rosman, and Baker (1978) highlighted a group of family system characteristics they believed were representative of the families of patients with a diagnosis of anorexia nervosa (AN). These characteristics were: *enmeshment*, *over-protectiveness*, *rigidity*, *avoidance of conflict* and *lack of conflict resolution*. Families with these characteristics were labelled ‘psychosomatic’.

1.2.2. The McMaster model of family functioning

The McMaster model (Epstein, Bishop, & Levin, 1978) is also based on family systems theory. This model does not profess to cover all areas of family functioning but identifies six dimensions relevant to clinical families: *problem-solving*, *communication*, *roles*, *affective responsiveness*, *affective involvement* and *behaviour control*. These are the dimensions assessed using the Family Assessment Device (Epstein, Baldwin, & Bishop, 1983).

1.2.3. The process model of family functioning

The process model (Steinhauer, Santa-Barbara, & Skinner, 1984) differs from the McMaster model in its emphasis on the interaction between the dimensions of family functioning. It is a model of family process rather than family structure. It describes seven key dimensions of family functioning: *task accomplishment*, *role performance*, *communication*, *affective expression*, *affective involvement*, *control*, *values and norms*. These dimensions are assessed using the Family Assessment Measure (Skinner, Santa-Barbara, & Steinhauer, 1983).

² Throughout the article the term ED family will be used to denote a family where a member has a diagnosed eating disorder.

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