SISTER SPEAKS OUT ABOUT SIBLING PSYCHOSIS

To the Editor:

I am a nursing student currently writing an essay on psychosis and during my literature search came across the article “Siblings of Individuals with First-Episode Psychosis: Understanding Their Experiences and Needs” by Sin, Moone, and Harris (June 2008, Vol. 46, No. 6, pp. 33-40). I had an older brother who experienced psychosis during his adolescent years. He died when he was 20 from an overdose, and although it was 6 years ago, I can still remember how his illness affected my family and me. I was 17 when he died, and I still feel guilty that I didn’t do enough to help him. I regret not spending as much time with him as I should have and making more of a conscious effort to try to understand his psychosis.

One thing highlighted in the article was the need to give siblings more information about their brother’s or sister’s illness; I think this is a valid point, and it would have definitely helped me. The only information I received was through my mother, but it was such a hard time for her that it was very frightening and isolated and may not have many people they can talk to. I thoroughly agree with the proposal to develop some kind of peer group setting where these siblings can get together with a trained professional and discuss various issues related to their brother’s or sister’s illness. The article mentioned a “small number of participants” would be interested in a hotline where they could discuss problems, although I didn’t see any mention of the Internet as a source of support. I would be interested to know if there are any websites where young siblings could talk online and share their stories and problems and support one another.

I agree that family care is more parent focused, and not enough work is done to help the siblings cope with their emotions. I found this article an extremely valid piece of research and I look forward to reading future publications.

Amanda Scott
Edinburgh, Scotland

Response:

Thank you for this letter. We were moved by Amanda’s personal experience of having a brother with psychosis and pleased that she found our article and research project valid and meaningful. She highlights the needs of siblings that are echoed repeatedly within our research findings.

In terms of further publications, we are pleased to report that we are close to completing the final report of the overall study. We recruited 31 siblings in total, including 7 ages 11 to 16. We hope to get this paper published very soon and will be interested in comments from readers and siblings.

We agree with Amanda that access to and provision of services for siblings is far from satisfactory. We hope that our article will lead to changes in how mental health services and voluntary organizations respond to the needs of siblings. Regarding resources for siblings and online support and sharing, in the United Kingdom, the mental health charity Rethink has a specific website for siblings (http://www.rethink.org) and hosts a siblings blog (http://www.rethink.org/applications/bloglisting/blogindex.rm?topic=Siblings&id=5932), which is the closest to Amanda’s interest in online sharing and support, to date. In addition, there is a generic website for siblings of children and adults with disabilities that produces information sheets, a regular newsletter, siblings support, and training workshops for siblings (http://www.sibs.org.uk).

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**HUNGRY FOR MORE ON EATING ISSUES**

**To the Editor:**

The article “Influences of Disordered Eating in Prepubescent Children” by Cave (February 2009, Vol. 47, No. 2, pp. 21-24), was interesting to me as a future health care professional; however, the study had a few limitations. The article did not provide recommendations on promoting self-esteem among children. Because the media, Internet, parents’ statements, and the influence of peers are not going away, children need interventions on how to cope. Also, Cave did not report on the warning signs associated with an eating disorder.

Cave’s article explained important factors for any health care professional to remember when treating children. Although a child may be visiting the hospital for a medical issue other than an eating disorder, health care professionals must treat the child holistically. Because clinicians may not know whether a child has a low self-body image, I believe it is our duty to ensure that our clients feel happy and positive when they leave the facility. That is how we can help.

**Response:**

In response to Ms. Yaddow’s letter, I need to first address that she referred to my article as a letter, I need to first address that article as a study, whereas it was an informative article only. That said, this article was about the influences of disordered eating among prepubescent children, not about “eating disorders,” as she often stated in her letter. Although these two issues can definitely be related—disordered eating can lead to eating disorders—my goal was to raise awareness to the public regarding the risks involving disordered eating among this targeted group. Ms. Yaddow reported that I did not mention the “warning signs associated with an eating disorder.” As mentioned, this article was not about eating disorders. However, clearly in the first paragraph of this article I stated that “individual risk factors, such as a preoccupation with weight, self-esteem issues, and general body dissatisfaction... have been associated with perpetuating eating disorders” (p. 21).

Ms. Yaddow made a valid point regarding the need for recommendations on promoting self-esteem among children; however, that could be a future article, whereas my focus was on the influences of disordered eating. In the section “What can nurses do?” I did address the role of the nurse regarding disordered eating. I suggested interventions nurses could implement, especially in the public arena, such as schools, by becoming advocates for children by protecting them against peer teasing and pressure through promotion of all body types and healthy lifestyles. Most important, I think it is necessary for nurses to raise awareness to the public through the multiple media outlets by educating.

I agree with Ms. Yaddow that all children should be treated holistically. The preoccupation of body image can often manifest an inadequate self-worth based on physical appearance. Addressing and treating children through a holistic approach can aid in addressing all the needs of a child that might lead to disordered eating.

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