Group Therapy for Young Women with Eating Disorders: A Proposed Group

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Abstract

In this proposal, a group for young women with eating disorders will be outlined with regards to current literature on eating disorders and literature on group therapy. There will be an attempt to predict group dynamics and stages throughout the proposal, though it is recognized that the group's activities and stages may be modified throughout the duration of the sessions to adapt to the needs of the group.

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Eating disorders became more prevalent in the United States beginning in the 1960s (Polivy & Herman, 2002), and the problem has been growing (Palmer, 2006). The rate of anorexia nervosa is currently somewhere in between .05 and one percent of the U.S. population, while bulimia nervosa affects an additional one to three percent of the population (Cyr, 2008, Warschburger et al., 2011). While these percentages appear to be incredibly small, these disorders affect the lives of a considerable number of people. It has been posited that as many as ten million females in the United States are currently grappling with the effects of anorexia or bulimia, and nearly 25 million people are struggling with other non-specified forms of eating disorders (Palmer, 2008).

These numbers are particularly disturbing when one considers the ramifications of these diseases for the individuals. Anorexia in particular is a psychological disorder with incredibly high risks. Nearly 20 percent of individuals diagnosed with anorexia will die within twenty years of diagnosis (Cyr, 2008). This is disturbing because the people affected by eating disorders in general have a low degree of disease acceptance, and are likely to discontinue treatment multiple times after starting (Warschburger et al., 2011). This makes eating disorders especially dangerous and difficult to treat.

A person with anorexia nervosa is characterized as over-evaluating her body shape and weight, maintaining a body weight that is 85 percent or less than what is expected of someone of her stature, and a lack of menses for three consecutive months as a result of restrictive eating habits (Murphy et al., 2010; Warschburger et al., 2011; Polivy & Herman, 2002). Bulimia nervosa is similar to anorexia in that it contains the diagnostic component of over-evaluating one’s shape and weight, however, bulimia differentiates itself from anorexia with recurrent binge

eating and extreme weight control behavior, such as self-induced vomiting, improper use of laxatives, or extreme exercise (Murphy et al., 2010; Warschburger et al., 2011; Polivy & Herman, 2002). Clearly the physical hardships people put their bodies through while they experience this disorder is dangerous, but for the purpose of establishing a therapeutic group, it will be more important to consider the psychological issues that set a foundation for these types of deadly behaviors. This will make it possible to construct a program that will combat not only the symptoms of the disease, but the psychological barriers that create and reinforce this illness.

Some of the strongest predictors of eating disorders are seen as body dissatisfaction, or "fat phobia", and low self-esteem (Legenbauer et al., 2011), so it will be important for the group that is being created to address these issues for our participants. This is supported by Peregrin (2007), who would argue that super-thin body ideals depicted in American media can have a detrimental effect on how individuals, especially those with low self-esteem, view themselves. He would argue that in order to fight against eating disorders, the person's perception of her body needs to be changed, which will in turn increase the person's self-esteem (Peregrin, 2007). One proponent of this is a study that showed that reducing the negative thoughts that young women had about their bodies was a great predictor in the reduction in frequency of binge eating (Legenbauer et al., 2011). While the argument that a fear of fat coupled with negative self-esteem make perfect sense as a cause for eating disorders, some would argue that treating these disorders solely as a result of hyper-thin media images would be a detrimental mistake.

Many would argue that eating disorders are " problem[s] of disconnection, transition, and oppression, rather than dieting, weight and fat phobia" (Palmer, 2008, p. 26). Palmer (2008) would argue that if someone looks at an eating disorder only as being an issue of appearance, then they may be missing important psychological, emotional and relationship problems that

could just as easily be the cause of the issue. This is especially pertinent when thinking about women of color with eating disorders. Many people have written off eating disorders of women of color as a non-issue, because of the myth that these women do not experience negative body image the same way as White women in America. There is an assumption that African-American culture embraces larger body types, so Black women are less likely to experience body dissatisfaction, and are therefore less likely to have eating disorders (Palmer, 2008).

Many feminists, even without speaking specifically about women of color, acknowledge that an eating disorder may be a reaction to oppression (Palmer, 2008). If someone is being oppressed, they may feel as though they do not have power in their own lives, and will seek power by any means possible, which often leads to restrictive eating because it is a means for emotional and physical control (Polivy & Herman, 2002). This is supported by Steese et al. (2006) who found that women have a weaker internal locus of control than men. Because internal locus of control, or feeling like one has influence over one's own life experiences, is a strong predictor of resiliency, it is not a stretch to say that women may feel more confined and less in control, which is a catalyst for gaining an eating disorder (Steese et al., 2006).

Even if there were some form of protection in body satisfaction for women of color, they would still have the added oppression that comes from being both a woman and a minority in America. We need to forget about some of the myths surrounding eating disorders so that we can actually help the population that needs it. According to Palmer (2008), less minority women are referred to health care professionals than people who are not ethnic minorities, even if they are exhibiting the same symptoms of eating disorders. This will be important to consider when forming my own group for young women with eating disorders, because female minorities with symptoms of eating disorders may not feel that they are taken seriously by health care

professionals, and may opt not to seek treatment for fear of being dismissed or brushed off by authorities (Palmer). In one ethnically diverse study of women with symptoms of eating disorders, only 19 percent of minority women exhibiting the symptoms chose to seek help or treatment (Palmer, 2008). This is a red flag that we need to do more to focus on our female minorities with eating disorders.

Purpose of the Proposed Group

The group that is being proposed will be a group designed to help women of all ethnic backgrounds with eating disorders lessen or remove their symptoms. This will occur by enlightening women to the oppressive causes that may be underlying their body dissatisfaction or their need for emotional control, by creating a sense of support through positive peer and mentor relationships, and by increasing self-esteem to eventually lessen the maladaptive eating behaviors. This may be achieved through having the group members experiences and feelings validated, and by having them understand that a need for perfection is not a healthy or reasonable goal for anyone. Nearly 60 percent of women and girls in the United States are unhappy with the size of their bodies (Peregrin, 2007), and the prevalence of eating disorders is constantly increasing (Palmer, 2008). Clearly it is important to begin some comprehensive programming to reverse the effects of these highly dangerous disorders.

Group Population

The population that will benefit the most from the group being developed will be girls in late adolescence with at least two diagnostic characteristics of eating disorders. While boys also experience eating disorders, girls experience them 20 times more often than boys do (Cyr, 2008). Also, girls are “considerably more dissatisfied with their bodies than boys, and they [are] much more concerned with others’ perceptions and evaluations of their bodies (Davison & McCabe, p.

22). This makes me think that it may be a poor choice to have a mixed-sex group for this program. It may be difficult for the girls to progress if they are worried about what other think of them, especially if there are members of the opposite sex present. They may also have issues connecting with one another about body image issues when the body ideals are so different between the sexes. The disease generally affects women aged 12 to 30 (Cyr, 2008), but I felt that creating the group for women in late adolescence would be most appropriate, because body image issues are most prevalent in later adolescence (Peregrin, 2007). For this group, I chose to invite young women aged 17 to 20.

Screening

Screening will be a critical component in the formation of this group, because the "maturity, readiness, and composition of membership play a major role in determining the success of the group" (Gladding, 2012, p. 89). All potential group members will either volunteer themselves from the flyers around campus, or be referred by advisors or clinicians. Then they will be subjected to two to three interviews prior to official selection. The careful consideration of candidates will ensure that the potential participants are ready to participate in the group and willing to commit to the process.

It has been posited that many individuals with eating disorders are ambivalent towards treatment and change (Murphy et al., 2010), and it will be essential to make sure that the participants are joining the group of their own accord. Riess and Rutan (1992) found that often times, patients with eating disorders have an eagerness to please authority figures, and are fairly skillful in telling people what they want to hear. Oftentimes, they will act enthusiastic about group therapy and present themselves as "ready", even if they have no true intention of participating or changing (Riess & Rutan, 1992). "It is not uncommon for them to come for two

sessions and then drop out, or to make endless excuses for absences without stating that they have no intention to continue" (Riess & Rutan, 1992, p. 81). It is therefore imperative to have potential participants go through a stringent, multi-stage screening process, because the commitment of the participants will be crucial for the success of this program (Gladding, 2012).

We will need to make sure that everyone in the group is aware of the expectations of them with regard to confidentiality and their own personal commitment, and the interview process will also give the young women the opportunity to ask questions and address any concerns surrounding the group before they commit. Regardless of whether or not the young ladies are accepted into the group, they will be referred to individual therapists to work on their disordered eating habits. While some may not be ready or emotionally mature enough to benefit from therapy in a group setting, it is important to ensure that everyone who responded to the call for group members has access to some form of therapy.

Logistics

For the group being proposed, the ideal group will consist of five to eight participants exhibiting two or more symptoms of either anorexia or bulimia nervosa. To accommodate a higher number of participants, more than one group may be formed utilizing the same structure and goals, but the participation in each group will be limited to create a more intimate setting. A smaller number has been proven to be more effective, with research showing that "increasing the size of a group decreases its cohesiveness and member satisfaction" (Gladding, 2012, p. 36).

The age range that was chosen involves women from late adolescence into early womanhood, which appeared to be the best choice for this particular group. In one survey, it was found that 13 percent of adolescents (boys and girls) aged 12 to 14 had elevated scores for disturbed eating behaviors, and that percentage raised to 16 percent for students aged 15 to 18

(Warschburger et al., 2011). It seems appropriate to form a group for older adolescents with eating disorders, because it appears that they exhibit more maladaptive eating behaviors than younger adolescents.

This particular program will be eight sessions in length, meeting once a week. This may not seem like a long enough intervention, because eating disorders are known for being notoriously difficult to treat. Approximately one third of all patients being treated for an eating disorder will still exhibit symptoms of the disease five years after their initial treatment (Polivy & Herman, 2002). Because it is such a long process to make substantial gains with this group, the eight sessions I am proposing will basically be a trial for a more open-ended group. When people are given options for therapy, they tend towards the option with the least level of commitment and the least amount of time consumption (Riess & Rutan, 1992). By offering a shorter group with a definitive ending, participants will be more likely to sign up, and this will also allow the group leaders to opportunity to determine who is the most serious about wanting to change.

Ethical Considerations

The most important ethical considerations I feel should be made for this group are to be completely open and honest with potential group members on what they are getting themselves into, and once the group members join the group, it will be important to treat the group members in a way that will be empowering and will not do harm to the individuals. Before the group members commit to join, they should be made well aware of the purpose and goals of the group, the group expectations, and what expectations they may have of me as the group leader (Schneider-Corey & Corey, 2002). This will help the potential group members decide if the group is something they are truly interested in, and will give them the opportunity for informed

consent. After they join, it will be important for group leaders to conduct themselves and the group so that the group members have a positive experience. This will require a lot of patience and flexibility. In order to provide "just therapy", the leader needs to understand that in order to make someone get better, their context or environment needs to get better (A. Green, personal communication, June 4, 2012). This means that in order to fix eating disorders, there also needs to be some change in the status quo that dismantles the oppression towards women and the objectification of women that causes many of the underlying symptoms of eating disorders, such as feelings of lack of power and body dissatisfaction. This can be done by educating the group members and encouraging them to join groups and movements that combat this negative environment. This is an incredibly large task, but if we aren't working towards changing the context of the problem and empowering our group members to create their own change, then we are not really "fixing" anything.

Other than the social and environmental aspects, leaders should also be empathetic towards the individuals in their groups. The best thing that a group leader can do would be to examine herself and come to understand her own biases and values, so that she will know her own context when looking at another person's life (Schneider-Corey & Corey, 2002). In order to make this group successful, I will need to understand my own personal privilege as a White, middle-class woman, who is able-bodied and has been fortunate enough to have a good educational background, amongst other things. I will need to truly know myself to be better able to understand others. Other people experience things in different ways, and if I do not know how I personally see the world, I will not be able to see another's viewpoint without clouding it with my own personal biases. The most unethical thing I could do in facilitating this group is to not try to be culturally competent, and to not know what baggage I bring as a group leader.

Leadership

In order to be an effective group leader, I will need to decide what will be best for my eating disorder group. I prefer a democratic leadership style, simply because it allows for some structure and I want to make sure that a number of topics are touched upon throughout the group, but it is still group-centered rather than leader-centered (Gladding, 2012). It will also be important for me to have the ability to provide meaning attribution, or the ability to explain what happens in the group in a cognitive way (Gladding, 2012). However, this skill will probably need to come with a dose of sensitivity, and I will need to make any assumptions tentatively so I do not accidentally make false statements about a group member. I will also need to be comfortable addressing conflict and not resisting conflict (Gladding, 2012). This will be particularly difficult for me, but it will be a necessary trait before I facilitate my own group.

The most important aspect of good leadership will be knowing my biases and being sensitive to the biases of others, but I will outline some additional leadership expectations throughout the stages under the "Group Dynamics" subheadings. Good group leadership will begin with knowing myself and understanding how the status quo affects my and other's experiences, but that does not mean that there is nothing else to being an effective leader.

Theoretical Orientation

While leadership style has been addressed, it is equally as important to talk about the theoretical framework that will be influencing the way in which the group is conducted. Groups utilizing cognitive-behavioral therapy techniques have been proven to be the most effective style of group for people with eating disorders, with over 60 percent of participants having positive outcomes (Murphy et al., 2010). If the cognitive-behavioral therapy was combined with body image therapy,

Goals

Based on the literature written on this subject, the goals for this proposed group for young women with eating disorders will be: 1) to become more informed about unattainable cultural "norms" and how they may affect feelings of self-worth, 2) to create a more positive body image in the participants, 3) to have group members increase their self-esteem and feelings of self-worth, 4)to create positive and meaningful connections with others and 5) to decrease the frequency of maladaptive eating behaviors. The participants will learn about how oppression may contribute to their feelings of inadequacy, and how culture can affect ideals. The body image, self-esteem and self worth can be measured with preexisting scales, and the connectivity will be measured via a post-group survey. In the following sections, the proposed group will be outlined, taking the goals that have been set into consideration.

Stage One: Forming

After the volunteers have been carefully screened and selected to be official members of the group for eating disorders, the group can begin forming. The forming stage of the group is characterized by group members experiencing a lot of apprehension and beginning to build trust with one another (Gladding, 2012). It is common for group members in the first group session to be preoccupied with power and purpose (A. Green, personal communication, May 16, 2012). It may be necessary in the first group meeting for the leader to establish herself as the authority and to give some direction on what can be expected for the duration of the group. Some boundaries and limits should be set, and a confidentiality agreement should be proposed (Gladding, 2012). The first session is seen as the "critical incident in the life of the group" because it sets the stage for what members come to expect, and creates a foundation for whether the group members will

see going to group as a positive, helpful experience, or as a negative experience (Gladding, 2012).

Group Dynamics:

Even though the leaders will have given an overview of what the group members could potentially expect, they will likely be concerned with where they might fit into the group (Schneider-Corey & Corey, 2002). They will be testing the atmosphere to see if it is a safe space, trying to get acquainted with one another, and internally debating about how much or how little to share (Schneider-Corey & Corey, 2002). In order to create a safe space where group members feel a sense of equality and understanding, it will be important for the leader to try to prevent any cliques, or subgroups from forming (Gladding, 2012). It will be best for the group if these subgroups can be prevented, but if this is not possible, the issue should be addressed within the context of the group (Gladding, 2012). If at all possible, it will be good for group leaders to create some opportunities for joining, or making connections, between group members (Gladding, 2012). Because the group members will be testing the waters and unsure of whether or not they would like to share, it may be necessary for the group leader to begin by facilitating, or "helping to open up communication among group members" (Gladding, 2012, p. 64) by asking group members questions or having them respond to one another.

Session 1: Getting to know you, and establishing "us"

Goals:

Goals for this session will be for the group members to understand the expectations that are set for all group members concerning confidentiality and participation, for group members to begin getting to know one another, and to begin the process of building trust. This ties in to one of the overarching goals of this group, which is to form positive social relationships.

Activities:

Activities will include creating a confidentiality agreement for the group, going over group goals, and then having group members do a sort of "speed dating" exercise, where they sit in pairs and get to know one another, and rotate through the whole group. One caveat will be that the group members will have to choose a different topic for each mini "date". By meeting all of the other members individually, the hope is that some of the anxiety will be relieved, and they will feel more comfortable with the group as a whole. Steese (2006) would argue that in order to develop healthy connections with others, it is necessary to feel like one has the ability to voice their experiences honestly, and to receive attentive, empathic listening. I feel that this purpose may be best served in a more intimate setting first before moving to the larger group context.

Homework:

For the next session, students will be required to bring a personal item from home to signify their family or culture, or that reminds them of their life at home.

Session 2: Mi casa es nuestra casa: My house is our house

Goals:

The goal of this session will be building trust and developing competency of our culture and its relation to how culture influences feelings about the self. These will both be important goals to achieve early on in the group so that we have a foundation for progress later on.

Activities:

There will be a round discussion where the ladies share the items that they brought from home to signify their family or culture. This will lead in to a discussion about cultural norms and ideals. Do societal expectations match up to our own? Our family's? Should they? This will

provide a more open forum and help group members learn more about one another and make connections to one another, tying to the overall goal of creating quality personal relationships and becoming more aware of cultural norms and their at times oppressive qualities.

Homework:

Group members will be asked to monitor everything that they eat for a week in a journal, and they will also keep notes on how they feel emotionally at the times that they eat, and any maladaptive behaviors that occur before or after they eat.

Stage Two: Storming

Group Dynamics

During the storming stage, there is an increase in conflict and anxiety amongst group members (Gladding, 2012). This may stem from the members' "fear of losing control, being misunderstood, looking foolish, or being rejected" (Gladding, 2012, p. 108). When storming occurs, the awkwardness that was prevalent in the beginning stage of the group is replaced with tension and a sense of competition for one's place in the group (Gladding, 2012). During this stage, there may be judgments, criticisms, or negative comments, but it is important for the group leader not to resist the conflict (Gladding, 2012). While working through the conflict should be encouraged, it should be monitored to make sure it is being handled in a respectful way, and that things do not escalate out of control. Things should be addressed as they happen, and the goal should be to have the members finish feeling valid and still safe (Gladding, 2012). The group leaders can expect some resistance, or even some sort of personal attack on themselves (Gladding, 2012). Basically, the group leaders should be ready to tackle anything that may come up, and attempt to handle any situation with sensitivity and respect.

Session 3: The eating logs

Goals:

The goal for this session is for the group members to become more open as individuals, and also more open as a holistic group. The group members should begin to recognize that when they are "feeling fat" they may actually be feeling something else on a deeper level (Murphy et al., 2010). By being more open and by beginning to explore their feelings surrounding food, the hope is that they will be more equipped to work towards understanding why they are using maladaptive eating behaviors and eventually be able to cope without them (or at least reduce the need to utilize them).

Activities:

The activity that I have in mind is going to be an uncomfortable one for the vast majority of the group members. For their homework, the girls were asked to keep a log of when and what they ate throughout the week, as well as a journal of how they were feeling emotionally at the times when they were eating, as well as any maladaptive eating behaviors they exhibited. For the group activity, I would like for them to share some of the themes they discovered about their eating habits, and ask if there are certain things that they want to change. I assume that this exercise is going to be a bit controversial, because people with eating disorders tend to have a low degree of acceptance that they have a problem (Warschburger et al., 2011). They probably will not want to talk about their eating habits in depth, because in order to do so, they will need to admit things that they would rather keep secret. The leaders can expect some backlash from the participants during this exercise, and should be ready and willing to address it as it comes up. In order for group members to feel safe, resistance should be respected, as it may be serving an unknown function (Schneider-Corey & Corey, 2002). Any resistance should be approached with

interest and understanding, and the leader should try not to make assumptions about what resistance may mean (Schneider-Corey & Corey, 2002).

Stage Three: Norming

Group Dynamics

During the norming stage, the group may begin to feel stronger group cohesion. The purpose of the norming stage is to create a sense of "we-ness", and to develop a mutual feeling of support (Gladding, 2012). During this stage, it will be important to establish group norms on how the group should operate, and commitment should be stressed, because most of the hard work is will be coming up (Gladding, 2012). It almost feels like the norming stage is the calm right after the storm, and then normalcy is established before productivity can begin again. Group leaders should be supportive and empathetic during this stage, because this stage sets the stage for the rest of the sessions to come (Gladding, 2012).

Session 4: Self love

Goals:

The goals for this week will be to develop some feelings of self-worth, to build stronger group cohesion and develop a support system between group members.

Activities:

The ladies will be creating advertisements about how they see themselves to share with the class. The advertisement will be presented by the individual, and the rest of the group will provide feedback about the ad. This exercise will provide the opportunity for members to showcase their feelings about themselves, and also gain a more realistic view of how others see them. This sharing exercise will hopefully encourage empathic listening and provide an opportunity for self disclosure, and help to provide a more positive self image for the

participants. During the norming stage, it is customary for groups to work together towards a common goal (Gladding, 2012). In this case, that common goal will be to help one another create a more realistic perception of herself.

Stage Four: Performing

Group Dynamics

During stage four, performing, the group focuses primarily on the achievement of the individual as well as the group as a whole (Gladding, 2012). This is not to say that the members are not performing or working towards goals throughout all of the other stages, because there are no rules on when growth and development occur during the group (Schneider-Corey & Corey, 2002). During this stage, we might expect to see more genuine concern for the group members by the other group members, and a greater willingness to share personal stories (Gladding, 2012). However, it may be important to note that not all group members will be functioning at the same level during this stage, and some may not be at the performing stage yet individually (Schneider-Corey & Corey, 2002). It may be beneficial to have group members participate in feedback and exercises such as modeling or role plays to keep everyone involved (Gladding, 2012), because as a group leader you do not want to leave anyone behind.

Session 5: Perfectly imperfect

Goals:

During this session, the girls will be working on the need for clinical perfectionism. Because this is a shared issue amongst the majority of women with eating disorders (Murphy et al., 2010), addressing this goal will allow for the opportunity for the group members to make deeper connections with one another, and hopefully increase their self-worth by reframing

mistakes into something less catastrophic. It will be important to separate the person's actions from their inner worth.

Activities:

There will be a discussion about mistakes. The group will be posed a question about a mistake that a group member had made in the past that they may still hold feelings about. The group leader will ask a participant to share her "big" mistake, and the group member will role play with another volunteer using the mistake as a premise for the role play. The group will then provide feedback about the role play and the mistake. Could the mistake have been handled better? Was the person who made the mistake too hard on herself? Why or why not? What was the worst case scenario in making this mistake? Is the person forgivable? Basically, what we want to do is to have the girls develop the skills to understand that perfection is unnecessary, and unattainable. While some mistakes have larger ramifications than others, it is not healthy to dwell on flaws.

Homework:

The girls will be asked to create a body image history, or a timeline depicting their feelings about their body throughout time. When were they the happiest with their body? Why do they think that is? When (if there was a time) did they start feeling negatively about their body? Was something else going on in their lives at the time?

Session 6: Beautiful

Goals:

The goals for this session will be to have a better understanding of how the media influences perceptions about our body image, and to reframe beauty as more of an internal, not an external phenomenon.

Activities:

Students will be asked "what is beauty and what makes someone beautiful?" During this, the idea of media portrayal in America will be explored, as well as its impact on self-image. Different cultural takes on beauty will be discussed to hopefully enlighten the girls on different ways to be beautiful. The group will also watch the Dove commercial breakdown about how real beauty is distorted before it is presented to the public, to show that even the supermodels don't look like supermodels. A frank discussion of what that means in their lives will ensue. Reframing beauty will hopefully give them a more realistic view of what beauty is and how it is portrayed, and will hopefully make them feel more accepting of their own personal beauty, flaws and all. This ties into the group's larger goals of increasing self-worth and self-esteem, and becoming more aware of the social constructs that aid in causing their disorders. At the end of the session, the group members will share something from their homework assignment (ie. When they were happiest with themselves and why, or when did they start feeling negatively about themselves, and what was going on at that point in their lives).

Homework:

Have group members think about ways in which they currently handle stress, and how they wish they would handle stress. This will aid in the next session's activity.

Session 7: Coping

Goals:

This week, the hope is that the group members will recognize their poor eating habits as a coping mechanism for dealing with stress, and after they have recognized this, they should begin to think about utilizing more healthy methods of coping in situations.

Activities:

The group members will share their coping strategies, and whether or not they feel like they are beneficial. The group members will brainstorm on what some healthy alternatives may be for dealing with stressful or uncomfortable situations. Then the group members will take turns role-playing in the groups and practice utilizing those coping mechanisms. Feedback will be provided by the group after they watch the role play. According to Riess and Rutan (1992), if the girls want to begin changing their eating behaviors, it is important for them to see how their negative relationship with food really has a lot to do with their inner lives. This activity will work towards the goal of reducing the frequency of maladaptive eating behaviors.

Homework:

For this homework assignment, the group members will propose an individual homework assignment to the group that they are to personally work on for the week. The group will provide feedback on the assignment proposal and they will get to share any progress that may have occurred during the upcoming session.

Stage Five: Adjourning

Group Dynamics

Session 8: Saying Goodbye

Goals:

One goal for the final session will be to recap any important messages that they have heard throughout the duration of their time in the group. We will also want to reflect on the experiences that the girls have shared, and wrap up any unfinished business that the group might have. The final goal will be to make sure that the girls have realistic expectations for what to expect when leaving the group. Just because the group is over, does not mean that everything is better. Also, it will be important to give the ladies additional options, because eating disorders

are difficult to treat, and it is highly unlikely that anyone would have been "cured" within eight sessions' time.

Activities:

First, we will discuss any progress made on the assignments that the group members created for themselves. Feedback will be provided on how things could have gone better or how things went well. Then, there will be a round discussion of people's thoughts on the group. People can wrap up anything that they want to work on and share any final thoughts with the group. Then the group leaders will summarize their own thoughts on how the group went, and then there will be a discussion of what the girls can expect upon leaving the group. In order to minimize the risk of relapse, Murphy et al. (2010) suggests that patients need to have "realistic expectations regarding the future" (p. 624) and they need to be aware of some of the setbacks that may occur to inhibit their progress . They need to be made aware that being done with therapy does not mean that everything is "fine", it means that there is a lot more work to do.

When describing the layout of this group, I said that this eight session group would basically be a "tester" group for a larger group. At the final session of this group, I would let all of the group members know about the larger, more open-ended group if they would like to continue working and participating. I realize that this may not be a conventional way to end a group, but considering the dangerous nature of this psychological disorder and the know difficulty in its treatment, I do not feel that a short-lived group will be enough for many of the group participants. I want to give them the option of a longer group that will delve deeper into all of the areas that were briefly covered in this group.

Evaluation

In order to evaluate whether or not the group is positively addressing its goals, the program will need to be evaluated. In order to measure whether or not the group increases self-esteem or self-worth, the girls will be administered reliable and time-tested self-esteem surveys at the beginning and the end of the process, as well as an additional survey provided four months after the eight week program has ended. This will let us know if there is a lasting effect. In order to measure if the participants' body images have improved, we will be using a body image examination before and after the program, with another check-in at the four month mark to check for lasting effects. I suppose that in order to check whether members have created positive relationships, we could ask them about their experiences with other group members in an open-ended survey, and code their answers to see if there are positive themes associated with the relationships in their answers.

In order to see whether the girls were made more aware of oppression and unattainable cultural norms, they could be given a short quiz at the end of the program, though I really just want them to understand the gist and I do not think that they will need to know a lot of specifics. I may just make that evaluation an open-ended question on the final survey. I could ask something like "what was one thing you learned through this program" and see if they write about social justice and oppression. Evaluating the frequency of maladaptive eating behaviors will be simpler, because frequency indicates a numeric quantity. However, it will be self-report so we will have to trust that the group members are honest both at the beginning of the program and at the end when indicating their eating habits. In addition to the formal evaluations, it will be easy to give them an oral Likert scale to ask how they are doing. For instance, I could ask how comfortable they are in their understanding of the information about oppression and cultural norms to see if they are grasping the material.

Once Were Warriors

If the character Mavis from the film *Once Were Warriors* (1994) had a daughter and moved with her to the United States, it is very possible that she could end up in my group. She has grown up in an environment where there is a large discrepancy in power between men and women, and she would have moved to the United States where the media objectifies women at any chance. The element of oppression and she would probably be in a transitional stage trying to find where she belongs between two cultures. Either of these factors influences a person's likelihood of adopting an eating disorder (Palmer, 2008). She may be struggling to find her own personal sense of power, and could choose to find it through her diet and eating habits. In the movie, when Mavis was talking to Beth, she says "remember the rule- keep your legs open and your mouth shut" (Scholes & Tahamori, 1994). This indicates that Mavis's daughter would probably grow up in a family that values women as sexual objects, and not as individuals with thoughts and feelings of their own. This may make it difficult for her daughter, who I will call "mini Mavis", to be in group.

She may feel tentative during the first meeting, because she is not necessarily used to American culture, and she probably will not know whether or not she can trust the others in the group. She will probably a bit quiet during the initial meeting, but will probably share at least a little bit when the group is separated into pairs and the "speed dating" begins. Then she can share with each group member without fearing rejection from the whole group at once. For the family artifact, she may bring something from her culture, and she may be asked some questions. The group leaders be curious about her and ask her questions without making assumptions, which will hopefully make her a bit more open to sharing later in sessions.

During the storming stage, she may not want to share her feelings in relation to her eating habits, and she may even be a bit defensive. Leaders will want to acknowledge her resistance, but will not want to force anything. We may ask her questions about her resistance, but not patronize her for it. It will be very important to be respectful and culturally cognizant. During the norming stage, she may be more trusting of the group, and may feel better about creating an advertisement for herself. She may be nervous to get feedback about it, and she might feel a little silly presenting to the class, but I feel like she would do it.

During the performing stage of the group, I feel that mini Mavis would be willing to work on all of the homework assignments, but still may not feel comfortable sharing with the group either because she feels like they do not understand her and her culture, or because she is not used to being encouraged to voice her feelings and opinions. It may be difficult to get her to open up, but with time she might begin to. For her last homework assignment, she may choose to confront her mother or both parents about feeling devalued. During the last session, I feel that she may still have a considerable amount of work to do, and she may be encouraged to join the longer-lasting group that has been formed. Her self-esteem, and knowledge may have increased slightly, or her maladaptive eating behaviors may have decrease slightly, but I don't feel it will have changed enough in eight weeks for her to be "cured". In addition to her eating disorder, she is also dealing with the transition from New Zealand, culture shock, and family issues, as well as financial issues, so she may need a little additional support. Even if the only goal she meets with this group is forming one positive peer relationship in America, that would still be considerable progress. Of course, this is all conjecture. She may go through the group and experience it in a completely different way, so it is important for me as a group leader to be cognizant of when I may be making assumptions about her based on her background, and be

more inquisitive than presumptuous. It will be in mini Mavis's best interests for me to take things as they come, remain respectful and curious about her, and try to draw her out so that she can work on her own progress in a way that works well for her.

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