

GROUPS FOR EATING DISORDERS

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Focal Group Psychotherapy

Groups for Eating Disorders

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Introduction

The incidence of bulimia has reached epidemic proportions.

The overwhelming majority of people in treatment for bulimia are women. This is due to a variety of factors, including sex-role stereotypes and societal pressures on women to be thin. I suspect, however, that there are many more men suffering from this disorder than would be indicated by treatment records. The fact that bulimia is commonly thought of as a "women's disorder" probably inhibits men from acknowledging the problem in themselves or from seeking help.

The physical and psychological toll of bingeing and purging is great. Common physical consequences include dental enamel erosion (an irreversible condition), increased cavities, irregular menstrual cycles or none at all (amenorrhea), electrolyte imbalance leading to muscle cramping and weakness, dehydration manifested by dry skin and brittle hair and nails, cold intolerance, and digestive problems.

The range of psychological features includes depression; powerlessness; numbness; fear, anxiety, and anger; low self-esteem; hypersensitivity to approval and criticism; social preoccupation with food, weight, and appearance; social withdrawal and isolation.

Bulimia is a secret disorder. While the anorexic may receive overt and covert admiration for her self-starvation, the binge-purger is looked down upon. She "cheats" by regurgitating the food she has eaten. She's "gross" because she vomits or abuses laxatives. She receives little in the way of positive reinforcement from society.

Secrecy is the result of the tremendous shame and guilt that the bulimic feels about her "nasty habit." Low self-esteem often predates the bulimia and is a precondition of the disorder. Secrecy and isolation encapsulate both behaviors and the negative self-image, making it difficult for her to get help.

Group treatment can penetrate the "capsule." When bulimics sit face to face with each other and see that they are not alone, that "nice" people are bulimic, they have begun a process that reduces their isolation, their shame, and their guilt. This process is extremely valuable, as it creates an opportunity for the bulimic to begin working toward recovery.

Selection and Screening

The intake interview is your major screening tool. Be sure to use it! Here are some of the topics you will want to cover.

What is the client's overall capacity to function in a group? Find out by asking about her experiences in various groups throughout her life (such as

Girl Scouts, sports teams, clubs, groups of friends, and so on).

How does she feel in group situations? Occasionally, you'll have someone apply to be in your group who is absolutely terrified of groups. Her choice to join the group might well be a self-destructive one. Be wary of including her—you might serve her better with a referral to individual psychotherapy.

Does the client identify herself as bulimic? You may be surprised at how helpful this identification with the symptom can be at the beginning of the group. Typically, at the beginning of her recovery, the bulimic feels connected and allied to those other group members whose food behaviors are like her own, while a client whose symptoms are alien to the group may find herself initially excluded from the group process.

Rule out psychosis and other psychological problems that result in severely impaired social functioning. Also be alert to any substantial alcohol or drug abuse. Substance abuse is a common concomitance to bulimia, and needs to be addressed before the bulimic enters group treatment.

Assess the client's motivation for being in the group. Poorly motivated clients tend to be bad risks, as they can demoralize other group members and may not get much out of the group themselves.

How effectively is the client able to sit and listen to another person? How able is she to control and limit what she has to say? "Monologuers" who seem to have *no* ability to sense the presence and needs of others don't belong in a group setting. However, people with this *tendency* can learn a great deal and change dramatically in a group that provides good feedback.

Remember—group member selection is not a scientific process and you are not going to do the screening for the group without making some mistakes. Trust your intuitions and err by being too conservative until you have actually conducted a few of these groups.

Bulimics tend to do best with other bulimics. Some compulsive overeaters who do not purge may fit at times. Emaciated and restrictive anorectics will probably not be accepted by the group. Slightly underweight anorectic types who purge may or may not be accepted by the other group members.

The bulk of your applicants will probably be in the twenty-one to twenty-eight year-old category. Difficulties can develop with some high school age clients and some over-forty clients who are at different life stages than the core group. However, since the group is symptom-focused and highly structured, less substantial age differences often are not a serious problem.

If you are in a situation in which you are receiving large numbers of

referrals (30 to 50 or more), you might want to consider beginning two groups, one being an adolescent group or an over-thirty-five group, and the other including clients in the eighteen to thirty-five age range.

Time and Duration

Make the group roughly one and one-half hours long and start it on a weekday evening after regular business hours. The group generally is 12 weeks in duration. It can be compressed, however, to 10 sessions if necessary.

If you have the time and the scheduling flexibility, find out possible times from all the people you interview, and pick a time that works for the most people, including yourself.

If you don't have much flexibility in your schedule, select the time and day of the group before you begin your screening, and give that information to prospective members on the telephone. This will permit a self-selection process, eliminating clients who cannot attend at that time, before you schedule your intake interviews.

Structure

This is a closed group of approximately 12 weeks in duration. If you have trouble getting 8 to 9 clients for the group, you can admit new members

through the second session. Don't start the group without at least 6 members.

When forming the group, you will probably need 15 to 20 phone inquiries about the group to lead to 10 to 15 scheduled intakes. This will likely give you the 8 or 9 members necessary for the optimal sized group. You will probably still lose 1 or 2 members over the 12 weeks.

Hand out the expectation sheet (see Handout 1: Short-Term Group Policies) for group members during the intake interview and have the clients sign it. The expectation sheet explains the requirements for group participation.

Be sure to collect the entire fee for all 12 sessions before the first group, or no later than during the first group session. Make exceptions to this rule at your own peril!

Goals

The most important goal of the group is to give group members a sense of hope about their future and their recovery. You will teach a series of psychosocial skills that will give the members alternatives to bingeing and purging. By establishing a therapeutic environment of trust, honesty, and acceptance, you will promote emotional healing. Finally, you will attempt to reduce the group members' isolation, shame, and guilt while enabling them to

increase their self-esteem.

Description of Group Process

This group is a synthesis of support group, psychodynamic psychotherapy group, and cognitive-behavioral group therapy. It is a support group in the way it links people together in a helping network. It is psychodynamic in the way it helps members connect their acting-out behaviors to their feelings, while valuing the development of conscious awareness and acceptance of those feelings. It is cognitive-behavioral in the way it utilizes structured interventions to help the client learn what the triggers are to the binge-purge syndrome, and how to develop healthier alternatives.

For most of the group sessions outlined below, you will find that time has been set aside to review homework assignments, introduce new concepts and skills, practice these skills, and give new homework assignments. Treat this structure as a guide, not a prescription. Each group is a living thing with its own unique needs. Stick too closely to the structure and you can lose the purpose of the group. Strive for balance.

Starting the Group

Often these groups almost begin themselves, and the chances of a

successful first meeting are quite good. As the new group members look around the room and size each other up, they are often startled at how "normal" and "attractive" most of them look. This is usually quite a relief, and they are anxious to hear each other's stories. They are delighted that *these* people share the same symptoms about which they are so embarrassed and ashamed.

You might begin the group by saying, "After meeting you all one by one over the course of the last six weeks, it is a real pleasure to be with you as a group. I want to take a moment to congratulate you all for making it here tonight. By taking the brave step of pursuing this group, you have already begun to ease the isolation, loneliness, and shame that are part of being bulimic.

"Let's go around the group now and each say your name and take a minute to explain what brings you here tonight. Susan, why don't you start...."

Give this initial "go-round" 20 to 30 minutes, leaving yourself an hour for the rest of the material to be presented. Quite often the group ends with everyone feeling happy and excited about their first group meeting.

Main Concepts and Skills

A. Concept: Bulimia "Works" for People

For the bulimic, binge-purge behaviors "work" for them in a variety of ways. Bulimia serves as an antidote to self-hate, guilt, stress, anxiety, boredom, depression, anger, and so on. Thus, it is important that group members understand the function of the behavior in their lives, and the need to develop new skills and abilities in order to be able to give up bulimia as a coping mechanism. A possible way to introduce this concept to group members is as follow:

"No one in this group is crazy or stupid, and everyone here is bulimic. You are bulimic because, on some level, bulimia works for you—by reducing tension and anxiety, extinguishing feelings you can't stand (including self-hatred, depression, boredom, and anxiety), by expressing your anger, getting your much-needed attention, removing you from an uncomfortable situation, and so on.

"Therefore, let's not treat this syndrome as though it were some disgusting thing to be gotten rid of. You will need to develop new skills and abilities that will enable you to solve the problems you're now using your bulimia to address. And this will take time. Don't try to give up your symptoms immediately. Remember that you are entitled to the time it takes you to recover."

B. Concept: Clarifying Expectations

Bulimic clients frequently set unrealistic goals and standards for themselves. In the group, this tendency appears as members set overly ambitious goals for change and growth. It is important to address this tendency and remind group members that the recovery process is one that will begin in the group but continues long after the group ends.

You might introduce this topic with:

"It's natural to come to the group feeling needy, hopeful, or hopeless. Bulimia develops over a long period of time, and many of you have been bulimic for a long time. Your problem is unlikely to disappear overnight. What you *will* do a little later on in this group is work together to develop realistic and manageable short-term goals that may or may not be symptom-related."

C. Concept: Dieting Doesn't Work

Bulimics tend to be chronic dieters, and the deprivation caused by stringent dieting often contributes to bingeing behavior. In addition, bulimic clients often do not eat in response to physical hunger. Rather, they follow diet-determined eating patterns when restricting their intake. When they are off the diet, they often eat in response to non-physiological triggers and cues such as the way they look in the mirror, how their clothes fit, how they're feeling emotionally, etc. Therefore, it is important to help group members understand that dieting does not usually result in long-term weight loss, and

one of their tasks will be to learn to eat in response to physiological hunger cues. This concept can be introduced as follows:

"Studies indicate that 90 to 95 percent of dieters have gained all their weight back in five years. Because of a rebound effect, people often end up weighing more at the end than when they started dieting. Even if you can't imagine giving up dieting, understand that rigid dieting is not appropriate for bulimics who are trying to make some inroads into diminishing their symptoms. Dieting provokes severe hunger pangs as well as a more general sense of deprivation. You are having enough trouble coping with those feelings when you're eating normally. The stress of a diet intensifies these feelings to an intolerable extent, and leads to the next binge-purge episode."

D. Skill: Keeping a Food Journal

"A food journal is an important tool for beginning the process of recovery. The journal can be used to track eating patterns, identify binge triggers, and provide information that will be helpful in distinguishing between emotional and physical hunger.

"Each food journal entry can be organized in any convenient form, as long as it includes the information shown in the worksheet." See the sample food journal on the next page.

E. Skill: Distinguishing Between Physical and Psychological Hunger

Since bulimics tend to respond to emotional states with binge-purge behavior, their ability to learn to distinguish between emotional and physical "hunger" is important to the recovery process. Psychological "hunger" can be explained this way:

"Psychological feelings can actually feel like hunger and prompt you to eat. Such emotions as loneliness, sadness, emptiness, frustration, and even annoyance can create physical sensations similar to hunger, and trigger your desire to eat or binge, even when you're not hungry. Since learning to eat when you're physically hungry is part of the recovery process, learning to identify emotional hunger, as opposed to physiological hunger, is an important part of that process.

"If you learn to know what you're feeling, then you're more likely to be able to attend to particular feelings rather than eating in response to feelings in general. Keeping the food journal will facilitate this skill."

Food Journal

1. Date and time of day:
2. Location:

3. Were you alone or with other people? If so, with whom?
4. How physically hungry were you?¹
5. What were you feeling before you ate?
6. What did you eat or drink?
7. How much did the food satisfy you?
8. If the eating evolved into a binge, what were you thinking just before your eating became a binge?
9. What were you thinking after you finished eating?

F. Skill: Setting Realistic Short-Term Goals

Goal setting is a very delicate subject that demands particular sensitivity on the part of the group leader. It is all too easy for members to engage in an unspoken competition in which they see themselves as the loser. They can set themselves up to fail and then give up on themselves when they do. Conversely, they can "miraculously" give up a symptom or their need for the group.

Be sure to educate the group as to the purpose of this task. Prepare carefully for it yourself, and be aware of the risks involved. Remember, if this or any other of the tasks in this chapter seem not to be working, skip it and

move on. Goal setting might be an extremely valuable project for group A, and almost meaningless to group B.

Not only should the goals be manageable in size, but they should also be as specific as possible. The more vague and general the goal, the more difficult it will be to know whether or not it has been accomplished. Also, the more specific the goal is, the easier it will be to assess its appropriateness for a particular group member. You can begin this education about goal setting by saying:

"Setting goals can be the single most powerful skill you learn in this group. You can easily set yourselves up to fail if your goals are too high. For example, setting a goal to stop bingeing and purging is much too difficult and abstract, but setting a goal of making Tuesday a binge-purge-free day might be manageable for some of you right now. Not only should goals be manageable in size, but they should also be as specific as possible. The more general the goal, the more difficult it will be to achieve."

G. Concept: Good and Bad Foods and Enough Versus Too Much Food

For many (if not most) bulimics, the gray area between enough and too much is almost nonexistent. Typically, as soon as they decide they've eaten one bite too much, they've "blown it" (their rigid diet) and might as well "go all the way" (binge) because they'll "have to purge anyway" (because they ate

that one thing too many).

Typically, bulimics, as well as many other people, live with the idea that some foods are "good" (okay to eat) and others are "bad," forbidden, terribly fattening, things only a "gross" person would eat. This attitude toward food is another "setup" for binge-purge behavior. For instance, many bulimics think that if they consume any amount of bad food, they must purge. Also, in a more general way, bulimics see *themselves* as either good or bad, according to whether they've been eating good or bad foods.

Introduce this concept in the following way:

"I'm wondering if any of you tend to put the food you eat in good and bad categories." (Most members of the group give affirmative nods.) "Which foods tend to fall into which categories?" (A discussion ensues.) "How do you feel when you've eaten something you consider to be in the bad category? Does it affect your binge-purge behavior in any way? In a more general way, can eating a bad food affect the way you feel about yourself as a person?"

"When you do your goal setting for the week, try moving one food out of the bad category: make this one of your goals if you can. Be careful not to bite off more than you can chew! Perhaps you can try a food that is marginally bad instead of a food that is totally bad. Remember that moving it out of the bad category means eating it and *keeping* it—not purging. *Don't* expect to do this

and not feel anxious. Permitting and tolerating the anxiety is part of the recovery process."

H. Skill: Identifying Feelings—Taking a Feelings Inventory

"One way bulimics use the binge-purge syndrome is to avoid, diminish, or relieve uncomfortable feelings. Therefore, when you try to diminish the number of times you binge and purge, you feel very uncomfortable. You may be unable to identify this discomfort specifically. After extinguishing most of your strong emotions with the same tool for such a long time, you've impaired your ability to identify and differentiate between feelings.

"To begin to try to deal with your feelings in more specific and less self-destructive ways, you have to learn how to differentiate between them, and how to address each of your feelings more appropriately. This involves becoming aware of the possible range of feelings you can experience, identifying which situations are likely to stimulate which specific feelings, and learning to identify the particular physiological symptoms associated with different feelings."

I. Skill: Identifying the Internal Critic

"Binging and purging can be linked to specific feelings such as anxiety, self-hatred, anger, sadness, and so on. There are often critical thoughts that

trigger those feelings. For example, "I can't do anything right," can lead to binge-purge behavior. So can, "I'm a fat, disgusting pig." In the first case, binging can provide an escape from the conviction that you are incompetent and helpless. In the second case, the self-hatred generated by the statement can serve as the trigger for the behavior.

"Part of the healing process includes identifying your internal critic, stopping its self-destructive voice, and replacing it with a healthier, more compassionate and objective response. Glancing in the mirror on the way out to lunch, you might say to yourself, "Boy, you look fat and ugly," giving your self-esteem another beating and perhaps triggering a lunch-time binge. Or you could say, "Well, okay, the color of this shirt really becomes you," which gives you a positive stroke rather than a dose of self-hatred.

Although a slow process, this will get easier with practice. Since negative feelings about yourself are almost always triggered by a critical thought, looking for that thought whenever you feel bad about yourself is a good place to start."

J. Skill: Developing Alternatives to Binging and Purging

"Once you're able to accurately identify your feelings and your inner critic, it's possible to develop more appropriate responses than binge-purge behavior. It's important to try and short-circuit the binge reflex as soon as

you become aware of the trigger. When the trigger is a critical thought, shout "Stop!" inside your head as loudly as you can, and immediately remind yourself of something positive, more compassionate, and objective. For instance, "I'm doing the best I can—nobody's perfect" is a good replacement for "Here you go, eating *again*." When there seems to be no critical thought behind the feeling, contacting a friend, perhaps even a fellow group member, and talking it out is often an excellent alternative. Going to a 12-step group meeting, such as Overeaters Anonymous, will be effective for many people. Sometimes taking a walk or going to a movie helps. Staying out of the kitchen obviously helps! Predicting binge triggers and learning how to avoid them altogether are useful, too. It's much easier to avoid a predictable binge trigger than it is to interrupt a binge that has already begun.

"Sometimes you'll find a binge trigger about which you can do nothing. There's no critical thought that you can identify, your alternatives seem to have been exhausted. Now what?

"There's one alternative that's always available. That's the simple but quite difficult challenge of tolerating your uncomfortable feeling. At first it sounds almost silly: if you're angry, give yourself permission to be as angry as you are; if you're sad, be sad. Don't try to make the feeling go away. Remind yourself that you *can* tolerate your feelings.

"Eventually, this can become the most potent alternative of all. Meeting this challenge relies on nothing outside of yourself. It presupposes a high level of self-acceptance ("My feelings are okay with me."). It teaches a particular kind of self-confidence ("The worst feelings in the world will go away all by themselves if I just give them the time to disappear."). You can develop this skill in small increments. For some of you, it might be helpful to begin by extending the time that you're able to sit with your trigger feeling before bingeing. Only after you feel more comfortable tolerating the discomfort would you attempt to prevent the binge altogether, sitting through the entire cycle of tension and eventual relaxation."

K. Skill: Asking for Help

Bulimics tend to be poor negotiators when it comes to getting their own needs met. In order to be able to diminish binge-purge behavior, the individual must learn to become a skillful advocate for herself and her needs. Developing this skill helps the bulimic function more effectively in the world, thereby preventing many situations that might otherwise develop into binge episodes. Learning to ask for help is one important step in the process of developing assertiveness. To the group you might say:

"By applying for membership in this group, all of you went through the process of asking for help. Try to contemplate this particular aspect of

beginning group therapy. Was it hard for you to do? How are you in general at asking for help?" Chances are that you will hear a lot of group members admitting to having difficulty asking for help. Explain to them that this is a skill that can be developed and that they will be working on this in the weeks to come.

L. Skill: Expressing Negative Emotions—Saying "No"

Learning how to say no and express negative feelings is another important skill group members need to develop. Bulimics often come from families in which there were inadequate boundaries and limits. Their parents tend to be either overly permissive, overly strict, or inconsistent. In addition, it may have been unacceptable to express negative feelings appropriately, or to accept their expression by others. As a result, the bulimic usually lacks the skill necessary to maintain appropriate boundaries, set limits, and express negative emotions. In fact, one way to understand the binge-purge process is as a technique for maintaining internal boundaries. Knowing this, be careful not to pressure them to give up their symptoms prematurely. Give them the time to develop more sophisticated self-regulatory mechanisms first.

To the group, you might say:

"Many of you have already realized that a major binge trigger is activated when you feel compelled to say or do things that you aren't

comfortable with or when you have to act as though you feel something that you *don't*. You don't feel able or confident about how *not* to do what is being asked of you, so you do it, feel terrible, and then binge and purge out of anger or frustration. Developing and refining your ability to say no directly can put you back in control of yourself, eliminating the need to binge and purge in these situations."

Week 1

Follow instructions in the section Starting the Group for help in breaking the ice so that members can begin to learn about each other and get more comfortable in the group.

A. Concept: Bulimia "Works" for People

Intervention 1: Didactic Presentation (See Concepts and Skills section)

B. Concept: Clarifying Expectations

Intervention 2: Group Discussion

Example

Therapist: I'd like to take a little time here at the beginning of our work together for you to think out loud about some of the things you're hoping to get out of coming to these meetings. There are no right or wrong answers to this—

please try not to leave out anything, even if you think it might be unreasonable. If they're your ideas, we want to hear them. Who'd like to go first?

Sue: I think I've been hoping that maybe when I was finished with this group I wouldn't have to binge and vomit anymore. I'm really sick of it, but I don't have a clue about how to stop.

Therapist: Thanks, Sue. That's just the kind of stuff I was asking about. Who's next?

Robin: I'm afraid I'm worse off than Sue. I don't know how to stop either. But I've pretty well lost hope about ever stopping.

Therapist: The longer you're bulimic, the more you tend to lose hope. That's natural. But think hard. What were you hoping to get by coming to the group?

Robin: You know, I think I just realized one of the reasons I'm here. I think I had the idea that if I sat with other people who were trying to get better, maybe it would rub off a little...maybe I could hope again.

Therapist: Nicely put, Robin.

Kathy: Just this past year I realized that bulimia is my major coping mechanism in my life. Whenever anything is going wrong or even going *too* right, I binge and vomit. I want to relearn what people do to cope, without using food.

Jane: My expectations feel more like dreams. It may sound silly, but I want to feel happy again. It's been so long since I really felt happy. I was a happy person once and I really would like to feel happy again. [She starts to cry a little.]

Sue: Jane, I know just what you mean. It's been a long time for me, too.

Don't be put off by extremes of optimism or pessimism. That's normal. Remember that you will be able to return to these issues more productively in

the fourth group meeting. For now, your goal is for group members to become conscious of the existence of their expectations so that they can begin to evaluate these themselves. The group is quite fragile at this early stage, so take special care that no one comes out of the discussion feeling as though she has been judged and found wanting in some way.

Intervention 1: Didactic Presentation (see Concepts and Skills section)

Week 2

Review of Previous Session—Members' Comments

Have the group give feedback on the first group meeting. Keep your ears peeled for the "pink cloud" phenomenon that may last during the first few sessions—group members may express a sort of euphoria about their anticipated recovery without taking account of the hard work that will be involved or the inevitable setbacks they'll encounter along the way. Solicit negative as well as positive comments. Predict the disappearance of the pink cloud as things get a little rougher, as group members get to know each other a little better. Predicting this helps to cushion the eventual blow.

Carefully control and discourage major confrontational situations. Many people with eating disorders are extremely sensitive. Sometimes it feels as though you're working with people who have no psychological "skin":

remarks that have any kind of an "edge" to them seem to cut these people to the bone. Consider reducing the intensity of your comments until you feel more familiar with this group of clients. Be prepared to limit heated exchanges between members for the same reason. It can happen that a group may appear to handle strong feelings well—and then only two out of nine members show up for the next meeting!

C. Concept: Dieting Doesn't Work

Intervention 1: Didactic Presentation (See Concepts and Skills section)

D. Skill: Keeping a Food Journal

Intervention 1: Didactic Presentation (See Concepts and Skills section)

Intervention 2: Group Discussion

Hand out the journal format, then ask for clients' reactions to it. For example:

Therapist: When you look over this outline for the food journal, what kind of reactions do you have to it?

Annie: I try *not* to think about the answers to most of those questions when I eat! It seems almost impossible to me.

Sharon: I can think about those things alright, but I can't imagine sharing my writing with anyone! I feel really exposed just thinking about it.

Therapist: Remember, this is not a test or a competition. However you do yours is fine, and no matter what you do, you're likely to learn something about yourself just by trying. You won't be forced to share your journal with anyone else if you don't want to. What you write is primarily for you.

Erica: It doesn't matter what I'm thinking or feeling before I binge. I binge out of habit, no matter what. I'm afraid this might get me off on the wrong track.

Therapist: You may be absolutely right. Sometimes bingeing becomes so much of a ritual that it's no longer directly connected to specific feelings. Before you decide, give this a chance. You may identify more feelings and thoughts than you imagined. If any of the questions really don't work for you, you can omit them or modify them, but first see if you can give them a try.

Nancy: I'm afraid that if I start doing this, I'll become even more obsessive and compulsive about food than I already am. I'm trying to get all these food thoughts out of my mind. They're driving me nuts!

Therapist: Some people can't do this because they turn it into one more obsession.

Try not to let that happen. Don't get too hung up on all the details. Stick to the basics and keep it as simple as you can. If you find, after you've given the food journal a real try, that it's making things worse for you, stop the activity. It's not for everyone.

Homework

Assign the task for the coming week of keeping a food journal and bringing it to the next group meeting. Anticipate problems with completing the assignment and discuss members' feelings about the homework. Explain that everyone will bring their journals to group, but will not be required to

read from them. Let clients know that they will at least talk about their journals with each other for a portion of each group session during the next three to four meetings.

Week 3

Review of Homework: Keeping a Food Journal (continued)

Keeping a food journal will be a difficult project for many group members. Encourage clients to share with one another the problems they encounter. Individual members may be able to offer helpful suggestions to one another.

Have members who are willing read from their journals. Permit discussion of people's journal material, but control and limit critical comments. Value clients' efforts and don't worry too much about the quality. The value of the food journal will largely be determined by the amount of attention given to the task in subsequent meetings. If you assign it but don't pay attention to the results, clients are much less likely to continue keeping a food journal. Give lots of strokes to those who are able to do the task, while being accepting and encouraging toward those clients who are not yet able to complete the assignment.

Let the group find its own way to discuss the experience of trying to

keep a food journal. There are many questions you could ask (such as "What did you learn? How did it feel to pay such close attention? What did you think about possibly sharing your journal with the group?" and so on). But you should resist the impulse to be overly controlling. Group members are probably becoming interested in each other by now. This can afford an opportunity for individuals in the group to get to know each other better and for the group as a whole to develop trust.

E. Skill: Distinguishing Between Physical and Psychological Hunger

Intervention 1: Didactic Presentation (See Concepts and Skills section)

Intervention 2: Group Discussion

Journal material can be used as group members begin the process of learning to distinguish between physical and psychological hunger. Invite group members to share material from their journals that exemplifies situations in which feelings have been experienced and responded to as though they were hunger pangs. This is also a good time to have the group think about where in their bodies they *feel* real hunger. Different people will feel it in different places. Where in their bodies do they feel anger, sadness, tension, and so on? By having group members go through this exercise, they come a little closer to being able to distinguish their feelings from one another as they are happening. Also, your valuing this process helps the group

members begin to value it themselves. If they learn to know what they are feeling, then they are more likely to be able to tend to that feeling specifically, rather than feeling like eating in response to most feelings.

Here is a sample discussion.

Therapist: Who here is pretty sure she usually knows when she's feeling hungry? [No one says a word.] That's interesting—really *interesting*, and not a euphemism for bad, sick, or problematic. Does anyone have any ideas about why it is that no one in the group is all that clear about when she's hungry?

Cathy: I don't know about everyone else, but I've either been on a strict diet or bingeing and purging for so long that I think I've lost track of what the feeling of hunger actually is. [A number of group members nod in agreement.]

Nancy: Since I started coming to group, I've been thinking about how I eat. I'm beginning to realize that I eat in order to feel better. It's such a natural thing for me to do that I really hadn't noticed it before. If I'm hungry or upset or annoyed, I eat and I feel better, especially since I know I'll get rid of it soon.

Therapist: Chronic dieting and eating to feel better will gradually cause people to lose their natural sense of physical hunger. Hunger becomes confused with a variety of other feelings; and they all get treated as a physical hunger for which food is perceived as the cure. Does anyone have any ideas about the appeal of relieving yourself of unpleasant feelings this way?

Joanne: That seems pretty obvious. Why would anyone want to feel uncomfortable if they didn't have to?

Therapist: Good point. But what I'm getting at is why choose the food solution as the method of making those feelings go away?

Joanne: That's easy, too. The food I can do myself. If something is really bugging me and I binge and purge, it's gone and I go about my business.

Therapist: Okay. The food solution gives you a way to make the feelings go away while not having to trust anyone but yourself. And that seems really attractive to you.

Joanne: You bet!

Therapist: One of the problems with this solution is that it's addictive. After a while you're eating instead of feeling almost anything, or choosing instead to not eat at all.

If you can begin to separate your other reasons for eating and purging from your actual feelings of hunger, you will be able to consider at any given time whether you want to respond to a particular feeling or situation by eating. When you develop the habit of making your feelings go away, you no longer have a reason to distinguish one feeling from another. Different feelings are "melted down" into generalized anxiety: you eat to combat the chronic anxiety.

Intervention 3: Soliciting Individual Examples

Journal material can be used as group members begin the process of learning to distinguish between physical and psychological hunger. Invite individual members of the group to share material from their journals that exemplifies situations in which feelings have been experienced and responded to as though they were hunger pangs. This is also a good time to have group members think about where in their bodies they *feel* real hunger. Different people will feel it in different places. Where in their bodies do they feel anger, sadness, tension, and so on?

Homework

- "This week try to use your food journals to help you make the distinction between physical and psychological hunger. You may not be able to do anything about it right now, even when you learn to recognize the differences. But the issues will at least become clearer, and eventually this will help you to overcome your binge-purge behavior."
- Suggest that clients employ any useful modifications to the homework assignment that have come out of the group discussion.

Week 4

Review of Homework

Ask members to read aloud particular segments they want to share from their food journals. You might notice a tendency in many members to go for fairly long periods of time without eating by skipping a meal entirely, not eating meals at all, or only eating particular foods. Explain that starvation is different from normal hunger, and that it isn't good for them. Not letting themselves get too hungry helps maintain an emotional balance. Getting too hungry is a way to set themselves up for a binge. Encourage members to try to eat at least three meals a day (or more), and to try not to let themselves get too hungry.

Be sure to pick up on items from the food journals that refer back to last

week's discussion on the difference between physical and psychological hunger. For example:

Therapist: Joanne, I noticed that you and a number of others in the group tend to binge and vomit before you go to sleep.

Joanne: Yes. I always get the munchies late at night.

Therapist: Try to think about last night, for instance. What were you doing before you went to bed?

Joanne: Well, I ate a good meal and I did my laundry and I watched TV and I folded clothes.

Therapist: Can you remember anything about what you were thinking while you were folding clothes?

Joanne: It's funny, I do remember—but it's kind of embarrassing.

Therapist: Well, if it's a little embarrassing I hope you can still trust us with it. If it seems really embarrassing, maybe you should keep it to yourself for now.

Joanne: No, it's alright. I was thinking that I'm sick of doing my laundry by myself."
[A few members nod their heads sympathetically.]

Therapist: Do you remember what feelings were connected with that thought?

Joanne: I think I felt sort of empty inside. Empty and sad.

Therapist: It sounds to me like you were feeling a little lonely. Tell me—when you were done bingeing and vomiting, how did you feel?

Joanne: I felt spaced and tired. I really wanted to go to sleep.

Therapist: You may have been feeling spacey, but it sounds as if bingeing and

purging eased your feelings of loneliness.

F. Skill: Setting Realistic Short-Term Goals

Intervention 1: Didactic Presentation (See Concepts and Skills section)

Intervention 4: Exercise and Goal Setting

The process of learning how to set realistic goals is begun by having each member select a goal she would like to try to accomplish by the next group meeting (in other words, in one week). The goal doesn't have to be related to food, but it should have emotional significance for the individual (without being so difficult or complex as to be overwhelming). Help each member refine her goal into specific, manageable increments or portions. For example:

Cathy: I want to try getting to work on time next week.

Therapist: Could you be a little more specific, Cathy? What time do you want to get to work, and how many times next week?

Cathy: I'd like to get to work by 8:45 a.m. every day.

Sue: What time do you normally get there?

Cathy: Well, usually it's closer to 9 a.m.

Therapist: How many times in the past week or month have you gotten to work at 8:45 a.m.?

Cathy: Probably not more than once a week.

Therapist: So what do you think about this goal in terms of its manageability?

Jane: I think it's too big.

Sue: Maybe getting to work at 8:45 only three days next week would be more manageable.

Therapist: What do you think, Cathy? Which days?

Cathy: How about if I try to get to work at 8:45 on Monday, Wednesday, and Friday of next week?

Homework

"Try to accomplish the goal you've clarified this week. It's a difficult assignment, so just do the best you can with it."

You should predict for the group potential problems with completing this portion of the week's homework. Ask group members to imagine how they might feel if they are unable to meet their own goal. Anticipated negative reactions include 1) feeling like a failure, 2) bingeing and purging, 3) feeling inadequate, 4) self-loathing, and 5) feeling embarrassed.

"I'll be reviewing the journals with you for the last time next week, but you're welcome to continue the process on your own. You'll also evaluate the task for yourselves at our next meeting."

Week 5

This entire session focuses on the homework.

Review of Homework: Goal Setting

Intervention 3: Soliciting Individual Examples

Some people will have some genuine successes in the group. Let them tell their stories. This imparts an atmosphere of hope, and energizes the room. For example, one group member reported the following experience with a goal-setting assignment:

"I've been bingeing and vomiting one to five times a day for the last three years. I didn't even stop when I had the flu! This week I had my first two days without bingeing and vomiting. It's really amazing! I thought that I couldn't stop. I even told myself that I didn't want to stop, that it was *fine* for me. That was bullshit. Bingeing hasn't really been fun for me for years now. I was just addicted and I felt pretty hopeless about the whole thing—but not today. Today I feel more hopeful about my recovery than I have in a long, long time."

Successes such as this one are mixed blessings. On the up side, people really begin to *see* that their condition is subject to change. This can be a tremendous relief. Often the motivation of the successful individual makes the motivation of the group as a whole increase markedly. On the down side, the

successful individual may become more focused on performance than on change. She might experience her improvement as a pressure, and feel compelled to "up the ante." She might grow frightened and, as a result, become even more symptomatic. The group can have negative as well as positive reactions to the success of one individual member. Typically, feelings of competition, envy, and despair can develop. If you keep the focus on process rather than performance, all of this will be simply grist for the mill. By helping group members become aware of their reactions and feelings, particularly if these threaten the group process, you will maintain a positive direction and maximize everyone's progress.

Intervention 2: Group Discussion

Begin by asking group members how they felt about the assignment. How anxious did it make them feel? How did it feel to accomplish their goals? How did it feel to fall short of their goals? Did anybody not try to meet her goals? What got in her way?

Because of the difficulty of the assignment, it's important for you to be supportive and interested in each client's experience, whatever the outcome. Tell them that it is brave of them to try, and that it's also understandable if they are too afraid just yet to try. Success will come. You can help those clients having the hardest time by helping them scale down their goal to

something more manageable. For someone who is bingeing and purging three to five times daily, not purging during work hours on Mondays and Wednesdays might be a realistic goal. For another client, attending her first meeting of Overeaters Anonymous might be an appropriate goal. It's your job to help clients set goals that are realistic, productive, and manageable.

Review of Homework: Keeping a Food Journal (continued)

Intervention 3: Soliciting Individual Examples

Example

Therapist: Since this is the last time we'll be reviewing and discussing your food journals, I'd like to hear how this exercise worked for you.

Erica: I think it worked for me on a couple of different levels. For years I had this gimmick where I would always make believe I was eating about 25 percent more calories than I really was. Then I would stop eating sooner, and lose weight! A year or two ago the whole system broke down and I couldn't stop overestimating even when I wanted to. Somehow doing the food journal made it okay for me to be honest again about how much I'm actually eating. For the first time in over six years, I really know just what I've eaten on a given day.

Also, I learned something simple, but important, about when I binge. I thought it was just nights, but it's much more often than that. Mostly, I binge whenever I'm alone—my journal showed me that. It also showed me that I'm usually thinking pretty negative things about myself too, when I binge. I realize now that coping with being alone, being alone less, and being less critical of myself are things I really need help with!

Homework

Help members set new or revised specific and manageable goals for the next week.

Week 6

G. Concept: Good and Bad Food and Enough Versus Too Much Food

Intervention 1: Didactic Presentation (See Concepts and Skill section)

Intervention 2: Group Discussion

Ask group members to think about whether they think of different foods as "good" or "bad." Which foods fit into what categories for them? What about distinctions between enough and too much food? To what extent is their eating controlled by these ideas? How often are these notions used as catalysts for binge-purge behavior?

You might want to introduce this topic by immediately asking group members about the kind of distinctions they make, or fail to make, about food and eating patterns. This will initiate a discussion during which many of the points of your introductory presentation will be covered.

Review of Homework: Goal Setting

Intervention 3: Soliciting Individual Examples

Nancy: I had a really hard time with this. I knew I wasn't ready to cut back on the binging, but I tried to do it anyway and I couldn't do it at all. In fact, I binged more often than usual.

Therapist: Nancy didn't feel ready to cut back on her binging, yet she decided to try it anyway. I wonder if that sounds familiar to anyone else?

Susan: It does to me. I think I sometimes avoid the possibility of failing at something by setting it up so that my failure is guaranteed. That way I don't have to worry too much and it confirms all the negative things I think about myself already. It's a lot easier for me to see when Nancy does it than when I do it myself.

Cathy: I do the same sorts of things, but my reasons are different. For some reason, small achievements make me feel embarrassed, maybe even demeaned. As though I were settling for something so far beneath my potential that it's proof that I'm worthless and stupid. So I avoid all that by trying to achieve "major" things. Unfortunately, this often turns out for me like it did for Nancy.

Nancy: I thought *I* was the only one who did stuff like that! [Everybody laughs.]

Therapist: How did it go for the rest of you?

Sharon: Well, I've got some good news to report. My goal was to stop binging and purging on my lunch hour and to have a light lunch instead. I was able to do that four out of the last five days, and that's an improvement for me. I'm still doing plenty of binging and purging, but *after* work. It was really just a matter of time before someone would find out at my job and I would really hate that. So it feels like I actually was doing something constructive for myself rather than, my usual self-destructive number.

Therapist: That's great, Sharon. It must feel good to see yourself make a change like that.

Keep the floor open until everyone who wants to has shared. If one or two members are very quiet, see if you can engage them in discussion by speaking directly to them and asking constructive questions. In the process, be careful not to send the message that those who don't speak much are doing something wrong. Different people relate in groups differently and learn in different ways. The group—and you—should accept many different styles of relating as meaningful and valid.

Nancy: I'm afraid food journals just aren't for me. I have a tendency to get very compulsive with lists of any kind. I'm paranoid about leaving anything out, so I spend hours reviewing the journal, afraid that I've forgotten something important or cheated somehow. I knew in my head that I was getting too involved and should have been more moderate, but I couldn't help it. I stopped keeping the journal last week because it was just making me crazy!

Sharon: At least you tried it, Nancy. I couldn't get the first word down on paper. I never noticed how hard a time I have being told what to do. When I was a teenager, I would never listen to anything my parents said—but I thought I was over all that. All my bosses at work are men and I really haven't had this kind of problem with them. Maybe it has something to do with you [the therapist] being a woman? Anyway, I didn't keep the journal, and I didn't get a lot out of the exercise.

Barbara: I didn't always write in the journal, but when I did, it helped me feel more in control of the food, which is good for me. One surprise was noticing how often I could forget to do something that was really helping me not binge and purge. I was so sure I wanted to recover immediately; but I can tell from the way I've been avoiding this task that, in a way, I'm still avoiding getting better. The good news is that now I know it. I'm going to keep writing in the journal as often as I can.

Therapist: As you can see from what people have been saying, you didn't have to do

this task perfectly in order to get something out of it. For those of you who found the exercise helpful, please continue keeping your journal. If it didn't work for you, then feel free to stop. Not all of the things we're going to do will be helpful for everyone; but by the time our group is over on the (specify date), I'll bet that each of you will have found a number of concrete things that will help you recover from your eating disorder.

Homework

Clients should set new or revised goals.

Week 7

Review of Homework: Goal Setting

Intervention 3: Soliciting Individual Examples

Intervention 2: Group Discussion

Focus this week's discussion of goal setting on the concepts of dieting, good and bad food, and "enough but not too much." What goals did people come up with that related to these issues? Did anyone break any food taboos during the week? What was it like for them? Did their goal setting this week teach them anything about the way in which their rigid thinking controls their behavior in annoying and destructive ways?

It may happen that the majority of the group avoided or didn't complete

this assignment (or another assignment over the course of the group). It's probably counterproductive to get into a power struggle with the group about the issue of uncompleted homework assignments; yet this issue needs to be addressed in some way. Some groups tend to be extremely compliant, others are completely oppositional, while still others fall somewhere in between. Each extreme is problematic. In the case of over compliancy, it's less likely that the leader will push the group to examine its tendency to be so passive. You should do so, however, since overly compliant behavior can breed the anger and resentment that, in turn, can trigger binge-purge behaviors. One group member told a particularly poignant story of how far her compliance could go:

"I'm terrified of the water. I always have been. I've never been able to learn how to swim and I have this fear of drowning that paralyzes me. Last week my boyfriend said he wanted to take me out on his dad's little boat with this tiny motor and no life preservers. I went with him. I didn't even ask about the life preservers and I was never so scared in my entire life. I wanted him to like me so much that I just hid the whole thing from him. I'm surprised I didn't vomit from the *fear!*"

When the group is oppositional in response to the assignments, point this out and enlist group members' involvement in trying to get to the root of their reaction. Be optimistic that they eventually will be more cooperative.

Often this will turn out to be the case. If group members still don't do their homework, continue to investigate the source of their resistance.

H. Skill: Identifying Feelings—Taking a Feelings Inventory

Intervention 1: Didactic Presentation (See Concepts and Skills section)

Intervention 3: Soliciting Individual Examples

One simple way to help clients develop the ability to identify and differentiate their feelings is to pay attention to the expression of particular feelings as they arise. During discussion of the homework, ask individuals to be more specific about their feelings. You can help them by offering alternatives. An example of this process follows below:

Therapist: Just then, Joanne, when you were describing that incident with your mother, you seemed to be having some feelings about it as well. Do you know what they were?

Joanne: No, I wasn't feeling anything.

Therapist: I could be wrong, Joanne—but take a second and just think about the incident you were telling me about. See if you can't find a feeling.

Joanne: *(she thinks for a moment with her eyes closed.)* Yes, I was feeling a little weird about that...

Therapist: Okay, great. You found it. Now let's think about "weird" a little bit. Any other word that might describe your feeling even more closely?

Joanne: Upset. I guess I was upset about that.

Therapist: Uh huh. That was an upsetting situation and you got upset; makes sense. Any other feelings beside being upset?

Joanne: No, that's it, upset....

Therapist: What about annoyed? I wondered if you might have been feeling a little annoyed with your mother. What do you think?

Joanne: I think you might be making too big a deal over all this, but I guess it's true that I was a little annoyed with her. But what's the big deal? How come you're spending so much time on this?

Therapist: Because if you're going to learn how to handle your feelings in new, non-bulimic ways, you're going to have to get a lot more specific about them. The better you understand exactly what you're feeling, the easier it will be to figure out what you might want to try to do to ease that feeling.

Homework

Ask the group to take an inventory of their feelings during the week, making a list of all the feelings they experience. Suggest they try to make the list somewhere in the 25 to 40 word range.

This exercise can produce a wide range of valuable information. At one end of the spectrum, a group member may come to realize how inadequate her feeling vocabulary is, and how that handicaps her in the process of trying to understand her emotions. At the opposite extreme, another member may feel overwhelmed by the number and variety of her feelings, particularly

negative ones. In either situation, recognizing feelings opens up the possibility of choosing alternative ways of dealing with them.

Week 8

Review of Homework: Identifying Feelings

Intervention 2: Group Discussion

Begin by asking group members how they felt about doing the feeling inventory. Expect that many members will have found it difficult, and some will have not done it at all. In this case, you can respond, "If this had been easy for all of you, it wouldn't have been an appropriate exercise."

Ask those who completed the assignment how they would feel about reading their lists out loud to the group. You shouldn't force anyone to do this; but you can encourage participation by stressing that the group gives useful feedback. Query whether individual group members learned anything about themselves while making their inventory. Is this a skill they feel they would like to sharpen? Can they appreciate the value of knowing more precisely what they're feeling?

One member of a group, Bob, shared the following list:

exhausted

angry

sad

depressed

edgy	irritable	tense	confused
satisfied	guilty	defensive	safe
frightened	anxious	worthless	confident
hopeless	unsure	warm	proud
superior	inferior	claustrophobic	desolate
despairing	desperate	weak	unworthy
serene	calm	bored	restless
closed	solicitous	lonely	neglected
excited	fraudulent	frustrated	Unattractive
empty			

The group had a very strong reaction to this list. Everyone noticed how many negative emotions were on it. They guessed that Bob was much unhappier than he had ever let on in group meetings. The group's response to his list helped Bob take the inventory more seriously, rather than minimizing his emotions, as was his habit. His self-revelation in front of the group pushed Bob to face his feelings and accept that the words were accurate representations of emotions he often felt. The group's honesty and support were aids to Bob in his recovery.

I. Skill: Identifying the Internal Critic

Intervention 1: Didactic Presentation (see Concepts and Skills section)

Intervention 3: Soliciting Individual Examples

As members become better able to identify their feelings, individuals become aware of thoughts that trigger their feelings. During a discussion of the homework, you can help members identify their internal critic, as per the following example:

Cathy: So I got home from visiting with my sister and headed straight for the refrigerator.

Therapist: What were your feelings?

Cathy: Really depressed; I felt like shit. I mean, she has this perfect life—a good job, great husband, two beautiful children.... I guess I was jealous.

Therapist: What were you saying to yourself at that moment—what was your critic telling you?

Cathy: Well, I remember thinking that I'd never have that kind of life, that in particular no man would even want me because I'm fat and disgusting.

Therapist: I can imagine that if I said those things to myself, I'd feel pretty depressed, too. It's important to recognize when the internal critic is making generalizations (*no man would ever want me*) that are based on subjective opinions (I'm fat and disgusting). Then you can develop more rational, objective responses. The first step, though, is to identify the critic.

J. Skill: Developing Alternatives to Binging and Purging

Intervention 1: Didactic Presentation (See Concepts and Skills section)

Intervention 2: Group Discussion

Have the group pose problem feelings and ask for ways in which others have successfully dealt in the past with these emotions and the thoughts underlying them.

Example 1

Carol Ann: One of my problem feelings is boredom. When I get bored or I feel like time is weighing heavy on me, I go straight to the kitchen and pig out. It's almost like it's my entertainment for the evening.

Therapist: Has anyone ever been successful in not acting on the feeling of wanting to binge out of boredom?

Nancy: Yes. Sometimes I feel myself getting ready to binge out of boredom, and that's when I know I have to get out of the house. I have a couple of friends who know what I'm going through, and I call them and *run* out the door.

In addition to alternative coping strategies, emphasize that some feelings need to be tolerated. Tell the group, "Feelings come like a wave and gradually pass." Look for examples that illustrate "riding out the wave of feeling."

You can help members develop healthier self-statements to replace their internal critic. Have the group continue to pose situations, or use examples from their homework.

Example 2

Building on the previous section, in which Cathy described returning from a visit with her sister feeling depressed and jealous:

Therapist: So, Cathy, telling yourself that no man would ever want you because you're fat and disgusting left you feeling pretty depressed. What could you tell yourself that would be more objective and compassionate?

Cathy: It's hard, because that voice *feels* like the truth.

Therapist: But in reality "fat" and "disgusting" are simply value judgments. The critic thrives on value judgments, *(to the group:)* "What could Cathy tell herself as an alternative to listening to the critic?"

Erica: I know that if I try telling myself anything too positive, I just don't believe it. But what about something like "My life may not be exactly the way I'd like it, but I'm working on changing things and I'm doing the best I can." That helps me.

Therapist: What do you think, Cathy?

Cathy: That sounds like something I should tell myself a lot, in a whole variety of different circumstances.

Homework: Goal Setting

Explain that next week will be the last of your formal discussions on goal setting because the group needs time to cover new material. This does not suggest any assumption on your part that everyone is now successful at the goal-setting process. This will be everyone's ongoing, long-term project. Encourage clients to continue their work by recording reasonable and

manageable goals in their journals. They can also write about their feelings connected to these goals, or can discuss their feelings with other members of the group or with spouses, partners, or friends.

Week 9

Preparing for Termination

Initially, most group members were probably comforted by the knowledge that the group would end in 12 sessions. They felt protected against becoming overly dependent on the group—which is a typical sort of fear among bulimics. Yet, as the group draws to its end, many group members will feel upset about the upcoming termination and separation. If you do not deal with these feelings, some members may individually or collectively leave the group prematurely in an attempt to make their uncomfortable feelings disappear. It's important to remember that bulimics are people who are particularly sensitive to feelings of rejection and abandonment, feelings that are likely to be evoked during the normal termination process. It's helpful, therefore, to explicitly raise this issue (even if members of the group don't) and give individuals the opportunity to confront it collectively. Predict some of the possible feelings that clients might have in reaction to the termination process, along with the potential to "act out" in response to those uncomfortable feelings.

Be clear about the possibilities that may or may not exist for the continuation of the group beyond 12 weeks. You should be prepared for the possibility that most members of the group may not want to prolong their participation at this time. This would not be unusual, and doesn't necessarily suggest that there was anything wrong with the group. Often people will choose to begin or resume individual therapy and/or a 12-step program. Some may want to reconvene the group at a later date. Don't continue the group with a paucity of members. If you and the group do decide to continue, you might want to contract for a certain number of sessions and to be paid in advance, rather than leaving the group's duration open-ended.

Pay attention if the group begins to dwindle in size as you near the final session; or if, when you try to raise the issue of termination, the group refuses to discuss it. These *could* be signs that the group is having trouble ending. In both cases, the situations need to be identified and discussed in the group. In the case of the "shrinking group" phenomenon, it may be too late to prevent its worst outcome, the attrition of group members. However, an opportunity to discuss these issues may encourage other clients to remain and work out their problems.

Review of Homework: Goal Setting

Intervention 1: Group Discussion

Follow up on some of the issues that have surfaced around the task of setting goals. Pursue themes that touch on identifying and differentiating feelings, identifying underlying critical thoughts, alternatives to bingeing and purging, good and bad foods, emotional versus physical hunger, and so on. End the goal-setting process clearly. Encourage group members to continue their work in setting goals if they have found it to be helpful so far.

Week 10

In weeks 10 and 11, two new and demanding topics are introduced. If group members have been responsive to the exercises and seem to want more, then by all means use them. If the group seems more focused on ending-and-process issues, don't force members to do the exercises. Use your clinical judgment about which issues seem most important for your group at this time.

K. Skill: Asking for Help

Intervention 1: Didactic Presentation (See Concepts and Skills section)

Intervention 5: Role-Play

Have everyone in the group think of a particular situation in which he or she has trouble asking for help. Working in pairs, group members should take

turns reenacting their difficult situations. (If an extra person is needed, pair off with one of the group members yourself.) Have the one who is being asked for help give feedback to the other person about the effectiveness of the way in which he or she asked for help. Was the person asking for help direct, specific, clear, friendly, and so on? Then have this person describe what it felt like to ask for something. Clients should also describe how they felt their request was received.

Intervention 2: Group Discussion

Bring the group back into the circle and let members share their reactions to the role-play exercise. What did they learn from it? How does the inability to ask for what you want or need relate to binge-purge behavior? Discuss the role of assertiveness in setting and achieving goals.

Homework: Asking for Help

"During the week, I want you to ask three people for help with something that is of significance to you. Remember that even if your request is ultimately denied, you were still entitled to make it: whether or not you get the help is not what we're focusing on now. Write down what happens when you make your three requests so you can share your experience at the next meeting." Have group members discuss their reactions to the assignment; they might want to modify it somewhat. Consider all suggestions, and use

them where it seems appropriate.

Review Termination

Intervention 2: Group Discussion

Discuss the feelings brought up for clients by the prospect of the group drawing to its close.

Week 11

Review of Homework: Asking for Help

As you listen, express your appreciation for any and all successes experienced by the group in doing the exercise. Also appreciate the efforts of clients who tried but were unsuccessful. Don't criticize those who had problems with the assignment, or those who couldn't do it.

You might notice that group members are just as interested (if not more) in each other's feedback as they are in yours. This is a normal and healthy part of group functioning.

Example

Therapist: I'm wondering if you were able to try the "asking for help" homework this week, and how it went for you?

Sharon: I got lost on the way to my sister's new place last Saturday, and I started to do my usual routine, which is to drive around until I find what I'm looking for. Sometimes I'm real good at that, but after about 20 minutes of driving aimlessly, I remembered the group and how much I avoid asking for help. So I thought, okay, here's my chance. Even though I hate to ask for directions, I did it anyway. I pulled into a gas station and asked how to get to 31 Gull Road. It was a good idea. I didn't realize just how lost I was, and it wasn't even hard to do. Funny—I really don't get why it's so hard for me to ask for directions.

Nancy: I assigned myself the task of asking my dance teacher for some special attention. I've been in the class for almost two years, and lots of people ask her for help, but I never could. I must have rehearsed my question a hundred times before I finally asked her, and you know what she did? She helped me! Simple as that. It makes me sad to think how many times I've missed out on stuff just because I was too afraid to ask.

Joanne: Nancy, I think I learned something even sadder this week. I decided not to do this exercise because I knew I didn't need to. Asking for help was not my problem, because I've made it a point not to need any help from anyone. I live alone, earn my own way, clean my own apartment, make my own food, I teach myself what I have to know for work. I even taught myself the piano!

But sitting with everyone tonight and hearing all of your battles as you try to get a little help, I think I'm finally understanding that I've never permitted myself to want help. To want it is to leave myself open to not getting it; and I decided that there was no point to that humiliation years and years ago. But you know what? That's very, very sad... *(starts to cry.)*

Therapist: Joanne, I'm really sorry that you had to cut yourself off from help completely for so long, but I'm really glad that you realized all of this today. You don't have to ask anyone for anything until you're ready; but maybe now you can think about it as a choice. There may be a time when it will seem worth it to you to make that choice.

Robin: I thought about asking my boss to explain a little more clearly what he wants me to do. He gives terrible instructions and then, when he doesn't get

what he wants, he treats me like I'm an idiot and like it's my fault. But he's such a bastard that I couldn't bring myself to talk to him. Why should I? He's supposed to tell me what he wants. If he's so incompetent that he can't even do that, why should I bother to clue him in?

Therapist: Robin, that's a rough spot you're in, and I think most people would be furious with that boss of yours. But I want you to stop and think for a second. Who's suffering most as a result of your anger?

Robin: Well, if you put it that way, I guess I am.

Therapist: Great, you see that. After he's done yelling at you, you finally understand what he wants, and eventually he gets what he wants from you. But what are you getting from him?

Robin: I don't get a damn thing from him except trouble.

Therapist: Well, maybe it's time to consider changing that arrangement. If you keep in mind that asking him for help now is a way for you to protect yourself from unfair criticism and verbal abuse later on, then maybe it won't be so difficult for you.

L. Skill: Expressing Negative Emotion—Saying "No"

Intervention 1: Didactic Presentation (See Concepts and Skill section)

Intervention 3: Soliciting Individual Examples

Ask members to think about particular moments in the recent past when they would have loved to have said "no." Invite them to share these moments with each other.

Example

Sharon: (a new mother) I'm a little embarrassed to tell this, but I will. I've always given my close friends baked goods, made from scratch, for all their special occasions. I'd usually spend hours and hours baking for them, but I'd secretly feel trapped by the whole situation. I figured that by now they've come to expect it and would be hurt if I didn't bake for them. But I've also felt somewhat exploited, and that I don't really get back what I give. It all came to a head with the birth of the baby. Juggling my career, my marriage, and my baby was hard enough. When my friend John asked me to make the birthday cake for his wife's surprise party I got completely desperate. I was furious that he would ask me, but I felt unable to say no. I made the cake and was up until 3 a.m. doing it, even though I had to be up at 7:15 for work the next morning. I knew then that I had a problem saying "no."

As the group continues this discussion, you might notice that some members adopt a "what's done is done" attitude toward incidents they didn't handle as well as they might have. Explain that this is a mistake. "Often you can go back and 'fix' a situation by expressing your feelings to the person who was initially involved in the interaction. No one expects that you'll always express yourself perfectly the first time. Most people are willing to hear you out, even if it's about something that happened quite a while ago. You can achieve two benefits from doing this. First, you might very well resolve a conflict with someone and feel better about them and yourself. Second, by practicing going back and resolving old grievances, you will gradually develop the ability to confront issues as they happen.

Intervention 5: Role-Play

If the group was successful in using the role-playing exercise in which they asked for help, have members pair off again and practice saying "no" about something of significance in their lives.

Homework: Saying "No"

Assign the task of having clients say "no" on three separate occasions during the following week. Discuss their reactions to the assignment, and resolve any questions. Ask group members to keep a written record of their experiences in trying to say no, so that they can share them next week in group. Group members are likely to be quite apprehensive about the assignment whether or not they express their apprehension. Try to draw this out so that you can provide reassurance and encouragement.

Before ending, explain to clients that they will have an opportunity to evaluate their group experience in next week's session, which will be the final meeting.

Week 12

Review Homework: Saying "No"

Intervention 2: Group Discussion

Ask group members about their experiences saying "no." What did they learn about themselves in the process? How did others respond to their nay-saying? What do they imagine as their next step in this particular learning process?

Group members can also practice expressing uncomfortable emotions during your discussion about terminating the group. Ask them what kinds of feelings they are having as the group comes to an end? How is this ending either reminiscent of, or different from, other endings in the past? Can they tolerate their feelings without having to do anything about them? Can they share their feelings with one another?

Ask group members if they plan on continuing, in a formal way, the work begun in the group. Do they plan to keep in touch with any other group members? How would they describe their experience of being in the group?

Termination

Permit the group to devote most of its time to the closure process. Help participants find a thoughtful way of saying goodbye to one another and to the group itself. Include yourself in the process.

Hand out evaluation forms (see Handout 2). Give the group 10 to 15 minutes to fill them out before the end of the session (or else you won't get

most of them back). Congratulate yourself for guiding the group through an arduous process. Summarize what you've learned from this group experience in writing, and use that information to make your *next* group more productive.

With a little luck (and I mean that), this will have been an emotionally satisfying experience for you as well as for the members of the group.

Criteria for Measuring Change

Bulimia is a symptom cluster that can occur in a heterogeneous group of people. This group consists of people with different character structures, psychopathologies, family backgrounds, class backgrounds, educational backgrounds, and so on. Symptomatology ranges from fairly mild to extremely severe. Therefore, one way to assess the changes that the group has produced in its members is to compare each group member with what he or she was like just before entering the group.

Symptom diminution and abatement is another way to assess change; but this is fraught with problems. If clients are given the message that "success" in the group is defined by a cessation of bingeing and purging, then they may lie about it; or they may simulate a "cure" and resume their bulimic behaviors as soon as the leader is no longer there to reward abstinence. Remember that symptom abatement, to be significant, must be accompanied

by many of the changes outlined in this chapter. Recovery from bulimia can take years; sometimes, in successful treatments the symptoms are the last to go (much to the exasperation of everyone, including the therapist).

Try to use the group feedback forms as a way to get some data on your clients' own assessment of the changes they made while in the group. Since their recovery will ultimately be their own responsibility, their assessments are probably the most important ones. The individual's ability to appraise the progress of his or her own recovery and to respond appropriately is a key to long-term change. Self-deception is likely to undermine the recovery process.

Relapse Prevention

The disappearance of symptoms is not necessarily the hallmark of a successful or complete recovery from bulimia. This psychopathology typically indicates a developmental arrest; it is therefore progress in the maturational process that is the real goal. As a person matures emotionally, she develops healthier coping mechanisms that take the place of the eating disorder. Of course, this is not to say that a resumption or intensification of bulimic symptomatology is not problematic. Often it is. And there are things you can convey to group members to help them.

1. "Understand that by bingeing and purging again you've broken through a wall of your own creation that was protecting you.

It's not nearly as strong as it was before you crashed through it; so be alert to the fact that you are much more likely to slip again, and will need to make an extra effort to remain abstinent.

2. "Contact people you trust (perhaps former group members) and let them know about your slip. Your honesty with them will help you be honest with yourself, and will promote your healing.
3. "Plan your eating more carefully. Be sure that you feel comfortable with what you're eating.
4. "Participate in self-help groups for compulsive eaters or for bulimics and share about your slip. Regular attendance at a self-help group can offer continued support for your abstinence."

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Notes

1 On a scale of 1-5, with 1 being the least hungry.

Handout 1

Short-Term Group Policies

1. The fee for the entire short-term group is payable before the first group meeting. Group fees are nonrefundable.
2. Any group member missing more than two group sessions cannot continue in the group.
3. Group therapists may have occasion to contact a group member's individual therapist. Group members will be required to complete a release form at the time of their initial consultation authorizing communication between [yourself or your organization] and the therapist involved.

4. [Yourself/your organization] is not a medical [practitioner/facility] and therefore cannot be responsible for health-related problems. All group members are urged, however, to be under regular medical care. [Yourself/your organization] will provide, upon request, the names of physicians who have experienced treating patients with eating disorders.

5. If at any time during the course of group therapy the group leader has questions concerning a person's physical status, [yourself/your organization] may require a complete medical evaluation by a qualified physician as a condition of continued participation in the group. Failure to obtain a required medical examination will result in that person's termination from the group.

Any group member required to undergo a medical evaluation will be required to sign a release form

authorizing written and oral communication between
[yourself/your organization] and the attending physician.

Signature of Group Member

Date

4. Did your *attitudes* toward eating and your weight change at all during the course of the group? If so, how?

5. Did your *behavior* in regard to eating and your weight change at all during the course of the group? If so, how?

6. What comments do you have about the way in which the group functioned? Do you have any suggestions for improvements?

7. Do you have plans to continue the work on yourself that you began with the group? Please elaborate.

8. What feelings did you have about the group leader and his/her role in the group?

9. Any other comments?

Thank you!