

## Application of group psychotherapy in the treatment of adolescent girls and women with anorexia nervosa (a model of therapeutic work conducted in the “Dąbrówka” Neurosis and Eating Disorders Centre – author’s own experience)

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### Summary

**Aim.** The article shows chosen motifs from authors' self experience in the specificity and principles of conducting group psychotherapy in adolescent girls and women with anorexia nervosa.

**Method.** Analysis of the group therapy models of treatment for teenagers and adult patients with anorexia nervosa.

**Results.** In the teenagers groups therapeutic techniques should be different from the adult patients' group therapy.

**Conclusions.** Curative factors of the group therapy process of women with anorexia nervosa are indicated.

group psychotherapy / anorexia nervosa / women / adolescent girls

### INTRODUCTION

The theoretical conceptions concerning the pathogenesis of anorexia nervosa, presented in psychiatric and psychological literature, specify the psychological mechanisms which underlie this disorder, referring to the specific dissonance in the development of the ego structure in the course of the adolescent separation-individuation process, accompanied by lack of adequate (empathic, not symbiotic) bonds with the mother; as well as to the improperly resolved Oedipal conflict, related to the development of defence mechanisms grounded on experiencing

guilt (penis envy, pregnancy fantasies, the intensification of oral-sadistic tendencies). It is often emphasised that the significant factors which induce the pathomechanism of anorexia nervosa include the particular phase of mental life (adolescence), the individual's personal and multi-generational life line, specific (conflictual) father-mother relations, and traumas experienced in relationships with other people (predominantly family and friends) [1, 2, 3, 4, 5, 6, 7, 8].

Group psychotherapy is a crucial component of a comprehensive, medical-and-psychological treatment process. Therapeutic work is directed towards achieving a quick recovery, which is understood as both eliminating the symptoms, and re-establishing balance in the psychological development of an adolescent, who isolates himself (herself) from his or her generative family and develops a multilevel (personal, social, professional) identity. In this process group therapy facilitates psychological group dynamics, which stimulates the development of identifica-

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tion patterns, and helps to shape social behaviours (through therapists and other group members), which is highly significant in the process of forming adolescent identity and thus in the recovery process. In the light of the literature dealing with the dynamics of group process development, it can be noticed that psychoanalytical and psychodynamic concepts prove to assume considerable significance. They include, among others, object relations theories and Bion's approach to psychological mechanisms underlying the development of a therapeutic group. The fundamental assumptions of these theories emphasise the significance of the quality of the early childhood model of mother-child relationship, as the factor affecting the development of the pattern of interpersonal relations between adult or adolescent members of the particular therapeutic group, and between the group members and therapists. The role of a therapist is to influence the group in such a way, that it can function as an emotional container (a maternal object), which facilitates the proper development of the group process.

It should be pointed out that the assumptions of the cognitive approach are also important in the treatment of patients suffering from anorexia nervosa. According to this approach the tendencies which were formed in the process of an individual's development as well as at an unconscious level, generate certain attitudes and principles, thereby determining the individual's view of oneself and of others. These factors are responsible for automatic thinking, which lies at the bottom of considerable emotional discomfort [9], and the symptoms exhibited by patients suffering from anorexia constitute a fundamental strategy for coping with suffering. The basic theoretical assumptions of the cognitive and psychoanalytical-and-psychodynamic paradigm have been used to develop the structure and guidelines for group psychotherapy for teenagers and adults (especially women), conducted in the neurosis and eating disorders treatment centre, the outcome of which has been displayed in this paper.

## **1. Fundamentals of the model of group psychotherapy for people with anorexia nervosa, conducted in the "Dąbrówka" Neurosis and Eating Disorders Treatment Centre.**

### **1.1. A teenage group therapy model**

Adolescence is a period characterised by dramatic biological, psychological and social changes. An adolescent person learns how to identify and experience his or her own feelings (in accordance with the system of norms and the person's potential developmental capabilities). When undergoing an emotional crisis of adolescence, teenagers face numerous internal conflicts, related to the contradictory feelings they experience (rebellion, love), and the choices they make between adult and still exhibited childlike behaviour (thus alternating between dependence and independence). The instability revealed in adolescents, properly experienced, in terms of correct developmental process, lays a foundation for building their identity in the not-too-distant future, and entering adult life independently and without excessive anxiety. Characteristic adolescent negativism, the behavioural and thinking protest (often interpreted as a manifestation of aggression) must simply be experienced and exhibited by teenagers so that the process of gaining maturity that they undergo could be developmentally correct, and thus they would be able to form an adult identity. It is the time of searching for self-identity and making attempts to define it. An adolescent girl seeks an answer to the question "what am I like?", which is a key issue of adolescence. An adolescent person must consolidate the self-knowledge acquired so far, achieve integration between his or her past and present, and formulate a future vision. The increasing adolescent criticism results in the occurrence of typical conflicts. Trying to express and resolve them, teenagers gradually escape adult influence and tighten bonds with their peers. In their peer relations adolescents search for identification with others, gangs of friends are formed, friendships are established, a group becomes a significant factor which affects the process of forming an adolescent identity, and the adolescent crisis. This extremely complex process, which requires achieving a certain level of separation from parents,

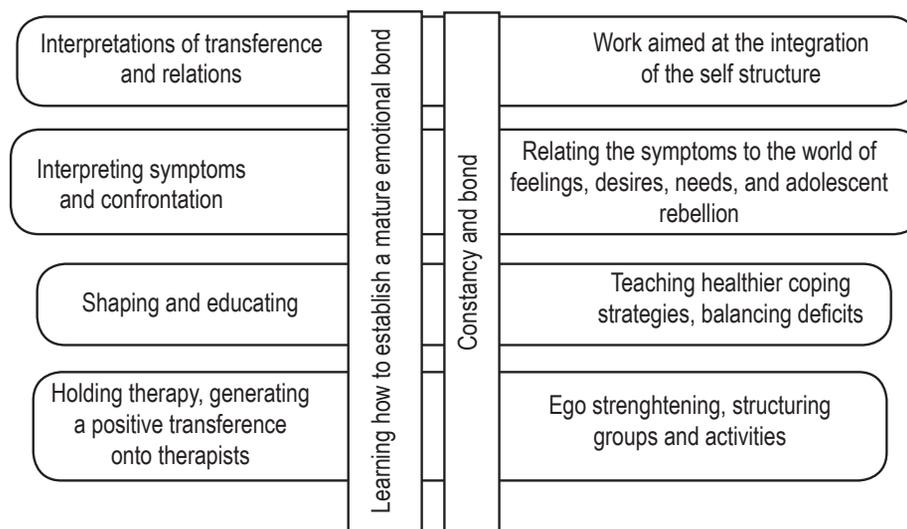
is hindered in individuals suffering from anorexia, the condition whereby the autonomy denial occurs at the very fundamental level – the sphere of body and its physiology. Considerable intensification of drive pressures during adolescence presents such an individual with a dilemma about whether to follow the impulse and run the risk of losing an ideal object – mother; or to abandon the idea of satisfying one's drives and needs in favour of maintaining an unchanged relationship with mother. In the case of anorexia this conflict is, as it were, nipped in the bud, since the whole sphere of needs and impulses is reduced (all the conflicts are transferred into the sphere of food and body, instead of being handled at the level of interpersonal relations). [3, 4] Thus anorexia nervosa is found to constitute a non-adaptive, only seemingly effective solution for dealing with problems related to such psychological processes as forming a stable or fuzzy identity; it affects the development based on the following continuum models: dependence-independence, stable-unstable self-image, drive pressure-impulse control.

en in a group are aimed at attaining health, which is associated with undergoing and completing a correct process of individuation, and providing a foundation for shaping an individual identity of a young person. The process involves establishing a bond by means of a stable therapeutic relationship, and through learning how to enter into mature emotional relations by copying the models describing this phenomenon. Adequately chosen therapeutic techniques, which fit the particular stages of group dynamics development, facilitate the therapeutic process.

The structure of the youth psychotherapy centre incorporated an outpatient clinic and a day-care ward for young people. The youth clinic offered the following services and forms of treatment:

- medical (doctor) consultations
- providing a teenage patient with a psychological diagnosis
- making a nosological diagnosis, providing medical care (medical examination and laboratory tests)
- preliminary evaluation of family functioning

### Separation–individuation–health



**Diagram 1.** Extranormative adolescence crisis – an illness and symptoms

Diag. 1 displays the fundamentals of a model of group therapy conducted among youth at the “Dąbrówka” Neurosis and Eating Disorders Treatment Centre in Gliwice, in the years 2002–2004. An illness symptom is regarded here as the manifestation of an extra-normative course of adolescence crisis. Therapeutic activities undertaken

- patient qualification and determining further procedures and methods of treatment administered in the centre
- individual and family counselling provided by the clinic
- qualification of patients for the group therapy sessions conducted by the Youth Day-Care

Ward, in accordance with the therapeutic indications

- referring patients for specialist treatment provided by other outpatient clinics.

The youth day-care ward was aimed at:

- extending the psychological and psychotherapeutic diagnosis provided to a patient and his family
- conducting the psychotherapy for development disorders and problems in adolescence
- conducting group and individual psychotherapy, and providing family consultations and counselling.

The group psychotherapy conducted in the day-care ward took place twice a week (2 sessions on one day - the psychodynamic approach; and 2 sessions of the cognitive behavioural therapy on some other day – the so called bodywork group). The ward structure consisted of four therapeutic groups for teenagers aged 14 to 19.

The first group (the so called first homogenic group, for younger teenagers aged 14 to 16) was constituted by 11 girls diagnosed with anorexia nervosa. The second group (the so called second homogenic group, for older teenagers aged 17-19) included 12 girls, eight of whom had been diagnosed with anorexia nervosa, and four girls who had been provided with a nosological diagnosis of bulimia. The third group (the so called third heterogenic group, for older teenagers aged 17-19) constituted of nine persons: two boys diagnosed with somatic disorders, two girls diagnosed with anorexia nervosa, one girl with a diagnosis of bulimia, and four teenage girls provided with a nosological diagnosis of depression and anxiety disorders.

The therapeutic work conducted in teenage groups in the years 2002-2004 focused on achieving the following therapeutic and developmental objectives:

- social integration (improving social communication and facilitating the process of developing effective peer relations, the work directed towards teaching individuals how to express feelings, thoughts and attitudes openly), effective strategies for coping with stress and difficult situations

- stimulating development and shaping the course of adolescence crisis in the members of therapeutic groups, taking into special consideration the elements of work on the so called deposits (strengthening)
- treatment, which refers to working on particular illness symptoms (correcting disorders and eliminating the illness symptoms through therapeutic group activities).

The psychodynamic paradigm indicates that there is a possibility of applying the dynamics of the group processes, and the relations with therapists to the processes of shaping the relations with an object (the phenomenon of transference), supporting the deposits of psychosexual development, and forming a sense of identity. Whereas the therapeutic work based on a cognitive and behavioural approach, conducted in the so called bodywork group, helped to achieve those therapeutic objectives which were related to such issues as body stabilisation and acceptance, the self-body image, and the work directed towards the integration of body self and psychological self.

The main therapeutic techniques which were used in the above mentioned groups included:

- a dialogue, clarification and confrontation (excluding interpretation), which were applied predominantly in the first stage of therapeutic work, in the groups of older teenagers, especially in group III, in which the therapy was based on a psychodynamic paradigm
- elements of metaphors and fairy tales (especially in group II, working with the use of strategic, and cognitive-and-behavioural paradigms
- group games and activities (mainly in the first stage of therapeutic work, especially in group I, constituted by the so called younger adolescent girls aged 14-16); the main part of therapeutic activity was focused here on integration, and based on using the elements of psychodrama, psycho-drawing, visualisation, relaxation and choreography (dancing).

## 1.2. Fundamentals of the model of group psychotherapy for adults diagnosed with anorexia nervosa

The group psychotherapy for adults is conducted in the day-care ward and in the outpatient clinic. The model of therapeutic work undertaken in this group is still the same

The group therapy activities are performed within the following structure:

- a day-care ward – the therapy is conducted in three therapeutic groups, which are open and heterogeneous with respect to gender and diagnosis; the therapeutic sessions are held every day, and the length of treatment ranges from 10 to 12 weeks; the group work is predominantly based on a psychodynamic approach to the patient's problems, but other therapeutic techniques are also applied;
- an eating disorder group – homogenic with respect to diagnosis and gender; the female patients may meet once a week, for up to six months after they complete their therapy in the ward; the sessions are structured; some auxiliary materials are used in the therapy which is predominantly based on a cognitive-and-behavioural approach;
- a "bodywork" group – the sessions are held once a week; the therapeutic techniques include the elements of bioenergetics, choreography, psychodrama, and behavioural therapy.

### 1.2.1. Group psychotherapy for female patients with anorexia nervosa, conducted in the day-care ward, based on a psychodynamic paradigm

Generally speaking, it refers to the reconstruction of the conflicts and deficits the patient is coping with. The therapeutic process consists of several stages. The first stage involves bond building. It is the period during which interpretations prove to be ineffective. Thus the dominating techniques include clarification, a therapeutic dialogue, as well as psychotherapeutic confrontation of symptoms. In the further stages the group work is directed towards understanding the intra-psychological mechanisms underlying anorexia, on the basis of the patient's life-long history, as well as her current experiences.

It is also the purpose of the group process analysis.

The group members can get correctively adjusted to the level of the patient's disorder (unlike her mother), they intuitively sense the patient's needs and adapt to them, which is particularly important in the situation when the identity pathology is concealed behind the cover of anorexia. In this context, a group plays the role of a container, it creates the environment in which the psychological needs of the female patient will be noticed, understood and satisfied, which proves to be uncommon for the previous relationships the individual was involved in. Forming such a dependency relationship would lay the foundations for the internalisation of a good internal object, and thereby initiate the process of separation.

On the other hand, due to the psychosomatic nature of the symptoms, it is impossible to reduce the treatment methods exclusively to a therapeutic dialogue. For this reason the patient is briefed on the requirements specified in the therapeutic contract. She is obliged to undergo medical examination, maintain or increase her body weight, and have specialist consultations (e.g. with an endocrinologist or a dietitian). In the course of treatment the patient is being assessed with regard to her compliance with the stipulations included in the contract. In some well-grounded cases, for example in the situation when an intensification of symptoms poses a threat to her life, the patient is sent to hospital. Providing the patient with such supervision frees her from the obligation of excessive self-control and is the reversal of the original mother-daughter relationship. If the patient is helpless in the face of the symptoms she suffers from (e.g. she loses weight), it is noticed, however does not result in patient rejection but undergoes analysis. Imposing and enforcing requirements is strongly opposed by the patient, however it provides material for therapeutic interpretation, aimed at comprehending such phenomena as resistance and transference.

Summing up, the therapy conducted in these groups is predominantly based on a psychodynamic approach to eating disorders, but the applied therapeutic interventions are different in particular stages of the therapy, and include both psychodynamic and behavioural treatment strat-

egies. In case of the latter, the patient's reactions are also the source of material for psychodynamic interpretations.

### 1.2.2. Group psychotherapy for female patients with anorexia nervosa – an eating disorder group (a cognitive-and-behavioural paradigm)

A patient can use this form of therapy after having completed the psychodynamic therapy sessions. The main purpose is to preserve and extend the therapeutic effects achieved so far. The therapeutic work is based on a cognitive model for understanding disorders, which emphasises the relation between the symptoms the patient exhibits and her internal experiences – her thoughts, which are automatic and self-destructive, her beliefs and convictions, which affect the patient's attitude to herself and to other people and influence forming expectations and obligations, thereby determining the individual's intra-psychological and interpersonal functioning. It seems that the crucial element of this form of therapy is educating the patient so that she could differentiate thoughts from feelings, and feelings from their physiological manifestations, which would consequently order the patient's internal world, considerably consolidate a psychological sphere, and link it to the somatic structure. Consequently, this would be followed by the psychologisation of symptoms and externalisation of an illness, and the patient would not have to form her identity on the basis of anorexia.

Undergoing the therapy in the group of eating disorders the patient is also involved in the process of further discovering the sphere of needs and impulses, and in the cognitive analysis of the difficulties which are related to fulfilling them. She also tries to seek the strategies for satisfying them not only through her "relationship with food". This facilitates resignation from illness symptoms, also understood as an intermediary object in the therapy (the patient is being prepared for this in the course of the entire therapeutic process, but now it can occur at the level of consciousness). The patient has also a chance to give some thought to social determinants of the disorder she suffers from. She is also able to think about the way she perceives the role of a

woman, about how the body image promoted by the media affects the process of forming women's identity, or about the expectations that are set towards women. It will allow the patient to make more conscious choices, and view herself from a more independent perspective ("I want to be like this, because I want it", rather than "I want to be like this for others") – which is related to a more conclusive determination of the person's identity and her autonomy.

Reformulation of the issue of control and responsibility occurs in this group. The patients work towards accepting the responsibility for their symptoms and behaviour (e.g. through introducing a change into their mode of thinking, switching from "I can't do that because I'm ill" to "I don't want to because it is my decision"), not only in the context of eating disorders. Thus they realise both their helplessness with respect to the symptoms, and their omnipotence in interpersonal relations.

### 1.2.3. Psychotherapy conducted in the "bodywork" group

Anorexia is characterised by the patient's specific attitude to her own body. An anorectic patient experiences numerous forms of cleavage such as the split between an ideal mind and a bad body, or between "good" or "bad" food. The patient feels her body is fragmented, which is manifested by fragmentary perception of some body parts and skipping others, and by the inability to integrate and interpret the stimuli coming from different sensory channels (optic, tactile, or interoceptive ones). The world of the patient's experiences is limited to "fitting into her trousers." All sensations, which are able to trigger impulses and make the person aware of essential needs, are denied, including the most fundamental ones such as hunger, thirst, tiredness, cold, or sexual drive. Body is treated as an object, which is not able to feel anything. It is often the way the patient fulfils her negative impulses, e.g. through doing physical exercises for hours despite feeling exhausted.

The purpose of the group is working towards corporeality, which is broadly comprehended as activating all sensory channels, focusing on interoceptive and proprioceptive stimuli, as well

as making attempts at understanding their significance. This allows drawing the patient's attention to her own needs, signalled by corporal sensations.

The therapy conducted in this group is also aimed at fulfilling other tasks such as teaching relaxation and breathing techniques. This helps the patient develop the ability to control her emotions and impulses not through starving herself.

Impulses and drives are dealt with in the further stage of the group therapy, usually through visualisation, and subsequently through reformulation, in other words: what used to cause the feeling of shame is, in fact, an asset which helps to create development opportunities. This allows weakening the negative attitudes towards sexuality or aggressiveness.

Another aspect of the therapy is learning both body boundaries (imaginary and real ones), and the boundaries which are more broadly comprehended, referring to the psychological and physical need for distance and intimacy. The therapy focuses also on acquiring the ability to regulate this process healthily.

## **2. Characteristics of differences in the approach to group psychotherapy for female patients with anorexia nervosa in adolescence and during the period of adult life.**

Developmental age of the patients diagnosed with anorexia nervosa, and the specific character of the identity structure functioning in the stage of their life at which they undertake treatment, appear to be the factors which significantly determine therapeutic objectives (development and recovery), and affect the variety of therapeutic work styles and techniques. There are certain differences between the group therapy for adolescents and for adults. They refer to such elements as the therapy characteristics, the role of a group and a therapist, and therapeutic techniques.

### **2.1. Therapy characteristics**

Members of a teenage group demonstrate a lower ability of abstract thinking and symbolis-

ing. Therefore the group hardly deals with internal conflicts, focusing mainly on discussing and resolving external conflicts. Due to a low degree of consolidation of immature defence mechanisms and response patterns, the process of correcting them proves to be easier, since they do not have to be analysed or repeatedly worked through, and the more mature mechanisms undergo the process of internalisation more easily.

In case of adults, especially in the group therapy dominated by a psychodynamic approach, therapeutic work concentrates on intra-psychological processes. The material that the patient provides, either in the form of her current experiences or lifelong history, or resulting from the group process, is subject to therapeutic examination in respect to the processes of transference and counter-transference, and facilitates understanding of the defence mechanisms which prevail in the patient's identity structure. Thanks to the group process, these mechanisms can be repeatedly worked through "here and now", and in the course of social learning the patient has a chance to practice other behavioural patterns in safe surroundings. In a cognitive-and-behavioural group a patient focuses on analysing her own thought patterns, and extending the knowledge concerning her impulses and drives, developing at the same time safe, non-pathological strategies for controlling them.

### **2.2. Role of a group and a therapist**

In the case of a teenage patient, a group constitutes an environment in which she can make some more, than so far, effective attempts at integrating with her peers. She can get the group's support, and feel its member. However, due to the immaturity exhibited by its members, a group is less likely to work as a container, and it often frustrates dependence needs. It is the role of a therapist to develop a holding therapy, repair deficits, educate, function as a model object, and structure the group work. Transference phenomena do occur, however they are not examined.

In the adult therapy it is a group that works as a container and a maternal object; it provides support, and can also function as a transference object at numerous levels – a group as a

whole, or its particular members, can activate the transference relations with important people or with their various unintegrated aspects (e.g. one person can be regarded as “bad”, and some other is treated as a “good” mother). Therapists more often frustrate dependence needs, and they would rather stimulate a group to satisfy them. The therapist’s fundamental task involves observing the group process and incorporating it in the scope of the work focused on the individual problems of patients. It is a common case that an excessively symbiotic relationship, resembling the one between mother and child, is developed between a group and an anorectic patient. The role of a therapist is then to notice it and undertake work which would be directed towards changing it, through setting out requirements as well as interpreting the patient’s resistance. In this situation the task that the therapist is charged with involves “depsychotisation of the symbiotic dyad”, in other words, the correctional paternal role performance.

### 2.3. Therapeutic techniques

The therapeutic techniques used in teenage groups are more diversified. Their choice is determined by age and the maturity degree of the group members – the younger the therapy participants are, the more structured the group activities are, e.g. group games and activities used especially in the early stages, which in further phases are coupled with projective techniques (psycho-drawing), the elements of psychodrama, modelling, and, as the group develops, the role of a therapeutic dialog becomes increasingly important.

In adult groups, likewise in groups of older adolescents, a dominating technique is a therapeutic dialogue, whereas other techniques (behavioural ones, or psychodrama) are regarded as auxiliary. The therapy conducted in a group of eating disorders is based on the cognitive premises (illness education, a cognitive disorder model, identifying and undermining negative thoughts and fundamental opinions and beliefs) and behavioural treatment.

## CONCLUSIONS

Examining the subject literature and drawing on self experience related to conducting group psychotherapy for people suffering from anorexia nervosa in adolescence and in adult life, the authors of this paper gained their own perspective which indicates that in the course of a group dynamic process and therapeutic activities undertaken in a group of patients, the stages of their emotional development are reconstructed. The early phase in the development of the group process is the so called “emotional baby” stage, which focuses on gradual bond-building, replenishing deficits (“feeding”), empathy, but at the same time also forming boundaries, which would ensure safety. The main therapeutic interventions made during this stage involve providing support, clarification, and confrontation, which is used occasionally since it is too dangerous for patients in this phase of therapy.

In the next stage of the group process development the patients usually exhibit greater emotional maturity. Thus the therapy they participate in is focused on a multi-aspect analysis of the subject matter that is contributed to the therapy session. It refers mainly to the current difficulties interpreted in the context of the patient’s life history. The issue of deficits is occasionally dealt with, and a greater emphasis is put on the analysis of the patient’s internal conflicts and discovering the world of their impulses and drives (sexuality and aggressiveness). The predominant therapeutic interventions conducted in this stage of group work include the interpretation of patient’s symptoms and the phenomenon of transference. This therapeutic strategy is usually likely to result in the integration of psychological processes which stimulate the development of autonomy and identity in female patients.

In the course of further group treatment, the therapeutic effects achieved so far (e.g. integration of the emotional identity structure, the sense of identity, and the sense of one’s own boundaries) are consolidated, which, at the level of consciousness, is accompanied by the development of psychologisation of symptoms through a cognitive study of the earlier mentioned symptoms. The process facilitates further development of patient’s autonomy at the level of thoughts, as well as planning strategies for changes in their

behaviour. As a consequence of these changes, the level of integration between the psychological and corporeal sphere in patients suffering from anorexia increases. It can be stated then that the "foundation" for the integration between the patient's "psychological" and "corporeal self" is "reconstructed." Thus the recovery process goes beyond the sphere of symptom treatment, reaching the area of some more profound changes in psychological structures.

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