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## Narrative Therapy Eating Disorder Group for Adolescent Females

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## **Section II: First Place Winners of the 2013 LCA Conference Poster Session**

### **Narrative Therapy Eating Disorder Group for Adolescent Females**

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Current treatments for eating disorders leave much to be desired in both long and short term success rates. As such, there is a need for a more effective treatment, taking a new and creative approach to both the content and the process. This group, tailored for adolescent females with any of a variety of ED diagnoses, draws from narrative and art therapy, incorporating these to create a group with an emphasis on individual learning, growth, and self-discovery. Each group meeting combines psychosocial education, a specific activity, and group discussion to focus on a specific aspect of either eating disorder development or recovery and the ways in which members can learn from and utilize these different aspects of themselves in order to better facilitate their recovery. By combining these various approaches, members are able to learn and grow from both the group as well as from the insights of others.

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Eating disorders are notoriously difficult to treat, and those treatments that are effective often do not produce results that can stand the test of time. For example, in a longitudinal study, Grilo et al. (2007) found that remission rates for bulimia nervosa (BN) and eating disorder not otherwise specified (EDNOS) were 74% and 83% respectively, but that relapse rates (of those in remission) reached 47% and 42% respectively. These rates are not out of the ordinary, with most transdiagnostic (additionally including anorexia nervosa; AN) studies finding relapse rates in the 35-50% range (McFarlane, Olmsted & Trottier, 2008; Keel, Dorer, Franko, Jackson & Herzog, 2005; Norring & Solhberg, 2003).

Eating disorders are often associated with intense amounts of shame, isolation, and low self-esteem (Keith & Simpson, 2009; Kaitsoff, Fehon & Grilo, 2009; Fitzpatrick,

Lesser, Brandenburg & Lesser, 2011). These issues are exacerbated during adolescence, which tends to be the time of onset for these disorders. The group format encourages exploration of normal social interactions and the practicing of effective peer communication, which builds self-confidence, while also providing a safe and supportive environment in which to share thoughts and feelings that have previously been the source of significant guilt, embarrassment, and pain (Gallagher et al., 2013; Lazaro et al., 2011; Marmarosh, Holtz & Schottenbauer, 2005). The group therapy format can be highly effective in promoting feelings of acceptance by increasing self-esteem, which is critical during the period of adolescence (Corey & Corey, 2006; McGilley, 2006). Numerous studies have shown the group format to be effective for treating females with eating disorders (Choate,

2010; Crafti, 2002; Levine & Mishna, 2007; Weber, Davis, & McPhie, 2006).

Our proposed group is unique in that it is not a skill-focused group but rather is focused on personal expression and learning through creative and narrative outlets. Many group programs for eating disorders draw from cognitive behavior therapy (CBT) and focus on thought and action patterns. This group would take a more metaphorical approach to separating feelings/thoughts and actions and would allow members to learn new ways of viewing both themselves and the world around them. This approach might be better suited to the adolescent population because, in this stage of their life, critical identity formation is taking place. With several creative outlets, this group would give members the freedom to find things that work for them in their recovery and also to grow both individually as well as socially within the group.

For this group, we chose a narrative therapy approach with elements of art therapy. Narrative therapy was started by Michael White and later expounded upon by David Epston (Nichols & Schwartz, 2006). It was born out of the social constructionist perspective that personal experience is fundamentally ambiguous and that people will reject attempts at reframing their problems unless the new framing "fits" with their life's overall narrative. Through repetition, patterned life events come to form an individual's dominant narrative (Freedman & Combs, 1996). Over time this dominant narrative becomes internalized and forms the basis of an individual's identity (White & Epston, 1990). This leads to distress when the narratives are problem-saturated because then the individual's identity is based upon negative patterns and does not allow for flexibility or change (Payne, 2006; White, 2007).

Narrative therapy attempts to help clients focus on rewriting their entire story to support different possible interpretations of events, with an emphasis on creating a sense of meaningful cohesion to the elements. Having clients focus on addressing the story rather than a specific problem allows the client to externalize their problem, separating the issue from the person. Externalization allows the client to begin creating a more positive narrative (White, 2007). A major focus of narrative therapy is discovering and enhancing an individual's overlooked strengths (White & Epston, 1990). This reduces guilt, increases client empowerment, and encourages optimism.

The aim of narrative therapy is to teach clients to externalize their problems and learn to differentiate their problems from their identity. The goal is to "re-story" one's life experiences in order to form a comprehensible, cohesive narrative. This approach could be especially effective for eating disorders for two main reasons. The first reason is because eating disorders are essentially disorders of internalization. Eating disordered behaviors are compulsions used as coping mechanisms for issues such as perceived lack of control or compensation for loss (MacNeil, Esposito-Smythers, Mehlenbeck & Weismore, 2012; Wagner & Much, 2010). Allowing for a more external view of the issue could provide clients with useable insight into the nature and source of their issues. Furthermore, sharing narratives can help reduce feelings of isolation and lead to an increased sense of universality (Yalom & Leszcz, 2005).

The second reason is that eating disorders often are very strongly tied to the client's identity, becoming a defining characteristic of their personality (Stanghellini, Castellini,

Brogna, Faravelli & Ricca, 2012; Ison & Kent, 2010). An important part of recovery and, often more importantly, relapse prevention, is understanding that an eating disorder is a set of behavior patterns, not a personality type. Narrative therapy can help clients to rediscover other aspects of themselves through the examination of their life stories and can help them view their disorders as distinct from themselves.

This group is unique in that it is not a skill-focused group but rather is focused on personal expression and learning through creative and narrative outlets. Many group programs for eating disorders draw from CBT and focus on thought and action patterns. This group takes a more metaphorical approach to separating feelings/thoughts and actions and allows members to learn new ways of viewing both themselves and the world around them in their own way and in their own time. This approach might be better suited to the adolescent population because, in this stage of their life, there is a lot of identity formation taking place. With several creative outlets, this group gives members the freedom to find things that work for them in their recovery and also to grow both individually as well as socially within the group.

## **Method**

### **Participants**

The population for this group is adolescent females (ages 14-17) with any diagnosis that falls under the category of eating disorders, including but not necessarily limited to: anorexia nervosa, bulimia nervosa, other specified eating disorder, and binge eating disorder. The decision not to limit the group to a single diagnosis was based on the finding that, generally, eating disorders are more similar than they are dissimilar, and

that a more heterogeneous group can promote greater acceptance (Waller, 2008). Males were specifically excluded from this design because of the relative lack of research conducted with the population thus far and the fact that the effect of body image issues may differ too widely for males and females for the group to be maximally effective (Núñez-Navarro et al., 2012; Weltzin, Cornella-Carlson, Fitzpatrick, Kennington, Bean & Jefferies, 2012).

### **Procedure**

This proposal is for a 12 week, semi-structured group. The group should ideally contain 10 to 12 members, in order to acquire enough diagnostic variety to ensure some representation from all “types” of eating disorders (e.g. bingeing, purging, restricting, over-exercising). The group will use a combination narrative therapy and art therapy approach, utilizing many selected arts and crafts type activities during sessions and an overarching writing assignment as ongoing homework between sessions. Each group session will last 90 minutes. Sessions will contain three major components: a check in that refers back to the previous week’s topic, a psychoeducation component with accompanying handouts, and a hands-on creative activity to reinforce the message and encourage personal exploration and expression. Check-ins will always start off the sessions, with the psychoeducation portion immediately following. Discussion and activities occur after and constitute the bulk of each session. Between sessions, members will be asked to keep a running journal which will form the basis of their over-arching group project. These journal entries will be two separate narratives—the personal story of the member (their life, goals, etc.) and the story of their eating disorder.

The main goals of the group will be to enable members to see their own individual strength and worth, teaching members to find the positive and focus on the good, and encouraging members to separate their eating disorder from their identity. The group would also aim to encourage sharing as a means of both healing and interpersonal learning, with the goal of removing some of the shame and stigma often associated with eating disorders. Additionally, the group would strive to help members learn to think in a more present-focused manner rather than dwelling on the past. Eating disorders are dangerous and pervasive issues with an early onset and few efficacious options for treatment. This group proposes a new perspective on treatment that specifically targets the population at the age of onset, with the goal of curbing the behavior and fostering adaptive coping skills at a crucial developmental period. This group could be used as an early intervention strategy or could be tailored to prevention instead. Although the research in which this proposed group is based shows promise, more research is still needed to reach maximum effectiveness for this population.

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