

To Eat or Not to Eat. That is the Question A therapy group for mothers

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Objectives

1. To describe the development of a mother's group for women with eating disorders (ED)
2. To describe the structure of the group
3. To present pilot qualitative data on the first 3 cycles

*While we think a father's program might also be helpful, we have not had staffing/critical mass to proceed as yet

Rationale for Group

- Mothers have the relational power to interrupt the intergenerational transmission of eating disorders to their children
- Mothers are commonly charged with full/shared responsibility for feeding their children.
- Assume that mothers will address their eating to help their child, even if they would not do so to help themselves

Rationale for Group

- Mothers as a group were in the best position to understand, support and validate other mothers in their struggles with eating disorders
 - mothers could talk about their own eating issues
 - how they become triggered by their children's issues
- The effectiveness of MFGT for children & teen was limited if the mother had an eating disorder.

Descriptive Data

- To date there have been 7 women enrolled in at least one cycle
 - 5 married,
 - 1 engaged
 - 1 single
- Age range; 28 – 57
- Length of illness; 2 – 43 years
- Diagnosis
 - Anorexia nervosa-R: 4
 - Anorexia nervosa-BP: 1
 - Bulimia Nervosa: 1
 - EDNOS: 1

Descriptive Data

- Children of Group Members:
 - Age range: 3-20 years of age
 - Range of 1-4 biological children
 - Range of 3-4 step children
 - Eating disorder diagnosis in children
 - Mothers with children without an eating disorder 2
 - Mothers of a child with anorexia nervosa 4
 - Mothers of child with bulimia nervosa 1

Cycles of Group

- To date we have completed 3 cycles of the group
 - Cycle I, 15 weeks-open
 - Cycle II, 14 weeks-open the first 4 weeks
 - Cycle III, 17 weeks, -closed
 - Cycle IV Starts October 24/2012
- Cycle I
 - Conducted as open group as
 - We were seeking to increase the membership.
 - Started with 3 mothers.
 - Told them that we would be adding members until we had 6

Inclusion criteria for group membership

- For mothers with EDs (past or present)
- For mothers to share how their ED was impacting
 - Their lives,
 - Sense of self,
 - Relationship with spouse,
 - Children,
 - Work,
 - Way of being in the world.
- We noted the inherent dilemma
 - Asking the mothers to think and talk about that which they wanted for themselves, understanding that EDs do not allow for "wanting"

Group Norms

- Group rules;
 - Confidentiality,
 - No touching without permission
 - Active participation expected
 - Procedure if they meet outside of the group,
 - Introductions to group
 - Mothers to speak as personally as they could about their struggles with their ED
 - Discuss what other members might need to know about them.

- Outcome/results of group

Themes from Cycle I

- The children all had a preconscious awareness of the seriousness of their mother's ED that their mothers did not share.
 - Each child voiced their worry to their mother that she might die. None of the mothers took this seriously.
- The children knew things about their mothers that the mothers did not want to know about themselves.

Themes from Cycle I

- The mothers who were most ill did not take their doctors advice seriously – at all.
 - They each managed their own medical care and saw no problem with this, either for themselves or the other mothers.
 - In not heeding danger signals, they projected worry to their children, husbands and the other group members.
 - Child protection issues at times
- It was much easier for the mothers to be concerned about their daughters and than themselves

Themes from Cycle I

- Mothers were disconnected from their emotions.
- They were confused about food and weight in terms of how it related to their children and their husbands.
 - Can/should a parent control the weight of their child?
- They had no concept of normal eating

Themes from Cycle I

- Food was not experienced as comforting or soothing.
 - Restriction was soothing. One of the members did not eat on Tuesday, (day of the group), it was her "day off of eating."
 - Another member did not eat on the days she went to see her daughter in hospital. Starvation was the way to regulate feelings and calm themselves.
- The mothers could eat normally when pregnant but could not sustain this after the birth of their child/children.

After Cycle I

- Individual feedback sessions with mothers.
 - It was the most that I had ever confronted my ED or allowed somebody else to confront me. Usually, I get rid of people who insist on talking to me about my ED.
 - I can talk more freely to my husband about my ED than before.
 - I can see the connection between me not eating and my daughter not eating.
 - I think twice as to how my actions (eating) affects my kids
 - I don't have to hide myself or my ED
 - I am able to identify myself as having an ED
 - I am not alone, I can talk about what is going on
 - I don't censor myself in group
 - I can begin to think about my relationship to food and my body

Themes of Cycle II

- Pain/distress/frustration/anger/fear in dealing with their daughter's ED:
 - Smashed mirrors,
 - Screaming fights,
 - Being assaulted while driving a car,
 - Pulling out an NG tube
- Difficulty to get their child to eat, when they cannot eat
- Members were more alarmed & openly confrontational with the women who were the sickest
- Feelings of worthlessness translated into an inability to advocate for themselves

Cycle II Themes

- ED as source of identity.
- The role of grandparents and their relationship to weight, shape, and their impact on the mothers.
- Fat is disgusting and repulsive, - it's better to be dead than fat
- The mothers got closer and closer to noticing their own feeling about fat and their ambivalence about their daughters gaining weight
- All of the mothers reported feeling much more competent at work than they do at home with their children

After Cycle II

- The group felt much less helpful.
 - Some people were talking too much.
 - The check-in was too long,
 - It feels like there are two groups,
 - One where people are more concerned about their children's EDs
 - One where people are more concerned about their inability to eat.
- I find it helpful to talk to other women who have been touched by EDs.
 - It's more relevant when it is about us and less about the kids

After Cycle II

- The group was helpful:
 - I enjoyed this session more
 - I feel safe in the group.
 - I get something out of every session
 - Triggers insights for me.
 - I think it is good to be called out, although it makes me uncomfortable.
 - I have said some things that I have never ever vocalized.
 - I get insights and think about things that I have not thought about.

After Cycle II

- The group was helpful
 - Think about eating differently.
 - Am thinking about food and exercise differently
 - Have a better understanding of my relationship to food & my body.
 - Realize that I don't eat what I want. I restrict.
 - Have negative thoughts about my body and these interfere with being able to eat when I am hungry.
 - I can better understand my daughter.
 - I have changed the way I think about dealing with my daughter. I should not be avoiding talking to her about certain things.
 - I have this idea that I have to hurt myself (re: food) for my daughter.

Therapists' perspective

- The women began to take ownership of the group.
- Discussed at length the idea, that there seemed to be "two groups" in our group;
 - One for women whose primary concern was their children with ED
 - One for women whose EDs were prominent.
 - The latter group felt that the former group were hiding behind their children's EDs & not coming to terms with the degree to which they were actually not dealing with their ED.

Therapists' perspective

- The emotions were more raw, less defended and essentially more honest in this cycle.
- Members confronted each other.
- Tension ran high at times, and some people withdrew emotionally in group.
- We heard much more about the extent of people's experience of abuse from their parents.
 - Tentatively began to make the link between these experiences and the genesis of their ED and the degree to which it was manifest in their daughters.

Therapists' perspective

- Aware of the depth and breadth of feeling that the group was generating in the mothers
 - Trust between members was of pivotal importance.
- As a result, we committed to closed group for 3rd Cycle
 - To facilitate deepening depth and breadth of the group.
 - Tension with knowledge that others would not be able to join
 - However, wanted to avoid risk of disruption group progress.

Changes in Structure of Cycle III

- Discussed results of individual feedback sessions & incorporated this into the group.
 - Shorter check in:
 - 2 minutes in length for each mother.
 - Group leaders take more responsibility for holding the focus of the group.
- During this cycle
 - Some mothers started to develop relationships outside of group
 - Group members expressed frustration/care towards one mother in the group who was in extreme denial about the impact of her own ED on her daughter

Themes of Cycle III

- What is real?
 - Reliance on outside markers:
 - Scales/wearing one's daughter's pants to determine their fatness
 - Cannot connect to what is happening inside of themselves.
 - Cannot tell if they are hungry or thirsty or full.
 - Have been told that it is not okay to wear their daughter's clothes
 - By treatment professional
 - Vehemently by their children
 - But they do it anyway
 - Can't quite understand what might be wrong with it.

Themes of Cycle III

- Wanting
 - Is it ok to want?
 - What if your wants conflict with the wants of others?
- Self esteem
 - What if you are not the thinnest in the pool?
- Relationship between restriction, binging & anger
 - Defense against feelings
- Needs
 - Safety
 - Dignity

Themes of Cycle III

- Intergenerational transmission of abuse & neglect
 - Mother starves herself like her mother starved her
 - Mother whose father ignored her, ignores her need for attention from her boyfriend
 - Mother tolerates her daughter's volatile and dangerous temper like she tolerated her father's dangerous and volatile temper
- Bodies
 - Can they be treated with care vs. contempt
 - "fat" as the ultimate in self hatred and disgust
- Impact of the ED on relationships with children
 - Irreparable damage vs. New beginning

After Cycle III

- Individual feedback sessions with mothers.
 - I thought the group was good
 - Overall, it was definitely helpful
 - I enjoyed the group
 - I look forward to the group
 - Very supportive
 - I feel more empowered
 - I felt I had a place in the group

After Cycle III

- Individual feedback sessions with mothers.
 - The act of coming & focusing on myself, hearing what others have to say
 - I was able to speak up for my beliefs and honor myself.
 - I think more introspectively about my complicated relationship to food
 - I think twice about my own body issues
 - I have spent a lot of time feeling guilty for my food choices
 - The group helped me not to feel "it's all my fault"
 - I may feel a bit less of a struggle with food but I still struggle with it
 - It was helpful to hear what other people's families are like and how different they are from mine

After Cycle III

- Individual feedback sessions with mothers.
 - Helpful to talk about my daughter's ED & how it affects me
 - I feel less responsible for my daughter's ED
 - The group gave me the courage to have certain conversations with my daughter
 - The group & my daughter's treatment has made me understand the importance of taking care of myself for myself and for my daughter

After Cycle III

- Individual feedback sessions with mothers.
 - It is hard to come to a group with people who are actively not working on their ED. This could be a detriment to me but also draw me to it.
 - The timing of the group helps me not to have a snack
 - The group did not have an impact on my relationship to food
 - I did have some mixed feelings
 - Made no changes as a result of the group
 - Impact of the group on my relationship to food, nothing, not positive or negative

After Cycle III

- Individual feedback sessions with mothers.
 - I felt unsafe in the group
 - Friendships started to form outside of the group
 - people said things that did not come into the group
 - I felt inhibited to say some things because of the women that were so ambivalent
 - Some information goes outside the group.
 - One mother discussed the group with her daughter who then discussed it with a daughter of one of the other group members

Summary

- Therapeutic Principles:
 - The sins of the father are revisited upon the sons.
 - That which the mothers have not dealt with in their eating disordered history will be transmitted consciously or unconsciously to their children.
 - "Your children will return you to you"
 - You will see in them that which you have been unable to know, think about, process or work through."

Summary

- Eating Disorders are diseases of avoidance.
 - To get better, they need to be able to connect to the feelings that their eating disorder protects/denies/obscures/distracts them from knowing.
 - Our job is to push through and find an entry point in their "no entry system of defenses."
 - "May I push you on that?"

Summary

- Feelings, desires and appetite are illegal
 - Our job is to speak the unspeakable so that they can come to know these hidden, dissociated, undaimed parts of self.
- That which cannot be held in mind will go into the body.
 - Our job is to help the mother to get the distress out of their bodies and back into their minds where it can be thought about, felt about and processed.

Therapeutic challenges

- Tests to credibility of group leaders
 - Duty to report.
 - Mothers whose low weight put their children at risk
 - Impact on group dynamics
 - Tolerating some of the mothers court death
 - 300 calories per day,
 - Bradycardia,
 - Low blood pressure,
 - Low potassium etc.

Therapeutic challenges

- Impact of starvation on one's ability to participate in group discussion.
 - Less able to participate
 - Less able to follow conversation due to cognitive dulling
 - Less able to stay present due to their dissociation.
- Knowing mothers/children from other parts of program
 - Disclosure of other information
- Unspoken challenges
 - How can we let this happen?

Therapeutic challenges

- Boundaries and boundary violations
 - Relationships outside of group
 - Issues relating to group addressed outside of group
 - Conflicts between group members left unaddressed as they happen outside of the group's awareness
 - Keeping of secrets between friendship pairs
 - Privacy and confidentiality
 - Mother disclosing to her daughter other mothers information (can be unintentional)
 - Risk for splitting
 - Discussion outside of group of group leaders and what has been recommended in individual meeting

Plans for the Future

- Future groups
 - How to handle contact outside of group?
 - How to handle severity of illness?
 - How to handle individual work vs. group work with group members?
 - How to make it safe for group members to discuss unexpected or unplanned intrusion, outcomes, boundary violations as some member quite actively disordered?

Plans for the Future

- Qualitative study with mothers
 - Hypothesis generating
 - What was helpful/unhelpful
 - Any changes in behaviour due to group involvement
 - Explore 3rd generation issues
- New groups in the future
 - Are the themes repeated in other groups?
 - Is there added benefit to both mothers and their offspring?
 - Could group for new mothers be seen as prevention program

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