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Treating eating disorders in groups: A pilot study on the role of a structured intervention on perfectionism on group climate

Purpose

The purpose of this activity is to explore what kind of treatment favours a better group climate in patients with eating disorders (EDs), by providing a within-person comparison between two short group treatments of ED patients.

PART ONE is approved for **TWO (2) Clinical** Continuing Education Units (CEU's)

PART TWO is approved for **TWO (2) Clinical** Continuing Education Units (CEU's)

ORIGINAL ARTICLE

Treating eating disorders in groups: A pilot study on the role of a structured intervention on perfectionism on group climate

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Abstract

Several studies have shown the efficacy of group treatments for patients with eating disorders (EDs) who have negative attitudes towards their bodies, also using the group climate as an indicator of process. Within this field of study, perfectionism has been examined as a factor that maintains eating disorders. This study proposes to comprehend what kind of treatment favours a better group climate, by providing a within-person comparison between two short group treatments of ED patients, where one was not focused on a specific topic and the other was structured around the topic of clinical perfectionism. Two groups of young adult patients with eating disorders were monitored for three months. Group climate was measured both with the Group Climate Questionnaire, which was administered at the end of each session, and through the clinical accounts written by an observer. The findings revealed that the perfectionism group, in comparison with the control group, presented a significantly higher level of engagement and avoidance, along with a lower level of conflict. In particular, the engagement of the perfectionism group increased in accordance with the therapeutic process, whilst in the control group, it remained relatively constant. The conflict decreased in both groups whilst avoidance increased alongside the sessions of the perfectionism group and decreased in the control group. The group on perfectionism, despite its enhanced high levels of avoidance, was effective in promoting a positive group climate. The clinical implications of structured group treatment for eating disorders, which manage the theme of mind-body splitting, will be discussed.

KEYWORDS

eating disorders, group, group climate, group psychotherapy, perfectionism

1 | INTRODUCTION

It is well known that group treatments can promote positive outcomes for individuals living with eating disorders (EDs) (Berkman et al., 2007; Brownley et al., 2007). Research has begun to explore the utility and effectiveness of various group treatments using different

approaches for a variety of ED diagnoses (Brownley et al., 2007; Di Nuovo & Lo Verso, 2005; Di Nuovo et al., 1998; Margherita, 2013; Safer et al., 2001; Telch et al., 2001). For example, studies have shown that patients achieved significant improvements in interpersonal adaptation, defensive style and relational functioning, showing how long-term and analytical therapeutic work acted on larger

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dimensions of symptomatic remission alone and was maintained over time (Giannone et al., 2005). In addition, a recent study aimed at investigating the change in defence mechanisms during a psychodynamic group treatment for women with Binge Eating Disorder (BED) and showed an improvement in overall defensive functioning, a decrease in distortion of body image, reduction of binge episodes and improvement of alimentary symptoms (Hill et al., 2015).

Furthermore, a large number of clinical studies have examined the relationship between EDs and perfectionism (Lilenfeld et al., 2000; Sherman & Thompson, 1999), where perfectionism is considered to be one of the factors that maintains EDs (Bardone-Cone et al., 2010; Bulik et al., 1999; Fairburn et al., 2003; Margherita & Gargiulo, 2018; Treasure & Schmidt, 2013): some maladaptive aspects of perfectionism constitute serious obstacles to the recovery path (Larsson et al., 2016; Lloyd et al., 2014, 2015) and promote a relentless search for the ideal thinness (Bruch, 1973; Margherita et al., 2017).

According to Burns (1980), clinical perfectionism is distinct from functional and healthy ambition, which has no clinical relevance, and can manifest itself as an excessive evaluation of one's own abilities in order to reach high standards of perfection and often unrealistic goals. Research on perfectionism in EDs has been developed above all from a cognitive-behavioural perspective, which considers perfectionism as a set of cognitive distortions on the actual need to perform every task to perfection (Antony & Swinson, 1998; Basco, 1999), and promotes interventions to replace erroneous cognitions with more adaptive ones. In this sense, perfectionist cognitions are automatic thoughts that reflect the need to be perfect and concerns about the inability to attain perfection (Flett & Hewitt, 2002).

Furthermore, studies using the cognitive-behavioural framework for therapeutic group interventions on perfectionism with ED patients have attested to their effectiveness (Goldstein et al., 2014; Lloyd et al., 2014; Tchanturia et al., 2016), including in the ambulatory setting (Levinson et al., 2017). Such research has highlighted a meaningful reduction in levels of perfectionism (Lloyd, Fleming, et al., 2014; Lloyd et al., 2015) and a decrease in the concern about body image (Tchanturia et al., 2016).

Studies aimed at assessing perfectionism in group settings with a psychodynamic orientation are still scarce (Hewitt et al., 2015): one study assessed the efficacy of an intensive short-term psychodynamic group for the treatment of perfectionism (Hewitt et al., 2015) and showed reductions in the level of perfectionism. Furthermore, perfectionism in a psychodynamic framework has been investigated as a mediator between eating symptoms and excessive concerns about body weight (Fairburn, 1997), distorted body image (Van Blyderveen & Miller, 2009) and the dissatisfaction with one's own body (Welch et al., 2009).

From a psychodynamic perspective, perfectionism is understood in relational terms (Greenspon, 2008), as generated by the desire for acceptance by significant others (Ellis & Harper, 1997), and the idea that one is accepted by the environment only if one's behaviour reaches perfection (Greenspon, 2002). In this sense, studies that

Implications for practice

- It seems possible to implement a group on perfectionism which stems from a psychodynamic approach, is able to combine cognitive dimensions, and allows for work on relational dynamics because it puts affects and emotions into play, starting with the feeling of belonging to the group (Esposito et al., 2019). The anchoring to the theme of perfectionism allows participants to get closer to each other while maintaining their own differences and individuality. Therefore, this kind of group can accompany the ED patient's defences and promote a good therapeutic experience, also in view of a more conscious care seeking request.
- Another implication is related to the combined high levels of engagement and avoidance, which were reported in the perfectionism group. Although the presence of avoidance is conventionally intended as an indicator of a negative group climate, the parallel presence of high level of engagement may be also conceived as an indicator of ED patients' ambivalence. We believe that this may imply that therapists should try to identify and elaborate on these experiences; this may help ED patients better understand the confusing and ambivalent cyclical interpersonal patterns in which they enter with their families and their social relationships (Cella et al., 2019; Strupp & Binder, 1984). ED patients may be encouraged to use group interactions in the here and now in order to practice a greater congruence between their apparent wish to engage and their defensive avoidance.

connect perfectionism and attachment illustrate how, through the first meaningful interactions, perfectionist behaviours develop as an attempt to repair one's self in order to achieve a sense of cohesion, and manage insecurities and other negative emotions that are generated in interpersonal contexts.

According to the *Perfectionism Social Disconnection Model* (Hewitt et al., 2003, 2017), interpersonal difficulties associated with perfectionism, such as excessive sensitivity and hostility, can translate into a social perception. Following this perspective, many studies have investigated the association between perfectionism and interpersonal problems (Hill et al., 1997; Slaney et al., 2006), as well as between perfectionism and poor social networks (Shahar et al., 2004).

Nowadays, the most recent approach to perfectionism (Hewitt et al., 2017) integrates elements of psychodynamic psychotherapy, cognitive behavioural therapy (CBT) and the interpersonal approach. It is in this perspective that integrated group treatment has been developed (Hewitt et al., 2017). Patients with perfectionist styles seem to respond better to treatments that also address the psychodynamic and relational basis of perfectionism, compared to only symptom-oriented treatments such as CBT, as they are able to

produce more lasting changes and improvements in the domains of associated symptoms (Cheek et al., 2018).

1.1 | The role of group climate on treatment for ED patients

In addition to the studies on the effectiveness of group therapies, part of the literature provides in-depth analysis on the development of process factors in group settings, such as therapeutic alliance, cohesion and group climate (Tasca et al., 2001). In particular, with regard to therapeutic alliance, a study conducted on a psychodynamic group of ED patients showed that patients with Anorexia Nervosa (AN) perceive a higher therapeutic alliance than those with Bulimia Nervosa (BN) (Prestano et al., 2008). With regard to cohesion, a study investigated its influence on psychodynamic groups of patients with different diagnoses, including EDs, pointing out that an increase in cohesion scores during treatment was a predictor of symptomatic improvement (Dinger & Schauenburg, 2010).

Several studies revealed that group climate factor, which allows for the analysis of levels of engagement, conflict and avoidance in a group setting, has a key role in the outcome of group therapies (Gillaspay et al., 2002). Studies have shown that high levels of engagement correlate with a higher probability of positive changes (Kivlighan & Tarrant, 2001; MacKenzie, 1981), while high scores of conflict would slow down development, facilitating the growth of concern and friction between members (Ogrodniczuk & Piper, 2003).

Furthermore, the comparison of the development of the group climate during two different treatments (psychodynamic and CBT) for ED patients showed significantly lower levels of conflict in the CBT group than in the psychodynamic oriented group. Although this variable suffered a decrease in both treatments, both groups showed an increase in levels of engagement (Tasca et al., 2006). In addition, a study conducted on a psychodynamic-oriented group of ED patients noted that unlike engagement, which showed an irregular development throughout the course of therapy, conflict is already low at the beginning of treatment and decreases further during therapy (Prestano et al., 2008). Tasca et al. (2001) found that higher levels of engagement among ED patients is likely a function of members perceiving their group to be more homogeneous in terms of presenting problems. Symptoms such as shape and weight concerns, along with bingeing and purging, may have allowed the ED patients to experience having something in common with other group members. On the other hand, higher avoidance of content is likely indicative of the rigid withholding defences (Tasca et al., 2002) and ambivalence regarding treatment (Gregertsen et al., 2017) that are often described in eating disordered populations. These results suggest that ED patients may be less likely to be self-disclosing, thus creating a greater impediment to the development of cohesion and therapeutic norms. Consequently, therapists may counter anti-therapeutic avoidance by focusing on common themes in homogeneous groups; thus, highlighting patients' experiences of engagement may increase a sense of safety and cohesion in the group, which in turn

TABLE 1 Age and diagnoses of the participants

Participant	Age	Diagnosis
1	25	AN
2	19	BED
3	19	AN
4	18	BN
5	20	AN
6	18	AN
7	17	AN
8	15	AN
9	34	AN
10	18	BED
11	15	AN
12	18	AN
13	15	AN

may foster therapeutic norms of self-disclosure and self-reflection (Yalom, 1995).

Furthermore, recent studies have shown the importance of monitoring the group climate during sessions to reduce premature abandonment and direct the group towards the achievement of positive goals (Koementas-de Vos et al., 2018). For example, Castonguay and collaborators (1998), in a study with BED patients, found that those who experienced a less negative group climate in the middle phase of group treatment had better outcomes.

1.2 | Aims

Following this background, the aim of this study was to comprehend what kind of treatment favours a better group climate, by providing a within-person comparison between two short group treatments of ED patients, where one was structured around the topic of clinical perfectionism and the other was without a specific topic.

2 | METHOD

2.1 | Participants

We monitored two time-limited group treatments, one structured around the theme of perfectionism (hereafter Perfectionism group) and a second group treatment without a specific focus on a topic (hereafter Control group), for a 3-month period, with 13 young women patients (average age = 19.30 years; $SD = 5.14$) participating in both treatments. These patients received a diagnosis of a severe ED according to DSM-5 criteria (American Psychiatric Association, 2013) and through the Eating Disorder Inventory 3 (EDI-3; Garner et al., 1983). Specifically, 10 patients with AN, 2 with BED and 1 with BN took part (see Table 1). All patients received pharmacological therapy.

2.2 | Procedure

The research context was a centre for treatment of EDs in southern Italy, which uses three care schemes (outpatient, day hospital and residential). The centre uses an integrated and multidisciplinary approach, thus guaranteeing the presence of various professional figures assigned to the treatment of eating disorders. Usually, patients remain in the institution for three to five months, undergoing different individual and group treatments. All participants followed clinical programmes of the residential treatment centre (Yager et al., 2010).

The evolution of the perfectionism group was compared with the control group, with both groups comprising of the same participants. Both groups were conducted by two different psychodynamic female therapists and were carried out in the same facility, on a weekly basis, for a duration of 2 hr each. They were both supportive and open groups. Despite the common theoretical background, the therapists adopted different methods and the groups were conducted in different settings and oriented by diverse objectives. For example, the perfectionism group was structured. It integrated elements of cognitive, psychodynamic and interpersonal treatment, and it always took place in the same setting. In contrast, the control group was not structured around a specific topic, and it was oriented in a psychodynamic manner and conducted in different spaces due to the unavailability of the usual setting. In particular, the perfectionism group was focused on some themes related to perfectionism, with a specific focus on body needs, cognitions and emotions that feed food pathology, dissociation/body mind integration and body dispersion. The control group, on the other hand, proposed a freer discussion on members' emotions, on family and relational dynamics,

and on the reflection of the unconscious link with the symptom (see Table 2 for detailed analogies and differences between the group treatments).

An observer also participated in both groups. The observer was a trainee psychologist, with a psychodynamic approach, who wrote clinical accounts of each group session and a final clinical account of the overall experience.

The monitoring period lasted three months, interrupted by the Christmas holidays, for a total of eight sessions per group. The period of three months represents the average length of stay of the patients in the facility.

Participation in the present study was voluntary, and the privacy policy of the institution was respected. The participants signed an informed consent form regarding the publication of the related results in an anonymous form in accordance with the Italian law on Privacy and Data Protection 196/2003 and the Declaration of Helsinki. All the data have become property of the University of Naples Federico II, and the research was approved by the Ethical Committee of the same University.

2.3 | Measures

2.3.1 | Group climate questionnaire

The Italian validated version (Costantini et al., 2002) of the Group Climate Questionnaire (GCQ; MacKenzie, 1981) was used to monitor group climate for a period of three months. The GCQ is a 12-item self-report questionnaire on a seven-point Likert scale (from 0 'Not

TABLE 2 Difference between group treatment models

	Perfectionism Group	Control Group
Aims	Increase the awareness of internal dynamics and interpersonal models that give rise to idealised representations of oneself and the other. Focus on body needs, emotions that feed food pathology, dissociation/body mind integration and distorted body image. Improve the awareness about preconscious elements linked to perfectionism. Improve the capacity of self-observation.	Free discussion on one's own emotions, on family and relational dynamics, on the reflection of the unconscious link with the symptom. Analysis of unconscious phantasy. Create an empathic atmosphere, encourage the expression of emotional feelings of the participants. Improve the capacity of self-observation and awareness.
Setting	Open group led by a female therapist, always in the same space, on a weekly basis, for a duration of 2 hr each session.	Open group led by a female therapist, in different spaces, on a weekly basis, for a duration of 2 hr each session.
Conduction	Interventions aimed at support and clarification. Attention to a central conflictual relational theme.	Interventions aimed at support and clarification. Attention to the process and group dynamics.
Process	Attention to interpersonal dynamics linked with the areas in which perfectionism manifests itself: school, work, interpersonal relationships, domestic work, self-care. Emotions connected to these areas.	Attention to relational dynamics and symptomatology. The group reports external and internal events in the residential context, attention to the emotions experienced in the here and now and there and then.

at all' to 6 'Extremely'). The GCQ is composed of three subscales: (a) Engagement, which measures the presence of constructive attitudes, trust, belonging, comparison and cohesion within the group; (b) Conflict, which provides an indication of interpersonal conflict levels; and (c) Avoidance, which is an indicator of participants' refusal to address problems during the session.

The GCQ has been proven to be a valid and reliable global process questionnaire which measures participants' perceptions of the atmosphere within the group (Costantini et al., 2002). In both groups, the GCQ was administered by the observer at the end of each session.

2.3.2 | Observer's clinical accounts

Clinical accounts should depict a description-interpretation of events deriving from each author's interpretative criteria. Clinical accounts are a type of narration that may offer valid support for the comprehension of emotional dynamics created in the here and now of the clinical relationship; furthermore, through a clinical account, one can share and verbalise emotional experiences, which may be used to reorient the therapeutic process and turn it into a group narrative (Freda et al., 2015). The clinical account is an important tool in the clinical psychology profession, and it presents several advantages for the training of psychologists (Carli, 2007). In the literature, there are also some examples of the adoption of clinical accounts as a measure of therapeutic change (e.g., Bourke & Grenyer, 2013).

In this study, the clinical accounts of each session and the overall group experience documented by the observer were used to describe the group climate changes in both groups. The three dimensions of group climate (engagement, conflict and avoidance) were used by the observer as criteria to orient their accounts in order to provide a further data source on the same construct, i.e. group climate.

2.4 | Data analysis

We used the statistical software *SPSS Statistics 25 (Statistical Package for Social Sciences)* for analysing scores on the GCQ scales. For the group comparison of overall averages with respect to the scales of engagement, conflict and avoidance we used the non-parametric Wilcoxon signed-ranks test. This test allows the investigation of changes in scores that come from the same participants, and it is preferred to be used when there is a small number of participants (Fife-Schaw, 2006). In fact, in some group sessions, participants were absent, resulting in a smaller number of participants ($N < 10$). Then, the process of the three GCQ scales (engagement, conflict, avoidance) was analysed throughout the sessions, producing some growth analyses graphs.

The observer accounts were read by all members of the research team, who tracked some literal citations that could be used to describe, qualitatively, the changes in engagement, conflict and avoidance throughout both the monitoring group processes. The

observer's accounts will be used as a third vertex of analysis on group climate with specific reference to the sessions, which presented the highest peaks on each group climate dimension.

3 | RESULTS

3.1 | Overall comparison between groups

Regarding engagement, in the perfectionism group, the overall mean score was 3.49, while in the control group it was 3.06. Wilcoxon's test analysis showed that this difference was statistically significant ($Z = -1.992, p = .046$). Regarding conflict, in the perfectionism group the overall mean score was 1.22, while in the control group it was 1.89 and the difference was statistically significant ($Z = -2.201, p = .028$). Finally, regarding avoidance, in the perfectionism group the overall mean score was 2.98, while in the control group it was 2.65, and this difference was statistically significant ($Z = -1.992, p = .046$).

Overall, these findings showed that the perfectionism group, in comparison with the control group, presented a higher level of engagement and avoidance, along with a lower level of conflict.

3.2 | Growth analysis

Both groups presented levels of engagement that fluctuated throughout the sessions (see Figure 1). Nevertheless, as shown by the trend lines, in the perfectionism group, engagement increased as the therapeutic process progressed, while in the control group, it remained relatively constant with a slight decrease.

The observer's clinical accounts will be used to describe the different trends of engagement in the two groups, by focusing firstly on what the observer wrote in the final accounts of the overall group experience and secondly in the sessions with the highest peaks of engagement.

Regarding the perfectionism group, the observer reported some reflections on the overall levels of engagement: *'The group was characterized by numerous experiences of mirroring, strong atonement between the members, and high cohesion; all these factors have strongly influenced the engagement between members...The themes proposed by the therapist involved each member in the discussion and in the elaboration on one's own symptomatic experience... The pertinence of each theme with the story of each participant allowed all the members to attune with the others and with the therapist... Members felt understood and been all in the same both'*.

Looking at the sessions' clinical accounts, particularly the sixth session, characterised by higher levels of engagement, the observer wrote: *'The themes of body image and the fear of being judged by others characterize this session...The topic involves members a lot, because it is an aspect that concerns them closely. Each of them has problems with their body image and self-esteem. Members participate and question themselves...I feel that, despite the discouragement dictated by trying to*

understand each other, members have a great desire to understand and change themselves’.

In the eighth session, the observer reported: ‘The eighth session is another moment of strong cohesion and engagement. The members reflect on perfectionism starting from some questions posed by the therapist ... Therapist’s questions allow the members to admit in the group setting that they have a problem with perfectionism and to reveal concrete examples where this occurs...Members reflect all together on the benefits from the group therapy and report their satisfaction on it. For example, one member states: “The group made me reflect on my personality and on what I need to change, I understood that perfectionism unfortunately belongs to me, more than I thought before participating in this group”’.

In the control group, the level of engagement presented a different trend also according to the observer’s account. She wrote: ‘Members shared many experiences and sometimes they felt very cohesive, especially in some sessions’. Nevertheless, engagement levels were not so high according to her. Specifically, in the second session, the observer wrote: ‘This session offers the members the opportunity to compare their own experiences with the ones of the others and to reflect all together on these, although there is not an active participation. At the end of the session, a member of the group answers the open question of the GCQ and wrote: “Sharing the experiences of each of us made me feel

less alone and understood. You can say things that in other contexts you would not have had the courage to face”’. Nevertheless, in the eighth session, the observer wrote: ‘The group appears not very cooperative, as usually happens, despite the therapist looking for some ideas from which to start to generate reflections... Therapist understands how much the members experience the group context in a superficial way and asks them how much they feel as a group. The unanimous response is to feel like a group outside the therapeutic context, not in the group therapeutic setting’.

Regarding the conflict dimension, there was a slight decrease in both groups, even though the perfectionism group presented lower levels both at the beginning and at the end of the monitoring period.

It is worthy to note that the control group presented some sessions with very high peaks of conflict, while in the perfectionism group, the conflict trend fluctuated less (see Figure 2).

As far as the perfectionism group is concerned, the observer wrote about the overall level of conflict: ‘There were not evident moments of conflicts in this group. Sometimes, the members seemed to undergo conflict within themselves more than with the members of the group, they were angry with themselves and their incapacity to change’. Nevertheless, the observer reported some moments of conflict, as in the second session: ‘An episode in which dynamics of conflict are manifested, in terms of friction and interpersonal anger, characterizes the

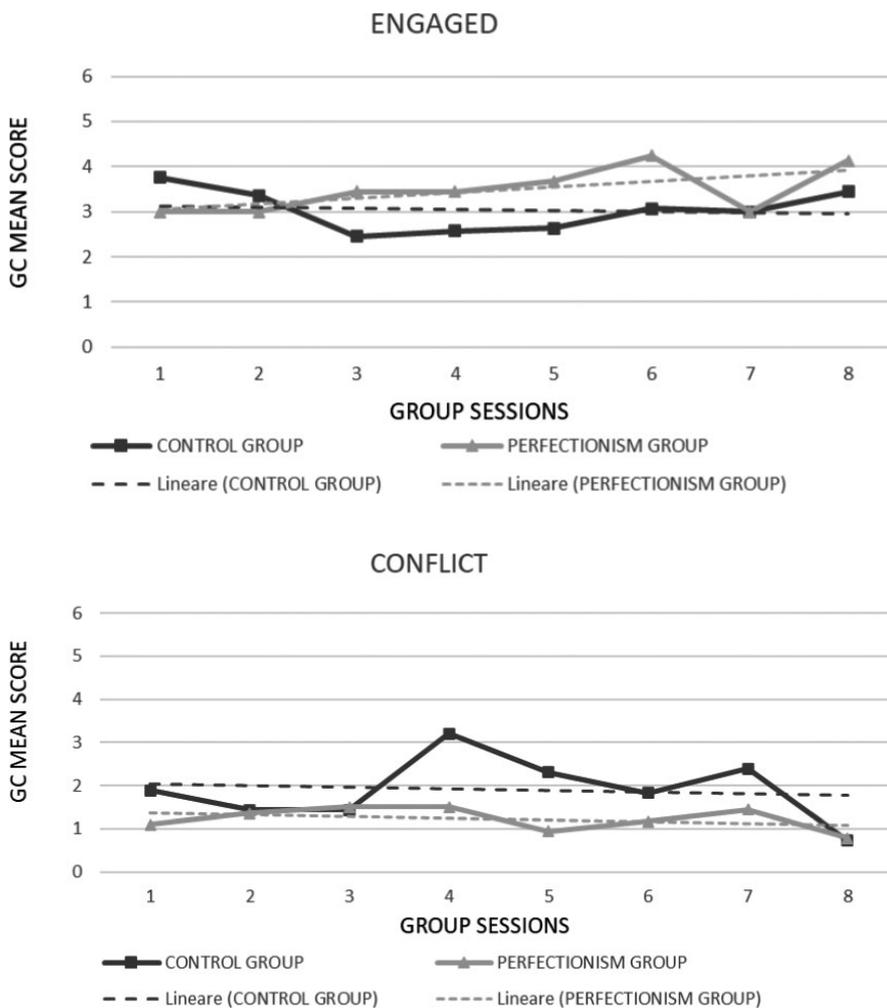


FIGURE 1 Growth analysis—Engagement

FIGURE 2 Growth analysis—Conflict

story of V., who shares with the group what happened when her parents and brother went to the facility to visit her. When the brother arrived, he was on his cell phone all the time talking to his girlfriend rather than talking to his sister. This hurts V., she gets angry and attacks her family. The therapist invites her to reflect on her responsibility on the distorted communication with her brother, but V. gets angry, becomes silent and hostile towards therapist and others'.

On the other hand, regarding the control group, the observer wrote: 'The absence of specific themes on the group agenda probably determined many difficulties by the members in telling their stories and increased their distraction; they tended to diminish the importance of the work group and come into conflict especially with the therapist'. Regarding the fourth session (with the highest peak of conflict), the observer wrote: 'The lack of active participation and a positive working atmosphere becomes even more evident in the fourth session. Each member is thoughtful and distracted, there is a strong detachment between the members and the therapist. The therapist tries to understand what this climate of conflict between members depends on'.

Finally, regarding the seventh session, the observer wrote about an episode recounted by N. on a visit she received from her friends: 'N. feels hurt by her friends who said that they found N. physically changed, with a few pounds on. The therapist interprets her behaviour and her need to be considered 'sick' for continuing to ask for help. This interpretation is refused, N. becomes even more grumpy and conflict emerges with the therapist. While N. exposes herself so deeply, many members are distracted, someone gets up and sits at the table to write, someone else to draw'.

Regarding avoidance, the perfectionism group showed a slight increase throughout the sessions, whilst in the control group, a slight decrease was evident (see Figure 3). It is worthy to note that in both groups there were not many fluctuations throughout the sessions, except in the first and seventh sessions of the perfectionism group and in the last two sessions of the control group.

According to the observer, the episodes of avoidance present in the perfectionism group were frequent and manifested through the reluctance to take responsibility for psychological change, sinking into distrust of one's individual abilities. Nevertheless, there is a divergent perspective on the level of avoidance between the observer

and the participants in the seventh session, where the GCQ recorded instead a peak of avoidance. With reference to this session, the observer reported: 'An important theme at the centre of the seventh session is body desperation... I realize that there is great interest in the theme, a great attention in listening to the therapist's words and almost everyone feels strongly involved. Aside from two group members who seem mostly absent to me, the others ask the therapist questions about how they can combine what they want to be with what they actually are to overcome the despair and body-related standards of perfection they hold on to. In general, there is a strong attention because the members seem to have understood the importance of actively participating in these sessions'.

In contrast, for the control group she wrote: 'The greater freedom of issues to be addressed and a less structured setting give an atmosphere that partially distances the members from the group intended as a working and therapeutic group; instead, the group seems to be perceived as a space in which to be free to behave as one wishes, avoid getting involved in relevant issues and taking responsibility for one's own change'. Regarding the second session, she reported: 'When the therapist invites the members to start the group work, the group climate changes: all the members are silent and have a low mood. M. adds that she feels the need to detach herself from the group and does not feel like sharing her emotions with others'. Finally, with reference to the sixth session, the observer wrote: 'I once again perceive a decline in participation and each member has a lot of time to express themselves and talk about themselves, which, in my opinion, means that the others become distracted; only a few young people listen but do not actively participate'.

4 | DISCUSSION

Findings showed that the group climate varies significantly in the two groups and is represented by different trends. Furthermore, by looking at the observer's clinical accounts, these findings are confirmed, except for in the avoidance dimension.

In particular, the group members and the observer both perceived engagement to be higher in the perfectionism group, with a

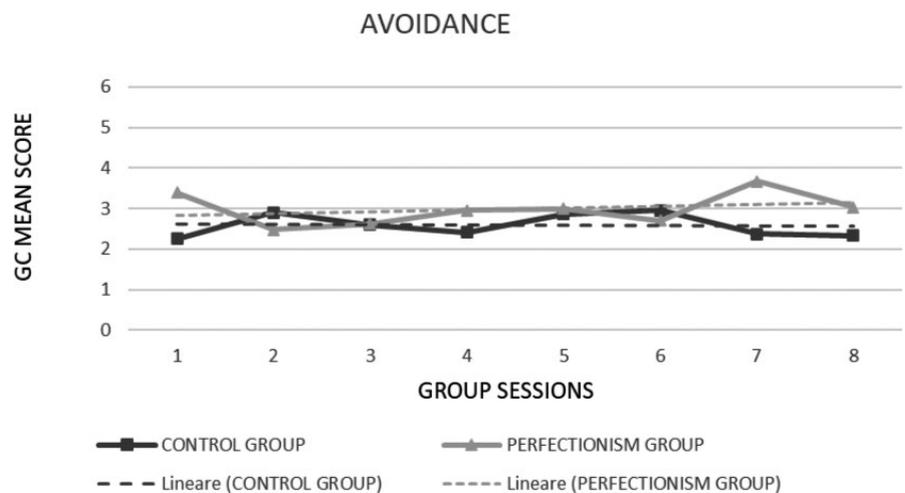


FIGURE 3 Growth Analysis—Avoidance

trend to increase parallel to the sessions. Conflict was also perceived to be lower in the perfectionism group with a decreasing trend, while avoidance was perceived to be higher in the perfectionism group by the members but not by the observer, who mainly reported higher levels of avoidance in the control group.

In regard to the engagement and conflict dimensions, we can interpret these findings by virtue of the theme and structure of the perfectionism group. The choice of a focus on which to orient the reflections of different sessions, the presence of a more directive conductor and the use of expressive interventions capable of stimulating confrontation, may have overall produced greater engagement and less conflict. Conversely, the absence of a basic structure and of a pre-established theme in the control group may have made the members of this group more inclined to express their emotions of anger and create conflict with the others and the therapist. This is consistent with previous findings which showed that structured interventions, which integrate elements of different theoretical backgrounds, seem to be more effective in comparison with only symptom-oriented group treatments (Cheek et al., 2018).

The higher level of avoidance in the perfectionism group can be interpreted by linking it with the combined higher level of engagement in the same group. According to some scholars, the paralleled high level of these two dimensions of group climate is not unusual in ED patients and may reflect what have been described as complex, negative and positive, interactions in the families of ED patients (Humphrey, 1986). These apparently contradictory experiences in group therapy may represent an extension or re-enactment of complex relational representations of ED patients with their family members. Positive and negative experiences of group climate may also reflect the intense ambivalence that those with EDs have towards treatment (Vitousek et al., 1998). In particular, the higher level of avoidance in the perfectionism group can be interpreted as a result of the more structured aspect of this group's therapy, and presence of tasks, in comparison with the control group. A greater depth of analysis of the issues leads to a higher level of engagement, and at the same time, to higher level of avoidance; therefore, the dynamics of this group allow the expression of a disagreement on the work strategies of the conductor, the attacking of the rules that the session revolves around, and the avoidance of dependence from the leader and from the device. Regarding the divergent levels of avoidance in the seventh session as measured by the observer and the GCQ, we may conclude that the avoidance subscale constitutes a more latent and implicit dimension, compared to the engagement and conflict subscales, which are easier to interpret by observing the group dynamics.

In conclusion, it emerged that in the perfectionism group there was a more positive group climate, and that the different management and setting significantly influenced the atmosphere of the groups. This allows us to state that the perfectionism group treatment provided in this facility and carried out with an integrated methodology was useful to implement in a group format with ED patients. This research adds to the growing literature suggesting that

stand-alone perfectionism interventions may be a viable treatment for EDs (Goldstein et al., 2014; Lloyd, Schmidt, et al., 2014; Tchanturia et al., 2016).

5 | CONCLUSION

This study showed that a more structured group, such as this one on perfectionism, despite enhancing levels of avoidance, can be effective in promoting a positive group climate. Our findings are in accordance with the literature, which highlights the importance of treating self-criticism in a group setting in the context of eating disorders (Brennan et al., 2014).

Furthermore, despite all participants benefitting from the group experience, as both groups reported an overall good level of group climate, the perfectionism group seemed to fulfil an emotional containment function, promoting support and accompanying the group towards the promotion of awareness of individual needs (Margherita et al., 2020).

These findings may have some clinical implications. Firstly, it is possible to implement a group on perfectionism which stems from a psychodynamic approach, is able to combine cognitive dimensions and allows for work on relational dynamics because it puts affects and emotions into play, starting with the feeling of belonging to the group (Esposito et al., 2019; Esposito, Marano, et al., 2020). The anchoring to the theme of perfectionism allows participants to get closer to each other while maintaining their own differences and individuality. Therefore, this kind of group can accompany the ED patient's defences and promote a good therapeutic experience, also in view of a more conscious care seeking request.

Another implication related to the combined high level of engagement and avoidance, which was reported in the perfectionism group, is its indications. In general terms, the presence of avoidance is conventionally intended as an indicator of a negative group climate, although the parallel presence of high level of engagement may also be conceived as an indicator of ED patients' ambivalence. We believe that this may imply that therapists should try to identify and elaborate on these experiences; this may help ED patients better understand the confusing and ambivalent cyclical interpersonal patterns in which they enter with their families and their social relationships (Cella et al., 2019; Gargiulo et al., 2019; Strupp & Binder, 1984). ED patients may be encouraged to use group interactions in the here and now in order to practice a greater congruence between their apparent wish to engage and their defensive avoidance.

The study is not free from limitations. First of all, despite presenting a within-person comparison of patients' experiences of group climate between the two different groups, it illustrated a process of analysis without presenting any outcomes. For example, the study did not investigate the variable of perfectionism as a possible outcome directly; thus, future process-outcome studies are needed to analyse outcome through specific instruments

(Frost & Marten, 1990; Lampard et al., 2012). The mixed group of patients with different diagnoses of ED represented another limitation. Finally, despite the observer's clinical accounts having constituted a further important data source to investigate group climate, the study did not analyse the therapist and observer's experiences, which would have enriched the comprehension of group process changes (Esposito, Marano, et al., 2020; Esposito, Passeggia, et al., 2020). Therefore, group therapeutic factors have not been studied and future research is needed to explore the cohesion factor, matching it with other therapeutic factors of groups such as alliance and empathy.

In conclusion, this paper offers an explorative demonstration of the role of a structured intervention on perfectionism in improving group climate in the treatment of ED patients.

CONFLICT OF INTEREST

No potential conflict of interest was reported by the authors.

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QUESTIONNAIRE

C5-1(22) Part 1

Treating eating disorders in groups: A pilot study on the role of a structured intervention on perfectionism on group climate

INSTRUCTIONS

- Read through the article and answer the multiple-choice questions provided below.
- **Some questions may have more than one correct answer;** in which case you must mark **all** the correct answers.

Question 1: Studies showed that patients in group treatments for eating disorders (EDs) showed worsened results in which of the following?

- A:** Interpersonal adaptation
- B:** Defensive style
- C:** Relational functioning
- D:** **Incorrect**, all the above showed significant improvement

Question 2: A recent study aimed at investigating the change in defence mechanisms during a psychodynamic group treatment for women with Binge Eating Disorder (BED) showed which of the following?

- A:** An improvement in overall defensive functioning
- B:** A decrease in distortion of body image
- C:** A reduction of binge episodes
- D:** Improvement of alimentation symptoms
- E:** None of the above

Question 3: Which of the following are **TRUE**?

- A:** Clinical perfectionism is distinct from functional and healthy ambition, and can manifest itself as an excessive evaluation of one's own abilities to reach high standards of perfection and often unrealistic goals
- B:** The cognitive-behavioural perspective considers perfectionism as a set of cognitive distortions on the actual need to perform every task to perfection
- C:** Perfectionist cognitions are automatic thoughts that reflect the need to be perfect and concerns about the inability to attain perfection
- D:** None of the above

Question 4: Studies using the cognitive-behavioural framework for therapeutic group interventions on perfectionism with ED patients have proven their effectiveness in the ambulatory setting. Is this **TRUE**?

- A:** YES
- B:** NO

Question 5: Which of the following are **CORRECT** regarding perfectionism from a psychodynamic perspective?

- A:** It has been investigated as a mediator between eating symptoms and excessive concerns about body weight, distorted body image and the dissatisfaction with one's own body
- B:** It is understood in relational terms, as generated by the desire for acceptance by significant others
- C:** It is the idea that one is accepted by the environment only if one's behaviour reaches perfection
- D:** None of the above

Question 6: The present approach to perfectionism aims to do which of the following?

- A:** Integrate elements of psychodynamic psychotherapy, cognitive behavioural therapy (CBT) and the interpersonal approach
- B:** Exclude elements of cognitive behavioural therapy (CBT)
- C:** Address the psychodynamic and relational basis of perfectionism
- D:** Focus primarily on symptom-oriented treatments

The role of group climate on treatment for ED patients

Question 7: Is it **TRUE** or **FALSE** that group climate is a factor that allows for the analysis of levels of engagement, conflict and avoidance in a group setting?

- A:** TRUE
- B:** FALSE

Question 8: The comparison of the development of the group climate during psychodynamic and CBT treatments for ED patients showed which of the following?

- A:** *Tacca et al.* found significantly higher levels of conflict in the CBT group than in the psychodynamic oriented group
- B:** *Tasca et al.* found that both groups showed increased levels of engagement
- C:** *Prestano et al.* found that in the psychodynamic-oriented group of ED patients, engagement showed an even development throughout the course of therapy
- D:** *Prestano et al.* found that in the psychodynamic-oriented group of ED patients, conflict was already low at the beginning of treatment and decreased further during therapy

Question 9: Which of the following are **CORRECT**?

- A:** Higher levels of engagement among ED patients were a function of members perceiving their group as more homogeneous in terms of presenting problems
- B:** Symptoms such as shape and weight concerns, and bingeing and purging, allowed the ED patients to experience having something in common with other group members
- C:** Higher avoidance of content was likely indicative of the rigid withholding defences and ambivalence regarding treatment
- D:** ED patients were less likely to be self-disclosing, thus creating a greater impediment to the development of cohesion and therapeutic norms
- E:** Therapists should not attempt to counter anti-therapeutic avoidance by focusing on common themes in homogeneous groups

Procedure

Question 10: Which of the following are **CORRECT** regarding the perfectionism group sessions?

- A:** It had integrated elements of cognitive, psychodynamic and interpersonal treatment
- B:** It always took place in the same setting
- C:** It was not structured around a specific topic, and it was oriented in a psychodynamic manner
- D:** It was conducted in different spaces
- E:** It focused on some themes related to perfectionism, with a specific focus on body needs, cognitions and emotions that feed food pathology, dissociation/body mind integration and body dispersion

END

QUESTIONNAIRE

C5-1(22) Part 2

Treating eating disorders in groups: A pilot study on the role of a structured intervention on perfectionism on group climate

INSTRUCTIONS

- Read through the article and answer the multiple-choice questions provided below.
- **Some questions may have more than one correct answer;** in which case you must mark **all** the correct answers.

Measures

Question 1: The GCQ is composed of which of the following subscales?

- A:** Engagement, which measures the presence of constructive attitudes, trust, belonging, comparison and cohesion within the group
- B:** Conflict, which provides an indication of interpersonal conflict levels
- C:** Avoidance, which is an indicator of participants' refusal to address problems during the session
- D:** None of the above

Question 2: Which of the following are **TRUE** regarding clinical accounts?

- A:** It should depict a description-interpretation of events deriving from each author's interpretative criteria
- B:** It should not be used for the training of psychologists
- C:** It is a type of narration that can offer valid support for the comprehension of emotional dynamics created in the here and now of the clinical relationship
- D:** It is not useful for sharing and verbalising emotional experiences

Results

Question 3: The overall comparison between the groups showed that the control group presented a lower level of which of the following?

- A:** Engagement
- B:** Avoidance
- C:** Conflict

Question 4: Which of the following are **CORRECT** regarding the trends of engagement between the two groups?

- A:** The perfectionism group was characterized by numerous experiences of mirroring, strong atonement between the members, and high cohesion
- B:** In the sixth session, the perfectionism group was particularly characterised by higher levels of engagement
- C:** In the eighth session, the perfectionism group showed a drop in levels of cohesion, but strong levels of engagement
- D:** In the second session, the engagement levels were not so high in control group
- E:** In the eighth session, the control group appeared very cooperative

Question 5: Which of the following are **CORRECT** regarding the trends of conflict between the two groups?

- A:** The perfectionism group presented lower levels of conflict both at the beginning and at the end of the monitoring period
- B:** The control group presented some sessions with very high peaks of conflict
- C:** In the perfectionism group, the conflict trend fluctuated less
- D:** None of the above

Question 6: Is it **TRUE** or **FALSE** that with avoidance, the perfectionism group showed a slight increase throughout the sessions, whilst in the control group, a slight decrease was evident?

- A:** TRUE
- B:** FALSE

Results

Question 7: Which of the following are **CORRECT**?

- A:** The group members and the observer both perceived engagement to be lower in the perfectionism group
- B:** Conflict was perceived to be higher in the perfectionism group
- C:** Avoidance was perceived to be higher in the perfectionism group by the members
- D:** Avoidance was perceived to be higher in the control group by the observer

Question 8: This study adds to the growing literature suggesting that stand-alone perfectionism interventions may be a viable treatment for EDs. Is this **TRUE**?

- A:** YES
- B:** NO

Conclusion

Question 9: Which of the following are **TRUE** regarding the implications of the findings?

- A:** It is not possible to implement a group on perfectionism which stems from a psychodynamic approach
- B:** Cognitive dimensions can be combined and allow for work on relational dynamics
- C:** The anchoring to the theme of perfectionism allows participants to get closer to each other while maintaining their own differences and individuality
- D:** This kind of group can accompany the ED patient's defences and promote a good therapeutic experience, also in view of a more conscious care seeking request

Question 10: Which of the following are **CORRECT**?

- A:** A strength of this study was that it investigated the variable of perfectionism as a possible outcome directly
- B:** A limitation of this study was that despite presenting a within-person comparison of patients' experiences of group climate between the two different groups, it illustrated a process of analysis without presenting any outcomes
- C:** A limitation of this study was that was that it did not analyse the therapist and observer's experiences
- D:** None of the above

END



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ANSWER SHEET

C5-1(22)

Treating eating disorders in groups: A pilot study on the role of a structured intervention on perfectionism on group climate

*Time spent on activity											hour					min							
PART 1											PART 2												
	A	B	C	D	E		A	B	C	D	E		A	B	C	D	E		A	B	C	D	E
1					6							1						6					
2					7							2						7					
3					8							3						8					
4					9							4						9					
5					10							5						10					

How relevant was the content of this activity to your scope of practice?			
			
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