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# Qualitative analysis of communication to improve self-esteem in group therapy for patients with bulimia nervosa

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In the treatment of bulimia nervosa, attention is focused on the importance of improving self-esteem through programs such as “Get Along with Yourself.” Related research and intervention techniques have shown certain effects with regard to improving patient self-esteem. However, it remains unclear how concrete linguistic interactions occurred between the facilitator and participants. To clarify this issue through qualitative analysis, we examined two groups of conversation data. These data totaled approximately 360,000 Japanese characters. Employing the grounded theory approach, we clarified 15 categories of comments and remarks by the facilitator and participants. The comments from the facilitator were divided into 9 categories, such as “show interest in participants,” and the remarks from the participants were divided into 6 categories, such as “disclose participant's own experience.” In addition, five interactions occurring between these statements were considered. An especially effective method for improving the participants' self-esteem is the facilitator's connection with the participants in an equal relationship and speech that enhances the sense of unity among the participants, which can increase their interest in other participants and encourage them to ask questions of one another.

**Key words:** bulimia nervosa, eating disorders, self-esteem, group therapy, grounded theory approach

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It has been repeatedly noted that patients with eating disorders exhibit low self-esteem. Self-esteem mentioned here is a sense of evaluation of one's overall condition, in which one considers oneself "good enough" (Rosenberg, 1965). In particular, the relationship between one type of eating disorder, bulimia nervosa, and low self-esteem has received considerable attention in recent years, and extensive knowledge, including the theory of symptom formation and the theory of intervention, has been amassed (Takeda, 2017a).

Takeda and Sasaki (2017) developed a group therapy called “Get Along with Yourself,” which improves the self-esteem of patients with bulimia nervosa. This group therapy consists of 6 sessions, which are 2 hours each and are conducted every other week. In the group therapy, the following points are included as especially important treatment components. First, the purpose of this program is to correct self-concepts to a form in which self-evaluation can be easily improved, namely, the correction of the subjective intensity of one's self-concept as a method to improve self-esteem. This is based on the theory that the content of the self-concept, defined as a thoughts or feelings that an individual holds about oneself, influences the level of self-esteem (Rosenberg, 1979). Six self-concepts such as "I am a perfectionist" or "I have received a bad evaluation from others" are targeted for intervention. These are self-concepts that have been shown to be characteristic of bulimia nervosa by qualitative and quantitative studies in patients with bulimia nervosa (see Takeda & Sasaki, 2012; Takeda & Sasaki, 2016b; Takeda, 2017b). Interventions that combine cognitive behavioral therapy are offered to change these self-concepts (see Table 1).

Second, the "Get Along with Yourself" method conveys the message, “Think about how to get along with your self-concept” and subsequently includes a method to improve self-esteem through acceptance of the subjective intensity of self-concepts. This method may seem inconsistent with

Table 1
*Outline of Self-esteem Improvement Programs for Patients with Bulimia Nervosa (“Get Along with Yourself”)*

| No. | Theme | Goals for each session | Task |
|---|---|---|---|
| 1 | Self-esteem and negative feeling | Understand the reason why self-esteem is kept low and the relationship between depression and low self-esteem | Psychoeducation and setting objectives |
| 2 | Perfectionism and narcissism | Understand the relationship between perfectionism and low self-esteem from the perspective of the law of diminishing returns and self-loving cognition | Psychoeducation and analysis of positive and negative aspects of perfectionism |
| 3 | Fear of negative evaluation from others | Understand the relationship between fear of negative evaluation from others and low self-esteem, and notice the maladaptive cognitions behind that fear | Reconstruction of cognition |
| 4 | Vacillation of identity | Understand the relationship between vacillation of identity and low self-esteem, notice what values are most valued, and learn the importance of not losing sight of them | Task to consider priority of your own values |
| 5 | Conflict in interpersonal relationships | Understand the relationship between conflict in interpersonal relationships and low self-esteem, and consider a communication method with little discrepancy with the other's expectations | Assertion training |
| 6 | Review and future planning | Review the themes dealt with so far, and make a prediction of points that are likely to fail after the group ends | Write an empathic letter to yourself |

the objectives listed above. However, it has been shown that patients with bulimia nervosa have both a desire to "improve themselves" and a desire to "accept themselves as they are" (Takeda, 2020). By fulfilling both wishes of the participants, the program helps participants develop a new self without losing their present identity, helping them to finally evaluate themselves as "good enough.” Specifically, supportive feedback from other patients can be easily obtained in each session. The “Get Along with Yourself” group is designed to create more opportunities for participants to easily share their own experiences to empathize with and support each other.

“Get Along with Yourself” is a beneficial group therapy for bulimia nervosa because of its quantitative and qualitative effectiveness. Takeda and Sasaki (2017) conducted a quasi-experimental study using an A-B-A design. This intervention study showed that participants' subjective strength of self-concept fluctuates and that participants change their self-concepts toward evaluations of themselves as "good enough.” It has also been shown that the symptoms of bulimia nervosa diminish accordingly. In addition, these trends were maintained after one month. Takeda & Sasaki (2016a) conducted a study to interview participants about their group experience. The study found that participants initially resisted joining the group. However, the participants then shared the difficulty of skill training and praised each other for achieving the task. Through this process, participants became more ready to take on the task and change themselves.

Nevertheless, the reasons for the increased self-esteem of patients in the group have not been fully identified. Case formulas such as Takeda & Sasaki (2012) and related cognitive behavioral therapy improved participants' self-esteem and eating disorder symptoms. Nevertheless, the connection between improving the self-esteem process and the communication process in the group is unclear. Why did the participants get through to the end even though they faced difficult skills training? How do the goals of “improving yourself” and “accepting yourself” fit together? Other effective interactions, such as the facilitator’s attitude toward advice or the grouping method, might support participants’ acceptance of their limitations.

Qualitative research is a useful method to reveal how interaction affects participants’ psychological process. Laberg (2001) examined the experience of patients with eating disorders in cognitive behavior group therapy. Data obtained through semi-structured interviews were analyzed using grounded theory analysis, and seven categories were identified, such as the experience of group therapy. Skilled therapists may already be unconsciously practicing these techniques, but for many who do not, knowing how to interact with and communicate with patients can be a

guide for treatment. A qualitative analysis of participant communication in the “Get Along with Yourself” approach may reveal the key to improving self-esteem in group therapy for patients with eating disorders.

The purpose of the present study was therefore to explore the interaction between the facilitator and the participants in “Get Along with Yourself.” Specifically, we analyzed conversations in group therapy using a grounded theory approach considering the context of the conversation. Three research questions were considered: (1) How does the facilitator talk to the participants to guide the group? (2) How and about what do participants talk to facilitators and participants? (3) How do the dialogues between the facilitator and the participants interact to create a conversation? Based on these questions, we will clarify effective communication that can improve the self-esteem of patients with bulimia nervosa and lead to improvements in group therapy.

## Methods

### Data Collection

The group therapy took place in the department of psychosomatic medicine of a hospital in an urban area of Japan. Patients who met the criteria participated. The first criterion was that the patient was a female walk-in patient aged 18 to 50. The second criterion was a diagnosis of bulimia nervosa. The diagnostics used for bulimia nervosa were DSM-5 criteria based on replies to the Eating Disorder Examination Questionnaire (EDE-Q (Fairburn, 2008)). The exclusion criteria were the following 4 items. The first criterion was patients with high self-esteem. Rosenberg's self-respect measure (Rosenberg, 1965) was used to measure self-esteem. Using this scale, an SD score of + 1 or more from the average score reported by Otagaki et al. (2005) was used as an exclusion criterion (i.e., the reference score was 26.2). Any patients with a higher score were deemed to be patients with eating disorders but with high states of self-esteem. The second criterion was having life-threatening symptoms or having serious psychological symptoms that put the patient into a condition in which interventions must be prioritized. The third exclusion criterion was currently being pregnant. The fourth and last criterion was an individual at risk of injuring herself or others or having symptoms that pose a problem to participation in group therapy. The last three criteria were judged by a doctor, who was the director of a department of psychosomatic medicine.

The conversation data were collected in twelve sessions in two groups. Each group was composed of three or four members and one facilitator. Five members completed all sessions. All were female, 31.2 ± 5.89 years old, and had only a diagnosis of bulimia nervosa (see Table 2). In each group, a male clinical psychologist in his 30s served as a facilitator. The facilitator had worked in this hospital for approximately 10 years. He was familiar with how to proceed with group therapy because he was involved in the development of group therapy (and he is the author of this paper). He facilitated the discussion according to the programme prepared. He was not acquainted with any participant. The conversation data obtained totaled approximately 360,000 Japanese characters.

### Study Design and Analysis Procedure

Because the notion of the communication process in a group is a relatively new and under-researched phenomenon, in this study, we adopted a grounded theory approach, which has a stricter procedure than traditional discourse analysis (Corbin & Strauss, 2015). In particular, (1) we divided conversations between the facilitator and the participants into segments for each block of meaning. (2) We interpreted those meanings and combined segments with similar meanings to generate code. They were coded that were expected to lead to a change in self-concept that

Table 2

*Medical Information of the Participants*

| Participant code | Gender | Age | Social Attribution | Diagnosis |
|---|---|---|---|---|
| P1 | F | Late 20s | N/A | Bulimia Nervosa |
| P2 | F | Late 20s | Part-time worker | Bulimia Nervosa |
| P3 | F | Early 30s | House wife | Bulimia Nervosa,<br>Bipolar Disorder |
| P4 | F | Late 20s | Part-time worker | Bulimia Nervosa |
| P5 | F | Early 40s | Full-time employee | Bulimia Nervosa |

*Note*. Two participants dropped out during the program. Both were women in their 20s, unemployed, and had a diagnosis of bulimia nervosa. Both attended only the first session and did not participate thereafter.

would increase self-esteem. This focalization was based on Takeda (2012) and Takeda & Sasaki (2016a). To avoid losing the context of the conversation, we included the narratives of the dropouts in our analysis, but the dropout narratives themselves were excluded from the coding. (3) We examined whether there was any other interpretation in the code that was previously generated. We also examined whether similar cases were confirmed and whether opposite cases could be found. In parallel with generating code, we examined the relevance between the new code and other codes individually. Through careful examination of these codes, we prevented the duplication of the meaning of each code and prevented the inclusion of codes that were not related to the research question. (4) We combined codes with similar meanings and created categories. In addition, we combined categories with similar meanings and created a category group. Subsequently, the reorganization was repeated based on the contents and relevance of the categories. (5) We generated several hypotheses suggesting a causal relationship between categories and generated a model of communication to improve self-esteem in group therapy. Every time we performed these procedures, we wrote a memo to prevent the researchers' arbitrary judgment.

The conversations were analyzed in session order because conversation and interaction deepened as the session progressed. If no new categories were generated after the session analysis and the refinement and reorganization of the categories were judged to be somewhat stable, we determined that the categories related to the research question had been sufficiently created.

### Ethics Approval and Consent to Participate

Prior to this study, the Naniwa Ikuno Hospital Institutional Review Board approved the implementation of “Get Along with Yourself” on June 24, 2014, and August 23, 2017. Each participant gave informed written consent upon attendance in the group therapy. Additionally, The Kobe Gakuin University Faculty of Psychology Institutional Review Board approved this study for secondary use of data obtained in the above study (Certificate HP18-04).

## Results

Through analysis of the first session, 46 codes were labeled for 458 segments and were classified into 18 categories. This result included ten categories related to comments from the facilitator. These comments were roughly classified into three category groups: comments to promote participants' remarks, comments to enhance participants' sense of unity, and comments to enhance participants' motivation. Remarks from participants were classified into nine categories, which were roughly classified in four category groups: remarks to promote conversation, remarks to enhance participants' sense of unity, remarks expressing concern about the content of the group, and remarks expressing the benefit of the content of the group. Several similar categories were extracted in relation to comments from the facilitator to the participants and remarks among the participants. This approach suggested that the group may be formed by repeating a similar relationship between the facilitator and the participants. Considering this point, we gained the new perspective that there was no hierarchical relationship between the facilitator and the participants, and they were building a cooperative relationship and managing the group from the early stage.

Throughout the analysis of the second session and the third session, 58 codes were labeled for 1,409 segments and were classified into 17 categories. The codes continued to increase in these sessions. In particular, the number of codes on the performance of the task increased. By addressing the tasks, the interaction between the participants and facilitators and among the participants increased. Rather than simply interrogating interactions, interactions with an intention to build emotional ties with members increased, such as praise, self-disclosure, and relationship building. From the perspective that the facilitator and the participants are in a cooperative relationship, the "disclosure of own experiences from the facilitator to participants" code was generated, and this code was added to the category “link participants and facilitator in an equal relationship.”

Throughout the analysis of the fourth session and the fifth session, 56 codes were labeled for 2,488 segments and were classified into 15 categories. No new category or code was generated in the analysis of either session. Although there was code movement between several categories, the name of the category did not change. From these findings, we expected that the categories related to research questions were generated without excess. Taking this result into account, we analyzed the sixth session. Some codes were labeled in the 234 segments, but no new codes or categories were added. We then asked one external researcher to check the validity of the categorization. Although the names of some codes were changed, it was determined that there was no need to change the content or name of the categories. Finally, the comments from the facilitator were divided into three category groups, which consisted of 9 categories. The remarks from the participants were divided into three category groups, which consisted of 6 categories (see Tables 3-1, 3-2).

We considered hypotheses suggesting a causal

relationship between categories related to the facilitator's comments and the participants' remarks. Finally, five cases of a causal relationship were considered (see Table 4-1, 4-2). Combining these cases enabled a model showing the interaction occurring within the group to be created (see Figure 1).

## Discussion

The purpose of the present study was to explore the interaction between the facilitator and the participants in "Get Along with Yourself." As a result of analyzing the dialogue of the two group therapy sessions using a

Table 3-1

*Category List of Interactions from Facilitator*

CG1: Comments to promote participants' remarks

**C1-1: Show interest in participants (179)**

A method of involvement of the facilitator such as assessing the participants' attitudes and conditions and remembering participants' remarks about the theme.

**C1-2: Promote efforts for group tasks (491)**

A method of involvement of the facilitator such as asking participants about their own experiences and thoughts related to the task, asking questions of the participants, and encouraging participants to tackle the tasks.

**C1-3: Make use of participants' remarks (205)**

A method of involvement of the facilitator such as asking another participant based on participants' remarks, connecting to new topics based on their remarks, and providing psychoeducation based on their remarks.

**C1-4: Accept participants' remarks (349)**

A method of involvement of the facilitator such as expressing that the facilitator understands what the participants are attempting to express and reflecting the participants' remarks.

CG2: Comments to enhance participants' sense of unity

**C2-1: Enhance participants' sense of unity(78)**

A method of involvement of the facilitator such as combining participants with a similar opinion, implying that other participants have the same opinion, and providing psycho-education based on common terms of eating disorders.

**C2-2: Link participants and facilitator in an equal relationship (127)**

A method of involvement of the facilitator such as telling participants that both participants and facilitators are equal, telling the participants that the facilitator has the same opinion as the participants, and disclosing the facilitator's own experience.

**C2-3: Accept participants' diverse experiences (108)**

A method of involvement of the facilitator such as accepting participants' diverse experiences, accepting participants as they are, and providing psychoeducation by considering diversity.

**C2-4: Forgive participants' failure (169)**

A method of involvement of the facilitator such as allowing participants to work on tasks freely, accepting imperfect results of tasks, and normalizing participants' feelings of insufficiency.

CG3: Comments to enhance participants' motivation

**C3: Enhance participants' motivation (82)**

A method of involvement of the facilitator such as praising participants' efforts and telling the participants that the content of the group will meet their expectations.

*Note*. The names of participants (such as Hanako) in the table are fictitious. CG means category group, and C means category. The number in parentheses in the category name column indicates the number of segments.

Table 3-2

*Category List of Interaction from Participants*

CG1: Remarks to promote conversation

**C1-1: Show interest in other participants (99)**

A method of involvement of the participants such as connecting to new topics based on their remarks and reflecting other participants' remarks.

**C1-2: Ask other participants (64)**

A method of involvement of the participants such as asking other participants and suggesting ideas to other participants.

CG2: Remarks to enhance participants' sense of unity

**C2-1: Enhance participants' sense of unity (77)**

A method of involvement of the participants such as telling other participants that they have the same opinion and trying to save other participants' face.

**C2-2: Disclose participant's own experience (248)**

A method of involvement of the participants such as disclosing everyday experiences to other participants and disclosing feelings generated in the group to other participants.

CG3: Remarks to evaluate the content of the group

**C3-1: Concern about the content of the group (192)**

A method of involvement of the participants such as expressing unacceptability of the content described in the group and suffering from conflict with previous countermeasures.

**C3-2: Expressing the benefit of the content of the group (214)**

A method of involvement of the participants such as telling the facilitator that a new awareness has been obtained and telling the facilitator that the explanation was convincing.

*Note.* The names of participants (such as Hanako) in the table are fictitious. CG means category group, and C means category. The number in parentheses in the category name column indicates the number of segments.

Table 4

*An Important Causal Relationship between Obtained Categories*

**H1: Participants disclose their own experience as the facilitator shows interest in participants or promotes efforts for group tasks. Subsequently, the facilitator accepts the participants' remarks and their diverse experiences.**

*(e.g., **Facilitator:** 'May I explain a bit more about what Hanako said, "I am not worthy of a good evaluation at this time"?' ("promote efforts for group tasks" category)*

***Hanako:** 'Last year I was fat. Now I am trying hard to be thin, but the people around me are worried that it is better to eat more just by looking at me. First of all, I would like you to praise my own efforts that I've made so far.' ("disclose participant's own experience")*

***Facilitator:** 'Ah, that makes sense.' ("accept participants' remarks") 'Even though you have worked hard, it is sad that you will not be evaluated at that point.' ("accept participants' diverse experiences"))*

**H2: Participants' concern about the content of the group as the facilitator promotes efforts for group tasks. Subsequently, the facilitator forgives participants' failure.**

*(e.g., **Facilitator:** 'The content you contemplated today is important, so I do not want you to forget it.' ("promote efforts for group tasks")*

***Saki:** 'Today's task was difficult for me, and I could not achieve it enough.' ("concern about the content of the group")*

***Facilitator:** 'That is because it is not important to get results.' ("forgive participants' failure"))*

**H3: Participants show interest in other participants or ask other participants as the facilitator links participants and himself in an equal relationship.**

*(e.g., **Haruka:** 'Although I do not want time spent alone, the test showed that I thought unconsciously that time is important.'*

***Facilitator:** 'From the results of the test, I also said that loneliness will heal me, like you.' ("link participants and facilitator in an equal relationship")*

***Hanako:** 'I also got results like that. I think it is absolutely necessary to have time to be alone.' ("show interest in other participants"))*

**H4: Participants show interest in other participants or ask other participants as the facilitator enhances the participants' sense of unity.**

(*e.g., **Aoi:** 'I informed my boss at work and asked for understanding that I had an eating disorder. Nevertheless, my colleague sees me as a person with a weak will.'*

***Facilitator:** 'Regarding the lack of understanding of symptoms, I often talk with doctors in psychosomatic medicine. I think what you said now is exactly the same as what many patients feel.' ("enhance participant's sense of unity")*

***Saki:** 'I cannot confess "I am suffering from eating disorders." Perhaps people will see me as a freak.' ("show interest in participants"))*

*Note.* The names of participants (such as Hanako) in the table are fictitious.

Table 4 (Continued)

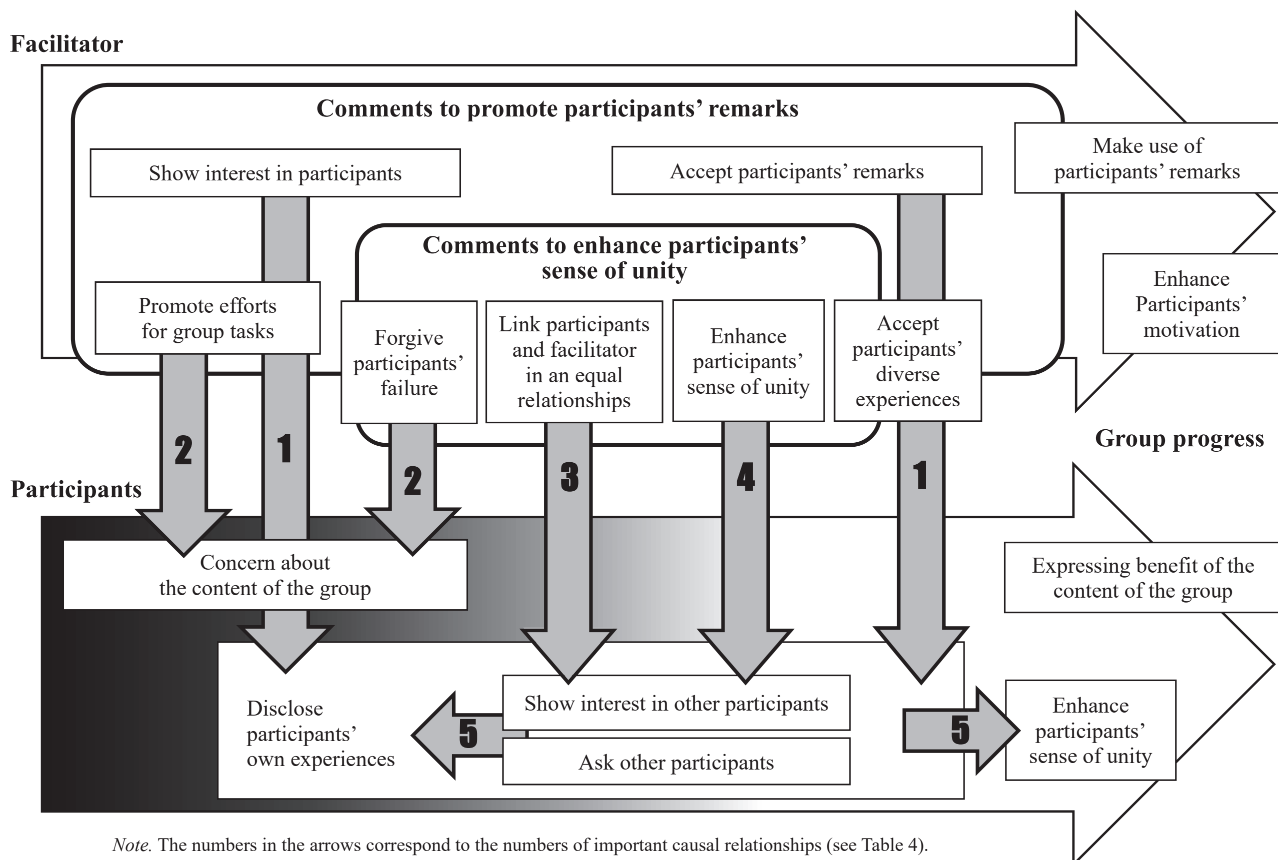
*An Important Causal Relationship between Obtained Categories*

| |
|---|
| **H5: Participants disclose their own experience as other participants show interest in them. Subsequently, participants enhance their sense of unity.**<br>*(e.g., **Hanako:** 'The next day when I overate and vomited, I felt sick, like my body would not move at all.'*<br>***Haruka:** 'I imagine that is a terrible hangover.' ("show interest in other participants")*<br>***Hanako:** 'Exactly. For that, I often rest in the infirmary at my office. I am scared because my boss urges me to quit my job.' ("disclose participant's own experience")*<br>***Haruka:** 'That is a very painful situation.' ("enhance participant's sense of unity"))* |

*Note.* The names of participants (such as Hanako) in the table are fictitious.

Figure 1

*Model of the Interaction Occurring within "Get Along with yourself"*




*Note.* The numbers in the arrows correspond to the numbers of important causal relationships (see Table 4).

grounded theory approach, 15 categories were obtained and five cases of causal relationships were considered. Among the obtained categories, basic techniques for operating group therapy were also included (e.g., categories to promote participants' remarks, such as "show interest in participants" and "make use of participants' remarks"). In the created model diagram, the participants show interest in other participants or ask questions of other participants as the facilitator links the participants and himself in an equal relationship or as the facilitator enhances the participants' sense of unity. As shown in Hypotheses 1 and 5 (see Table 4), these efforts by the facilitator to increase participants' remarks and increase the sense of unity among them have been practiced in many group therapy strategies (e.g., Fehr, 2003).

The remaining three hypotheses about communication represent important new findings. The first important point is that the hierarchical relationship between the facilitator

and the participants was no longer seen from the early stage of the group therapy, and their relationship involved operating the group in collaboration (this point is related to Hypothesis 3 in Table 4). Because the techniques of cognitive behavioral therapy that were also adopted in this group include many elements of coaching, facilitators in cognitive behavioral group therapy tend to take leadership of the participants (Bieling et al., 2009). In comparison, the facilitator in this group did not participate in the group as a coach but, rather, to self-disclose and equalize the group. The structure in which the facilitator speaks in the same position as the participants is similar to encounter groups. Rogers (1973) suggested that it is important for the facilitator to be a promoter but also to become a participant, and it is important for the facilitator to express his emotions and thoughts, which will encourage the participants' self-growth. This point likely contributes to alleviating patients' sense of resistance to group therapy. It has been suggested that patients with eating disorders exhibit a higher dropout rate in group therapy than in individual therapy (Garner et al., 1987). This effect is thought to be related to fear of negative evaluation, which is characteristic of patients with bulimia nervosa, as indicated by Takeda & Sasaki (2016b), and the equality among the group that the facilitator produces is thought to ease the patients' fear.

Likewise, it is effective for the facilitator to understand what aspects of the group therapy task the participants find difficult and what theories of group therapy the participants find difficult to accept. When difficulties and failures are expressed by the participants, it is also beneficial for the facilitator to embrace them (this point is related to Hypothesis 2 in Table 4). According to Takeda & Sasaki (2016a), who conducted process research on the effect of the group, it is important that participants change the belief that they should not fail, and it is argued that abandoning this belief will create room to incorporate various ideas. The involvement of facilitators who allow participants to fail has a positive effect on this first point. A positive cycle is also created that makes it easier for participants to express concern about the content of the group by witnessing other participants doing so and witnessing the facilitator accepting this.

In addition, it may be effective to explain that many patients are working on improving their self-esteem and treating eating disorders (this point is related to Hypothesis 4 in Table 4). Takeda & Sasaki (2016a) suggested that it is important for participants not to abandon their future in an unhealthy way but to make a "positive resignation" to live with themselves even though they are not good enough. Regarding this point, it seems that the facilitator's acceptance of diversity and increasing the sense of unity of the participants, as shown in this research, has a positive influence. Participants may achieve "positive resignation" by noticing that they are accepted by others regardless of whether they fail and by recognizing that there are companions who will build new selves together.

There are some limitations to this research. First, it is necessary to analyze more sessions. More data are needed to form a theory that is applicable to more groups and more participants. Second, only groups in which the facilitator was male were analyzed in this study. If the facilitator is a woman, different interactions may occur. Similarly, cases where participants include men (or only men) need to be considered. These may result in changes in communication patterns (e.g. less direct emotional expression when participants are male only). Third, a distinction needs to be made between the effects of the communication model in "Get Along with Yourself" shown in this study and the effects of the cognitive-behavioral therapy skills provided therein. This study also provides various possibilities for future research. First, an effect study could be conducted on the extent to which the findings obtained in this research contribute to the improvement of self-esteem and the improvement of symptoms. This objective can be achieved by comparing the group therapy conducted with emphasis on the relationship obtained in this study and ordinary group therapy. Second, it would be beneficial to investigate the extent to which participants in group therapy actually feel that group facilitators are attempting to build group equality through self-disclosure. This can be confirmed in the follow-up interviews after the completion of group therapy. Finally, it would be beneficial to investigate how the therapy and patient conversations in individual therapy change when the findings of this study are practiced in individual therapy. By using qualitative analysis similar to this research and quantitatively measuring the change in self-esteem, we will be able to study the versatility of the findings of this study.

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## Conflict of Interest

The authors declare no conflicts of interest associated with this manuscript.

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