

Self-Help Group Observation Experience

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Self-Help Group Observation Paper

Group therapy has long been used in the treatment of individuals with certain psychiatric disorders. Self-help groups have grown in number and credibility in recent years and allow clients to talk about their fears and relieve feelings of isolation, while receiving comfort and advice from others undergoing similar experiences (Townsend, 2014, p. 168). In this paper I will analyze my experience with one such self-help group, Overeaters Anonymous, by examining both the structure and process involved in the group experience.

Structure

Overeaters Anonymous, as implied by the title, is a therapeutic self-help group in which individuals meet anonymously to provide support and encouragement for one another, discuss strategies for recovery, and exchange advice. It is designed to promote recovery from compulsive eating using a traditional twelve-step process (“Overeaters Anonymous,” 2014). The meeting I attended on April 1, 2014 at the Overbrook Presbyterian Church in Clintonville, OH is an informal one that is held at 7:00 PM every Wednesday. This meeting, which is open to the public, consisted of individuals from various backgrounds and circumstances. Although one might believe a group of this type is mainly supported by morbidly obese people, it is not necessarily the conclusion as I quickly realized. Besides differences in body weight, there were differences in gender, race, and occupational status as well; this group even consisting of a psychiatric nurse who I would hardly perceive as obese. A major difference amongst all members, however, was circumstances. Out of the nine members that met, all were at different areas in their lives with different circumstances fueling their addiction for food. These areas varied greatly from loss of a spouse to beginning a new job. The most striking similarity I noted

was that each member was not necessarily interested in or even desired food. Overeating was an attempt to escape a stressful situation in the individual's life. Another similarity was the age of the individual with the oldest member being only in his early 40's. The group leader, herself a recovering compulsive overeater, led an informal group discussion with the setting composed of members sitting roundabout a large table in close proximity. This group had no prerequisites for becoming a member. In fact, I was warmly greeted and handed a packet of welcoming information the moment I took my chair.

Process

The meeting began with a review of the twelve step process of Overeaters Anonymous. This lengthy process, read by a volunteer in the group, begins with admitting powerlessness over food and ends with a spiritual awakening resulting in application of all twelve principles. The content of the group was quite systematic and consisted of each member taking a turn to share their story and struggles. Interaction was widespread as each member of the group simultaneously gave a greeting and, later on, offered gratitude to the member who began and finished their story respectively. I noticed that the general mood of the group was mildly depressed as each member, including the leader, never made eye contact with each other, consistently looked down at the table when speaking, and rarely smiled. I believe the self-condemning ambiance exacerbated by the leader had a negative impact on the group as a whole. Although a little apprehensive about revealing my role with the group as a nursing student as opposed to a compulsive overeater, I did so and was warmly welcomed by the group. As an observer, there was hardly an impact on the dynamics of the group. However, I was able to engage in conversation with a psychiatric nurse and a biology student concerning the chemical and biological changes in food addiction disorders. The group as a whole was in the working

phase as evidenced by establishment of cohesiveness and trust between members, leadership functions being shared between certain members of the group, and sharing of techniques (Townsend, 2014, p. 170). Yalom's curative factors were prevalent in many aspects of the group meeting (Townsend, 2014, p. 169). For this particular self-help group, catharsis was a substantial factor in the agenda. Every member took one turn in pouring out their feelings, both positive and negative, and each member respectfully listened to and thanked the individual for sharing their struggles and experience. Although each recollection was very lengthy, it was important for the members of this group to express these feeling in a non-threatening atmosphere. Imitative behavior was evident in the leader who was able to share her story of struggle and recovery in addition to positive results in weight loss which was evident in her appearance; this set the example for other members in the group to imitate. Universality was immensely evident in the group as members came to realize that the problems, thoughts, and feelings they experience are something every member of the group shares. I noticed one important way in which universality was promoted was through each member's introduction. To begin, every member began by stating their name and acknowledging that they were a compulsive overeater. Aside from various other curative factors, altruism was evident in the manner in which each member not only shared their situation and struggle but showed genuine concern for other members and even offered recommendations for correcting maladaptive behavior (Curry, Roberts & Dunbar, 2013).

Conclusion

In examining the structure and process of Overeaters Anonymous, it is evident that Yalom's curative factors are at work. Positive results are evident in members' problem solving and a degree of success in most members. It is also important to realize that the dynamics of any group is impacted by its leader and for this particular group, improvement may be in order.

References

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