

## Group Psychotherapies in Eating Disorders

### *Yeme Bozukluklarında Grup Psikoterapileri*

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#### Abstract

Eating disorders are one of the major psychiatric disorders that cause serious health problems. Although treatment methods are highly developed, the desired treatment level has not been reached yet. So a full remission can only be achieved in half of the patients who applied for treatment. For a full recovery, a long-term treatment model which has been applied by a multidisciplinary team is recommended, but these treatments can be very costly. As in all psychological problems, it is very important to handle relational factors in the treatment of eating disorders and it is considered that if relational factors are the focus of interventions, it will enhance the effectiveness of treatment. This study examines how group psychotherapies are applied in different types of eating disorders, their theoretical origins, the focuses of practice and their effectiveness. In the light of the findings, it is understood that group psychotherapies are promising therapeutic options in terms of therapeutic efficacy and cost-effectiveness, which can be preferred for appropriate cases.

**Keywords:** Eating disorders, group psychotherapy, anorexia nervosa.

#### Öz

Yeme bozuklukları ciddi sağlık sorunlarını beraberinde getiren, yaygınlığı artmakta olan ve gelişen tedavi yöntemlerine rağmen tedavi etkinliği henüz istenilen düzeye ulaşamayan psikiyatrik bir problemdir. Tedaviye başvuran vakaların ancak yarısında tam remisyon sağlanabilmektedir. Bu süreçte multidisipliner bir ekiple uzun soluklu sürdürülen tedavi modelleri önerilmekte, fakat bu tedaviler de oldukça maliyetli olabilmektedir. Bütün psikolojik problemlerde olduğu gibi yeme bozukluklarının tedavisinin de ilişkisel faktörler açısından ele alınması önemlidir. Müdahale çalışmalarının da bu noktayı odak haline getirmesinin tedavi etkinliğini arttırmanın bir yolu olabileceği düşünülmektedir. Bu çalışmada yeme bozukluklarının farklı türlerinde grup psikoterapilerinin nasıl yapıldığı, teorik kökenleri, uygulama odakları ve etkinliğine dair araştırmalar gözden geçirilmektedir. Alandaki çalışmaların bulguları ışığında, grup psikoterapilerinin yeme bozukluklarında uygun olan vakalar için tercih edilebilecek, ekonomik ve tedavi etkinliği açısından umut vaat eden bir tedavi seçeneği olduğu anlaşılmaktadır.

**Anahtar sözcükler:** Yeme bozuklukları, grup psikoterapi, anoreksiya nervoza.

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Submission date: 02.07.2018 | Accepted: 20.10.2018 | Online published: 24.01.2019

**EATING DISORDERS** (EDs) are compelling health issues focusing on eating and body, characterized by psychopathology and generally accompanied by other psychiatric and medical disorders (Fairburn et al. 2000, Herzog & Eddy 2007). DSM-5 classifies feeding and eating disorders as Pica, rumination disorder, avoidant/restrictive food intake disorder, anorexia nervosa (AN), bulimia nervosa (BN), binge eating disorder (BED), other specified or unspecified feeding or eating disorder (APA 2013).

This study will focus on researches of AN, BN and BED subcategories of EDs from a transdiagnostic framework. Common psychopathology under all these subcategories is observed as struggling with eating and body. However, diagnosis differentiates depending on the strategies developed to control eating and the body as well as the severity of the pathology. This study will initially mention epidemiology and etiology of eating disorders and then will deliver emerging individual and group psychotherapy models.

## **Epidemiology and Etiology in Eating Disorders**

EDs typically begin in puberty and mainly observed in women. Other psychiatric and medical problems frequently accompany the disorder. Therefore, clinical presentation is complicated. The mindset of EDs cases is overly occupied with body shape and weight. Self-esteem is considered in this respect and various behavior patterns (i.e.: excessive diet, purging, excessive exercise, excessive using of laxative/diuretic, binge eating, etc.) to control body shape and weight are developed. As a result, psychosocial functionality is diminished in most of the cases (Fairburn & Cooper 1989).

Prevalence of lifelong EDs are between 1% and 5%; diagnostically this rate is <1-4% in AN, <1-2% in BN and <1-4% in BED in the research by Keski-Rahkonen and Mustelin (2016) throughout Europe in accordance with DSM-5 criteria while subthreshold EDs symptoms are between <1-4%. Eating disorder rate is reported to be increasing each year for Asian countries (Pike & Dunne 2015). Although there is no extensive research in our country in recent years, the rate is between 1-3% like other countries (Vardar & Erzenin 2011).

Many factors play a role in etiology of EDs. Biological explanations point out genetic predisposition and neurotransmitter dysregulations (Gordon et al. 2005). It has also been reported that AN and BN differ genetically in the recent years (Hinney & Volckmar 2013). On the other hand, psychodynamic explanations stress on weakness in ego strength stemming from early conflicts, problems in parental relations and denial of femininity, however, studies are observed to be more specific to AN (Zerbe 2001). Cognitive behavioral explanations assume that dysfunctional thoughts related to weight, body, and shape are influential on the development and maintenance of eating disorder symptoms. They also reinforce the disorder through weight control or compensation methods. (Leung et al. 1999, Fairburn 2008). enhanced cognitive-behavioral approach, with its more contemporary view, handles EDs from a transdiagnostic frame and expresses that AN, BN and BED have a similar structure (Fairburn 2008).

On the other hand, it is expressed that personality and family structures can play a role in the development of EDs (Polivy & Herman 2002). Sociocultural explanations defend that social environment and media impact on eating disorders through self-esteem and dissatisfaction with the body and draw attention to preventive measures targeting these factors (Garner 2002, Lamoureux & Bottonoff 2005, Weaver et al. 2005).

As expressed above, EDs etiology is far from a clear understanding and has a multifactorial structure, which has a direct impact on treatment studies in this area.

## **Psychotherapy Approaches in Treatment**

Evidence-based studies in EDs have revealed the efficiency of many different psychosocial interventions. The efficiency of cognitive behavioral therapies (CBT) in BN, BED and AN treatments has been significantly supported by various studies (Hay 2013). Furthermore, interpersonal therapies (Birchall 1999, Rieger et al. 2010), motivational therapies and dialectic behavioral therapy (DBT) seem promising results in BN and BED cases (Feld et al. 2000, Treasure and Schmidt 2001). On the other hand, in AN, especially in adolescent cases, family therapy and psychodynamic treatments are efficient (Lock and Gowers 2005, Hay 2013). Group psychotherapies are also known to have a major function in AN, BN and BED subcategories of EDs in transdiagnostic approach-based studies. Especially group psychotherapy models directed towards interpersonal relations and emotion regulation have become more popular in the 2000s (Rosenvinge 1990, Safer and Jo 2010, Hay 2013).

In treatment-resistant cases of BN and most of the AN cases, the addition of different models to the treatment process in order to increase the efficiency of CBT practices have been proposed since lack of motivation is a major problem in most of the cases (Leung et al. 1999). For example, motivational therapy (Dean et al. 2008) at the beginning of treatment, followed by CBT or DBT completed with the adoption of interpersonal therapy principles is considered to be more effective in the treatment process. One of the major reasons for this is recent studies revealed that treatments employing only main components of CBT in the treatment of EDs are not sufficient and relapse rates are high in follow-up studies. Therefore, more effective treatments were required (Fairburn et al. 2009) and Enhanced Cognitive Behavioral Therapy (CBT-E) started drawing attention in EDs.

The main purpose of CBT-E is to focus on the eating problem to understand its function and sustaining mechanisms and to find alternative behavior patterns to eating disorder so that their impact can be observed and eating disorder mindset can be altered (Fairburn 2008). Compared to traditional CBT, cognitive change is achieved by analyzing the impact of the change in behaviors. Technically, typical Socratic questioning thought records (automatic thoughts, core belief, schemes, etc.), cognitive structuring and keeping records in sessions are not preferred, because these are assumed to maintain eating disorder and trigger recurrent /ruminative thoughts (Fairburn 2008). The most important advantage of CBT-E is the trans-diagnostic perspective that focuses the maintaining mechanism in all eating disorders, beyond diagnostic categories. In this respect, a comparative study on 130 EDs cases (diagnosed with BN, BED and other specified EDs diagnoses) have revealed that CBT-E provides faster recovery and longer treatment gains compared to interpersonal therapy (Fairburn et al. 2015). Within this respect, it is observed that cases with a long history of disorder and cases attaching excessive importance to their body shape benefit less from the treatment and the category of diagnosis of eating disorder according to DSM is not a significantly relevant factor in treatment results (Cooper et al. 2016). All these studies point out that CBT-E is an important approach in the treatment of EDs, however, there is no widespread practice to conduct CBT-E in a group format.

In recent years, it became common to add techniques including especially emotion regulation to CBT in the therapy process. Linardon et al. (2017) have examined the efficiency of third wave behavioral therapies (dialectic behavior therapy, acceptance-commitment therapy, schema therapy, mindfulness-based interventions, compassion-focused therapy, and metacognitive therapy) targeting cognitive and emotional processes awareness in individual treatment of eating disorders. This systematic review study found that third wave therapies have a significant impact compared to waiting list but do not yield results as effective as CBT or group psychotherapy. Therefore, although third wave behavioral psychotherapies have limited effectiveness, lack of sufficient number of researches to evaluate their efficiency comparatively, it has been stated that it is possible to use them by adding into CBT. The only prominent alternative to CBT is interpersonal therapy. Although the efficiency of CBT is accepted, practices of therapist stating to use CBT vary. In a study of 157 EDs cases (stated as AN-BN and atypical EDs), it is found that despite participants had evidence-based treatment such as CBT, components of their treatment varied and most did not include evidence-based practices (Cowdrey & Waller 2015). As evidence-based methods are as important as extent they are used in EDs. Therefore, evaluation of treatment efficiency requires extreme attention.

A review of studies reveals that the literature provides detailed data on individual psychotherapies, their used and their efficiency while studies on group psychotherapies are limited. However, considering the triggering predisposing and sustaining effect of interpersonal relations in eating disorders, group psychotherapies are thought to be an important option in treatment. The following chapter will focus on the group psychotherapy studies on eating disorders.

## Group Psychotherapy Studies in Eating Disorders

EDs emerge as hard to treat problems and major reasons include lack of experienced and expert clinicians, ambivalent attitude of cases against treatment and high drop-out rates (Fairburn 2008). Additionally, most EDs cases cannot receive evidence-based treatments (Lilienfeld et. al. 2013). Furthermore, since the treatment process is long, efficient treatments have multiple components and are conducted by multidisciplinary teams; the treatment costs rise significantly and create costs similar to the treatment of schizophrenia (Striegel-Moore et al. 2000). Therefore, group therapies emerge as an option that presents advantages, especially in lowering treatment costs.

The reason that group psychotherapy studies on EDs are recent is the opinion that cases may be adversely affected by being treated with other EDs cases (Vandereycken 2011). Researchers defending this opinion remark on peer contagion and competition among cases for being thinner. Additionally, face to face, individual therapy is reported to be a more efficient option compared to group therapy (Waller 2016). On the contrary, most of the EDs cases experiencing group psychotherapy express that they benefited from the group (Wanlass et. al. 2005). Evidence-based studies also reveal that group psychotherapy is efficient in eating disorders (Hay 2013, Safer & Jo 2010).

Although CBT oriented studies are used frequently in group psychotherapy on EDs (Fairburn 2008), studies in various theories such as psychodynamic/analytic (Presnato et al. 2008, Athanassios 2013), schema therapy (Simpson et. al. 2010) are also shown to be efficient. Group psychotherapies involving families of EDs cases are widely

used (Tantillo 2003). Furthermore, motivational group practices adopting a paradoxical approach that not focusing on symptoms/change are also seen to yield efficient results (Jakubowska et al. 2013).

While group CBT practices on EDs do not differ from individual CBT practices with respect to decrease in symptoms, it shows a positive impact in a decreased sense of isolation and social support (Chen et al. 2003). A study monitoring cases with AN, BN and BED diagnoses that have completed 10 sessions of CBT focused group therapy and those that have quit these therapies for 10 years, revealed that those completing the treatment have shown better prognosis and group therapy has also benefited cases in peer relations, communication and socialization skills (Okamoto et al. 2017). In group CBT format psychotherapies, more than half of the cases continue participating and after the treatment, significant change is observed in most of the eating disorder symptoms (eating attitudes, diet, binge eating attacks, exercise, etc.) and in other psychopathological symptoms (anxiety, depression, psychosocial functionality, etc.) however, anxiety regarding body shape is the most resistant component to the treatment (Turner et al. 2015).

Apart from the relatively short group psychotherapies such as CBT, dynamic focused and long-term group psychotherapies are expressed to be efficient on eating disorders (Wanlass et al. 2005). Therefore, the most important factor in determining the length of the group psychotherapy is the aim, focus, and rationale.

Group process can create a very convenient and functional environment to work on fundamental cognitive conflicts, emotional conflicts, body image, perfectionism, expressing feelings and interpersonal relations on eating disorder cases (Inbody & Ellis 1985). In long-term eating disorder groups, family dynamics, fear of change, relational problems, loss and grief, self-destructive behavior, shame and guilt, anger, difficulties in awareness of needs and function of eating in solving all these problems or avoiding emotions can be worked on (Wanlass et al. 2005).

Studies involving both cases of AN and BN in EDs groups also yield promising results (Nichols & Gusella 2003, Hartman-McGilley 2006, Athanassios 2013). This opinion is based on the transition between two disorders during prognosis, shared symptoms and Fairburn's (2008) transdiagnostic theory (Stein et al. 2011).

Apart from the dense and costly treatments mentioned above, short-term group therapy programs (8-10 sessions) that focus body image are emerging in recent years. "Body Acceptance Therapy", an example to these, is practiced in group therapy format in 8 sessions with eight EDs cases and significant improvement has been noted on body dissatisfaction, eating disorder symptoms and internalizing thin ideal both after the treatment and in 2 month follow-up period (Stice et al. 2015). It is considered that the fact that distortion in body image and body dissatisfaction is the fundamental psychopathological mechanism in EDs and that it is one of the most important variables significantly related to the healing process lays the foundation for efficient results provided by the studies focused on this area. Next chapter provides examinations on focus points and efficiency of group psychotherapies in different subcategories of EDs.

### ***Group Psychotherapies in Anorexia Nervosa***

AN is characterized with low weight caused by restricting energy intake, excessive fear against gaining weight and becoming fat and distortion in the perception of body shape

and weight (American Psychiatry Association, 2013). According to DSM-5, AN is divided under two categories, namely; restrictive type (a strict diet without binge eating-purging attacks in the last 3 months and losing weight by almost eating nothing or excessive exercising) and binge eating-purging type (presence of recurrent episodes of binge eating and purging, continuing for 3 months).

Explanations on the development of AN, especially psychodynamic explanations remark on interruption of identity formation due to weak ego strength stemming from the early life of the individual and consequent problems of the same individuals in their relations with their families and others. From this perspective, it can be predicted that group psychotherapies conducted with AN cases can provide an improvement in identity development and shaping social behavior through group dynamics (Izydorczyk and Niziołek 2010). On the other hand, the cognitive-behavioral approach assumes that non-adaptive thought patterns related to weight, body, and shape in AN are influential information and maintenance of anorexic symptoms and aim to handle these thought patterns in the therapy process (Leung et al. 1999).

While group psychotherapies are frequently preferred in BN, studies with AN cases are limited and mostly in the form of case reports or pilot studies. Yellowlees (1988) explains this phenomenon with the difficulty of working with a group of angry, silent, stubborn, obsessive and narcissistic individuals and therapists' negative attitudes against these patients. Furthermore, limited research in this field, expectation of competition among cases in losing weight and being adversely affected from treatment, resistance of the cases against treatment and physical results of the disorder are also among the reasons explaining why group psychotherapy is less used in AN cases (Yellowlees 1988, Leung et al. 1999). Family-based psychotherapies, which can be conceptualized as a type of group therapy is yielding promising results especially in younger cases, but unfortunately treatment of low weight adult AN cases cannot yield desired results (Waller 2016).

Literature reveals that CBT focused group psychotherapies with AN cases frequently handle fear of gaining weight, body image, relations between eating patterns and thoughts and emotions, fear of change (Yellowlees 1988, Zipfel et al. 2014). Additionally, a 14 session group psychotherapy module developed by Ponech (2012) regarding the practice of existentialist psychotherapy on AN cases is presented in the literature. This module aims the cases to express their feelings and thoughts through art activities. Instillation of hope, importing information, universality, cohesiveness, and catharsis expressed as healing factors in group process by Yalom (1975) are also observed in group psychotherapies on AN cases. Consequently, it is assumed that group therapy especially in the form of family therapy is a prominent treatment option in young AN cases, on the other hand with adult cases, CBT focused groups have somewhat promising results.

### ***Group Psychotherapies in Bulimia Nervosa***

According to DSM-5, BN is characterized by recurrent binge eating episodes accompanied by the fear of inability to stop eating and inappropriate compensative behaviors (using laxatives-diuretics, vomiting, excessive exercising). These episodes should have occurred at least once a week in the previous 3 months (Hague and Kovacich 2007, Oğlađu & Küey 2013).

BN treatments have shown significant improvement in the last 20 years. National Institute for Clinical Health and Care Excellence (NICE) in its “Improving health and social care through evidence-based guidance”, has recommended the use of cognitive behavioral self help methods together with short-term supportive sessions (for instance, 16 sessions, 20 minute approximately, 4-9 weeks) and use of individual CBT and other intervention methods in patients where this method is found to be ineffective after 4 weeks of treatment. (NICE 2017). Furthermore, NICE has placed CBT in the first place in BN treatments. However, there are developing new treatment methods including CBT techniques as well (Lavender et. al. 2012).

Behavioral interventions, individual therapies, and family therapies are used in BN patients but group psychotherapies are also effective (Lenihan and Sander 1984, Nevenon and Broberg 2006). Group therapies are preferred in approximately 20% of the BN cases and the most important advantage of group therapies is reducing the treatment cost (Polnay et al. 2014). Studies also show that group CBT practices are as efficient as individual CBT (Katzman et al. 2010).

Group psychotherapies employing CBT techniques generally consist of 3 stages. In the first stage, behavioral techniques are used prominently for establishing eating control. In the second stage, efforts focus on finding and changing irrational thoughts, beliefs, and values with cognitive techniques. In the third stage, the focus is on maintaining change (Fairburn 1981). In addition to face to face CBT group practices, groups are also seen to convene online with consideration to lower costs and accessibility to treatment in recent years. Zerwas et al. (2017) express that 16 session process works both ways but online practices take longer to improve.

Although CBT is an effective treatment option for BN patients, there are studies on how to create less intense forms of treatment and the extent of the effectiveness of these alternatives. I.e.: in the study by Treasure et. al. in 1994 and 1996, it has been shown that bulimic symptoms of BN patients have been reduced by 20% to 40% each week in individual psychotherapies employing self-help strategies. Consequently, Bailer et al. (2004) used group psychotherapies to determine whether “guided self-help” strategies are as effective as CBT. In the study patients in self-help groups have studied through books to understand BN and to be treated and have been inspired by psychiatrists for motivation. CBT groups, on the other hand, focused on improving self-respect, social pressure against thinness, diet, restriction and other weight loss methods. After 18 sessions, no significant difference was found between two groups in monthly binge eating and vomiting frequency, however, after 1 year follow up study has shown that self-help group has higher remission rate compared to CBT

In many groups, CBT is also practiced by using supportive methods including psychoeducation, which improves self-reflecting (Bahadır and Yücel 2013). For example; in a study by Lazaro et. al. (2011) on a group of 160 adolescents aged between 13 and 18 with an eating disorder diagnosis has been divided into AN and AN related subthreshold EDs symptoms and BN and BN related subthreshold EDs symptoms and 8 weeks of after group therapy, positive changes have been observed in both groups in physical appearance perception, weight, and body related self-perception, happiness, perception, and satisfaction (self-respect components) and social withdrawal (social skill component). However BN group has shown better improvement compared to AN

group in intellectual perception and education level, physical appearance and freedom anxiety under self respect and in altruism and social withdrawal under social skill levels.

In another study on BN cases, groups using emotional and social mind developing techniques with focus on emotions and coping strategies were compared with CBT using groups and upon 4 individual, 12 group and 1 follow up sessions conducted for both groups have revealed that self-assessment, interpersonal functionality, and emotional state have improved and bulimic symptoms have decreased and there was no significant difference between groups (Lavender 2012). Evaluation of group psychotherapy studies on BN cases reveal that generally, group therapy is an efficient option (compared to cases receiving no treatment), some studies suggest that they are more efficient compared to individual therapies while other studies suggest the opposite (Polnay et al. 2014). The important thing is to determine to whom and in which stage of treatment, group therapy benefits. Future research should emphasize this point. Within this framework, group therapy can be considered a beneficial component of BN treatment.

### ***Group Psychotherapy Studies in Binge Eating Disorder***

Binge eating episodes that mostly seen in overweight and obese individuals handled under BN and EDNOS in DSM-IV-TR have been taken as a separate diagnostic category in DSM-5 (APA 2000, 2013). Accordingly, to diagnose an individual with BED requires binge eating episodes that accompanied with the feeling of losing control over eating, recurring at least once a week in a 3 month period (Görgülü 2013).

In BED treatment, multidisciplinary teams using CBT focused individual psychotherapies are prominent. In these treatment models, techniques generally focus on psychoeducational materials, self-monitoring on eating behavior, learning triggers and results of binge eating episodes, thought restructuring, improvement of positive body image, weight management, and relapse prevention strategies (Wolff & Clark 2001). Studies have found that binge eating attacks are related to negative affect, interpersonal problems and restricting eating (Tasca et al. 2012, Peterson et al. 2013). Masheb and Grilo (2006) have found that the most triggering emotions of eating attacks are sadness, loneliness, tiredness, anger, and happiness. In a study, comparing the effectiveness of psychodynamic interpersonal group psychotherapy with cognitive behavioral group psychotherapy in BED patients have found that both group psychotherapies resulted in improvement of diffidence causing interpersonal problems in BED patients (Tasca et al. 2012).

Upon group psychotherapy study lasting 12 weeks by Gorin et al. (2003); patients receiving CBT-E and patients in waiting list have been compared binge eating frequency, body mass index, depression and self-esteem levels are found to be significantly lower in CBT groups compared to control groups. Another CBT oriented group psychotherapy study on obese individuals diagnosed with BED, presented that after 15 weeks, patients had less frequent binge eating attacks and body image and self-efficacy have significantly improved (Wolff & Clark 2001).

A study inquiring through which group dynamics CBT operates in BED cases reveal that the cohesiveness created in the initial sessions and positive attitude towards the group was related to the decrease of ED symptoms, especially binge eating attacks both after the treatment and in the follow up after one year (Pisetsky et al. 2015).



DBT is another method that has been used actively in the treatment of BN and BED in recent years (Klein et al. 2012). DBT is a new version combining the functions of individual psychotherapies with group skills training improving individual skills (gaining and reinforcing new skills). It is based on emotion regulation, mindfulness, coping with distress and effective interpersonal interaction and directly focuses on dysregulated emotions and distorted eating behaviors (Safer et al. 2009). In DBT, emotions and regulation of emotions are the foundation of the technique. It aims the perception, definition, and reduction of negative emotions and increasing pleasing emotions. It improves self-expression and coping with distress skills on an individual base (Safer et al. 2009).

Upon a group psychotherapy of 20 weeks using DBT techniques, it has been found that binge eating attacks of 82% of the group members have ended, compared with the waiting list (Telch et al. 2000). A study by Klein et al. (2012) using mindfulness, handouts and worksheets on DBT, diet cards specific to distorted eating, behavior restriction analyses and mindful eating techniques have shown that binge eating attacks and body dissatisfaction of BN and BED patients have significantly decreased. Consequently, this body of research also suggest that group therapies have promising results in patients with BED.

## Conclusion

The most effective component in EDs treatment is psychotherapy (NICE 2017). Nevertheless, evidence based studies suggest CBT is superior to other therapies. Although the efficiency of CBT is accepted in BN and BED, efficiency rates in AN are not at desired levels, especially in low body weight and adolescent cases. In addition, specific techniques that yield results in therapy are also inspected along with the treatment approach. In this respect, handling interpersonal relations yield beneficial results as much as self-monitoring, exposure, food and weight monitoring, problem-solving training. However, many CBT oriented therapist have a tendency to include different techniques (especially mindfulness techniques) even when their evidence-based efficiency has not consisted with research findings. Consequently, preparing standard treatment protocols and planning treatment processes accordingly have gain importance. There is also evidence for the efficiency of short-term, condensed and structured protocols to reduce the time and cost of treatment process (Waller et al. 2018).

Group therapies come up in this respect and contribute to the treatment process both in cost effectiveness and also by enabling to handle interpersonal dimensions of eating pathology. It was presented that efficient group psychotherapies focus not only on reducing the symptoms but also on understanding the function of the symptoms and to develop alternative behavior strategies in coping with negative emotions and situations as well as including psychoeducation, emotion expression, problems with body image, interpersonal relations, awareness raising, problem solving and exposure techniques. From Fairburn's (2008) transdiagnostic perspective, the core of the treatment is working on the mindset that focuses eating, body and shape, which is the common mechanism maintaining EDs independent from the diagnosis of the case. In group therapies, it becomes easier to work on this common ground on "exposure", which is one of the most beneficial techniques in CBT. Because, when cases are together with other cases experiencing similar problems to their own, a ground for working on many

factors such as eating, weight, body, negative emotions and interpersonal problems is developed naturally. As a result, when EDs treatment is considered as a multi component structure, group therapies emerge as a possibly significant component of the treatment process with the suitable cases and the practice of standard treatment protocols stand out as necessities.

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**Authors Contributions:** All authors attest that each author has made an important scientific contribution to the study and has assisted with the drafting or revising of the manuscript.

**Peer-review:** Externally peer-reviewed.

**Conflict of Interest:** No conflict of interest was declared by the authors.

**Financial Disclosure:** The authors declared that this study has received no financial support.

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