

BodyWise

A psycho-education Body Image Group

**Treatment Manual
Version Two**

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Introduction

This new group is the result of a number of observations. First, the current provision meant that many patients were receiving only limited body image intervention. Second, that those who were receiving more specific interventions were receiving this only towards the latter stages of treatment. It appeared that the development of a group to explore body image for patients who were below a normal weight was supported by staff and patients alike.

Aims of the group

It is recognized that at this stage in their treatment a low intensity approach is most appropriate. Thus, the group is psycho educational in nature. The aims of the group are:

1. To help patients understand what factors influence the maintenance of their body image.
2. To give a place for patients to explore their distress regarding their changing body shape.
3. To encourage participants to explore the difference between satisfaction & acceptance
4. To enable participants to understand the role of body image in their eating disorder and how this may change over treatment and afterwards.
5. To prepare participants for Body Image Group 2 when reach a normal weight (as appropriate).

Structure of the group

The group is comprised of up to eight patients and two facilitators. The group is suitable for patients who are below a normal weight and who show some capacity to engage in a group of this kind at the current time. The group runs for one hour and is eight weeks in duration.

The group was developed by psychologists and an occupational therapist and is suitable for any member of the multi-disciplinary team to facilitate, as long as they have sufficient experience in group work. The group is psycho educative in nature with a cognitive behavioural influence. The content is flexible and can be adapted by the facilitators to meet the needs of the particular group.

Frequently, the group will be comprised of female members only, however, if males are present, it is important to ensure the group is not overly focused on a female perspective.

The group follows approximately the same format each week. Members are welcomed and check-in is used to discuss any thoughts or feelings relating to the last session or over the course of the week. If homework was set, this is reviewed. The topic for the week is introduced and a discussion, small group exercise or pair work to explore this follows. A flipchart is used to record the thoughts of the group. Towards the end of the hour, a summary is developed. Participants are invited to feedback on the group and

their current state. If appropriate the homework is agreed. Approximate timings for each section are included in brackets as a guide for facilitators.

BodyWise has been piloted with positive results and is currently being evaluated in a multi-site pragmatic controlled trial.

Session Outlines

Session 1: Introduction and What is Body Image?

The aim of this session is to welcome members and introduce the aims and boundaries of the group. A discussion of what body image is and how it affects members follows. It is important to explore patient's hopes and fears about the group. Sometimes patients have unrealistically high expectations about the group and can become angry and disappointed when these are inevitably not met. Equally, patients can feel very anxious that the group will make them feel worse by bringing to their attention an issue they usually try to avoid. Both these assumptions need sensitive exploring.

1. Welcome & check-in. (5mins)
2. Introduce facilitators and group members. (5mins)
3. Introduce the session plan and discuss aims:
 - To give a place for patients to discuss issues regarding their changing shape.
 - To provide psycho-education focusing on issues related to body image.
 - To prepare participants for Body Group II when they reach target weight.
 - Outline the different session topics and explain it will be a mix of small group work, discussion and occasionally watching a DVD
4. Group boundaries – confidentiality and respect.
5. Ask how participants feel about starting the group & explore patient's hopes and fears. (5mins)

Emphasize that this group is not about 'fixing' their body image; it's about exploring it and understanding why it is so important.

6. What do I use my body for? (10-15mins)

[Small group discussions with flip charts to write ideas and then feedback to whole group]

- Day-to-day activities e.g. running for a bus, dancing with my friends.
- Life events e.g. having children, sporting achievements.

[After individual discussions each group feed back to facilitator who writes ideas on the flip chart]

The aim of this exercise is to enable participants to explore and reflect on the multiple roles and skills of their body, rather than the overwhelming emphasis on their body based on shape and weight.

7. What is body image? (10-15mins)

[Each group to come up with a sentence or two defining body image]

Very generally it is the beliefs and feelings about how we look physically and about how we think others see us.

Probing questions:

- Do you think we hold accurate images of our physical self? (Perceptual)
- How do we feel about our bodies? (Affective - not just what we see when we look in the mirror but what we feel when we think about our bodies)
- Is how other people view our bodies important? (Influence of others beliefs or what we think others think, on our body image)
- What thoughts do we have about our bodies? (Thoughts)

[Feedback sentences; add any major missing points]

8. How does my body image affect my life? (10mins)

Introduce the idea of body image affecting our thoughts, emotions and behaviours. This is a low key motivation exercise to help participants think about the way their body image has impacted upon life. Both positive and negative ways should be considered.

[Whole group discussion]

Have headings on a board (thoughts, emotions and behaviours) and separate answers into the appropriate column:

- a) Thoughts: e.g. self-esteem, feelings of femininity
- b) Emotions: e.g. anxiety about people seeing my body.
- c) Behaviours: e.g. daily grooming (such as wearing baggy clothes), effect on eating, avoidance, checking.

9. Body dissatisfaction is part of Anorexia: NORMALISING. (1-2mins)

- Body image disturbance is a diagnostic criterion for anorexia ("Disturbance in the way in which one's body weight, size or shape is experienced, undue influence of body shape and weight on self-evaluation, or denial of the seriousness of low body weight"). Therefore, we expect & understand patients will have this and that it will increase as they gain weight. Does not make an individual vain or shallow – it is part of the disorder.
- It can be one of the slowest parts of you anorexia to change – scary & frustrating. It is likely that you will continue to feel distress for some months to come and may be even when you leave the Unit.

10. Explain to participants the rationale for completing questionnaires and hand out. Ask them to return at next session.

11. Check out (5mins)

Session 2: What is normal?

This session aims to help patients reflect on the difference between normal and healthy and the all or nothing thinking style that they often apply to their weight and shape.

1. Welcome & check-in (5mins)
2. Highlight the difference between healthy and normal weight: (10mins)
 - Healthy being a weight at which the body best functions with lowest health risk.
 - Normal being the actual average weight for people living in a certain population (e.g. average weight for women living in the UK). Demonstrate using a bell curve. Point out that mean of the normal bell curve is a greater BMI 22.5 (middle point of healthy weight range).
 - The average BMI in the UK is actually 25.4.
 - (See diagram on pages 10-11 for points 2 & 3).
3. Introduce the idea of all or nothing thinking in relation to weight: 'fat or thin'. Refer back the bell curve, helping to illustrate the wide variety of weights and body shapes, it is not dichotomous. (5mins)

4. What do the bodies of people look like in the difference body weight ranges? (5mins)

[Give all patients a copy of the body shapes for weight category images – Handout 1]

- We thought it might be helpful to see visually what shapes represent the weight ranges we have been talking about.
 - The UK recently completed a national survey of 11,000 people using 3D whole body scanners to produce accurate 3D images of the participants.
5. Weight and shape change with age (16yr old body compared to a 30yr old body) (5mins)

[Give patients images of 16-19 yr olds and 55-64 yr olds – Handout 2]

- It is important to acknowledge that our bodies changes as we get older. A 16yr olds body will be significantly different to a 30yr olds body even if they stay in the same weight range.
 - This is particularly important to consider if someone as been underweight for a long time as their body will have naturally changed they can expect their body shape to be different (often larger) when at a normal weight than it used to be.
6. Quiz focusing on normal and health weight (questions found on next page) (20 mins)

[Hand out quiz sheets to be discussed in groups of 2 or 3 & discuss answers as a whole group – Handout 3]

- People often struggle to know what is normal in terms of weight, shape and attitudes towards our bodies. We have devised a quiz which we hope will give some insight into what is normal and a chance to discuss any thoughts around this issue.

BodyWise Quiz

1. What % of women are underweight?

a) 6% b) 16% c) 36% [6%]

- Did you think it would be as low as that?
- Very much the minority.

2. What % of women are overweight?

a) 13% b) 33% c) 56% [56%: 33% overweight + 23% obese]

- When you are in public do you think you notice that 1/3 of women are overweight?
- Do you notice more slim women (even though only 6% are underweight)?
- A cognitive bias called selective attention: 'if something is important or salient to us, we are more likely to notice it in our environment. If you value being thin, you are more likely to notice and compare yourself to thin people, so your perception of how many thin people there are in public is skewed in that you think there are more thin people than there really is.

3. What % of men are underweight?

a) 4% b) 10% c) 20% [4%]

4. What % of men are overweight?

a) 15% b) 47% c) 68% [68% - 47% & 21% obese]

[Above stats from the 2001 Health Survey for England, Dept. of Health]

5. What is the average dress size for women in the UK?

a) 12 b) 14 c) 16 [16]

[Give patients the average images of women who thought of themselves as a size 16]

- How do these images compare to what you expected the average women to look like?

6. What percentage of women of women are dissatisfied with their appearance?

- a) 20% b) 50% c) 80% [80%]

[Study carried out in American, Smolak, 1996]

7. What percentage of women (aged 15-64) worldwide want to change at least one aspect of their physical appearance?

- a) 50% b) 75% c) 90% [90%]

[2005 Dove Global Study: Campaign for Real Beauty]

- It is normal to be concerned with your appearance; it doesn't make you vain or shallow.

8. What % of 10 years olds are afraid of being fat?

- a) 11% b) 51% c) 81% [81%]

[A study in America by Mullin et al., 1991]

- These concerns or at least awareness starts as such a young age for the majority of people.

9. What % of teenage girls thought they would 'be happier if they were thinner'

- a) 40% b) 60% c) 80% [60%]

- A majority of girls thought that a degree of happiness rested on their body shape, so it is usual to place some importance on this.

10. What % of women feel beautiful?

- a) 2% b) 12% c) 32% [2%]

[Dove Campaign]

- Does this figure surprise you?

7. To end, quote from Anita Roddick in Body Shop advert:

"There are 3 billion women in the world who don't look like supermodels, and only 8 who do."

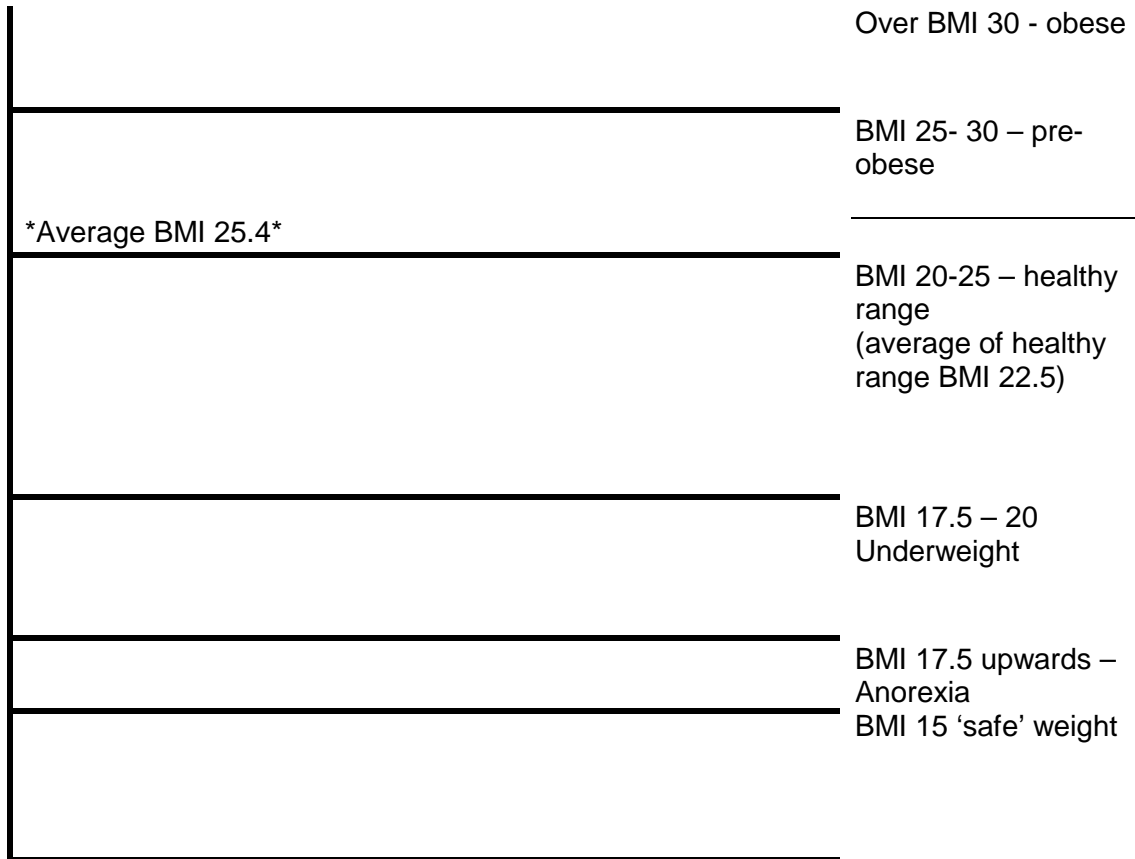
8. Check out (5-10mins)

What is the difference between normal and healthy?

What is a healthy weight?

Healthy weight is the weight at which your body functions best with the lowest health risk. Draw out the diagram below to demonstrate to participants the range in what is a healthy weight. BMI 20-25 is normally about 10kg so people can be different sizes but still healthy.

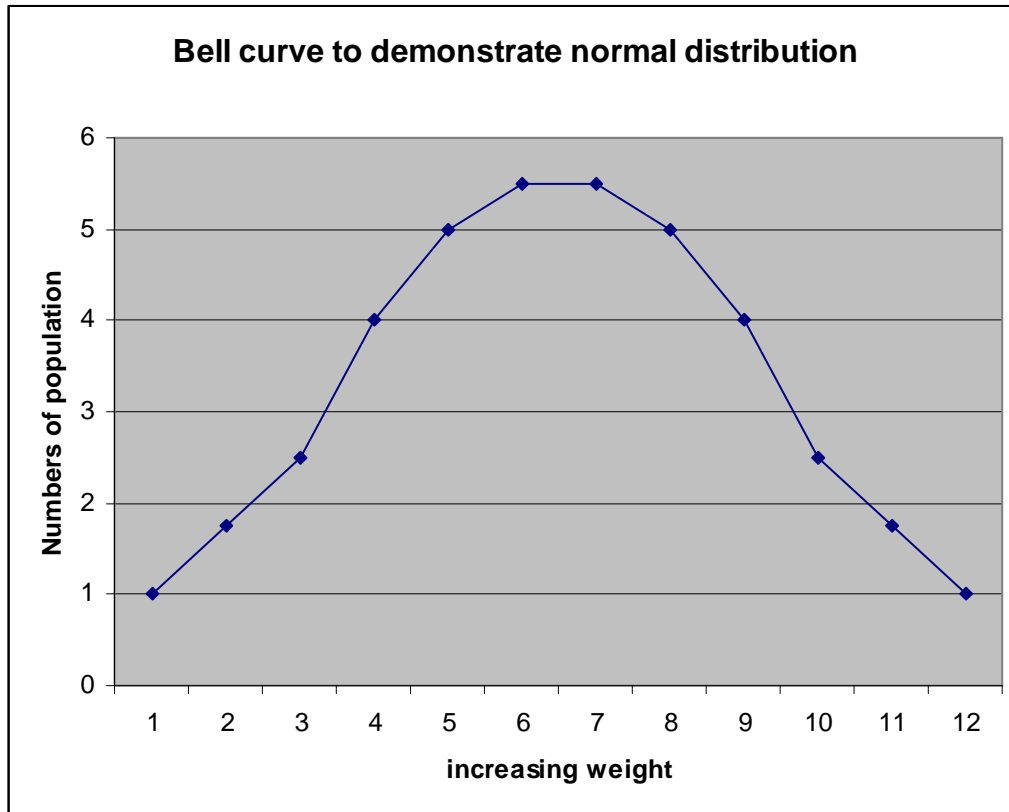
Chart to demonstrate different BMI ranges



What is a normal weight?

- Normal weight will be the average weight of the population. While there will always be variation in the general population, over time this has been gradually increasing.
- Ask participants to guess the average BMI of women and plot ‘guesses’ on graph
- The average BMI at moment is 25.4 – compare to participants guesses

- Use the bell curve to highlight participants all or nothing thinking – ‘I’m either thin or I’m fat’



Session 3: Effects of media on body image

This session aims to consider how media impact on our body image and to encourage participants to critique the images we see and messages we are given.

1. Welcome & check-in. (5mins)
2. *What is the female/ male beauty ideal represented in the media? (5mins)*

[Ask to whole group]

Female e.g.:

- a. Extremely tall and thin
- b. Small hips but a full bust
- c. Large eyes, large lips and a small nose.

Male e.g.:

- a. Muscular – ‘six pack’
- b. Chiselled jaw, good head of hair
- c. Tall

Usually a very long list will form, highlight that it is a very unrealistic ideal and it is inevitable that one will fall short on something.

3. *What are the sources of media? (5mins)*

[Ask to whole group and write answers on flip chart]

- a. TV
- b. Magazines
- c. Film
- d. Adverts
- e. Fashion industry
- f. Internet

4. *Psycho-education on body-image represented in the media: (10mins)*

d. The body ideal as represented by the media has changed dramatically over time. As demonstrated by an icon of the 1950’s and an icon today.

[Hand out pictures of Marilyn Monroe (Handout 5) and Kate Moss (Handout 6) note: male images to follow]

- Today’s thin-ideal is unrealistic for the majority of women. The body size of models is often more than 20% underweight (exceeding the diagnostic criteria for anorexia nervosa of 15% underweight)
- Numerous study’s have shown that exposure to images of thin women can increase body dissatisfaction in women. Studies have shown that even very quick, flashed images can have a negative effect, so imagine what a lifetime of daily exposure can do to a women’s body esteem.

- It's not just teenagers and women vulnerable to media images. Children as young as 5 yrs-old have been shown to be susceptible to unrealistically thin body ideal. One study found that 5-8 year old girls reported lower body esteem and greater desire for a thinner body shape after being exposed to Barbie dolls.
- To highlight how unrealistic the image of Barbie is: a women with her dimensions would have to be 7ft tall, have a 44in bust, a 17in waist and 40in hips.

5. Psycho-education on artificial beauty in the media: (10mins)

- e. Not only are females in the media represented by thin-ideals, but many of the images have been digitally altered and do not represent accurately how the women really look.

[Hand out images of Kate Winslet (Handouts 7 & 8)]

- Show BEAT DVD on airbrushing in magazines ('Evolution') and Impact of advertising ('Onslaught'). These can both be found on Dove website or YouTube.

6. Who benefits from the thin ideal and at what cost to us? (10mins)

[Ask to whole group and write answers on flip chart, who benefits on one side and what is the cost to us on the other]

Who benefits? e.g.:

- Fashion industry
- Diet industry
- Cosmetic surgery industry
- Beauty industry
- Gyms
- Patriarchal society (if this is appropriate for the level of the group)

What are the costs to us? e.g.:

- Health (mental & physical)
- Financial
- Self-esteem
- Time

Initiate a discussion around the injustice of how these industries play a part in creating body dissatisfaction and make money out of providing a solution (however unhealthy, in effective or dangerous to our health)

7. Participants to use old magazines to create collages based on words/pictures they see in the media focusing on the female body. Encourage participants to select articles or pictures which highlight the hypocrisy surrounding this. (10mins)

Each copy of Vogue is read by 16 women in Britain and approx. half the female, adult population.

- Encourage participants to think about hypocrisy (too skinny/too fat) and inaccuracy (airbrushing).

8. Hand out quotes of people with eating disorders talking about their experience of and opinions on the media's influence on body image (Handout 9)
9. Check out (*5mins*)

Session 4: Feeling FAT: what are we really saying? Is it a feeling?

The aim of this session is to explore what individuals mean when they say they 'feel fat', encouraging individuals to question this and to consider alternative meanings.

1. Welcome & check in (5-10mins)
2. Today session is going to be about 'feeling fat' and what we might actually be feeling when we say we feel fat. We'll then go on to discuss some more positive ways of talking to and about ourselves.
3. Do people notice themselves saying or thinking that they 'feel fat'?
4. Can we 'feel' fat? (5mins)
 - Technically, you cannot 'feel' fat, anymore than you can feel square. The linguistically accurate phrase is 'I think I am fat'.
 - We can feel emotions (e.g. I feel happy or I feel anxious) and we can feel physiological states (e.g. I feel tired or I feel thirsty)
 - We cannot feel physical states (e.g. I feel I have blue eyes....I have blue eyes or even I think I have blue eyes)
5. Telling ourselves that we feel fat can become so familiar that we take it for granted that we know what we mean when we say it.

It may be that we use it when we are feeling different emotions or physiological states; or we are unsure what we really are feeling; or it may be a way of describing negative emotions that we find difficult to express or put into words.

By identifying/ finding out more about what "feeling fat" means for you, can help you manage the complex, intense and varied emotions associated with body image distress. What are we really saying when you say "I feel fat"?

6. Draw on a flip chart I feel fat(20 mins)

[Split into small groups and write answers on a large piece of paper]

- Identify as many feeling/ descriptive words as possible that can be used instead of "fat" and put on flipchart

E.g. Bloating, Full, Lonely, Guilty, Shame, Horrified, Disgusted etc.
- Small groups to feedback the ideas to the whole group: facilitator to write answers on flip chart into 2 columns – 'emotions' and 'physiological states'.
- Encourage group discussion around:

"What are people saying when they say they feel fat then?"

If it does not come up in discussion encourage participants to consider this statement as a smokescreen which stops both themselves and other people understanding the underlying emotional experience. It also stops individuals being able to access help or support as the inquirer is diverted onto shape/weight.

Is it more about describing bodily sensations/ feelings/ thoughts? It may be helpful to separate and determine the difference between these. We know that the way we think, feel and behave towards our bodies all interlink and have an impact on each other, on our self esteem and body image.

Notice that it is easy to get into vicious circles:

Feelings -----Thoughts-----Behaviours----- Feelings----- Thoughts etc.

7. In the same way that negative thoughts, feelings and behaviours about our bodies interlink and impact on each other, so does positive self talk and affirmations. (20mins)

Positive self-talk and affirmations can support emotional and physical health and promote the achievement of goals. They point us in positive directions, help us conquer the difficulties in life, and help us see others and ourselves more positively. Words can hurt and words can heal.

Group Exercise

- Do people use any positive affirmations/ self talk? If so are they able to share them?
 - If not, get the group to identify/ compile a list of affirmations.
1. I am loveable no matter what my size.
 2. My eating disorder is the prison which keeps me from my true self.
 3. Food is my medicine.
 4. Food is neither good nor bad, but in moderation all foods provide nourishment for my body, mind and soul.
 5. Too little food numbs my feelings and erases my ability to be free and alive.
 6. As I feed and care for myself appropriately, I learn to love myself.
 7. My body deserves decent and compassionate care from me, even if it was not treated so by others,
 8. As I tell myself I am worthy, I treat myself with value and I learn to believe it.
 9. Self-care and self-love is not selfish.
 10. I am not judged purely on my appearance. I have other qualities of which I am worthy.

11. Thinness does not equal happiness.
 12. I am entitled to a life without an eating disorder.
 13. I am working to improve my quality of life.
 14. Don't believe everything you read in magazines/ see on TV. The media industry is a multi-million pound profit driven industry.
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8. Give handout and homework sheet: (Handout 4)
 - Encourage patients to identify words that are relevant to themselves and to use these words instead of "fat". It may be that many of the words are relevant at the same time or in different environments/ situations.
 - Pick or create self affirmations to try over the next week. Encourage patients to use affirmations when and where possible.
 9. Check out (*5mins*)

Session 5: Perception & Self-defeating behaviours

This session uses findings from experimental psychology research to help participants explore the idea of distortion in how they see themselves. For many participants it can be a difficult session as it often challenges strongly held beliefs.

1. Welcome & check-in (5mins)
2. Do we see what is really there? (10mins)
 - What is perception: It is not simply a physiological representation of what we are looking at, but the brain's interpretation of what we are looking at; which is based on past experiences and preconceptions. Perception alters what humans see, into a diluted version of reality. When people view something with a preconceived idea about it, they tend to take those preconceived ideas and see them whether or not they are there.
 - Illustrate with illusions (Handout 10 + 11 & 12 +13)
 - Flower: point out how the surroundings of an object can have a huge impact on the perception of that object
 - Grey square: powerful illustration of how our preconceptions affect the effect of perception. As we strongly expect to see the pattern dark, light, dark etc on a chess board the 2 squares appear to be very different shapes when they are actually the same colour.
3. Errors in perception can affect our body image: (5mins)
 - Introduce the idea that our body image is different from our actual body and some behaviours (such as frequent checking) serve to reinforce distortions.
4. Research that shows that people generally have inaccurate perceptions of their bodies:
 - Dove experiments: when someone is asked to place themselves in a line up of other women (ordered in terms of body size), people tend to place themselves 2-3 places out (in the direction of viewing themselves as larger).
 - Research has shown that people with eating disorders have greater perception distortion than people without eating disorders.
5. What do you think makes people feel bigger or smaller: (10mins)

[Group discussion – writing answers on a flip chart]

- Low mood
- Eating high calorie foods.
- Looking at magazines depicting thin images.
- Checking and scrutinizing:
 - *Spider Research*: People with a phobia of spiders tend to think spiders are larger than they really are. This is because when looking at spiders they tend to focus down on them and their unpleasant characteristics while not looking at the surrounding environment. As a result they have no reference points for scale or size.

- *Mirrors*: highly credible, but misleading, information about appearance. Illustrate by the example of catching sight of yourself in a reflection.

Sum up with:

“Body image can change greatly from day-to-day, hour-to-hour when the body stays pretty much the same. Body image is contextual rather than reliable information about our bodies”: to illustrate ask patients to think about the last week, has there been times when your body image has been noticeably worse, but in fact your body has not changed?

6. The more important something is to us, the more distorted our perceptions become. (10mins)

Illustrate this with the following experiments:

- Spider/flower experiment: (Handout 16)
 - Spider phobics and non-spider phobics were shown a series of images which started off as representing a flower and gradually morphed into a spider.
 - On average the spider phobics thought that by image 3 a spider was represented, whereas non-spider phobics did not see a spider until image 6.
 - This shows that is something is very important to you (positively or negatively) your perception of things you see related to it is effected dramatically.
- Moreover, it has been shown that the more you value something you larger perceive it:
 - Classic psychology experiment
 - Participants were asked to judge the size of some coins and equivalent sized metal discs.
 - As coins are socially valued objects participants judged them as larger in size than the metal discs.

- Ask patients to reflect on how important weight and shape is to them:

“Most people with eating disorders are not happy with their means of self evaluation, but it is important to help you to understand how this affects our body image.”

- We hope that these experiments that show how perception is distorted when something is very important to us, will help explain why it has been found that people with eating disorders tend to over estimate the size of their bodies.

7. So, in thinking about perception we have discussed one type of self-defeating behaviour – body checking – which tends to increased anxiety and has been

demonstrated not to be accurate. What self defeating behaviours impact our body image? (20mins)

Lead a discussion (writing the answers on the flip chart)

- E.g., body checking (feeling for bones), mirror checking, weighing, reassurance seeking, looking at old photos.
- Special attention to body checking behaviours and exercise (see below)

Highlight that many of these behaviours are considered favorably by society so it is important to consider when they become problematic. Encourage participants to consider how these behaviours may lead to reinforcing their perceptual distortion

8. Check out

Session 6: Body Image and Identity

For many group members, their low weight or anorexia has become tied up in their identity and it is hard to consider who they are without this. This session aims to encourage participants to reflect on who they are, independent of their bodies. Facilitators should hold in mind that for some participants who are in a pre contemplation phase, the idea of considering anything positive about their identity is very challenging. For those with chronic histories, they may have very little sense of an identity aside from their eating disorder.

1. Welcome & check-in (*5mins*)
2. For many people, their weight has become tangled up in their beliefs about who they are as a person. Indeed some people may believe that they just need to get to their goal weight and then life can start or they will be happy. Today we will think a bit about our identities and how these relate to our body image.
Ask the group whether they agree with this statement?
If they were to describe themselves to someone who didn't know them, what are the first three things they would say?
Did they include an appearance related adjective? (*10 mins*)
3. Part of our identity stems from our roles and what we enjoy doing. What makes us feel good about ourselves? Ask participants to draw a large circle on a piece of paper. Explain that we are going to create a pie chart, where each slice of the pie represents part of their identity. Can they divide up the pie to represent proportionally how much each of these aspects form part of their identity right now – eg mother, daughter, friend, pianist, anorexic/ body focused, athlete, teacher, lawyer, student, part time waitress, film buff, theatre goer.
 - How do the divisions look?
 - Does the anorexic or body focused part dominate the pie?
 - What used to be on the pie chart before they got ill?
 - Have other group members learnt something new about someone in the group?
 - For patients who struggle to come up with ideas, facilitators can use closed prompts about interests, people in their lives, etc. (*15 mins*)
4. Encourage participants to consider how their weight/ anorexia helps or hinders the other parts (eg weight takes away from my role as a daughter because now Mum worries about me all the time and we don't do the fun things we used too)
 - How much fun does life look at the moment?
 - How much does anorexia help/ interfere with our other roles? (*10 mins*)
5. Ask group members to draw another pie chart, this time representing what they would like life to be like and how they would like to see their identity. Would there be new parts or parts from before that have been lost. Encourage reflection between the two charts. What steps can individuals take to get closer to this pie chart? (*15 mins*)
6. Check out (*5 mins*)

Session 7: Learning to like my body: Accepting change.

Psychoeducation regarding changes in the body with weight gain is given and participants are encouraged to reflect on both physical and emotional changes they may undergo.

1. Welcome & check-in (5mins)
2. As part of restoring weight your body is likely to go through a number of changes, this session is for you to think about the changes you are likely to experience and to acknowledge all the functions your body does. (10mins)

Give a copy of the handout to patients with questions (Handout 18)

Split the group up into two smaller groups and ask the participants to think about and identify:

- What did you/ do you value about your anorectic/ ED shape and size?
 - E.g. being able to see/ feel my bones, concave stomach, thighs not touching, no periods, no emotions, attention for looking unwell etc.
- What didn't you/ don't you like about your anorectic/ ED shape, size, appearance?
 - E.g. clothes not fitting properly, being cold all the time, people staring/ looking at me, bones showing, thin/ flat hair, lanugo hair, flaky/ dry skin/ nails, pressure sores, grey complexion, dark rings around the eyes, uncomfortable when sitting down, can't look in the mirror etc.

Ask the group to feedback to each other (write on flipchart) and discuss their responses.

3. For the second part of the session ask patients to consider the third question on their sheet. "What changes can you expect to happen as you restore weight?" (10mins)

It may be helpful to talk/ think through the systems of the body:

Circulatory system: normalising of blood results, blood pressure returning to normal, heart regains muscle and protective fat layer, heart normalises rhythm, healthier distribution of cells e.g. white and red, reversal of anaemia

Lymphatic system: improves immunity to infection. There may be a discussion about the way anorexic patients do not appear to get colds etc – it is hypothesized that the body still gets ill but doesn't display any symptoms because it has no reserves to address the cold.

Endocrine system: improved production and distribution of hormones that maintains homeostasis (equilibrium of the internal environment of the body) e.g. temperature of the body, sexual hormones produced and physical changes as a result e.g. females: hips, breasts, periods etc. males: facial hair, hair under the arms and surrounding genitalia, deepening of voice etc.

Digestive system: normalising of digestive functioning, normalising of bowel movements, constipation and bloating common.

Muscular system: Initial storing of fat around trunk area, 9-12months re-distribution of fat/ weight and muscle, improvement in the muscles of the body increasing strength and energy.

The Skeleton: Improvement in the worsening of osteoporosis/ osteopenia.

Brain: improved concentration, alertness, memory

Group leaders may also want to bring attention to hair/ eyes/ skin tone/ nails.

4. Group leaders to lead a discussion (write answers on flipchart) on the fourth question from the handout: (10mins)

- “Why/ what is it that’s daunting about these changes? What does it mean to you?”
- E.g. feels out of control, don’t want bodily changes to happen etc

5. The final task of the session is to identify and appreciate the functions of the body, working up from the feet to the head. Provide groups with a flipchart sized piece of paper with a simple body outline sketched on. Addressing number 5 on the handout: (20mins)

“Your body is amazing. Work from the feet up to the head acknowledging all your body does for you.”

[split into smaller groups and come up with functions for as many parts of the body as possible]

Feet: Enable me to move around/ walk/ dance/ stand/ balance etc.

Legs: Walk around/ run/ skip/ dance/ balance/ stand they include the main weight bearing joints of the body e.g. hips and knees

Buttocks: Large muscles in the legs and bottom for strength and stability

Hips: Widening of hips for childbearing/ pregnancy and birth in women

Abdomen: A protective layer of fat and muscle to support and protect the vital internal organs

Shoulders and Arms: For fine motor movements e.g. writing, eating etc.

Breasts: Feeding babies

Neck: Stabilising and moving head

Brain: Cognitive functioning, thinking, talking, planning, moving

Face: Ears, mouth, nose, eyes (senses)

Give summary handout (Handout 19)

7. Homework

Ask participants to complete questionnaires for final group next week.

7. Check out (5mins)

Session 8: Ending Session

The final sessions aims to review the work covered and the process of the group and, if appropriate, for members to think about what they will take forward from the group.

1. Welcome & check –in (10 mins)
2. Review of the group and what has been covered? (20 mins)

What is body image?

What is normal?

What is 'feeling fat'?

Is our perception of our bodies accurate?

Self-defeating behaviours

Effects of media on body image

What might happen to your body as you approach a healthier weight (accepting change)?

The group ran for a total of 8 weeks or two months and it's very easy over that time to forget or be diverted from some of the issues that we discussed. What we will do next is to review the aspects we covered. We would really like for people to chip in if there were things that I forget or if there are bits that you have reflected on since. (It may be relevant to share your reflections – eg this was a challenging topic)

Week 1 what is body image?

- Hopes & fears – will it make me worse, it might help?
- Thought about what we use our bodies for (show flipchart)
- Came up with a definition
- Thought about how it affected our thoughts, feelings & behaviours.

Week 2 what is normal?

- We looked at the difference between normal & healthy using the bell curve (show flipchart)
- Looked at the pictures
- Completed the quiz

Week 3 Media & body image

- A theme that came up throughout the group
- Looked at the ideal; body image over the ages, artificial beauty & the DVD
- Made collages
- Thought how we could critique this.

Week 4 Feeling Fat?

- We thought about feeling fat
- Problems – stops you working pour how you truly feel, acts as a smokescreen and stops others from being able to support you

- Looked at alternative words (show flipchart)
- Looked at positive affirmations (show flipchart)

Week 5 Perception & self defeating behaviours

- Started light heartedly with the optical illusions but distressing for people to think about how this impacts on them
- Thought about how the more important something is, the bigger the distortion
- Checking
- Exercise – challenging to explore

Week 6 Body Image and Identity

- Thought about how our identity is tied up with our body image
- Used pie charts to think about how this impacted on our other roles in life
- Thought how we would like this to be

Week 7 Learning to like my body

- Looked at what we valued/ disliked (show flipchart)
 - Thought about the changes in our bodies with weight gain
 - Thought about how amazing our bodies are
3. In small or large groups, participants to think about 'What do I want to take forward from this group?' (10 mins)
 - Encourage to think about particular strategies they have found helpful
 - Where will they access support eg keywork, therapy?
 4. Review questionnaires. Emphasise that there might not be much change in body image dissatisfaction as the person is still gaining weight and the group has been about education rather than change. (5 mins)
 5. Participants to complete feedback form & give feedback verbally, if wished. (5 mins)
 6. Ending & goodbye (5 mins)