

The experience of adults recovering from an eating disorder in a professionally-led, monthly support group. A qualitative study.

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## Abstract

This qualitative study explored the experience of adults recovering from an eating disorder in a professionally-led monthly support group. Participants were sixteen adults recovering from an eating disorder who attended a monthly support group. The data was collected using an online anonymous survey and then analysed using thematic analysis. The main themes that emerged were: (i) sharing the pain and promise, (ii) cautions and concerns, and (iii) facilitator role. In accordance to past research, the findings indicate that the support group provided a safe space to share lived experience, that it reduced stigma and isolation, and improved participants' motivation and engagement. Moreover, the results revealed some challenges to the functioning of the group. These included management of discussions and dominant members, need for psycho-educational information and managing intense feelings, relating to body-related comparison and other mental disorder comorbidities. Furthermore, the results highlight the valuable role of the facilitator in balancing content with compassion in ensuring safety in the group, and potentially, fulfilling a valuable education function in supporting participants in their eating disorder recovery journey. Implications and future research ideas are presented for eating disorder service providers and researchers.

*Keywords:* Eating Disorders; Support Groups; Professionally-led Support Groups; Social Support: Qualitative

## **The experience of adults recovering from an eating disorder in a professionally-led, monthly support group. A qualitative study.**

Eating disorders are serious and complex neuropsychiatric disorders that are often pervasive and persistent. They are typically classified by problems associated with restrictive eating, bingeing and/or purging behaviours and the overevaluation of weight and shape and their control (Treasure, Schmidt & Macdonald, 2009). High levels of psychological distress, an increased risk of suicide and risks of long-term medical complications are often experienced by people with eating disorders (Barlow, 2014).

The three commonly recognised eating disorders are anorexia nervosa, bulimia nervosa and binge eating disorder (American Psychiatric Association, 2013). Two residual categories include: ‘other specified feeding or eating disorder’ and ‘unspecified feeding or eating disorder’ (Barlow, 2014). To be diagnosed with anorexia nervosa, three features need to be present: the overevaluation of shape and weight; a strong desire to be thin and intense fear of weight gain; and the active maintenance of an unduly low body weight (American Psychiatric Association, 2013).

The diagnosis of bulimia nervosa includes three features: the overevaluation of shape and weight; recurrent binge eating; and extreme weight control behaviour which includes compensatory behaviours (American Psychiatric Association, 2013). Binge eating disorder is characterised by recurrent binge eating and absence of extreme weight control behaviour (American Psychiatric Association, 2013). The two residual categories have no diagnostic criteria (Barlow, 2014).

For Australians aged 15 and over, the prevalence of eating disorders is approximately 4-16% of the population (Hay et al., 2017). In Australia, research indicates the most prevalent eating disorders are binge eating disorder and other specified feeding or eating disorder (Hay et al., 2017). Eating disorders are amongst the highest mortality rates of all psychiatric disorders, including a high risk of suicide (Arcelus, Mitchel, Wales & Nelson, 2011). The Australian

Institute of Health and Welfare (2018), ranks eating disorders as the 10<sup>th</sup> leading cause of non-fatal disease burden for females aged 15-44, and it is estimated that it costs the health system close to \$100 million.

The treatment of eating disorders is complex and expensive. Lack of access to care, the high relapse rate, fear of stigmatisation, the ambivalence experienced by the sufferers' towards wanting change and unaffordable treatment can impede the sufferers' access to care (Linville, Brown, Sturm, & McDougal, 2012). Moreover, people living with eating disorders can often withdraw from their social networks which can compound the eating disorder symptoms resulting in further isolation (Treasure, Schmidt & Macdonald, 2009).

Recovery from an eating disorder is a long-term process that requires a range of healthcare settings to support the sufferer in their recovery journey (Butterfly Foundation, 2019). Mitchison, Hay, Slewa-Younan and Mond (2012) note that despite the steady rise in incidence, in any given year, only among 5% to 15% of people receive any treatment for their eating disorders. Due to the isolating nature of the disorder, social support is viewed as an integral part of the recovery process for people living with an eating disorder (Linville et al., 2012).

Over the years, to respond to the gaps in treatment services and to establish, foster and reinforce social networks, support groups are being initiated and established to become a valuable component of health care (Mancini, Linhorst, Menditto & Coleman, 2013; Worrall et al., 2018). Support groups are defined as meeting "for the purpose of giving emotional support and information to persons with a common problem" (Kurtz, 1997, p. 4). They often incorporate a range of group types and functions such as, peer-support groups, self-help groups and professionally-led groups (Stevinson, Lydon & Amir, 2010).

Of particular interest to this review is professionally-led support groups. Professionally-led support groups are groups that are led by a professional or agency-based facilitator (American Psychology Association, 2018). They involve sharing experiences and, through the

facilitation of a trained worker, feedback is provided to assist in bringing about greater awareness and personal change (Stevinson, Lydon & Amir, 2010).

The degree of facilitator involvement in a group varies and the problems of members are often not shared by the facilitator (Stevinson, Lydon & Amir, 2010). For instance, some adopt a highly structured leadership role where the focus is education and knowledge, whilst others take a more nondirective approach which involves sharing of experiences and providing mutual support, yet others combine psychoeducation and mutual support (Stevinson, Lydon & Amir, 2010).

Research on the effectiveness of support groups for people with mental illness indicate that support groups can be a significant adjunct in supporting people with mental illness (Worrall et al., 2018). The studies indicate that support groups for people with lived experience of mental illness have positive and effective outcomes, such as, improvements of self-efficacy, enhancing coping skills, self-esteem and social support and reduction of psychiatric symptoms (Mancini et al, 2013; Worrall et al., 2018). Studies have further demonstrated that people attending support groups have increased knowledge of mental illness and mental health services which resulted in improving morale (Pasold et al., 2010).

Whilst there is a growing number of studies on the effectiveness of support groups in providing positive improvements to well-being of participants, only a limited number of studies were found that evaluate the effects of professionally-led support groups on people with eating disorders. The studies, which include online eating disorder support groups, suggest that the support groups provide a platform for peer support for recovery and relapse prevention and a safe space to share, offer mentorship and friendship, and reduce participants' feelings of isolation (Kendal, Kirk, Elvey, Catchpole, & Prymachuk, 2017; 2017; Ki, 2011; McCormack & Coulson, 2009). Additionally, the studies documented the positive role of professional facilitator in promoting trust and a sense of safety in the group, and in providing vital psychoeducational information and support to the participants (Ki, 2011; Lefley, 2009).

Currently, in Australia, in the area of eating disorders, there is a lack of studies on examining participants' evaluation of professionally-led support group experiences. Many people with chronic mental illnesses attend support groups to cope better with the psychological, emotional and social challenges their illness presents (Worrall, 2018). Understanding the perspectives of participants in support groups may yield important insights into the needs of the support group participants and could improve their experience of the group. Moreover, studies indicate that support group facilitators can play a vital role in determining the success of a group (Worrall, 2018). Thus, the aim of the study is to explore the experience of eating disorder support group participants. The research question is "What is the experience of adults recovering from an eating disorder in a professionally-led monthly support group?"

### **Setting**

A not-for-profit eating disorder organisation that provides a monthly support group to adults recovering from an eating disorder was approached for this study. People with all presentations of eating disorders were able to access the monthly support group. The group was an open group and it was facilitated by two counsellors from the eating disorder service.

### **Methods**

#### **Design**

Qualitative methodology is used in gaining deeper insights on phenomenon and is a way of "giving voice to participants" (Peters, 2010, p. 35). The aim is to capture a person's lived experiences, behaviours, feelings and emotions, factors which are challenging to capture using quantitative methods (Peters, 2010). Moreover, by addressing complex questions, qualitative approaches have been known to empower consumers and service-users, particularly in eating disorder research (Fogarty & Ramjan, 2016). Rather than their needs being interpreted by others or through others, these approaches enable those experiencing an eating disorder to be both the voice and expert. Therefore, to gain a greater understanding of participants experience in a professionally-led monthly support group, a qualitative approach was deemed suitable for this

study as it allowed the researcher to stay close to how participants make sense of their experiences and to any resulting phenomena that emerged.

## **Participants**

The study employed a purposive sampling technique which involves selecting individuals or groups of individuals that have a shared characteristic or set of characteristics (Palinkas et al, 2015). This technique was chosen as the research question that is being addressed is specific to the characteristics of a particular interest group (people with eating disorders in a support group). Adults, 18 years and over, having self-reported an eating disorder and who had attended a monthly support group were recruited. Sixteen participants completed the online survey. They were 18 years and over and all females. The 18 group members who took part in the research had lived with an eating disorder for between 2 to 30 years. In particular 44% of the participants had an eating disorder between 0 and 10 years, 44% between 10 and 20 years and 12% over 20 years. Half of the participants attended the support group for more than 10 session, while the other half less than 10 session. The participants have heard about the support group mainly through GP/psychologist referrals, internet database, National Eating Disorder Collaboration (NEDC) and Butterfly Foundation.

## **Materials**

Participants completed an anonymous survey questionnaire which was created using Google Forms, an online survey tool. Online questionnaires have been known to be convenient, economical, user-friendly, and a reliable form of data management and was therefore deemed suitable for this study (Regmi, Waithaka, Paudyal, Simkhada, & van Teijlingen, 2016). Moreover, the anonymous online option provided respondent anonymity and privacy. Four demographic and nine open-ended questions were deemed suitable to address two main areas: to encourage responses on individuals' personal experience of the support group and to elicit response about their experience of the professional facilitator (Vossler & Moller, 2015). Questions included, "What were your main reasons for attending the support group?" and "What

was your experience of the facilitator? Please elaborate.” and a follow up question, “Any additional suggestions/comments or statements?” to add more depth and understanding of their experiences. Appendix 1 lists the open-ended questions.

### **Ethical considerations**

All participants were treated in accordance with the HREC board of the institution in which ethics was approved.

### **Procedure**

Participants were recruited using the database of one eating disorder service. A recruitment email explaining the research and its expectations were sent to participants who had attended the support group by the eating disorder service manager. The email included a participation information sheet, a service sheet and a debriefing sheet. The recruitment email had a link to the survey. Participation was voluntary. In completing the survey consent was implied which was explained in the email. At any point until submission, participants could withdraw by simply closing the browser. At the end of the survey, participants were again notified that they could still withdraw at that point, both options were stated in the Participant Information Sheet and the email. Data was stored on a secure server, which only the researcher had access to. The data collected was non-identifiable.

### **Data analysis**

Thematic Analysis (TA), a method which is known for its flexibility, in that it does not offer theoretically informed frameworks for conducting a research, was adopted for “identifying, analysing and reporting patterns (themes) within data” (Braun & Clarke, 2008, p. 79). The 6 phases of TA, proposed by Braun & Clarke (2008), which include, familiarising yourself with your data; generating initial codes; searching for themes; reviewing themes; defining and naming themes; and producing the report, were used to identify themes or patterns within the data in an inductive way and is therefore strongly linked to the data themselves. The aim was to

stay close to how participants make sense of their experiences and any resulting phenomena that emerge which TA allowed this study to achieve.

### **Bracketing**

The researcher works at the eating disorder service where the participants were recruited. Therefore, to mitigate any potential harmful effects of the researcher's unacknowledged preconceptions related to the study, a reflexive journal and regular supervisor debriefings were utilised across all stages of the study (Palaganas, Sanchez, Molintas, & Caricativo 2017; Tufford & Newman 2010). Aspects that were explored using the reflexive journal include: researcher's reason for undertaking the research; potential role conflicts with research participants; managing participant emotions; question and material selection; and analysis process.

### **Results**

Braun and Clark's (2006) framework for thematic analysis was adopted to explore the experiences of people with eating disorders in a professionally-led monthly support group. The thematic analysis of the survey data resulted in three main themes: a) sharing the pain and the promise, b) cautions and concerns, and c) facilitator role.

#### **Theme 1: Sharing the Pain and the Promise**

The pain of sharing the struggles of living with an eating disorder and the promise of the group in providing safety, hope and motivation is explored in this theme. The support group participants mostly reported positive experiences. For most participants the support group provided a space to be with like-minded people, to share experiences, struggles and emotions relating to their eating disorder recovery and to feel validated. In addition to sharing the pains and struggles of recovery, some participants reported the support group provided a safe space that reduced isolation and increased connection. Moreover, for some participants the support group provided hope and motivation to continue in their recovery journey. The sub categories of collective illness identity, sense of safety and connection, and hope and motivation explores this theme further.

**1.1 Collective Illness Identity.** This sub-theme explores the participants sense of belonging to the group. By being able to communicate with others who “*actually understand*” (10:12) there was a sense of ‘we-ness’ and the formation of a collective illness identity (Barker, 2002). One such account of the collective experience is evident in the following excerpt:

*I think it is more the fact that everyone understands and can hugely relate to each other's journey/struggle/story in some way, shape or form that you know 'professionals', family etc don't or cannot. (2: 12-13)*

Some participants reported communicating and listening to the shared experience in the support group provided opportunities to explore their own behaviours and beliefs relating to their eating disorder. Whilst for others the shared experience of participants in the support group provided validation, as explained by one participant:

*Talking about things with people who actually understand .... makes me feel understood. (10:12-18)*

**1.2 “To Feel Less Alone.”** Many participants reported feelings of isolation and loneliness. “*To feel less alone*” (1:18; 6:10; 8:21; 9:19) was a recurrent reason to attend support groups in many participants. Participants expressed that the support group provided a safe space to connect socially and it reminded them that they are not alone in their experience. The support group appears to be a trusted environment for participants to discuss issues about isolation, stigma and shame. As one participant reported:

*A lot of sufferers obviously are and feel very isolated with the illness, so this group also gives them an avenue to be socially interactive or be more open to speak publicly and with no shame or judgement attached. (2:14-15)*

Whilst another participant stated that the support group was:

*My safe place and my self-care while I was sick. (12: 19)*

**1.3 Instils Hope and Motivation.** Along with sharing experiences, some participants

reported benefitting from listening to past participants recovery progress which they reported helped them to facilitate and provide motivation towards their own recovery journey:

*It's good to see some of the people returning each month and hearing their progress and learning new skills that help them that I can implement. (7:18)*

Consequently, in addition to feeling motivated, the participants saw themselves as having the desire to help others as poignantly stated by one participant:

*It reminds me of how detrimental eating disorders can be, especially when witnessing the physical side effects of it in people at a support group. It reminds me that I am so lucky and proud of where I am in my recovery and need to keep going so, I can help others and beat this awful illness. (15:26-28)*

Moreover, participants reported the support group helped them to track their progress and to hold themselves accountable as illustrated below:

*I wanted something to help me keep on track. (11:10)*

*To hold myself accountable, to remember why I need to recover from my ED, to seek inspiration. (15: 10)*

## **Theme 2: Cautions and Concerns**

Participants also reported about unpleasant experiences in the support group. The themes that explore the adverse effects participants experienced in the support groups are best represented in two sub-themes: internal experiences and group dynamics and processes.

**2.1 Internal experiences:** This sub-theme explores the participants' concerns in attending the face-to-face support group. The concerns relate to participants' internal experiences in relation to managing uncomfortable feelings and thoughts. Such as, feeling triggered when looking at other participants and feeling shy or intimidated. Some participants mentioned finding difficulty in speaking in front of the group due to their social phobia and shyness:

*It can be a little bit intimidating because of my social anxiety, but this isn't a problem with the group - so much as it was just an issue for me. (1:14)*

Yet other participants mentioned, feeling “*triggered by some of the bodies of other participants*” (16:14). Similarly, discomfort around body-related social comparison was expressed by another participant:

*Comparing myself to others, being bigger than them now.... dealing with the fact there are others smaller than me. (9:14-23).*

**2.2 Group dynamics & processes:** This sub-theme explores the concerns and challenges the participants experienced in the group around managing talk time and content, and their experience of dominant members. One participant seemed to be impacted by the monopolisation of group discussions by some group members:

*People who talk a lot and don't let others talk (6:14)*

Whilst another participant reported her negative experience of group members discussing themes not related to the group:

*Sometimes people talk too much about irrelevant things. (8:16)*

Moreover, challenges of having an open group were highlighted by one participant who stated:

*Also when new people start the groups when others have been coming for a while, there tends to be a lot of repetition of conversations and that is also understandable and fine because they are new to the group but also means return people don't get as much out of the sessions as the conversations don't move on from introductions of stories etc. (2:22-25)*

Such group dynamic and process concerns relating to repetition of conversations and issues around dominant group members may lead to boredom or disengagement in group discussions which could result in participants not returning to the group (Ussher, Kirsten, Butow & Sandoval, 2008).

Finally, participants were keen to learn new perspectives and to have more variety in group discussions that they felt the support group was not providing thus highlighting their need for psycho-educational support and information, as illustrated below:

*Talking about existing problems only - would be nice if there were times that we were challenged to think differently and learn different things about recovery. Like a mini lesson/topic (3:14-15)*

### **Theme 3: Facilitator Role**

When asked how participants viewed their experience of the facilitators in the support group, most participants reported receiving positive emotional support from them. Participants reported about the facilitators' role in moderating discussions helped to bring about safety and trust in the group. The participants' experience of the facilitators is categorized into two interrelated sub-themes: assertive compassion and safety.

**3.1 Assertive compassion:** Many participants felt the facilitators helped to steer conversations in the right direction by being assertive in their role while also being compassionate in their approach. This balance between providing structure and flow with warmth and compassion seemed to be appreciated by many participants, as illustrated below:

*Really good. They are always warm and kind and do a good job of keeping the conversation on track and away from triggering language. (9:28-29)*

*Very friendly and accessible, they moderate the conversation and ensure no triggering things are discussed. (7:24)*

*Facilitator is amazing. She's calm, measured, assertive when she needs to be. (15:38)*

**3.2 Safety:** From the participants' statements, it was evident that they trusted the facilitators in maintaining safety in the group. For some participants, the sense of safety stemmed from the facilitators ability to moderate the discussions, as one participant described,

*She's lovely, prompts everyone in the room to share if they would like to and steers in the right direction that is safe for everyone. (3:26)*

For others, it was the facilitators' compassionate approach that made them feel comfortable to share,

*They are fantastic very understanding non-judgmental and helpful. Always willing to listen. (14:24)*

*She is always willing to talk about what others want to discuss but keeping the environment safe and confidential to the room participants. (2:45-46)*

From the participants' accounts, it seemed likely that the qualities of the facilitators that resonated most with them were the facilitators assertive yet compassionate approach which created a safe space for participants to share their experiences in the group.

### **Discussion**

Research on the effectiveness of support groups on people with eating disorders suggest that the support groups provide a platform for peer support for recovery and relapse prevention and a safe space to share, offer mentorship and friendship, and reduce participants' feelings of isolation (Kendal et al., 2017; Ki, 2011; McCormack & Coulson, 2009). The study aimed to explore the experience of adults with eating disorders in a professionally-led monthly support group. Results indicated an overarching acknowledgement from the participants that support groups provide a safe space for them to share their lived experience and reduce stigma and isolation. These findings are consistent with previous studies that confirm that eating disorder support groups help in reducing social isolation and in providing a safe space to share (Kendal et al., 2017; Ki, 2011; McCormack & Coulson, 2009). The findings also suggest that the support group improved participants' motivation and engagement which is also in line with previous studies on the effectiveness of support groups on people with mental illness (Worrall, 2018).

One of the prominent themes that participants experienced in the support group was the sense of 'we-ness' which Barker (2002) terms as collective illness identity, a concept constructed through shared experiential knowledge and narrative accounts. Participants mentioned feeling validated and feeling safe to share their struggles with others who "actually" understand. This finding suggests that the support group provided an opportunity for the participants to gain support and reassurance from others experiencing the same problem and therefore seems likely that the

support group provided a safe space for participants to share their lived experience. This finding is consistent with studies on eating disorder support groups that report similar feelings of connection and belonging through connecting with people who share similar experiences and struggles (Kendal et al., 2017; Ki, 2011).

Many participants described the sense of safety they felt in the group. Participants mentioned feeling incredibly isolated due to the eating disorder and being unable to speak publicly without feeling shame or judgement. These feelings of shame and isolation are often associated with eating disorders and are significant barriers to help seeking (Levine, 2012; Puhl & Suh, 2015). Moreover, people with eating disorders often withdraw from their social networks which can compound the eating disorder symptoms resulting in further isolation (Treasure, Schmidt & Macdonald, 2009). The participants reported that the support group provided “an avenue to be socially active” and a safe space to openly and honestly talk about their eating disorders. Therefore, the finding suggests that the support group served as an important means of preventing social isolation. This finding is in line with previous studies that indicate participation in support groups help in overcoming social isolation (Kendal et al., 2017; Ki, 2011; Worrall, 2018).

Likewise, participants articulated that they benefitted from listening to past participants recovery progress that allowed the participants to gain insights about their illness which suggests the support group fostered hope and motivation. This finding is consistent with previous studies where participants report that receiving social support from peers fosters hope and motivates them to continually attend the support groups (Ki, 2011; Worrall, 2018).

In addition, the results revealed some challenges to the functioning of the monthly support group which was explored under the theme cautions and concerns. Participants shared some limitations to achieving a positive experience in the support group. They mentioned living with social anxiety and feeling intimidated and worried about scrutiny which they reported prevented them from speaking up in the group. Research indicates eating disorders and social anxiety

disorder are highly comorbid (Levinson & Rodebaugh, 2012). This finding highlights the complexity of living with an eating disorder.

Worry of scrutiny and anxiety also manifested in the way of body-related social comparison, that is, when people compare their appearance to that of others (Hamel, Zaitsoff, Taylor, Menna, Le Grange, 2012). Body-related social comparison is strongly associated with eating disorders (Hamel, et al, 2012). This over evaluation of shape and weight is at the core of most eating disorders and is a major concern for people with eating disorder (Fairburn, 2008). This finding reveals how body-related comparison-making plays out in support groups as few participants expressed the discomfort they experienced when seeing the bodies of other participants. Participants went on to express how comparison-making was a barrier for not using the support group more frequently and it was one of the least useful aspects of the support group. This finding has not been explored in other studies and needs further exploration. Due to the serious and complex nature of eating disorders, these findings suggest that facilitators need to be aware and perhaps, trained to understand these internal processes, including comorbidities in order to ensure safety in the group, to prevent such concerns from potentially fuelling the disorder and to retain group participation (Fairburn, 2008; Hamel, et al, 2012). Moreover, few participants expressed their concerns about other issues relating to group dynamics and processes. Some expressed concern over dominant group members who monopolised the group, whilst others reported the lack of variety and repetition in group discussions. This finding suggests the challenges of having an open group and perhaps, highlights the value of having the expertise of professional facilitators to manage issues relating to group dynamics and processes (Worrall, 2018).

Additionally, participants requested psychoeducational information and support, in the form of “mini-topic/lessons.” Psychoeducational information and support can range from information about mental illnesses and their treatments, to providing communication, coping, social and problem-solving skills (Lefley, 2009). Evidence suggests that psychoeducational

support can be a useful addition to the mutual understanding that support groups offer to people with mental illness (Lefley, 2009). This finding suggests that professional facilitators with the appropriate training and expertise can fulfil a valuable education function.

Finally, the findings highlight the role of professional facilitators in the support group. There is limited research on the role of professional facilitators in relation to eating disorder support groups which this study was able to explore. Participants identified two aspects in the facilitators' role: (1) assertive compassion and (2) safety, which they reported made a positive contribution to supporting them in the group. The finding suggests that the facilitators' assertive compassionate approach ensured trust and a sense of safety in the group. Participants reported the assertive approach of the facilitators in moderating and steering conversation in the right direction and managing triggering language made them feel safe to share their experiences in the group. Moreover, most participants expressed appreciation for feeling emotionally supported by the facilitators' compassionate and non-judgemental stance. Given that people living with eating disorders often experience stigma and shame which can result in mistrust in others, this finding suggests that when supporting people with eating disorders the involvement of professional facilitators, who have knowledge and training of the illness, can be valuable, and perhaps required, in ensuring trust and safety and in retaining group participation (Linville, Brown, Sturm, & McDougal, 2012). This finding is consistent with research that highlights the valuable role of professional facilitators in ensuring safety in group (Ki, 2011).

In conclusion, the study provided a comprehensive account of the experiences of adults recovering from an eating disorder in a professionally-led monthly group. The findings of this study indicate that the support group provided a safe space for participants to share their lived experiences, that it reduced stigma and isolation, and improved their motivation and engagement which are consistent with the existing literature on the topic (Worrall, 2018). Moreover, the findings revealed some challenges to the functioning of the group. These included management of discussions and dominant members, need for psycho-educational information and managing

intense feelings, relating to body-related comparison and other mental disorder comorbidities.

Furthermore, the findings suggest that the professional facilitators' assertive compassionate approach ensured safety and trust in the group.

### **Limitations**

The limitations of the study are mainly associated with the lack of diversity, lack of in-depth responses and small sample size. There was an overrepresentation of female participants. Two participant responses were excluded from the data analysis as their questionnaire responses were incomplete. In some instances, responses lacked detail and depth.

### **Clinical implications**

An implication of the findings of this study is that professionally-led support groups can be a significant adjunct in supporting people with eating disorders in their recovery journey. Participants reported the support group was effective in reducing social isolation and in fostering hope and motivation in their recovery journey. These findings suggest that eating disorder support groups can be practical and cost-effective interventions that can be used to respond to the gaps in treatment services, and to establish, foster and reinforce social networks for people living with eating disorders. In addition, the findings of this study also implicate that the professional facilitators contributed to the success of the support group. The participants reported the valuable role of the facilitators in mitigating some of the challenges the group experienced, particularly relating to body-comparison and safety issues. Moreover, the findings suggest that professional facilitators can fulfil a valuable education function in supporting participants in eating disorder support groups. Therefore, training facilitators seems crucial for overcoming these challenges and in fulfilling education needs of support group participants.

### **Recommendations**

Future studies should consider a more comprehensive understanding of professional facilitator training methods related to eating disorder support groups. Additional studies that

access a more diverse population and different eating disorder support group service providers are recommended.

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## Appendix I

### (Questionnaire)

Thank you for agreeing to take this survey. Please ensure that you have read the Participation Information Statement before completing the survey. All of the answers you provide in this survey will be kept confidential. If at any time you feel distress and do not want to continue, you can do so, by simply closing the browser. The Services Sheet is attached should you need to connect with a counselling service. You are invited to take as much or as little time to answer the questions. Please consider each question below. Thank you for your time.

Question 1: What is your gender?

Question 2: How often have you attended the support group?

Question 3: How did you hear about the support group?

Question 4: For how long have you had an eating disorder?

Question 5: What were your main reasons for attending the support group?

Question 6: What were the most useful aspects of the group to you? (socially, emotionally, and in terms of coping strategies and skills).

Question 7: What were the least useful aspects?

Question 8: How do you view your recovery process/journey?

Question 9: How does the support group relate to your sense of well-being and recovery?

Question 10: What were the barriers for not using the support group?

Question 11: Which aspects of the support group could change or improve?

Question 12: What was your experience of the facilitator? Please elaborate.

Question 13: Any additional suggestions or comments?

