



The effectiveness of interpersonal group therapy on depression and emotion regulation in women with bulimia nervosa

Elina. Khadivizand¹, Hasan. Ahadi*², Hamid. Nejat³, Maryam. Kalhornia Golkar⁴

1. Department of Health Psychology, Kish International Branch, Islamic Azad University, Kish Island, Iran
2. Department of Health Psychology, Kish International Branch, Islamic Azad University, Kish Island, Iran
3. Department of Health Psychology, Kish International Branch, Islamic Azad University, Kish Island, Iran (Department of Psychology, Quchan Branch, Islamic Azad University, Quchan, Iran)
4. Department of Health Psychology, Kish International Branch, Islamic Azad University, Kish Island, Iran (Department of Psychology, Karaj Branch, Islamic Azad University, Karaj, Iran)

ARTICLE INFORMATION

Article type

Original research

Pages: 115-119

Corresponding Author's Info

Email: drhahadi@gmail.com

Article history:

Received: 2022/07/03

Revised: 2022/10/03

Accepted: 2022/10/17

Published online: 2022/11/03

Keywords:

interpersonal group therapy, psychological well-being, bulimia nervosa, women.

ABSTRACT

Background and Aim: Bulimia nervosa is characterized by repeated episodes of binge eating (consuming large amounts of food in a short period of time, for example, less than two hours, on average once a week for the past three months) without regular use of disproportionate weight control compensatory behaviors. This research was conducted with the aim of determining the effectiveness of interpersonal group therapy on psychological well-being in women with bulimia nervosa. **Methods:** The research method was semi-experimental with a pre-test-post-test design with a control group and a two-month follow-up test. 30 research samples were selected from the community of women suffering from bulimia nervosa who referred to the Iranian Bulimia Association in Tehran in October and November 2018 and were randomly replaced in two experimental and control groups. The required findings were collected using the psychological well-being questionnaire (Ryff et al., 1989) in three times: pre-test, post-test and follow-up test, and using variance analysis with repeated measurements. Was analyzed. **Results:** The results showed that interpersonal group therapy is effective in improving the psychological well-being of bulimia nervosa patients ($p \geq 0.005$). Bonferroni test showed that this effect is stable over time. **Conclusion:** Considering the effectiveness of interpersonal group therapy on psychological well-being, it is suggested to use interpersonal group therapy for women with bulimia nervosa.



This work is published under CC BY-NC 4.0 licence.

© 2022 The Authors.

How to Cite This Article:

Khadivizand, E., Ahadi, H., Nejat, H., & Kalhornia Golkar, M. (2022). The effectiveness of interpersonal group therapy on depression and emotion regulation in women with bulimia nervosa. *jayps*, 3(2): 115-119

Introduction

Binge Eating Disorder (BED) is characterized by frequent episodes of binge eating (consuming large amounts of food in a short period, e.g., less than two hours, on average, once a week for the past three months) without the regular use of inappropriate compensatory weight control behaviors. Binge eating disorder has been associated with suicidal thoughts, and increasing the severity of this disorder increases the risk of suicide (Jackson, Pitribisa, Rossi, Manzoni, & Castelnuovo, 2018). Also, binge eating disorder causes disturbances in daily functioning, such as sleep problems (Roda, Montroli, Galasso, Pasenti, Brno, et al., 2018), and causes some physical diseases (Liedker & Grillo, 2018). Also, these patients suffer from problems caused by weight gain, such as diabetes, headache, joint pain, irritable bowel syndrome, fibromyalgia (Abbott, Dindol, Tehrani, and Pia, 2018). This disorder is more common in women than men (Kaski, 2021).

Psychological well-being is one of the first consequences associated with bulimia nervosa. This characteristic is a personal and individual concept and is defined according to the evaluation of people from different areas of their lives (Davis, Radstock, Buhlmeijer, and Westerhoff, 2018). Psychological well-being is widely accepted as an indicator of mental health and has been investigated in different populations (Spriggs, Ketner, & Carhat, 2021). There are four methods of treatment that have been evaluated for the treatment of binge eating disorder. Cognitive behavioral therapy (CBT), dialectical behavioral therapy (DBT), interpersonal therapy (ITP), and appetite awareness training (AAT) have all shown success in reducing the frequency of binge eating episodes (Gorin, 2000). Interpersonal psychotherapy (IPT) is a short-term type of psychotherapy focusing on interpersonal structure, context, and skills. The theoretical background of this psychological-biological approach is Mayer, Sullivan's interpersonal school, and Bowlby's attachment theory. Its main emphasis is on the relationship between creation and interpersonal events. The results of many studies that have been done in the field of child development, animals, or in the field of expression of excitement, social support, and life events have shown the importance of this relationship. For example, disturbing events and psychosocial tensions may predict depression.

Having intimate relationships with others can act as a protective factor against depression. Accordingly, in interpersonal psychotherapy, it is assumed that several genetic and environmental factors play a role in depression. This therapy emphasizes the patient's psychosocial and interpersonal background (Brockmir & Friez, 2012).

In interpersonal psychotherapy, it is believed that interpersonal relationships play an essential role in the formation of personality and the development and onset of mental disorders. In binge eating disorder, interpersonal psychotherapy is focused on reducing depression symptoms and regulating emotions. In this way, it helps the client deal with the social and interpersonal problems associated with the disorder. In interpersonal psychotherapy, with the creation of a space where problems are discussed and resolved, interpersonal withdrawal also decreases, and clients see that others are also partners in their illness (Ahmadi Sabzevari, 2017). The interpersonal approach to the conceptualization and treatment of depression has acceptable research support. In addition, they have shown that interpersonal experiences are often the revealing factors of the onset of depression. Extensive studies have proven the effectiveness of the IPT method in reducing depression and improving mental health. They have also shown that in more than 50 percent of patients who used this method, the symptoms of depression have improved to some extent (Ahmadi & Jalali, 2017). Considering the success of interpersonal psychotherapy in treating mental disorders and increasing the health and well-being of individuals, and considering that one of the main goals of psychotherapists is to increase the quality of life and psychological well-being of the society, and people suffering from binge eating disorder suffer a lot from these factors, therefore, according to the above-mentioned materials, the researcher intends to answer this question: Is interpersonal group therapy effective on psychological well-being in women with binge eating disorder?

Method

The current research was quasi-experimental in terms of implementation method and the form of pre-test and post-test designs with a control group and a follow-up test period. The statistical population in this research included all women aged 30 to 40 with binge eating who were

referred to the Iran Binge Eating Association in October and November 2019. The size of the research sample was 30 people. This way, after examining and conducting a clinical interview, clients with specific criteria for entering the desired research were selected by screening using the available sampling method and randomly divided into two groups of 15 experimental subjects and 15 control subjects. Then the experimental group was trained for eight weeks, one session of 70 to 90 minutes, and the control group did not receive any intervention. Then the post-test was conducted for both the experimental and control groups. The durability of the results in this plan was followed up three months after its completion. It was analyzed by repeated measurement and follow-up.

Tools

1. Psychological well-being Scale: Psychological well-being Scale was designed by Ryff in 1980. The original form had 120 items, but in the subsequent evaluations, shorter forms with 84 items, 54 items, and 18 items were also suggested. In the form of 84 questions, each factor has 14 questions. This scale includes six components of self-acceptance, autonomy, positive relationship with others, purposefulness in life, control over the environment, and personal growth. In addition, the total score of these six components is calculated as the overall psychological well-being score. In order to evaluate the validity of this tool, the content validity method was used. The reliability of this questionnaire in this research using Cronbach's alpha: self-acceptance 0.77, autonomy 0.79, positive relationship with others 0.76, purposefulness in life 0.79, and control over the environment 0.77, personal growth was reported as 0.78 and for the total score of the questionnaire as 0.79.

2. Interpersonal group therapy protocol: In the pre-group session of this structure (an individual session), the group leader obtains data on depressive symptoms and mood therapy well-being and emotion dysregulation problems associated with the onset of depressive symptoms and inappropriate excitement. The first stage of IPT (sessions 1 and 2) is defining, diagnosing, and identifying interpersonal problems and conflicts. At this stage, a history of the patient's past and present relationships should be obtained. The main goal in the middle stage (sessions 2 to 6) is to teach techniques and strategies to improve interpersonal relationships.

At this stage, the therapist teaches IPT techniques such as modeling, role-playing, self-learning, positive self-talk, social problem-solving, self-expression, self-confidence, and positive thinking and asks the therapist to practice them. The areas that the psychotherapist places as the focus of treatment are divided into four groups: bereavement, role difference, role transfer, and interpersonal shortcomings. Finally, in the final stage (sessions 7 and 8), the therapeutic relationship is terminated by applying the techniques learned in the real world. The therapist-patient relationship is temporary to increase the patient's health, not a substitute for relationships in the real world (Markovits, 1999; quoted by Ahmadi Sabzevari & Jalali, 2017).

Results

In this research, there were 30 women in two experimental and control groups, the average age of the experimental group was 36.60, and the control group was 35.43. The following results will be analyzed using variance analysis with repeated measurements.

As can be seen, the average in the test group in the post-test stage shows an increase compared to the pre-test. Based on the results listed in the table, it can be described that interpersonal group therapy has increased the psychological well-being score of women with binge eating disorder. The results show the effect of time and the interaction of time in the group on psychological well-being. The group effect shows that group membership is significant for changes in the intensity of psychological well-being ($P < 0.05$). The effect of time shows that the change in psychological well-being scores in the post-test and follow-up stage is significant ($P < 0.05$). The interaction effect shows that the increase in psychological well-being scores in the experimental group is greater than the control in the post-test and follow-up phases ($P < 0.05$).

Conclusion

This research aimed to determine the effectiveness of interpersonal group therapy on psychological well-being in women with binge eating disorder. The first result of the research showed that the interpersonal approach significantly increases the psychological well-being of women suffering from binge eating disorder, and this effect is permanent over time. In explaining the impact of the interpersonal approach on psychological well-being, it can be said that the traditions of this approach are based on interpersonal, dynamic, and process

assumptions and use the connection between creation and current interpersonal experiences and are focused on the present and on changes and focus on important interpersonal challenges experienced by women with binge eating disorder (Master et al., 2009). In general, interpersonal approach therapists believe that for many people, the closest and most stable relationship is the relationship between family members. When family members are exposed to stressful events, they experience symptoms of BED. What aggravates binge eating disorder is the lack of communication and interpersonal skills or the existence of disproportionate and incompatible social skills concerning others. This, in turn, causes family members, relatives, and friends to move away from the person. In such a situation, a vicious cycle occurs and turns the current situation into a crisis. In other words, stressful events cause the symptoms of binge eating disorder. The lack or weakness of interpersonal skills directly causes more intense stressful events. Exacerbation of binge eating disrupts interpersonal relationships. If this vicious cycle continues for a relatively long time in relation to various events, it causes psychological disturbances. Such a way that such people become happy and psychologically well-being because interpersonal approach therapists believe that there is an interactive, close and two-way relationship between psychological symptoms and interpersonal skills. So that by improving interpersonal skills, it is possible to provide people with psychological peace and give new life to their psychological system and vice versa. In the interpersonal approach, the main element of the initial sessions is validating the depressed client's emotions as completely understandable, arising from the nature of his life conditions (Fraser & Solovey, 2007). The two main goals of interpersonal group therapy are 1) improving interpersonal functioning, and 2) reducing symptoms. The general interpersonal goal is to solve existing problems quickly instead of thinking and designing solutions for a lifetime. Interpersonal group therapy emphasizes returning the patient to a balanced level of functioning rather than personality change. In this view, interpersonal group therapy has more in common with supportive therapies. However, interpersonal psychotherapy tends to be more active and ambitious than supportive therapies (Levinson et al., 2005) and thus improves psychological well-being of women affected by binge eating disorder.

Conflict of Interest

According to the authors, this article has no financial sponsor or conflict of interest.

References

- Asl Soleimani, Z., Borjali, A., & Kiani Dehkordi, M. (2017). Effectiveness of interpersonal psychotherapy on cognitive emotion regulation strategies and post event processing in girl students with social anxiety. *Journal of Psychological Studies*, 13(2), 7-24.
- Besharat, M. A., & Bazzazian, S. (2014). Psychometric properties of the Cognitive Emotion Regulation Questionnaire in a sample of Iranian population. *Advances in Nursing & Midwifery*, 24(84), 61.
- Brakemeier, E. L., & Frase, L. (2012). Interpersonal psychotherapy (IPT) in major depressive disorder. *European archives of psychiatry and clinical neuroscience*, 262(2), 117-121.
- Casagrande, M., Boncompagni, I., Forte, G., Guarino, A., & Favieri, F. (2020). Emotion and overeating behavior: Effects of alexithymia and emotional regulation on overweight and obesity. *Eating and Weight Disorders-Studies on Anorexia, Bulimia and Obesity*, 25(5), 1333-1345.
- Crowe, M., & Luty, S. (2005). Patterns of response and non-response in interpersonal psychotherapy: A qualitative study. *Psychiatry: Interpersonal and Biological Processes*, 68(4), 337-349.
- De Zwaan, M. (2001). Binge eating disorder and obesity. *International Journal of Obesity*, 25(1), S51-S55.
- Dietz, L. J., Weinberg, R. J., Brent, D. A., & Mufson, L. (2015). Family-based interpersonal psychotherapy for depressed preadolescents: Examining efficacy and potential treatment mechanisms. *Journal of the American Academy of Child & Adolescent Psychiatry*, 54, 191-199.
- Fraser, J. S., & Solovey, A. D. (2007). Second-order change in psychotherapy: The golden thread that unifies effective treatments. American Psychological Association.
- Gamble, S. A., Talbot, N. L., Cashman-Brown, S. M., He, H., Polshuck, E. L., Connors, G. J., & Conner, K. R. (2013). A pilot study of interpersonal psychotherapy for alcohol-dependent women with co-occurring major depression. *Substance abuse*, 34(3), 233-241.
- Garnefski, N., Kraaij, V., & Spinhoven, P. (2001). Negative life events, cognitive emotion regulation, and emotional problems. *Personality and Individual Differences*, 30 (8), 1311–1327 .
- Glazier, R. H., Elgar, F. J., Goel, V., & Holzapfel, S. (2004). Stress, social support, and emotional distress in a community sample of pregnant women. *Journal of Psychosomatic Obstetrics & Gynecology*, 25(3-4), 247-255.
- Goodman, S. H., & Tully, E. C. (2009). Recurrence of depression during pregnancy: Psychosocial

- and personal functioning correlates. *Depression and anxiety*, 26(6), 557-567.
- Gorin A. (2000). Controlled trial of cognitive - behavioral therapy with and without spousal involvement for binge eating disorder. Dissertation for PhD in clinical psychology. State university of New York .
- Kachooei, M., Hasani, J., & Amrollahi Nia, M. (2016). Comparison of Impulsivity and Difficulties in Emotion Regulation among Overweight Women with and Without Binge Eating Disorder. *Iranian Journal of Endocrinology and Metabolism*, 17(5): 391-401.
- Kaplan, H., & Saduk, B. (2002). Summary of psychiatry, behavioral science and clinical psychiatry. Rafiee, H., & Sobhanian, Kh. (Persian translators). 2th Edition. Tehran: Arjmand Pub, 230.
- Karbakhsh, M., Sedaghat, M. (2002). Depression in pregnancy: implications for prenatal screening. *Payesh*, 1(4): 49-55.
- Klatt, I. M. (2008). *Treating the Obese-Binge Eating Disorder and Food Addiction: A Model Program*. ProQuest.
- McManus, F., & Waller, G. (1995). A functional analysis of binge-eating. *Clinical psychology review*, 15(8), 845-863.
- Mealer, M., Burnham, E. L., Goode, C. J., Rothbaum, B., & Moss, M. (2009). The prevalence and impact of post traumatic stress disorder and burnout syndrome in nurses. *Depression and anxiety*, 26(12), 1118-1126.
- Mitchell, J. E., Devlin, M. J., de Zwaan, M., Peterson, C. B., & Crow, S. J. (2007). *Binge-eating disorder: Clinical foundations and treatment*. Guilford Press.
- Mulcahy, R., Reay, R. E., Wilkinson, R. B., & Owen, C. (2010). A randomised control trial for the effectiveness of group interpersonal psychotherapy for postnatal depression. *Archives of women's mental health*, 13(2), 125-139.
- Rosenhan, D. L., & Seligman, M. E. (1995). *Abnormal psychology*. WW Norton & Co.
- Sfärlea, A., Dehning, S., Keller, L. K., & Schulte-Körne, G. (2019). Alexithymia predicts maladaptive but not adaptive emotion regulation strategies in adolescent girls with anorexia nervosa or depression. *Journal of Eating Disorders*, 7(1), 1-9.
- Thoeni, S., Loureiro, M., O'Connor, E. C., & Lüscher, C. (2020). Depression of Accumbal to Lateral Hypothalamic Synapses Gates Overeating. *Neuron*.
- Treasure, J., Corfield, F., & Cardi, V. (2012). A three-phase model of the social emotional functioning in eating disorders. *European Eating Disorders Review*, 20(6), 431-438.
- Weissman, M. M., Markowitz, J. C., & Klerman, G. L. (2017). *The guide to interpersonal psychotherapy: Updated and expanded edition*. Oxford University Press.