Understanding the therapeutic relationship between people with anorexia nervosa and their therapists

Alison Seymour, Dr Tina Gambling, Dr Gail Boniface
School of Healthcare Sciences, Cardiff University, Wales, UK.
Background to the study

Previously worked with people with eating disorders

The therapeutic relationship is known to be curative and healing in its own right regardless of the type of therapy

(Rogers 1951, Horvath and Symonds 1991, Martin et al 2000)

Interest in the therapeutic relationship
People with eating disorders often experience relational problems within treatment (Snell et al. 2010, Palmer 2014)

Health professionals also report ambivalence and reluctance towards working with people eating disorders (Ramjan 2003, Jones and Larner 2004, Woodrow and Fox 2010)

Ambivalence can impact on the development of the therapeutic relationship (Hatcher 2010)
The therapeutic relationship is still viewed as an important aspect of treatment by practitioners and service users in regards to quality and service user satisfaction 

So what are the experiences of people with eating disorders?

What is a good therapeutic relationship?

What sort of therapeutic relationship do people value?

What do therapists do to develop a good therapeutic relationship?
Overall aim of the study

To develop an in-depth understanding of the process and nature of the therapeutic relationship from the perspective of people with an eating disorder and how this may impact on the engagement and outcome of interventions.
Methods – combining qualitative online research methods and grounded theory

**Constructivist Grounded Theory**
- Broad/open investigation
- Concept driven analysis and theory development
- Structured but flexible data gathering and analysis process
- Reflexivity of the researcher

(Charmaz 2014, Birks and Mills 2015)

**Online Research Methods (ORM)**
- Protects participant anonymity
- Accesses participants from wide geographical area
- Accesses hard to reach health populations
- Asynchronous communication

(Gambling and Long 2012, James and Busher 2009, Walker 2013)
TherRel Website

Dedicated website

Used to communicate with participants

Anonymous email address and inbox

Participants could upload their stories anonymously

Updated throughout the phases of the study

Recruitment through Beat
Methods – phase 1, 2 and 3

**Phase 1**
Open to anyone with an eating disorder, open questions about individual’s experiences of working with therapists

**Phase 2**
Open to people with anorexia nervosa, questions were developed from the initial and focussed coding from phase 1

**Phase 3**
Returned to previous participants with anorexia nervosa, questions were aimed at testing out the developing themes and ideas from phase 1 and 2.
Emerging findings

Balancing the paradox of control in the therapeutic relationship

“Developing trust in the therapeutic relationship”

“One size doesn’t fit all”: taking an individual approach in the therapeutic relationship and the therapy process

“They just got me”: feeling understood and the role of empathy in the therapeutic relationship
Balancing the paradox of control in the therapeutic relationship

It was essential for me to feel I had some control over my treatment, although I was aware that control was one of the problems that had to be addressed.

I need to know that I have some control when it comes to interacting with medical professionals, including those within a therapeutic relationship. If I don’t feel in control, I won’t engage with the process as well.
Developing trust in the therapeutic relationship

I think the key thing for me in this relationship was “trust” (participant emphasis)...very simple things helped to build trust...he always turned up on time and always followed up the things he said he would

He treats me as a person who has worth...
“They just got me”: feeling understood and the role of empathy in the therapeutic relationship

The therapist had a fantastic gauge of me as a person (not just as a patient who needed fixing)…..he understood me and what made me tick

Feeling that they understood was a powerful moment. I had never felt like that before and I didn’t realise that I ever would. It really makes you feel like someone is on your side and that you aren’t alone in whatever it is you are going through
“One size doesn’t fit all”: taking an individual approach

I feel this approach was tailor-made to my needs and that if someone had needed a more softly, softly approach that’s what they would have got. It felt as if we were a team, trying to reach the same goal.

The therapist made an effort to ‘get to know me’ and allowed me to just speak and tell her ‘my story’ during the first session.

At the end of the first session, she went through the main points of what we had discussed and asked me what issues I would like to work on first and explained that we would also have to work on things like body image and the importance I placed and status I gave to being thin.”
Conclusions

Successful use of ORM to recruit participants

Identified key components of helpful therapeutic relationships

On going process of theory development
Considering presence of a core category – person centred practice.
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SeymourA@Cardiff.ac.uk
Twitter: @aliseymour64

TherRel webform
https://healthcarestudies.cf.ac.uk/therrel
References


