

Food for Thought: The Use of Food in Group Therapy with Children and Adolescents

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ABSTRACT

This article highlights the significance food may have in group therapy with children and adolescents and its meanings for particular group members. It focuses on the interactions between the group members and leaders in response to food. Along with providing actual nutrition, food represents emotional and symbolic nurturing, and may trigger salient conflicts and issues with which group members are struggling. An essential role of the group leader is to manage conflicts that may be evoked by the provision of food. Examples are provided to illustrate themes and meanings related to food in group therapy with children and adolescents.

Food is more than fodder. It is an act of giving and receiving because the experience at table is a communal sharing; talk begins to flow, feelings are expressed, and a sense of well-being takes over” (Cunningham, 1990, p. ix). In our practice of group therapy with children and adolescents, food or a snack is routinely offered during the sessions. Over time, we have observed the powerful impact that food has on the groups and the wide range of reactions to the food by various groups and group members. These observations

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led us to wonder whether the impact and meanings of food in group therapy are undervalued and underestimated.

A review of the group therapy literature did not produce many articles related to the use of food or snack in group therapy, nor any empirical studies on food in group (Troester & Darby, 1976). Despite this paucity of literature, the use of food in group therapy seems fairly ubiquitous in the extant literature, and the meanings and importance of food are implicitly recognized and identified. Authors with disparate theoretical, clinical, and technical approaches, who offer diverse ways to understand the purpose and meanings food has for group members, recommend providing food (Cerda, Nemiroff, & Richmond, 1991; Kahn, 1993; Rachman, 1975; Schamess, 1990; Scheidlinger, 1982; Schiffer, 1971; Troester & Darby, 1976). The provision of food is recommended for a large variety of group types and lengths, and with members ranging in age from the very young to the elderly (de Luca, Boyes, Furer, Grayson, & Hiebert-Murphy, 1992; Franko, 1993; Zimpfer, 1987).

According to traditional psychoanalytic theory, providing food is seen as hindering the therapeutic process due to several concerns, and has been customarily strongly discouraged (Rachman, 1975). Providing food is thought to foster the individual's dependence on the therapist, rather than encouraging more mature and realistic behavior. In addition, the therapist who provides food is seen as "acting out in the transference relationship with patients" (Rachman, 1975, p. 128), and, therefore, gratifying the members' wishes rather than helping them analyze their need to be fed. "Gratification" by the therapist is thought to communicate a message that acting out is acceptable, and is thought to interfere with the classical analytic imperative that patients must be helped to engage in self-examination. Another concern is that providing food discourages a group member from expressing negative affect toward the therapist, who is gratifying the member. Finally, a concern is that the therapist may provide food due to his or her own needs, indicative of a countertransference problem.

Rachman (1975) maintains that these concerns are not applicable to adolescent group psychotherapy and argues that the actual

provision of food by the therapist may in fact contribute to the adolescent group's therapeutic value. He emphasizes the need for an adolescent group to have a group leader who actively demonstrates his or her caring. Accordingly, the provision of food by the group therapist is a way to demonstrate this active caring, which fosters a "positive parental transference and relationship" (p. 128). Other reasons Rachman lists which make food crucial within an adolescent group include "(2) self-titration of anxiety; (3) provides direct interaction for familial conflicts; (4) creates a positive psychosocial climate; (5) provides physical modes of behaving; (6) biological and psychological hunger is abated" (p. 128). These same arguments apply to children's group therapy.

The view of food as a significant element in group therapy may represent a way of conceptualizing food in relation to the group therapeutic process that diverges from traditional psychoanalytic theory. The scarcity of discussion of food in the literature may belie group therapists' current views on its use, and leaves unanswered questions about the gap in the literature with respect to the use of food in group therapy.

The aims of this article are to highlight the significance of food and to engage in a discussion of how food can be constructively used in group therapy with children and adolescents, as well as how food can trigger salient conflicts. The perspective in this article is that food can be a powerful medium through which central issues and processes emerge and are worked through. We identify common themes and meanings related to the use of food and focus on the interactions between group members and leaders in response to food. We provide several examples of child and adolescent groups that illustrate these themes and issues, along with a discussion of each example.

LITERATURE REVIEW

Articles in which food is mentioned typically describe the structure of each group session. These descriptions often include the provision of food, which varies according to the particular group;

for example, as a snack to be eaten together or as a life-skill activity in which members prepare food (Cerda et al., 1991; Mayfield & Neil, 1983; Schamess, 1990). These articles typically do not include the reasons, process, or meanings food may have for the members. Kahn (1993) observed that child and adolescent groups regularly include a snack, which is supported by Zimpfer's (1987) comment that "cake, cookies, coffee, and tea are commonly mentioned in the literature on treatment" in referring to psychiatric groups (p. 53).

Several authors recommend the use of food in group therapy with groups that vary in terms of purpose, format, length, and age of members. These include groups for individuals with bulimia nervosa (Franko, 1993), schizophrenia (Zimpfer, 1987), sexual abuse survivors (de Luca et al., 1992), and populations considered seriously disturbed, vulnerable, or unique because of their developmental stage (Black & Rosenthal, 1970; Cerda et al., 1991; Rachman, 1975; Raubolt, 1989; Richmond, 1991; Schamess, 1991; Scheidlinger, 1982; Schiffer, 1971; Troester & Darby, 1976).

Paradoxically, food appears to be used both as a fundamental component of group, and as a modification with particular or vulnerable populations, which requires a specific rationale. On the one hand, it may be that the provision of food is considered quite standard in group treatment thus requiring little explanation. On the other hand, it may be that the provision of food is discouraged based on traditional psychoanalytic theory and thus requires a rationale when it is offered.

A common rationale for the use of food is fostering a nurturing atmosphere and communicating the therapists' caring for the group members (Black & Rosenthal, 1970; Davis, Geikie, & Schamess, 1988; de Luca et al., 1992; Kahn, 1993; Rachman, 1975; Richmond, 1991; Rose, 1987; Schamess, 1990, 1991; Scheidlinger, 1982; Schiffer, 1971). Researchers with different theoretical and clinical approaches recommend food for emotional nourishment, and to enhance rapport, communication, group cohesion, and emotional well-being (Cerda et al., 1991; Davis et al., 1988; de Luca et al., 1992; Kahn, 1993; Rachman, 1975; Schamess, 1990;

Scheidlinger, 1982; Schiffer, 1971; Troester & Darby, 1976). Troester and Darby (1976) explain that food provides a structure that enables the group members to "simply sit and talk." They maintain that "the meal, then, provides the boys with an enjoyable reason to sit together, and conversation spontaneously and naturally ensues" (p. 99). The food shifts from the foreground, gradually becoming secondary to the discussion (Troester & Darby, 1976).

A related meaning is that of providing tangible nurturing and reducing physical and emotional hunger (Black & Rosenthal, 1970; Cerda et al., 1991; Davis et al., 1988; Kahn, 1993; Mellor & Storer, 1995; Mooney & Schamess, 1991; Rachman, 1975; Richmond, 1991; Rose, 1987; Schamess, 1990; Scheidlinger, 1982; Troester & Darby, 1976; Zimpfer, 1987). The care with which leaders plan the food and other particulars may influence members' comfort and their "perceptions of warmth and safety, and of the respect they hope to receive" (Butler & Wintram, 1991, p. 37; Lee, 1994; Rose, 1987).

Food is understood to be a powerful way to further therapeutic work (Black & Rosenthal, 1970; Cerda et al., 1991; Davis et al., 1988; Kahn, 1993; Rachman, 1975; Richmond, 1991; Rose, 1987; Schamess, 1990; Schiffer, 1971; Slavson, 1943; Troester & Darby, 1976). As such, food is seen as promoting socialization and prosocial behaviors within a positive milieu (Cerda et al., 1991; Kahn, 1993; Mooney & Schamess, 1991; Rachman, 1975; Slavson, 1943; Troester & Darby, 1976; Zimpfer, 1987). The behaviors and skills identified include socialization, learning manners, and promoting cleanup skills, all of which can be generalized to situations outside of the group (Cerda et al., 1991; Troester & Darby, 1976).

Slavson (1943) linked children's responses to food in group therapy with their family environments. A variety of children's issues, problems, family patterns, concerns, and expectations related to adults have been found to be evoked by food (Black & Rosenthal, 1970; Cerda et al., 1991; Davis et al., 1988; Kahn, 1993; Mooney & Schamess, 1991; Rachman, 1975; Rose, 1987;

Schamess, 1990; Schiffer, 1971; Slavson, 1943; Troester & Darby, 1976).

Food may provide an opportunity for group members to express and work through conflicts that could be less amenable to direct verbalization. Scheidlinger (1982) observes, "it is around the theme of food—the buying of it, the bringing of it to the meeting room, the cooking, and serving—that the most dramatic and meaningful interactions occur" (p. 139-140). A characteristic theme that emerges is the difficulty members may have in sharing (Black & Rosenthal, 1970; Cerda et al., 1991; Kahn, 1993; Rachman, 1975; Schiffer, 1971; Slavson, 1943; Troester & Darby, 1976). Other issues and conflicts include feelings of deprivation (Black & Rosenthal, 1970; Cerda et al., 1991; Kahn, 1993; Schiffer, 1971), fears, anxieties, suspicions, and expectations such as not feeling able to rely on adults (Black & Rosenthal, 1970; Cerda et al., 1991; Davis et al., 1988; Kahn, 1993; Rachman, 1975; Schamess, 1990; Troester & Darby, 1976). Some members are described as reluctant to accept the snacks whereas others are depicted as grabbing or hoarding food (Schiffer, 1971; Troester & Darby, 1976). In addition, the provision of food may crystallize ways in which group therapists may be mis-attuned to members' needs (Rose, 1987). At these times, it is necessary for group therapists to understand their rationale and reactions (Rose, 1987).

A perusal of the literature indicates that a large variety of food is provided in groups, from dessert and beverages (Schiffer, 1971), to more nutritious offerings (Davis et al., 1988; Troester & Darby, 1976). Some authors advocate involving the members in choosing the particular food items, listening to complaints group members may voice about the food, and within reason, complying with members' requests (Black & Rosenthal, 1970; Rachman, 1975; Troester & Darby, 1976). Others maintain that it is important that the leaders provide the food (Cerda et al., 1991; Davis et al., 1988; Rachman, 1975; Richmond, 1991; Rose, 1987; Schamess, 1990; Schiffer, 1971). Still others note shifts that occur over time, in which the group members may gradually assume re-

sponsibility for the food (Richmond, 1991; Slavson, 1943). The general consensus appears to be that the group leaders or sponsoring agencies purchase the food. Group members who contribute food may be understood as participating in mutual aid and/or as conveying their desire and ability to care for themselves and for others (Richmond, 1991); however, expecting group members to purchase the food may be problematic. As some members may not have the funds or ability to purchase or prepare food, this inequity within the group could evoke intense feelings.

Food may be offered either at the beginning, the end, or made available throughout the session (Davis et al., 1988; Kahn, 1993; Rachman, 1975; Troester & Darby, 1976). Kahn (1993) described providing food at the beginning to welcome the group members and to decrease their actual hunger. Food may be needed to allow members to replenish themselves in order to attend to the work in the group (Mellor & Storer, 1995). Others find that at the end of the group session food restores the members' energy, calmness, and a sense of togetherness (Davis et al., 1988; Troester & Darby, 1976).

The intense conflict that the provision of food may evoke suggests that it is necessary for group leaders to be cognizant of the potential effects of these conflicts for the group and its members. The approach advanced by Slavson (1943) to managing conflict evoked by food is one in which the therapist initially purchases, prepares, and provides the food for the group and allows whatever conflicts are stirred up to emerge and be worked out within the group. Conflict may be manifest through members grabbing, spilling, and throwing food and drinks, as well as through other forms of disruptive behavior. An important component of Slavson's approach is the therapist's permissiveness and lack of intervention, although Slavson stressed the need for therapists to adjust their level of intervention according to the children's ages and needs (Slavson, 1986). According to Slavson, by remaining passive, the therapist "gives the group an opportunity to discover for themselves the advantages of orderly behavior, and to evolve

techniques of group control” (p. 45). Slavson used “diminishing food anxiety and improved table manners” (p. 45) as an indicator of improvement.

Scheidlinger (1982) advises that the children for whom Slavson’s activity group therapy was developed were not severely disturbed. Accordingly, Scheidlinger underscores the importance of the therapist assuming an active role in activity group therapy with children who have more severe ego pathology. Specifically, the therapist is considered responsible for ensuring that each child receives his or her portion of the food, which may include preventing other children from grabbing a group member’s food or drink. Scheidlinger cautions that children with severe emotional problems will not experience a leader who does not interfere with developments that the group members perceive to be threatening, as warm and helpful. Without the leader’s active help, there is a danger that such conflicts may lead to harmful outcomes in which the children re-experience the negative patterns of their lives. In a similar vein, Rachman (1975) recommended that group therapists provide food differentially at various stages of adolescent groups in order not to exacerbate conflicts. For example, initially, cans of soda may be offered whereas in later stages of the group’s development, large bottles of soda may be provided when the members are able to work out the difficulties evoked by the food. In contrast, Black and Rosenthal (1970) allowed group members, described as exhibiting “a high degree of emotional disturbance with severe anti-social symptomatology” (p. 107), to express the intense conflicts raised by food.

Despite recognition in the literature that the provision of food may evoke a range of conflicts for group members, there is little mention of specific problems that could be created. With respect to child and adolescent groups, Kahn (1993) concluded that providing food is universally beneficial, and noted the lack of comments in the literature on negative effects of providing a snack. However positive or benign the provision of food may appear to be, it is important to be cognizant of the intense conflict that food may evoke for group members. As Scheidlinger (1982) discusses,

if the group leaders are not aware of potential problems related to food and do not manage conflicts that emerge, there could be harmful consequences for the members; for example, children may be left re-experiencing feelings of deprivation. Other conditions in which the use of food may be problematic are those in which groups include individuals who have eating problems or disorders, or in which the members have been persistently overindulged.

FOOD IN GROUP THERAPY

The following examples illustrate the ways in which providing food in group therapy serves as actual and symbolic nurturing and as a means to evoke and work through conflicts.

Case 1: Symbolic Meaning of Food as Nurturance

The first example is a psychotherapy group for single teenage mothers, conducted by female co-therapists in a community-based family agency. In this group, food was served at every meeting during the last half-hour. As the group progressed, the members actively took part in choosing, preparing, and serving the refreshments. Snack time provided the members with an opportunity to talk casually among themselves and to the therapists, and over time, began to bear a distinct resemblance to family meal times. The snack itself varied from meeting to meeting and at different times included cookies, cake, candy, potato chips, pretzels, soda, and tea. The members were asked to express their snack preferences within a clearly established price range, which the therapists agreed to purchase. Discussions about what snack they wanted were sometimes lengthy and provided ways both of promoting group cohesion and precipitating differences and conflicts among members. Over the first year and a half of the group, the young women were eager for sweets and ate as many as the leaders provided. The themes they discussed included wanting to feed their children healthy food, wanting to be healthier themselves,

wanting to slim down to feel better, and wanting to look better so they would be more attractive to men. In the third year, the group members decided to replace the sweets with healthy food, such as vegetables or fruit, and crackers. They held to their decision with the exception of special occasions such as Easter, Halloween, and Christmas, when they again wanted sweets. Intermittently, during the later stages of the group, they expressed nostalgia for the sweets in which they had indulged, and for their earlier pre-pregnancy metabolisms that allowed them to eat as many sweets as they wanted without gaining weight.

Every Christmas, the mothers expressed their desire to bake Christmas cookies "for their children." Since the agency had a kitchen, it was possible to do this, and it became a yearly ritual. For the first three years, the group members finished baking the cookies, sat down for snack and, as they were chatting together, consumed everything they had baked, sometimes as many as 60 cookies divided among seven or eight members. At the first Christmas baking session, they ate all the cookies expressing delight in the taste and remembering their own childhood Christmases. They seemed quite unaware of the amount they were eating, and the therapists did not comment. At the end of the session, the members expressed surprise and regret that there were no cookies to take home to their children. Before the second and third bake sessions they discussed the first session, which they agreed that they would not permit again. Once again, however, they ate all the cookies even though the therapists commented half way through their snacking that they had expressed a wish to bring some cookies to their children. They agreed, expressed embarrassment about how much they were eating, and then seemed compelled to finish every last cookie. It was only at the fourth Christmas bake session that they were able to divide the cookies and put aside half to take home for their children and to consume the other half themselves.

Baking (and eating) Christmas cookies allowed the group members to revisit a time in their lives when they felt cared for, with no responsibilities other than to help their mothers prepare for the

holiday festivities. As the women baked they talked together, and remembered (or perhaps imagined) what it had been like to be young and carefree, filled with anticipation of Christmas presents and reassuring family rituals. Baking made the group more cohesive. The mothers felt closer both to each other and to the therapists, enacting a restorative fantasy of a functional, symbolic family unit. And, as they baked they could momentarily forget the responsibilities and toils of motherhood, becoming as it were, young children in their own right.

Comments. For this group of teenage, single mothers (and for many others in their situation) the central, recurring, painful conflict was between assuming the responsibilities involved in caring for their children, and participating in the excitement, adventure, and turmoil of adolescence. Choosing motherhood had made it impossible for them to do both in full measure. During the first years of treatment, while their conflicts and unmet developmental needs took precedence over everything else, when it was time to eat they could not contain their hunger and sense of deprivation. They seemed to inhale equally the cookies and the aroma of baking that filled the room. Afterwards they were contrite and guilty, remembering “too late” their promise to bring cookies to their children. But obliquely, subtly, they hinted about feeling gleeful. No one had asked them to share. They had eaten their fill, and more. The therapists had not stopped them, warned them about overeating, or reminded them they were depriving their children. The ritual continued yearly until the time came when the young women were developmentally ready, on their own initiative, to really consider their children’s wishes; to divide the cookies, pack up, and bring the remaining cookies home. They returned with stories about their children’s delight when they presented the cookies.

When the mothers could spontaneously consider their children’s wants and needs without feeling deprived themselves, the therapists knew the group would soon be ready to end. Over the course of treatment, baking and eating Christmas cookies served multiple functions; fortifying the group’s experience as a symbolic

family, enhancing the group “holding environment,” gratifying the members’ unmet oral needs, promoting cooperation, and marking the mothers’ progress toward accepting the responsibilities (and pleasures) of parenthood. It is difficult to imagine any other activity that would have addressed those issues as well.

Case 2: Conflict Evoked by the Provision of Food

This involved a 10-week agency-based group of six boys between 10 and 12 years, who had learning disabilities and psychosocial difficulties. One aim of the group was to create a milieu in which group members could experience being accepted by a group of their peers who shared similar experiences and problems. A second objective was to provide an opportunity for the members to enact their conflicts in the here and now. The leaders were active in providing structure and in helping the members work through the conflicts, while ensuring physical and emotional safety.

The boys’ difficulties included being isolated, rejected, and bullied by peers; having problems regulating their emotions, particularly anger and anxiety; and suffering from low self-esteem. These boys demonstrated little awareness of their impact on others and of the connections between their behaviors and others’ responses. The group structure consisted of a brief check-in, activity and/or discussion, snack, and wrap-up. The group leaders purchased and prepared the snack, which was included in the agency’s group program budget. Highly structured activities were required to help the boys maintain their focus. The boys all talked at the same time and engaged in behaviors such as hiding under the furniture and sticking their feet in each other’s faces, which they were often unable to stop without help. Although at times it seemed that the members purposely provoked each other, their behaviors were understood as reflecting their anxiety and difficulties with interaction. Despite the boys’ eagerness to participate, their impulsivity and reactivity to each other often led to conflicts. The members responded well to leaders’ interventions, including monitoring, re-directing, and separating members. A supervisor was in the obser-

vation room, as a component of providing training for new staff who were co-leading the group. The supervisor was introduced and her role was made clear to the children, who incorporated her presence into the group process.

For the seventh group session, the leaders prepared several short activities to match the group members' activity level, and in an attempt to minimize conflict. After the activities, the leaders brought out a bag of candies. One boy grabbed the bag and tore it open, which sent the candies flying. Group members scrambled to scoop them up, which resulted in an unequal distribution; a few members ended up with most of the candies. One member who had grabbed the bulk of candies scurried to hide behind a chair in order to protect his stash. Another member, who had stuffed his pocket with candies, ate them voraciously, seemingly oblivious to the anger evoked in the other members. Within seconds the group became very loud and chaotic.

One boy, described as bright, depressed, and critical of himself and others, yelled that the boy behind the chair "is taking too many, as usual!" Another boy tried to break into the cacophony to suggest that they all share, and offered to divide the candies. This boy was described as bright with good ideas, but as typically ignored by peers. Similar to his real life experiences, this boy was ignored by the group. Only the leaders seemed to hear him and in vain, they asked the others to listen to him. The boy who had collected candies in his pocket continued to eat them and joined the boy behind the chair. Another group member began yelling, "you're hogging them!"

With a mouthful of candy, the first boy behind the chair shouted, "I only ate one, so shut up!" The boy who had complained first hollered back "You took too many, about 1,000," and said to the group, "He feels he's the best person in the world." The boy behind the chair began crying, which led one boy to suggest that they give him all the candy. The leaders noted that the conflict wasn't just about the candy and wondered what the boys were trying to communicate. One boy answered, "it's about calling names." The first boy who had become angry said he was bugged

“that he gets ten times more than anyone else,” to which the boy behind the chair responded by running out of the room, crying, with a leader in pursuit.

After being momentarily silent, the boys began expressing their reactions. They articulated their anger at the boy who left as well as their guilt for having driven him from the room. The leader asked how the boys could solve the problem, to which one replied that they could apologize. A second boy responded that saying sorry would not change the past. The most vocal boy suggested a time machine to allow them to redo the episode. Still another boy replied, “just because he cried, it’s still not fair.”

The boy who had run out phoned from the observation room to say that he intended to share but was upset at being called names. This led to a discussion about being called names at school. The group members shared their hope that the group would be a place in which they wouldn’t be teased. One boy told of being continually rejected by a peer at school despite repeated attempts to “be nice.” The leader commented that many of the boys shared the experience of being bullied. As the group session was coming to an end, some boys indicated their anger that the “candy problem” had not been resolved. The leader acknowledged their frustrations and noted that the difficulties they experienced as a group were similar to conflicts in their lives. The leader added that sometimes hurts could not be sorted out right away, which means that people may leave group feeling “yucky.” The leader said it would be important to continue to talk about what had taken place, in the next session. The boys left the group session seeming more settled.

The members resumed discussing what had occurred during the next group session. Based on their understanding of the members, the leaders linked each member’s role in the conflict with difficulties for which that individual was referred to group. The boys listened attentively, and either verbally or nonverbally appeared to agree with the leaders’ insights. Afterwards, the leaders brought out another bag of candies. The members suggested that the leaders give the bag to the boy who had tried to distribute the candy

fairly the week before. The members seemed relieved with this solution.

Comments. Since these boys were not physically deprived or hungry, the importance that food assumed can be understood as having symbolic meaning for the members. Prior to this session, the boys had become more cooperative. The structured activities had provided containment, which had promoted the members' ability to participate and have fun, important and rare experiences for these boys. In this session, food was a catalyst that triggered an enactment by the group whereby the problems that emerged were those for which members had initially been referred. The leaders expressed their confusion about the candy's singular importance and ability to disrupt the group, and wondered why the conflict occurred. The boys responded by talking about what had been triggered for them. This was the first group session in which the members divulged their sense that life wasn't fair to them, their belief that others received more than they did, and their pain and anger at being bullied by peers.

The boys who grabbed the candies can be understood as acting to ensure that they would receive their fair share, spurred on by the expectation that they would not receive an equitable share. The strategies these boys employed were not adaptive. Their desperation to obtain the candy triggered intense responses in the others. The boys who grabbed the candies were not motivated to deprive the others and neither were aware of the consequence of their behaviors. Their motivation seemed to be in protecting their "stashes." Consequently, they were taken aback and hurt by the intensity of the others' anger. Common problems for the members of this group included lack of adaptive strategies to cope with interpersonal situations, lack of awareness of the impact of their behavior on others, and difficulty expressing anger and other feelings appropriately.

The conflict triggered by food was facilitative, as it allowed this group of boys who historically had difficulty expressing themselves verbally to discuss important issues in the group. They did so at first

by enacting their outside problems in the here and now of the group (Yalom, 1995). The group leaders then took the opportunity to link the problems that emerged in the group with those identified outside group, and to help the members process the conflict. For example, the boy who grabbed the bulk of candies and ran out crying after creating much conflict had been referred to group due to his tendency to flee from conflicts he had unintentionally created with peers. With the leaders' support, this boy was able to return to the group and face the others. Further, he articulated his upset at being called names, his intention to return the candies, and his need for the other members' reassurance in order to return. The boy who became particularly outraged by the others hoarding candies was able to articulate his sense that others "always" got more than he, which left him feeling less worthy. In the ensuing discussion, this boy was able to make the connection between his intense anger within the group session and the difficulties with which he struggled outside of group. He received validation in two ways. First, the leaders validated his feelings and second, he recognized that other group members felt similarly. This validation promoted this boy's ability to reflect upon and talk about his experiences, which represented a shift from his standard reactions, described as verbal aggression and/or withdrawal. The leaders' provision of a new bag of candies in the following session represented a reparative experience for this boy, in that he received what he perceived to be an equitable share. The leaders' intervention also provided structure to help the whole group find a way to resolve the previous week's conflict. It was essential in this group that the leaders intervened actively to manage the degree of conflict that emerged and thus ensure that the children did not re-experience their problematic patterns of relating; for example, finding life to be unfair to them and feeling powerless to effect any change.

Case 3: Adapting the Food and Timing to Group Members' Needs

The type of food and the timing at which it is offered can be significant for group members. In organizing the food they provide,

group leaders should be guided by the members' messages comprised of both direct and indirect communications. The following example is an instance in which the leaders made what they believed to be suitable provisions for food; however, the members' needs differed from what was offered, and the leaders were eventually able to hear and to accommodate what members required.

This was a 25 week, racially diverse group composed of young male offenders with learning disabilities between the ages of 14 and 16. These teenagers belonged to peer groups with whom they engaged in criminal activities. They experienced severe economic disadvantage and most of them lived in foster homes or with extended families due to significant family problems. The group was co-led by two leaders from a community agency. The purpose of the group included assisting the members to begin to understand the impact of their learning disabilities on their functioning, in particular on their faulty decision-making processes.

The group took place in the late morning, ending at lunchtime. The members had a long history of arriving for school very late and generally turned up just in time for the sessions. The leaders purchased the food, paid for by the agency. The leaders brought bagels to the first session, which they served at the mid-point. The group members complained that the leaders had not brought "real food," and expressed their hunger and need for "real food." The boys also protested about having to wait for the food, and complained that they could not concentrate because of hunger. Believing they were responsive, the leaders solicited the boys' requests for food for future groups. The boys gave many suggestions (pizza, meat patties, etc.) with which the leaders complied in subsequent weeks; however, the leaders continued to offer the food halfway through the session in the next two meetings because in their agency food was routinely provided after activities or discussion. Another reason for the leaders' insistence on providing food later in the session related to unarticulated concerns that providing food before "work" had occurred would distract the members, and might reduce their incentive to remain for the rest of the session. Although satisfied with the food, the members persisted in

their complaints about the timing. After listening to the boys' arguments, the leaders finally understood the importance of altering the time, and began offering food at the beginning of group. Once the right food was offered at the right time, the group members settled. They became less agitated, shared more about their lives, and seemed more comfortable. The boys spontaneously began to tidy up by putting plates in the garbage and recycling juice bottles. This was significant because of their reputations of being uncooperative with adults.

Comments. The group members' persistence helped the leaders realize that the boys' actual hunger needed to be addressed before they could "work." This realization helped the leaders understand the meaning food had for this group. Importantly, the leaders came to see that they had provided food in part based on their own comfort and biases (for example, bagels at mid-morning). The leaders' increased understanding of the meaning food had for the members and for themselves enabled them to adjust their own behavior. More than a snack, food was actual nutrition. It also symbolized the leaders' willingness and ability to attune to, respond, and nurture the boys emotionally. The leaders came to understand their reluctance to altering the time at which they offered the food, a realization that had important clinical implications. The leaders realized that they had not been hearing what the boys were trying to tell them because of their own largely unaware pre-conceived notions both of when food should be provided and of the group members' motivations. The discussions about food allowed the members to appropriately and assertively communicate their dissatisfaction and resolve the conflict.

CONCLUSION

Group therapy for children and adolescents provides an opportunity for members to socialize with peers and to work through problems. We argue that the provision of food in group therapy can be a powerful tool, and that it is important to examine the meaning food has for a particular group and its members. In some cases the

provision of food provides actual and symbolic nurturance to the group members, and is a way in which group leaders can demonstrate active caring, considered especially important for children and adolescent groups.

Our approach of how food should be offered includes (1) leaders providing specific foods requested by the members (within reason); (2) leaders listening to the members' complaints about the food; and (3) the leaders recognizing how their provisions might not satisfy the members' needs. This responsiveness can supply validation for the members, which may foster the therapeutic relationship and the work.

Food may have significant meanings in group therapy. It is therefore essential that group leaders recognize and understand the potential importance and impact of food, which varies from group to group. Food may evoke intense conflict within the group, which puts the members' struggles "on the table." This may be particularly salient for members who are not able to articulate their concerns. On the other hand, the risk of allowing the conflict to emerge is the possibility that it will not be managed properly and will have negative consequences, such as a child or adolescent once again feeling and being deprived. We have demonstrated that the interactions among the members and leaders are critical in contributing to, understanding, and resolving the conflicts and issues that are evoked by food in group therapy for children and adolescents.

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