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Breaking the Stigma of Dance/Movement Therapy and Eating Disorders: A Literature Review

Capstone Thesis

Lesley University

April 18th, 2024

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Dance/Movement Therapy

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Abstract

This thesis explores the idea of how dance/movement therapy can be a beneficial treatment modality to help individuals with an eating disorder. Dance/movement therapy (DMT) is a body-based approach that involves movement and dance. It is also a psychotherapy that is focused on the mind-body connection. The main question for this thesis is how does DMT benefit individuals with eating disorders and body-image challenges? This question is important to me because after graduating from Lesley I want to start to work with this population and bring DMT into the work that I do specifically with this population. Throughout this thesis the eating disorders that will have a main focus on anorexia nervosa (AN), bulimia nervosa (BN), and binge-eating disorder (BED).

Keywords: Dance/movement therapy (DMT), eating disorders (ED), body image, anorexia nervosa (AN), bulimia nervosa (BN), binge-eating disorder (BED)

Breaking the Stigma of Dance/Movement Therapy and Eating Disorders: How Does DMT Benefit Individuals with Eating Disorders and Body-Image Challenges?

“Whether in motion or stillness, while moving alone or with others, the body is an instrument of consciousness—registering and revealing the personal meanings contained in the mover’s experience” (Tropea and Kleinman, 2022, p. 186).

Introduction

Dance/movement therapy (DMT) is a treatment modality that is one of the many expressive therapies (EXAT). DMT uses movement and is known as a body-based approach as well as a holistic approach. Because the body and movement are used there are benefits to using DMT throughout a variety of different populations and diagnoses. In this case, this literature review will focus on the eating disorder (ED) population. DMT is not the only approach used, the other theory that is commonly used within this population is cognitive behavioral therapy (CBT). DMT can shed light on the recovery of individuals with an ED, even though DMT can have negative feelings about being a treatment approach because it is a body-based approach.

This literature review will help to serve as an answer to my question on how does DMT benefits individuals with an eating disorder and body image challenges. Throughout the literature review, the primary focus is on eating disorders, anorexia nervosa, bulimia nervosa, and binge-eating disorder. The literature review discusses the following eating disorders, DMT, research done on this treatment approach, cognitive behavioral therapy, DMT frameworks and approaches, and an evidence-based intervention.

In regards to DMT being a branch of EXAT, there are negative thoughts and feelings around DMT being a treatment approach for eating disorders “It has been said by clients and clinicians alike that dance/movement therapy (DMT) is a difficult therapeutic process to

articulate” (Tropea & Kleinman, 2022, p. 186). Being sensitive to this treatment approach and the diagnosis helps create a safety net for these individuals with an ED. “One of the challenges for clinicians is to engage individuals with ED and trauma in shifting the focus to a fuller experience of living in their bodies.” (Tropea and Kleinman, 2022, p. 186). This work can be challenging but this type of treatment modality can help the individuals who disassociate with their bodies and help them be more attuned within their bodies. DMT is an exploration of the body as well as the mind.

Method

Dance/movement therapy and eating disorders can be a beneficial treatment modality. The purpose of this literature review is to use peer-reviewed articles, qualitative and quantitative journals, websites, and books to help understand dance/movement therapy and eating disorders. With these resources, I was able to create a method based on different sub-sections and get current information based on the diagnosis and past and current work within the dance/movement therapy field. When searching for these peer-reviewed articles I used the Lesley Library, Google Scholar, Google, and American Dance Therapy Journals. The terms used while searching were *dance/movement therapy*, *eating disorders*, *anorexia nervosa*, *bulimia nervosa*, *binge eating disorder*, *dance movement therapy and eating disorders*, and *body image*.

Literature Review

This literature review aims to explore eating disorders and the treatment approach of dance/movement therapy (DMT). This literature review explores the eating disorders anorexia nervosa, bulimia nervosa, binge eating disorder, body image, cognitive behavioral therapy, previous research within eating disorders and dance/movement therapy, DMT, DMT approaches

and frameworks, and evidence-based interventions. Overall the goal is to provide a deeper understanding of how embodied interventions and approaches can benefit this complex disorder.

Eating Disorders

Eating disorders affect humans mentally and physically. There are different types of eating disorders (ED), which include Anorexia Nervosa (AN), Bulimia Nervosa (BN), and Binge Eating Disorders (BED). Eating disorders present differently within each individual but have similar underlying symptoms. There are other eating disorders known as other specified feeding or eating disorders, avoidant restrictive food intake disorder (ARFID), Pica, and rumination disorder. Again, these eating disorders all present differently within each individual who suffers from an eating disorder. The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision DSM-5-TR is a resource guide used for mental health diagnoses. The DSM-5-TR mentions what a feeding and eating disorder is, “Feeding and eating disorders are characterized by a persistent disturbance of eating or eating-related behavior that results in the altered consumption or absorption of food and that significantly impairs physical health or psychosocial functioning. Diagnostic criteria are provided for pica, rumination disorder, avoidant/restrictive food intake disorder, anorexia nervosa, bulimia nervosa, and binge-eating disorder” (APA, 2022, p. 329). Eating disorders have a high mortality rate and can begin/affect children as young as the age of 5 years old (King, 2019). An eating disorder is more common to start at this age frame and can continue for a long period if not treated. The numbers for eating disorders are high in women, but men do suffer from eating disorders. “Disordered eating is both pervasive and escalating. Using broad screening criteria, 19.4% of women and 13.8% of men globally meet the criteria for an eating disorder” (Levinson et al., 2024. p. 1). The main focus of this literature review will be on AN, BN, and BED. Some key factors that are associated with

these specific EDs are poor body image, managing weight, or even managing the intake of food (APA, 2018). In this section, AN, BN, and BED will be discussed as their disorders followed by what the ED is, what the diagnostic features describe the ED to be, the comorbidities as known as the other diagnosis, symptoms within each of the ED, and what treatment looks like for each ED.

Anorexia Nervosa

Anorexia nervosa is an eating disorder that is primarily known as anorexia. This ED is commonly hard to overcome and treatment is offered but typically a person with this ED does not want to receive help or may be resistant to treatment. Anorexia nervosa is described as “individuals to have an obsessive fear of gaining weight, which includes difficulty maintaining healthy body weight. Subtypes also exist that include other forms of ED behaviors, such as self-induced vomiting, compulsive exercise, and laxative abuse.” (Tropea and Kleinman, 2022, p. 187).

The American Psychological Association (APA) definition of anorexia nervosa is “an eating disorder, occurring most frequently in adolescent girls, that involves persistent refusal of food, excessive fear of weight gain, refusal to maintain minimally normal body weight, disturbed perception of body image, and amenorrhea (absence of at least three menstrual periods).” (APA, 2022, p. 342). Individuals with AN often see themselves as overweight and could be extremely underweight and this comes with the intense fear of gaining any weight which results in less food intake. The DSM-5-TR lists the diagnostic features that are associated with AN “There are three essential features of anorexia nervosa: persistent energy intake restriction; intense fear of gaining weight or of becoming fat, or persistent behavior that interferes with weight gain; and a disturbance in self-perceived weight or shape.” (APA, 2022, p. 329). Comorbidities known as

other diagnoses are common in individuals who have an eating disorder. Based on the focused eating disorders AN, BN, and BED the comorbidities look different in each diagnosis, but can still be an underlying factor within the individual with an eating disorder. Comorbidities can be either having one eating disorder or multiple, along with other diagnoses. Individuals who have AN can be associated with the comorbidities mentioned below from the DSM-5-TR:

“Bipolar, depressive, and anxiety disorders commonly co-occur with anorexia nervosa(). Many individuals with anorexia nervosa report the presence of either an anxiety disorder or symptoms of anxiety before the onset of their eating disorder. OCD is described in some individuals with anorexia nervosa, especially those with the restricting type. Alcohol use disorder and other substance use disorders may also be comorbid with anorexia nervosa, especially among those with the binge-eating/purging type.” (APA, 2022, p. 344)

The symptoms associated with AN normally depend on the individual, they can be present or not. Symptoms associated with AN are significant weight loss, excessive exercise, missing meals or not eating. There are more symptoms of AN but these are the most common symptoms. “Individuals with an ED diagnosis may utilize ED compensatory behaviors such as vomiting, exercise, and weighing, as well as binge eating, to regulate or escape intense negative cognitive-mediated emotions and distress” (Nearman et al., 2024, p. 1). As mentioned previously individuals with this ED sometimes do not want treatment or help. The common treatment approaches can vary from individual therapy, family therapy, and hospitalization/inpatient care based on the severity of AN. The most common form of treatment approach is cognitive behavior therapy (CBT) and interpersonal psychotherapy (APA, 2018).

Bulimia Nervosa

Bulimia nervosa (BN) is “an eating disorder involving recurrent episodes of binge eating (i.e., discrete periods of uncontrolled consumption of abnormally large quantities of food) followed by inappropriate compensatory behaviors (e.g., self-induced vomiting, misuse of laxatives, fasting, excessive exercise).” (APA, 2022, p. 345). The DSM-5-TR lists the diagnostic features that are associated with BN mentioned:

“BN can look like “An “episode of binge eating” is defined as eating, in a discrete period, an amount of food that is larger than most individuals would eat in a similar period under similar circumstances (Criterion A1). The context in which the eating occurs may affect the clinician’s estimation of whether the intake is excessive. For example, a quantity of food that might be regarded as excessive for a typical meal might be considered normal during a celebration or holiday meal. A “discrete period” refers to a limited period, usually less than 2 hours. A single episode of binge eating need not be restricted to one setting. For example, an individual may begin a binge in a restaurant and then continue to eat on returning home. Continual snacking on small amounts of food throughout the day would not be considered an eating binge.” (APA, 2022, p. 346).

Comorbidities within BN can vary throughout the individual dealing with this disorder, meaning there might be other diagnoses or not. With BN the comorbidities are mentioned below from the DSM-5-TR

“Comorbidity with mental disorders is common in individuals with bulimia nervosa, with most experiencing at least one other mental disorder and many experiencing multiple comorbidities. Comorbidity is not limited to any particular subset but rather occurs across a wide range of mental disorders. There is an increased frequency of depressive

symptoms (e.g., low self-esteem) and bipolar and depressive disorders (particularly depressive disorders) in individuals with bulimia nervosa. In many individuals, the mood disturbance begins at the same time as or following the development of bulimia nervosa, and individuals often ascribe their mood disturbances to bulimia nervosa. However, in some individuals, the mood disturbance clearly precedes the development of bulimia nervosa. There may also be an increased frequency of anxiety symptoms (e.g., fear of social situations) or anxiety disorders. These mood and anxiety disturbances frequently remit following effective treatment of the bulimia nervosa. The lifetime prevalence of substance use disorder, particularly alcohol use disorder or stimulant use disorder, is at least 30% among individuals with bulimia nervosa. Stimulant use often begins in an attempt to control appetite and weight. A substantial percentage of individuals with bulimia nervosa also have personality features that meet criteria for one or more personality disorders, most frequently borderline personality disorder” (APA, 2022, p. 349).

The symptoms of BN can present differently in individuals who have this ED. The common symptoms of BN are consuming food and then eliminating the food that was just consumed, fear of gaining weight, and excessive exercise. “Individuals with BN are often weight suppressed” (Forney et al., 2024, p. 2). The common treatment approaches for BN are cognitive behavioral therapy (CBT) and interpersonal psychotherapy (APA, 2018). Depending on the individual’s severity of BN there are hospitalization/inpatient treatment options.

Binge Eating Disorder

Binge eating disorder is described as “consuming abnormally large quantities of food in a discrete period with a concurrent sense of loss of control. Recurrent binge eating is associated with numerous adverse consequences, such as increased risk of obesity and its medical sequelae, as well as depression and other mental health problems. When the behavior is chronic and pervasive, it is diagnosed as a binge-eating disorder” (APA, 2022, p. 350). The DSM-5-TR lists the description of diagnostic features that are associated with BED as mentioned:

“Individuals with binge-eating disorder are typically ashamed of their eating problems and attempt to conceal their symptoms. Binge eating usually occurs in secrecy or as inconspicuously as possible. The most common antecedent of binge eating is negative affect (Dingemans et al. 2017). Other triggers include interpersonal stressors; dietary restraint; negative feelings related to body weight, body shape, and food; and boredom. Binge eating may minimize or mitigate factors that precipitated the episode in the short-term, but negative self-evaluation and dysphoria often are the delayed consequences” (APA, 2022, p. 351).

With BED the DSM-5-TR comorbidity section mentions that AN and BN are common diagnoses, which was previously mentioned. The DSM-5-TR mentioned that “binge-eating disorder is associated with significant psychiatric comorbidity that is comparable to that of bulimia nervosa and anorexia nervosa. The most common comorbid disorders are major depressive disorder and alcohol use disorder” (APA, 2022, p. 353). The common symptoms of BED include periods of overeating even when not hungry, weight gain, and eating at a fast pace. There are more aspects to BED symptoms such as physical or behavioral symptoms. The treatment approaches for BED are common to AN and BN. Treatment approaches that are used

are CBT and interpersonal psychotherapy, these two forms of therapy are to be used for long-term care and not short-term (APA, 2018).

Body Image

Within the EDs presented AN, BN, and BED body image is one of the common issues among individuals with these diagnoses. Body image is described as “the mental picture one forms of one’s body as a whole, including its physical characteristics (body perception) and one’s attitudes toward these characteristics (body concept). Also called body identity.” (APA, 2022, p. 341). Social media can play a part in body image and how experiences define the perceptions of the body which relates to positive, negative, and combinations of thoughts. Jarmen et al. (2024) suggest the use of social media in adolescents and how that may appear for certain individuals. Jarmen et al. (2024) mention “Applied to considerations of the social media and body image relationship, it is possible that body satisfaction may direct social media engagement. Specifically, individuals with poor body satisfaction may seek out distinct gratifications from social media, increasing frequency of use or engagement with specific activities (e.g. comparing oneself, viewing others’ profiles, or posting images to obtain appearance feedback), with the aim of self-improvement” (p. 294).

Social media can be a factor in the way that individuals perceive themselves. Individuals can look at themselves both positively and negatively when it comes to social media Jarmen et al. (2024) “In line with sociocultural theories, appearance-focused social media use, here defined and measured as Instagram and Snapchat use, likely influences body image by presenting and reinforcing the importance of appearance ideals and facilitating comparisons. Consistent with this, appearance-focused social media use, specifically exposure to fitspiration content on

Instagram, appears to be more harmful for body image than general time spent on social media.” (p. 295)

Jarmen et al. (2024) mention that body image and social media are affecting both females and males “both boys and girls experience concerns regarding negative evaluation and appearance pressures on social media” (p. 296). Within the contexts of DMT and eating disorders, body image is commonly brought up. Syper et al. (2023) mentions “defined body image, in the context of DMT, as an individual’s psychological experience of, and feelings towards, their body. An individual’s body image develops based on their internal and external experiences of their body” (p. 13). Body image is a major component that is involved in the diagnosis of AN, BN, and BED, as well as social media being a factor amongst adolescents.

Dance Movement Therapy

Dance/movement therapy (DMT) is defined by the American Dance Therapy Association (ADTA) as the psychotherapeutic use of movement to promote emotional, social, cognitive, and physical integration of the individual, for the purpose of improving health and well-being. (ADTA, 2020). When using DMT as a treatment approach there are other factors that can play into this treatment approach which can be using other expressive arts modalities (art therapy, drama therapy, music therapy, expressive arts therapy), music, and props. DMT benefits from the non-verbal movements and gestures that can lead to being able to express these movements and feelings verbally after experiencing movement. Chaiklin and Wengrower (2016) mention that “Honing their native language into therapeutic skills frees the dance/movement therapist to spontaneously develop the body language of those they are working with into meaningful interactions” (p. 144). DMT is used within many different populations and is effective as a treatment approach.

Mind-Body Connection

The mind-body connection is an important concept in DMT work. Syper et al. (2023) suggest “DMT aims to improve many of the same features in mind-body connection and is another approach that could be beneficial for ED treatment” (p. 216). “The mind-body connection is everywhere in human experience, from the child whose frustration manifests in kicks and screams to the adults who calm their nerves by taking deep breaths” (Acolin, 2016, p. 1). Within the ED population, there can be a mind-body disconnection or dissociation (Tropea and Kleinman, 2022). In the world of DMT, the mind-body connection the main focus is that the body, mind, and spirit are interconnected (Acolin, 2016). The way that I understand the mind-body connection is that the mind and body are intertwined and that the way our mind is feeling can be present in the physical aspect of how we present in our bodies. For example, being stressed can cause tension in the body primarily in the neck or back. DMT is focused on the mind-body connection although there is no specific theory the theories and frameworks are pulled from and then have a better understanding of how the mind and body are connected and how the importance of understanding this helps in the way we observe the body.

Dance/Movement Therapy Research within the Eating Disorder Population

Dance movement therapy (DMT) is a form of treatment that has numerous studies based on people who are suffering from an eating disorder. Although many populations have different outcomes, dance/movement therapy is known to be a great treatment tool in the recovery process. These quantitative articles help support the topic of my thesis based on dance/movement therapy, and eating disorders within the population of children, adolescents, and adult women.

Children and Adolescents

The primary focus of this study was based on the psychosocial treatment for eating disorders for the population of children and adolescents. The participants of this study were in the age groups of 6-12 and 13-18. The participants also have their families involved in the treatment because the population is children and adolescents. The methods that are mentioned in this study are based on the different types of eating disorders, there is a different method for each of the eating disorders. The results of these different studies are associated with the eating disorder which can be seen in a table. The discussion based on the study is spread out through each different eating disorder (Datta et al., 2023).

The limitations that are mentioned in this study (Datta et al., 2023) are that mainly the research is being done predominantly with caucasian females, but there has been a huge change in inclusivity from prior studies. Another limitation is involving telehealth due to COVID-19. The limitations that I noticed throughout the study is that there was not a set of participants, there was only an age group for the children and adolescents, so having an actual number of participants is something to further investigate. Another limitation is that all eating disorders were mentioned and had their own methods and results. Something to further investigate is one eating disorder and getting more information from one, rather than having all of the eating disorders in one study. Overall the study provided all of the information based on eating disorders and the different types of illnesses revolving around children and adolescents. The tables that were involved and the brief overviews of the eating disorders were helpful but more investigating should be done about each individual disorder (2023).

Adult Women

The primary focus of this study was based on eating disorders, body image, and dance/movement therapy. Savidaki et al. (2020) mention that the participants of the group were 14 individuals who came from a private clinic. The participants were separated into two groups. The method for this research is that the participants would attend an intervention for 14 weeks. Seven of the participants were going to be using DMT and the rest would be continuing normal treatment. Savidaki et al., (2020) mention that all participants at the beginning and end of the 14 weeks would complete a *Multidimensional Body Self Relations Questionnaire (MBSRQ)* and the *Toronto Alexithymia Scale (TAS-20)*. The DMT group would keep a journal throughout these 14 weeks. According to Savidaki et al., (2020), The results of this study were that the DMT group showed improvement in their treatment and appreciated the relationships that were created within the group. The control group didn't show as much improvements as the DMT group did. This study's discussion mainly covered the (MBSRQ) and the (TAS-20). The discussion also mentions what the main focus was regarding body image and eating disorders and how DMT can potentially be an evolving treatment for this population. The limitations that were expressed in the article were based on the quantitative results and how sample groups were being measured. The limitation that I noticed is the population and inclusivity that was not present in the study. The study was on 14 women who were a part of a university and they were Spanish. This study provided an interesting outlook on eating disorders and DMT, this quantitative study gives a lot of the participants' personal experiences, and the charts of the control and DMT groups were interesting to compare as the results were either improved or not (Savidaki et al., 2020).

DMT and Anorexia

The primary focus of this study was on the eating disorder anorexia and arts-based methods that are contributing to the women in this research suffering from anorexia (Malecki et al. 2022). The research discusses the childhood trauma that results in these women's lives with anorexia. “The researchers aimed to explore the embodied experiences of women who experienced childhood abuse and developed anorexic behaviors” (Malecki et al., 2022, p. 4). The participants of this study were eight, heterosexual, low to middle socioeconomic-status women all over the age of eighteen. Purposive sampling techniques were used to recruit these participants into the research such as flyers placed in reception areas of doctors or psychologist offices (2022). The method consisted of two sessions where participants engaged in a body mapping experience and interview. The goal of the experiential was to analyze how participants engaged with a body-based practice and made connections to their cultural and individual experiences with anorexia. The result of this study was based on a conceptual framework created in the research which is in relation to the different themes that were based on the participant's embodied experiences (2022). The results from the participants were the artwork they created through this process and each participant shared their thoughts about this process. “The methodologies enabled the researchers to translate the participants' suffering into a visual and textual form, enabling a marginalized group to be heard and the chance to claim the unspeakable” (Malecki et al., 2022, p. 23). The author did not mention the limitations of this study. A limitation that the writer noticed is that the result section didn't have a result of the whole group, it was scattered through the different themes. Another limitation that the writer noticed is that there were no clear limitations to this study.

DMT Approaches and Frameworks

DMT and eating disorders have a sensitivity around using this as a treatment approach because of the body-based approach. “However, the authors discuss how the inherent physicality of DMT can also be triggering for individuals with EDs and the risks and benefits of this treatment modality should be considered” (Syper et al., 2023, p. 216). Creating safety and knowing how to work with ED properly is a key component.

“As stated by Kleinman (2016), one of the primary difficulties that individuals with EDs experience is alexithymia. DMT can help individuals with EDs reconnect with their feelings through movement. “The dance/movement therapist facilitates expression by inviting patients to begin to notice their otherwise deadened, or overly controlled sensations, impulses, and natural movements and to consciously embody these movements (Kleinman, 2016, as cited in Syper et al., 2023, p. 144). By renewing an authentic connection with the body, individuals with eating disorders can become more aware of the underlying issues that maintain their eating disorder and this awareness is necessary for change” (Syper et al., 2023, p. 216).

In therapy, the therapeutic relationship is an important part of the treatment process, especially when using DMT with individuals with EDs. “The therapist-patient relationship is a central component in DMT approximation. The DMT therapist uses specific tools of movement analysis to observe and interpret the participants’ body language. Building upon these observations, techniques such as attunement and mirroring are applied, which provide a link between attachment and non-verbal behavior” (Savidaki et al., 2020, p. 2). The mind-body connection is used throughout DMT and with eating disorders specifically it can help individuals be more in tune with their bodies because they experience being disassociated with their bodies.

“Furthermore, by understanding the interconnection of body and mind through the lenses of trauma research and the nervous system, we as clinicians are better equipped to assist individuals with eating disorders” (Tropea and Kleinman, 2022, p. 187). DMT and eating disorders can generally have stigmas around it but it is shown to be another treatment approach that can help individuals with EDs.

The Cognitive Markers

The Cognitive Markers (CMs) that were created by Susan Kleinman help not only the dance/movement therapist but also the participants in a group, it serves as a guide (Tropea and Kleinman, 2022, p. 190). The Cognitive Markers are listed as 1.) Explore an experience; 2.) Make discoveries regarding what has been explored; 3.) Acknowledge a discovery that emerges; 4.) Connect the meaning of the discovery metaphorically to a familiar pattern or experience; and 5.) Integrate the meaning of the discovery with the connection, so that insights can develop and be explored over time. (Tropea and Kleinman, 2022, p. 190). Within DMT there are methods and concepts when using this body-based approach.

Kinesthetic Awareness

As mentioned by Tropea and Kleinman (2022), Kinesthetic Awareness is maintaining conscious awareness of our “self,” physically, emotionally, and cognitively, while facilitating movement experiences that help the individual connect with their own feelings. Rhythmic Synchrony is being in tune with individuals in order to develop and sustain attuned experiences. Kinesthetic Empathy is fostering shared expression by tapping into the individual’s issues in an embodied fashion and even sharing feeling states with them. These concepts and methods are key components to doing work with DMT but these are in relation to individuals with EDs.

While doing this work there are other components to bring into the session examples such as music and props, these components can help bring in awareness of new movements and connections (Tropea and Kleinman, 2022). They create a way to implement the process when using DMT as a treatment approach with the ED population. This process uses sensitivity to this body-based approach and allows this process to be a safe/comfortable place to use the body.

Tropea and Kleinman (2022) suggest this as a process:

- Attune to participants' needs while still taking charge and sensitively challenging risk-taking.
- Create ways to shift your ideas to incorporate theirs.
- Support and validate individuals' attempts to participate, even when the results of an experience may be limited.
- Incorporate a sense of playfulness along with humor, softening the intensity of emergent material to assist individuals in tolerating their expression.
- Foster and encourage the restorative power of creativity by allowing participants to both address difficult situations, as well as discover pleasurable ways to move beyond the material.
- Recognize and address resistance so that participants will understand their fears and feel safe enough to return for additional sessions.
- Assist individuals when they are unable to stay present (dissociate) by helping them to gain control. Project your own confidence in moving through this and other difficult moments.
- Develop mutual relationships that speak to safe connection, truth, and hope.

(Tropea and Kleinman, 2022, p. 192-193)

This process can be beneficial when doing DMT work, it engages with the sensitivity that can arise when working with this population as well as bringing the safe space component which is beneficial too.

DMT Intervention Model

Savidaki et al. (2020) suggest a DMT intervention model. This DMT intervention model was created by the Marian Chase model (Savidaki et al., 2020). The intervention included the following: “Each session was divided into 6 parts: check-in, warm-up, guided imagery, exploration in movement, writing, check out. During check-in, the participants were invited to share their current emotional state.” (Savidaki et al., 2020, p. 4). Based on the sensitivity of this body-based approach Savidaki et al. (2020) suggest the trust and safety that was provided in the first few sessions to build a therapeutic relationship before doing anything body-based. Based on the DMT intervention model mentions the three sections of objectives (O), interventions (I), and examples (E). The different objectives, interventions, and examples are stated as follows:

- O: connections with one’s self, I: breathing, and E: participants observe their breathing and the ones of others.
- O: body awareness, I: exploration with objects, and E: participants explore what it is like to feel an object on different parts of their bodies and how different it feels.
- O: interactions among the participants, I: movement in pairs, and E: partners explore accepting or rejecting touch by a partner and explore moving different body parts.
- O: an exploration of limits, I: exploring the space, and E: participants are given objects to use to observe their personal space.
- O: group cohesion, I: group games, and E: being in a circle and passing a ball to a member in a group but using names as a direction.

- O: empathy, I: movement exploration, and E: participants choose a space in the room and are offered to be held and consent to being held, participants are asked to say no if they do not feel comfortable doing this.
- O: reflection, I: group circle, and E: participants are able to share what has come up for them and relate these feelings to their personal lives or ED symptoms (Savidaki et al, 2020, p. 5).

In regard to the way the intervention model is used within the ED group, “The aim was to experience feelings of safety and comfort as well as to explore one’s own emotional resources” (Savidaki et al, 2020, p. 4). Savidaki et al. (2020) discuss how this intervention model was made for a group in which the participants have an ED. Savidaki et al. (2020) noticed how difficult it was for participants to explore in movement explorations and how negative body experiences were shown in this study, therefore using guided imagery was a mediator to help the participants connect to their body and movement.

Cognitive Behavioral Therapy

Cognitive behavioral therapy also known as CBT is a very commonly used theory approach in DMT and is one of the most effective treatments used with the ED population. The APA describes this approach as “a form of psychotherapy that integrates theories of cognition and learning with treatment techniques derived from cognitive therapy and behavior therapy. CBT assumes that cognitive, emotional, and behavioral variables are functionally interrelated. Treatment is aimed at identifying and modifying the client’s maladaptive thought processes and problematic behaviors through cognitive restructuring and behavioral techniques to achieve change. Also called cognitive behavior modification; cognitive behavioral therapy.” (APA, 2022, p. 329). “CBT for eating disorders involves addressing behavioral changes (e.g., eating

differently, reducing bingeing and purging), as well as addressing core beliefs and secondary cognitive compensatory beliefs related to the control of eating, weight, and shape” (Vrabel et al., 2024, p. 1). As CBT is used with this population, it is the most commonly used and is beneficial.

Evidence-Based DMT Intervention

Syper et al. (2023) created an evidence-based intervention. Since I was not able to create my intervention or method, it was helpful to see what DMT can look like while doing interventions with the ED population. Syper et al. (2023) focus on eating disorders, body image concerns, self-esteem, and DMT. Throughout this evidence-based research/intervention, Syper et al. (2023) were able to provide the research questions. “This study was conducted to answer the following research questions: what are the perceived effects of DMT for the treatment of EDs, and how if at all, does this experience impact mind-body connection, self-esteem, and emotional awareness” (Syper et al., 2023, p. 217). The research paradigm by Syper et al. (2023) mentions “This study relied primarily on a constructivist transcendental phenomenological approach with some postpositivist influence. Interviews were the primary source of data and the researcher interacted directly with each participant” (p. 217). The participants of this study were recruited and interviewed for a 6-month period and 11 individuals identified as female (Syper et al., 2023). These participants also had an ED diagnosis and had already participated in DMT. Throughout this process, there were participant’s input on what happened throughout this 6-month process based on the key concepts. The participants were able to reflect on the DMT experience with the concepts of the mind-body connection, being present, discomfort with dance, and being witnessed (Syper et al., 2022). There was also a section based on the impact of DMT which included sections with body image, self-esteem, and emotional awareness. Lastly, the

participants were able to reflect on DMT and talk therapy. One of the participants from this section shares the following based on the benefits of DMT over talk therapy:

“...I think anything where you can see, or trauma goes into this a lot, like where your body becomes an enemy or an unsafe place or something negative, um there’s only so much talking, thinking, mindfulness, Jesus mindfulness stuff... without any like. Mindfulness is important...um, like I support that one hundred percent, but if there isn’t like a body connection to it, I think that it’s not actually helpful. But, uh like if I have all of the [cognitive behavioral therapy] skills in the world, but the idea of like recognizing that I have a physical body um is still too uncomfortable to approach I don’t...there’s there isn’t a lot, there there’s really nowhere to go. Um, and so I don’t know. I just don’t see how you can have any like...if you’re suffering and your relationship with your body is part of the suffering and is not where you orient and base like the treatment or the care that you’re getting, um...I mean I don’t think it’s that surprising that it doesn’t connect on enough levels to be that meaningful or that it always seems to almost help, but it really doesn’t because you’re in a like body-focused state of suffering um that you can’t think your way out of” (Syper et al., 2023, p. 229).

Survey Questions

A survey was conducted at the end of this evidence-based intervention which is provided below (Syper et al., 2023, p. 234):

1. Before we get to my list of questions, what is the most important thing you want me to know about your experience?

2. Over the course of your treatment, what have your experiences been like with treatment professionals, including doctors, nutritionists or dieticians, and mental health professionals?
3. Over the course of treatment for your eating disorder, and relapses if you had any, what were the main obstacles for you to overcome?
4. How, if at all, do you feel that DMT was able to help you overcome these obstacles?
5. What led you to seek out, or agree to participate in, dance/movement therapy (DMT) for the treatment of your eating disorder?
6. What was your experience of DMT like in general?
7. What elements of DMT were the most helpful and why?
8. What elements of DMT were the least helpful and why?
9. What ways, if any, did DMT help you that talk therapy did not?
10. How, if at all, did your relationship with your body change throughout your participation in DMT?
11. How was it to be present in your body throughout DMT?
12. What changes, if any, did you notice in your self-esteem? If there were any changes, what do you think helped that happen?
13. What changes, if any, did you notice in your ability to identify and label your emotions? If there were any changes, what do you think helped that happen?
14. What changes, if any, did you notice in your ability to express your emotions? If there were any changes, what do you think helped that happen?
15. Are there any aspects of DMT, including specific activities, that you will incorporate into your life going forward? If yes, what are they and why?

16. Is there anything we didn't talk about that you feel it would be important for me to know about your experience?

17. How are you feeling about your recovery from the eating disorder now, after your participation in DMT?

18. Do you have any questions for me?

Based on this evidence-based research/intervention (2023) it was important to have the participant's experiences shared about how using DMT was a helpful treatment approach. This intervention shows how there was a 6-month period which can be beneficial to the safety that needs to be provided when using this treatment approach.

Discussion

For this literature review, I have already had an interest in working with an eating disorder population after graduating. Getting to do more intense research on ED diagnoses and to see what dance/movement therapists have done in this field of work or what they are currently doing. Throughout this literature review, I was able to find useful journals to help benefit my overall question as well as fulfilling my knowledge on the EDs. I was also able to connect with someone in the DMT field who works with this population and was able to hear what their process is as well as helpful resources to continue to create this literature review.

Throughout this literature review, I was able to see how DMT works with eating disorders although it doesn't mention a specific eating disorder treatment. The work that has been primarily done in the field focuses on mostly AN, BN, and BED together as a whole. Within the three most known eating disorders some are similar but also some can be drastically different examples can be AN and BED. If I were to do future research on DMT and eating disorders I would focus on one eating disorder. Self-esteem was mentioned in a few journals as being

associated with eating disorders but there should be more of a focus on how people with eating disorders perceive their body within the limits that it can be positive, negative, or a combination of both.

Conclusion

In conclusion, DMT can be an effective and beneficial treatment approach. Within the stigmas and sensitivity that ED's disorders have as well as using a body-based approach, there is great evidence to back up my question. DMT is not only used by itself, it's normally used with CBT. Eating disorders are a complex diagnosis and individuals need to have other coping skills and using a body-based approach can be beneficial in the recovery process. DMT can let individuals express themselves by using movement and exploring what these movements can mean. The therapist/clinician needs to be fully aware of the sensitivity while facilitating with this population. Overall DMT has been a treatment approach that has a lot of research based on how to properly be a safe container to use within the ED population, it is not something that is new within the field and is again beneficial.

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<https://journals.sagepub.com/doi/pdf/10.1177/10497323231152142>

THESIS APPROVAL FORM

**Lesley University
Graduate School of Arts & Social Sciences
Expressive Therapies Division
Master of Arts in Clinical Mental Health Counseling: Dance Movement Therapy, MA**

Student's Name: Lisandra Fernandez

Type of Project: Thesis

Title: Breaking the Stigma of Dance/Movement Therapy and Eating Disorders: A Literature Review

Date of Graduation: 5.18.2024

In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

Thesis Advisor: Dr. E Kellogg