

## **Project Title:**

### **Dance Movement Therapy Group for People Living with Eating Disorders**

Please note that the definition of eating disorders (EDs) is in line with the Diagnostic and Statistical Manual-5 and includes anorexia nervosa (AN), bulimia nervosa (BN) and other specified feeding and eating disorders (OSFED) (Robinson, et al., 2024).

## **Summary**

It is proposed that a 12-week Dance Movement Therapy (DMT) weekly group therapy program be implemented to support the ED recovery journey through integration of the body and mind. This pilot recovery program would be implemented within a multidisciplinary team, alongside other existing psychological interventions such as CBT and DBT, to achieve holistic recovery.

## **Background**

Approximately 1.1 million Australians are living with an eating disorder (National Eating Disorders Collaboration, n.d.). This does not include people who experience disordered eating such as restrictive dieting and binge eating but do not meet the criteria for an eating disorder. Approximately one-third (31.6%) of Australian adolescents engage in disordered eating behaviors (Sparti, et al., 2019).

"As obsessed as clients with eating disorders are about their bodies, they are not really 'living in' or 'grounded in' their bodies. The body is not used as a place to live or experience, but as an object needing to be controlled" (Ressler, 2009, p.145, as cited in Kleinman, 2018). Kleinman (2018, p.115), a dance movement therapist, explains that "our bodies house feelings, sensations," yet individuals with EDs "have difficulty making their 'house' a 'home'".

Traditionally, cognitive behavioural therapy and interpersonal psychotherapy have been offered as treatment methods for people with EDs; however, the effectiveness of those interventions is limited (Syper, et al., 2023). It is vital for individuals with EDs to gain a body-mind connection to recover from distorted body images and explicit body beliefs (Cook-Cottone, 2015; Kleinman, 2018). It is the body that informs us of our inner compass and connects us with our inner knowing. This leads us to become less dependent on external references such as weight, body size, and others' opinions.

## **DMT and Eating Disorders**

Dance movement therapy is a form of psychotherapy, tailored for individuals and groups, that premises the relational use of movement, embodied therapeutic practices, and the use of creative processes to enhance a person's physical, cognitive, emotional, social, and cultural well-being. Based on the empirically supported unity of body and mind, it recognizes that change and growth in one area support change and growth in the other (Dance Movement Therapy Association of Australasia Incorporated, n.d.).

Individuals living with eating disorders often experience alexithymia and focus on body distortions, making it difficult for them to view their body as a home. In a DMT setting, participants are gently encouraged to observe their bodies both proprioceptively and interoceptively, fostering a connection to internal states, bodily sensations, and the environment. This approach helps individuals learn how to care for and be compassionate toward their bodies. They are invited to recognize their numb and controlled sensations and to intentionally generate movements (Kleinman, 2016). Through movement and dance, they are guided in activating receptors that enhance proprioception—the ability to sense the body's position and motion in space—which aids in reconnecting them with their feelings both verbally and nonverbally (Kleinman, 2009; Syper et al., 2023).

Bastoni et al. (2024) found that 49 inpatient women with EDs (aged between 18 and 34) who participated in four DMT group sessions showed reduced alexithymia and significant improvements in their emotional regulation following the DMT interventions. This research suggests DMT can be considered a useful

intervention for individuals with EDs, although it states that more research focusing on DMT and EDs is needed. There have been very few DMT-ED related ongoing programs offered in Australia and certainly none in South Australia at the time of writing this proposal. Hence, we would like to propose the DMT group therapy plan below.

## **Proposal of Program**

### **Structure of a Session**

The session will start with a gentle check-in, warm-up, development of movements, and warm-down. The group will have time to journal the process through words and images to support meaning-making. A warm-up in a DMT session is essential as participants start to experience their own body separately from others, the space around them, and extended movements from their own body in relation to the group. Our focus in this group is to reconnect with the body through proprioception and interoception in a gentle and kind way, to offer opportunities for co-regulation and expression, and ultimately to find hope for the future. No judgments toward themselves, their bodies, and movements are emphasized.

The approach to the body is trauma- and attachment-informed practice, respecting the group participants' pace and choices. We focus on creating a safe and non-judgmental space throughout the program. Participants are not required to have movement and dance experience or skills.

A proposed 12-session plan is attached at the end of the paper.

### **Aims of Sessions**

- Finding our edges, where the body begins and ends in relationship to others and to the space.
- Sensing the body as parts and as a whole to find a sense of safety in the body.
- Finding a connection between the mind and body.
- Naming emotions through movements and bodily felt senses.
- Supporting meaning-making through self-expression and choice-making.
- Experiencing co-regulation through the strategies inherently used in DMT interventions and understanding of the sympathetic and parasympathetic nervous systems.

**Frequency:** Weekly closed group

**Duration:** 15 minutes + 90 minutes of session + 15 minutes for 12 weeks (Participants have 15 minutes to arrive and settle in the space and can stay for another 15 minutes after the session.)

**Place:** To be discussed and decided with the partnering organization

**Size of the Group:** Minimum 4 – Maximum 8 people (Age 16 and above)

**Proposed days and times:** To be discussed and decided with the partnering organization

**Resources:** DMT often uses music and props to support participants in the proposed explorations. These will be provided by the facilitators and will be carefully selected based on the participants' preferences, interests, and access needs.

**Multidisciplinary team relationship:** As part of the project, a taster session will be offered to professionals on the team so that they can experience the employed methodologies. It is important to establish a relationship with the rest of the team in the best interest of the participants.

**Participant selection:** Self-referral, referral from other practitioners on the team, and GPs

## **Facilitators**

**Mioi Forster-Nakayama**

Registered Dance Movement Psychotherapist (DTAA No. 220-03, PACFA No.28712)

Mioi worked in psychiatric hospitals for adults and adolescents and NPOs in the U.K. and Japan. After she moved to Australia, she mainly worked with NDIS participants at a clinic and is now practicing privately. She specializes in working with people living with trauma, including body dysphoria and disordered eating habits. She is a clinical supervisor and researcher (focusing on preverbal trauma) in the psychotherapy field. Find more at <http://www.movingcircle.au>

### **Cinzia Schincariol**

Registered Dance Movement Psychotherapist (DTAA) / Infant Development Movement Educator (BMC)  
Somatic Movement Educator (BMC)

Cinzia has 15 years of experience working with mothers and babies as a DMT through the lenses of attachment and polyvagal theories. She has set up and managed DMT programs for day care disability centers all over Adelaide. Cinzia has lived experience of a long-term eating disorder. While Cinzia found traditional verbal therapies very distressing, her healing journey started during a DMT session, and she found a way to recovery. Cinzia is now celebrating 17 years on her recovery journey and is a respected body-focused professional in Adelaide and overseas. Cinzia worked with the Eating Disorders Association of SA. Find more about Cinzia at [www.cinziaschincariol.com](http://www.cinziaschincariol.com)

Both facilitators are registered with the professional peak body of Dance Movement Therapy, the Dance Movement Therapy Association of Australasia Incorporated. More information on DMT can be obtained at [the DTAA's website](http://www.dmta.org.au). They abide by the professional code of conduct and standards set by the DTAA.

### **Provisional Session Plan**

	<b>Aims</b>	<b>Contents</b>
Session 1 - 3	<ul style="list-style-type: none"><li>• Group forming and settling in establishing familiarity and rituals that are meaningful for the group.</li><li>• Gently introduce a DMT approach and support participants in feeling safe with the methodology and ways of working.</li><li>• Getting to know the body – focusing on proprioception</li><li>• Getting to know group members</li><li>• Identify specificity and interests and needs of the group.</li></ul> <p>(The group participants are set and it becomes a closed group by the 3<sup>rd</sup> session.)</p>	<p>Acknowledgement of Country Confidentiality and safety agreement. Duty of Care by facilitators Introduction of Group Members</p> <p>Check-in: words (or gestures) Warmup: focusing on various body areas and different dynamics Movement: invitation to a process guided by facilitators, inviting exploration and creation. Reflection: Journaling, drawing, verbal sharing. Ending</p>
Session 4-6	<ul style="list-style-type: none"><li>• Continue to connect with the body proprioceptively and interoceptively</li><li>• Getting to connect with the body - Focusing on interoception</li><li>• Getting to connect movements and emotions</li><li>• Verbalising feelings</li></ul>	<p>Check-in: gestures, words Warmup: focusing on breaths, sounds in the body, and felt senses Movement: developing and sharing own movements (movements may be created by participants) Reflection: Journaling, drawing, verbal sharing. Ending</p>

Session 7-9	<ul style="list-style-type: none"> <li>• Continue to connect with the body proprioceptively and interoceptively</li> <li>• Movements as self-expressions</li> <li>• Verbalising feelings</li> <li>• Make meanings out of own movements</li> </ul>	Check-in: Colours / Objects / Symbols Warmup: focusing on both proprioception and interoception – integrating Movement: developing themes that arise from the group /individuals Reflection: Journaling, drawing, verbal sharing. Ending
Session 10-12	<ul style="list-style-type: none"> <li>• Continue to develop self-expressions through the awareness of the body</li> <li>• Coming to the end of the journey and preparation to transition.</li> </ul>	Check-in: participants choose how they want to express Warmup: focusing on proprioception and interoception Movement: continuing to develop self-expressions Reflection: Journaling, drawing, verbal sharing. Ending

## References

- Bastoni, I., Guerrini Usubini, A., Gobetti, M., Sanna, M., Pagnoncelli, G., Uboldi, L., Villa, V., Castelnuevo, G., Sartorio, A., & Mendolicchio, L. (2024). Let the Body Talk: Preliminary Data of an Open Trial of Dance Movement Therapy for Eating Disorders. *Journal of Clinical Medicine*, 13(1), 5. <https://doi.org/10.3390/jcm13010005>
- Cook-Cottone, C. P. (2015). Incorporating positive body image into the treatment of eating disorders: A model for attunement and mindful self-care. *Body Image*, 14, 158–167. <https://doi.org/10.1016/j.bodyim.2015.03.004>
- Kleinman, S (2009). Becoming Whole Again: Dance/Movement Therapy for Those Who Suffer from Eating Disorders. In Chaiklin, S. & Wengrower, H. (Eds). *The Art and Science of Dance/Movement Therapy. Life Is Dance*. 125-144. Routledge.
- Kleinman, S. (2018). Discovering the Power of Movement: Dance/Movement Therapy in the Treatment of Eating Disorders and Trauma. In A. Seubert & P. Viridi, (Eds.), *Trauma-informed approaches to eating disorders* (pp.115-121). Springer Publishing Company, Incorporated.
- National Eating Disorders Collaboration (n.d.). Eating Disorders in Australia. *National Eating Disorders Collaboration*.<https://nedc.com.au/eating-disorders/eating-disorders-explained/eating-disorders-in-australia>
- Robinson, P., Wade, T., Herpertz-Dahlmann, B., Fernandez-Aranda, F., Treasure, J., and Wonderlich, S. (2024). *Eating Disorders. An International Comprehensive View*. Springer Nature Link.
- Sparti, C., Santomauro, D., Cruwys, T., Burgess, P., & Harris, M. (2019). Disordered eating among Australian adolescents: Prevalence, functioning, and help received. *The International Journal of Eating Disorders*, 52(3), 246–254. <https://doi.org/10.1002/eat.23032>
- Syper, A., Keitel, M., Polovsky, D. M., & Sha, W. (2023). Dance/Movement Therapy for Individuals with Eating Disorders: A Phenomenological Approach. *American Journal of Dance Therapy*, 45(2), 211–237. <https://doi.org/10.1007/s10465-023-09379->
- The Dance Movement Therapy Association of Australasia (DTAA) Incorporated (n.d.). <http://www.dtaa.org.au>