DANCE MOVEMENT THERAPY AS AN APPROACH TO HEALTHY BODY IMAGE IN WOMEN AND GIRLS

by

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A Capstone Research Project Presented to

City University of Seattle

Vancouver, BC Canada Site

In Partial Fulfillment of the Requirements

For the Degree of Master of Counselling (MC)

November 2020

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Acknowledgments

To my capstone supervisor, Jill Taggart, I am grateful for the ways you have helped guide and refine this project. Your feedback and support has helped me develop my research and writing. Thank you for your commitment to my work and to my learning.

To my family and friends, thank you for your continued support, guidance and encouragement throughout this project and throughout my degree. I am truly grateful for loved ones who are passionate about my education and learning. Thank you for holding me up throughout this process, showing patience and grace.

Abstract

Body image has a significant impact on health and well-being, however, society has deemed body image dissatisfaction as a normative experience in women and girls. There is a lack of emphasis on developing healthy body image in women and girls, especially those in non-clinical populations. This capstone explores the question: *What impact does Dance Movement Therapy have on promoting healthy body image in a diverse, nonclinical group of women and girls*? Literature on body image as a construct is reviewed including cognitive, behavioural, emotional, perceptual and attitudinal components, as well as embodiment. The literature reveals that significant influences on women and girls' body image include media, peer relationships, and caregiver relationships. Self-esteem, attachment style, religion and spirituality are also linked to body image. Current interventions for body image are reviewed, including CBT, EFT, EFFT, RO-DBT, Mindfulness-based therapies, Self-Compassion interventions and Yoga-based therapies. Literature on Dance Movement Therapy is reviewed including history, neuroscience, and techniques. A six-week Dance Movement Therapy program for fostering healthy body image in a diverse, non-clinical population of women and girls is proposed, outlining session topics, goals and activities. In light of the findings and suggestions, implications for counselling and future research are discussed.

Keywords: Healthy Body Image, Dance Movement Therapy, Embodiment, Women, Adolescent Girls

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Dance Movement Therapy as an Approach to Healthy Body Image in Women and Girls

Chapter 1: Introduction

Body image is an important factor in health and quality of life. Unfortunately, many individuals struggle with body image, especially women and girls, resulting in adverse health outcomes. Unhealthy body image can have adverse effects on psychological and physical well-being (Alleva et al., 2015; Griffiths et al., 2018; Van den Berg et al., 2010). This is unsurprising, given the cultural ideals and messages toward women, promoting unattainable beauty standards and body dissatisfaction (Griffiths et al., 2018; Tylka & Wood-Barcalow, 2015). There is extreme socio-cultural pressure on women and girls to be thin and to meet unattainable beauty standards. These beauty ideals are internalized at a young age, and are predictive of unhealthy body image and body image dissatisfaction (BID) (Griffiths et al., 2018; Tylka & Wood-Barcalow, 2015).

There is a crucial need for effective therapeutic interventions that promote the development of healthy body image. Conventional therapeutic interventions have not been largely successful in promoting healthy body image in young girls and women. Most approaches focus on cognitive, behavioural, and emotional aspects related to body image concerns. These interventions fail to incorporate the body in treatment. Dance Movement Therapy (DMT) is a creative therapy model, integrating the body and mind (Pylvanainen, 2010). There is, however, a deficiency in the literature on the use of DMT and body image.

In this chapter, I will discuss the background to the problem. I will discuss body image as a public health concern, and its implications. I will touch on adolescence as a pivotal stage for body image in young girls, as well as psychological, physical and relational impacts of body

image. Feeding and eating disorders, and their association with body image, will be reviewed, as well as body dysmorphic disorder. I will be discussing women and girls in non-clinical populations who face body image challenges. I will also cover the purpose and significance of this capstone. In the next chapter, I will review the literature on body image as a construct and influential factors on the development of body image. I will look into the current interventions being used for body, as well as DMT as an intervention for body image. In chapter three, I will propose a 6- week DMT intervention for healthy body image in a non-clinical, diverse, population of women and girls.

Background to the Research Problem

Body Image Dissatisfaction

Body image issues are in need of recognition as a major public health concern. Challenges with body image are seen to manifest as body image dissatisfaction (BID), a major source of suffering for many individuals. BID involves "the negative subjective evaluation of one's physical body," body shame, body surveillance and feeling inadequate if the body fails to meet societal standards (Toole & Craighead, 2016). Cultural body ideals can affect all genders negatively, however, the literature shows that the prevalence and severity is higher in women than in men (Hardit & Hannum, 2012; Stice et al., 2013; Ariel-Donges, 2019). In adults, approximately 60% of women are found to have negative body image and approximately 50% of adolescent girls suffer from negative body image (Alleva et al., 2015). The pervasiveness of BID experienced by women and girls has even been termed "normative discontent" (Hardit & Hannum, 2012; Runfola et al., 2013). From childhood, women are subjected to cultural beauty standards, involving thin idealization. This thin idealization is internalized, and can result in BID in women and girls when they do not feel they meet society's standards (Ariel-Donges et al.,

2018; Hardit & Hannum, 2012). Body image struggles can span a lifetime and disproportionately affects women and girls.

Adolescence & Body Image

Adolescence is an important stage in the development of body image for girls. Adolescent girls often gain weight, change shape, and have an increased self-awareness of their bodies at this stage (Fourie & Lessing, 2010). These changes, the need for peer acceptance and comparisons to societal ideals can make young girls vulnerable to body image challenges. BID is common in adolescence, usually established before the age of 14 in girls, with thin internalization appearing in girls as young as seven years old (Halliwell & Diedrichs, 2014; Vannucci & McCauley Ohannessian, 2018). The literature also shows that adolescent girls are more likely to have misconceptions about their body shape and size than other age groups (Khoshkerder & Raeisi, 2019). Striving to meet society's body image ideals impacts adolescents negatively, influencing their quality of life and can carry into adulthood.

Psychological, Physical & Relational Impacts

Body image impacts women and girls' lives in various ways. Positive body image has been associated with physical and psychological well-being including self-esteem, adaptive coping, positive affect and higher quality of life. Positive body image is also indicative of intuitive eating, sexual satisfaction, as well as sun and cancer protection (Andrew et al., 2015; Tylka & Wood-Barcalow, 2015). Body image challenges have been associated with impaired daily functioning and performance, as well as decreases in quality of life (Khoshkerder & Raeisi 2019). Body image issues in women can lead to psychological problems. When women and girls experience their bodies as unattractive, a source of shame, or as undesirable, this puts them at risk for distress and struggle (Albertson et al., 2014). BID is found to be associated with anxiety,

depression and low self-esteem in women and girls (Alleva et al., 2015; Cassone et al., 2016; Griffiths et al., 2018; Van den Berg et al., 2010; Vannucci & McCauley Ohannessian, 2018). Body image struggles can negatively influence women and girls' relationships. The literature shows that BID is associated with romantic and marital relationship dissatisfaction (Cassone et al., 2016; Friedman et al., 1999). BID negatively affects women's intimacy, and is correlated with decreased sexual satisfaction (Claudat & Warren, 2014; Pujols et al., 2010; Woertman & Van den Brink, 2012).

Body image issues can affect women and girls physically. Physical issues associated with body image include physical inactivity or excessive exercise, smoking, unsafe sex, substance abuse, and skin cancer risk behaviours (Alleva et al., 2015; Griffiths et al., 2018; Vannucci & McCauley Ohannessian, 2018). Boy image issues are also associated with chronic dieting and dysfunctional eating habits in attempts to change the body (Khoshkerder & Raeisi, 2019; Pearson et al., 2012). Moreover, body image issues cause increased risk for eating disorders, self-harm and suicide (Khoshkerder & Raeisi, 2019; Vannucci & McCauley Ohannessian, 2018). It is evident that body image has a significant impact on the lives of women and girls.

Feeding & Eating Disorders

Body image is related to the development of feeding and eating disorders (FEDs) in women and girls. Body image struggles and BID are found to be associated with weight control and the increased risk for the onset of FEDs (Cassone et al., 2015; Khoshkerder & Raeisi, 2019; Knafo, 2016; McBride et al., 2017; Runfola et al., 2013). Studies show that BID, thin-ideal internalization, increased body weight and dieting are predictive of onset eating pathology (Striegel-Moore & Bulik, 2014). FEDs are a group of psychological conditions that involve impairments in body-related cognitions, self-regulation and dysfunctional eating, physical health

and psychosocial functioning (APA, 2013; Cooke-Cottone, 2015; Mairs & Nicholls, 2016). Restrictive forms of FEDs can lead to significant and serious weights loss, in need of intervention. FEDs typically begin during adolescence, with peak onset from 12-25 year old (Lock, 2015; Schmidt et al., 2016). FEDs are found to be more prevalent among women and girls. Worldwide, studies show that FEDs are more prevalent in females than in males, they are about ten times more common in adolescent girls than in boys, and on average, one in every six women suffers from an FED (Mairs & Nicholls, 2016; Shmidt et al., 2016; Striegel-Moore & Bulik, 2014). The relationship to one's body is central to eating disorders. Body image disturbance is a key feature in EDs, impacting how the body is experienced and cared for (Cooke-Cottone, 2015).

Body image disturbance can manifest itself in different types of FEDs; one type is anorexia nervosa (AN). AN is a complex FED encompassing intense fear of weight gain, large concerns around food, and pervasive body image disturbance (APA, 2013; Esposito et al., 2018; Harrington & Jimerson, 2015; Mountford et al., 2015). AN involves food restriction, excessive weight loss, and an idealization and pursuit of perfection and thinness. Sufferers of AN lack recognition of the seriousness of low body weight (Cook-Cottone, 2015). The DSM-5 specifies between a restricting type and a binge eating/purging type (APA, 2013). AN is prevalent in adolescent females and young women. AN has been found to be one of the most common illnesses in adolescence, about as common as type 1 diabetes (Shmidt et al., 2016). AN has serious mental and physical consequences. The illness is often paired with depression, anxiety and other comorbid psychiatric disorders. AN causes physical damage on the body including hypotension and osteopenia, as well as arrhythmias (Harrington & Jimerson, 2015). This FED is potentially lethal. AN is associated with an increased risk of suicide, and it is known to have the

highest mortality rate of all psychological disorders (Harrington & Jimerson, 2015; Shmidt et al., 2016; Striegel-Moore & Bulik, 2014). Research has shown that body image concerns have a critical role in maintaining AN (Junne et al., 2019; Mclean & Paxton 2018).

Bulimia Nervosa (BN) is another FED that can be developed from body image challenges in women and girls. BN is characterized by recurrent episodes of binge eating an abnormally large amount of food in a short amount of time, lack of control while eating, and recurrent, compensatory behaviours used to prevent weight gain. These include vomiting, diuretic abuse, laxative abuse and excessive exercise (APA, 2013). Attempts to avoid binge eating and purging result in low mood and self-esteem, reinforcing body image concerns, perpetuating the binging and purging cycle (Agras, 2019; APA, 2013). BN is even more prevalent than AN in young females. Harrington and Jimerson (2015) put forth that four to six out of 200 females in North America suffer with BN. Like AN, BN is typically comorbid with depression, anxiety and other psychiatric disorders. Physical damage on the body through laxative abuse and purging can result in issues with electrolytes, parotid gland enlargement, dental and bone mas issues (APA, 2013; Harrington & Jimerson, 2015). Suicide and mortality rates are also high in patients with BN (Harrington & Jimerson, 2015; Lock, 2015). Unhealthy body image is central to this FED. A study by Levinson et al. (2017) showed that fear of weight gain is a core symptom of BN and body dissatisfaction has been directly linked to purging.

Binge-Eating Disorder (BED) is another type of FED that can involve body image disturbance. BED involves eating an abnormally large amount of food, sometimes at times when one is not feeling physically hungry, in a discrete period of time, with a loss of control and feelings of guilt, shame and embarrassment (APA, 2013; Harrington & Jimerson, 2015). Sufferers can feel a lot of negative feelings toward their body weight and shape, which can act as

a trigger for BED (APA, 2013). More females than males suffer from BED. It is estimated that the twelve-month prevalence of BED is 1.6% of women in North America (APA, 2013). BED typically begins in adolescence or young adulthood. Risks associated with BED include weight gain and the development of obesity, health impairments related to increased BMI. BED also involves increased risk for suicide and high mortality rates (APA, 2013; Agh et al., 2015).

Body Dysmorphic Disorder

Body dysmorphic disorder (BDD) is another severe psychological condition that is developed from body image disturbance. BDD is characterized by body image concern related symptoms, including preoccupation with perceived flaws and defects in physical appearance, involving repetitive intrusive thoughts around these (APA, 2013; Angelakis et al., 2016). BDD is maintained by maladaptive repetitive behaviours, such as mirror checking, excessive grooming and reassurance checking (APA, 2013; Hartmann et al., 2015). Sufferers of BDD experience significant psychological distress, embarrassment, shame and hopelessness related to body image. BDD is prevalent in adolescents and young adults, and slightly more common in females than males. It is estimated that about 2% of the general population suffers from BDD and 2.5% of females experience BDD (Angelakis et al., 2016; APA, 2013; Schneider et al., 2016). BDD typically begins in adolescence. The onset age of BDD is between 16 and 17 years of age (APA, 2013). BDD has serious consequences that affect women and girls' quality of life. BDD disrupts social functioning, and romantic relationships and can result in challenges with education and occupational attainments (Schneider et al., 2016). BDD is found to be comorbid with depression, social anxiety and substance abuse (APA, 2013). Suicide and mortality rates are found to be high in BDD. Individuals with BDD were found to be "2.6 times more likely to engage in suicide attempts" (Angelakis et al., 2016, p. 2). Similar to AN, BDD has a higher mortality rate then

other psychological illnesses (Hatmann et al., 2014). It has been suggested that body image disturbance may be higher in BDD than in FEDs (Hartmann et al., 2014; Rosen & Ramirez, 1998).

Non-Clinical Populations & Body Image

Body image can be problematic and a significant source of distress in women and girls who do not have a formal eating disorder, or other psychological diagnosis. There is pervasive BID in nonclinical populations of women and girls, which has been considered normative discontent (Niemeier, 2004; Runfola et al., 2014). Up to 40% of women and girls struggle with distress and preoccupation related to body image, weight or food (Pearson et al., 2012). Body image concerns are often not considered problematic without disordered eating symptomology involved, and because they are subclinical, they often go untreated (Pearson et al., 2012). This is an issue because distressing body image disturbance tends to remain stable into adulthood. Disordered eating has been shown to decrease in women 10 years post college age, however, body image dissatisfaction does not decrease with age (Heatherton et al., 1997; McKinley, 2006). A large group of women and girls may not develop a clinically severe eating disorder, but maintain maladaptive eating habits and experience considerable suffering and consequences related to their body image. BID impacts psychological and social functioning, and quality of life, as previously discussed. BID also increases the risk for later development of FEDs, BDD and suicide (Knafo, 2016). Body image disturbance in nonclinical populations has been shown to be difficult to treat. This is due to the subclinical nature, as well as the societal acceptability, as it has been normalized for women and girls to experience challenges with body image (Pearson et al., 2012). Current interventions available are typically aimed at clinically severe eating disorders and the prevention of eating disorders. These interventions do not fulfil the needs of women and

girls struggling with distressing body image issues in the absence of a formal eating disorder or other clinical diagnoses, such as BDD.

Negative, Positive & Healthy Body Image

The literature today is largely pathology based, focusing on negative body image, there has been an absence of research on positive body image, until recently (Levine & Smolak, 2006; Menzel & Levine, 2011). It has been wrongfully assumed that low levels of body dissatisfaction, preoccupation and distress equate to positive body image. An emphasis on alleviating symptoms of negative body image and failing to consider a means of promoting positive body image leaves clinicians without the adequate skills and interventions to prevent and treat body image issues (Tylka & Wood-Barcalow, 2015). Reducing symptoms of negative body image and failing to enhance positive body image promotes, at best, a neutral body image (Tylka & Wood-Barcalow, 2015, p. 118).

The term ‘positive’ body image, however, may not be able to fully encompass women and girls’ experiences with body image. McBride (2018) argues that both terms positive and negative incorrectly imply that body image is a single construct, creating “a false binary of polar opposites” (p. 8). While women and girls may experience pride and joy in regards to certain body parts, they can simultaneously feel shame and judgment about other appearance features, or neutral (McBride, 2018; Ogle & Damhorts, 2005). Positive body image in women and girls may also be internalized sociocultural ideals, rather than true acceptance of self (McBride, 2019). For these reasons, this capstone looks at promoting healthy body image in women and girls.

There is a need for an intervention promoting healthy body image in a diverse, nonclinical group of women and girls. Addressing the normative discontent, and the pervasive distress associated with body image disturbance experienced by a large portion of nonclinical

women and girls, is deserving of intervention. It is important that the intervention incudes girls at the adolescent age, a critical stage for the development of body image. Body image has a significant impact on the lives of women and girl and unhealthy body image can lead to serious consequences including the development of FEDs, BDD and increased risk for suicide. An intervention is needed that not only considers cognitive, behavioural and emotional aspects of body image, but that also bring the body into treatment.

Purpose

This capstone explores DMT as an intervention for body image. The question guiding this research is: *What impact does DMT have on promoting healthy body image in a diverse, nonclinical, group of women and girls*? While there has been some research into the promotion of healthy body image, most of this research has been aimed at FED populations. Very few studies have looked at the use of DMT as and intervention for body image in a nonclinical population, and those currently in the literature lack ethnic/racial diversity and often fail to include girls at a younger adolescent stage. Literature on body image, including embodiment, healthy body image, and influencing factor will be explored. Current interventions for body image including cognitive, emotion based, mindfulness based, and self-compassion focused interventions will be reviewed. DMT's history, neuroscience, techniques and tools, as well as clinical applications will also be examined.

I will be proposing a program implementing DMT to promote healthy body image for girls and women. Counsellors and other clinicians can benefit from this investigation. Young girls and women facing body image challenges may also find value in the information provided. Families, as well as romantic partners of individuals struggling with body image can use this information to help support their loved one. Readers will gain a deeper understanding of the

construct of body image and its development, effectiveness of current approaches, as well as factors that make DMT a suitable intervention for promoting healthy body image. This research will aid clinicians in providing effective treatment for individuals struggling with body image, and primarily aid in the development of healthy body image in girls and women.

Definition of Terms

Acceptance and Commitment Therapy (ACT):

A mindfulness based therapy model teaching individuals acceptance of difficult emotions, and connecting their behaviours with their values. ACT aims to cultivate psychological flexibility, presence, and acceptance of challenging experiences (Pearson et al., 2012).

Ambivalent Attachment:

An attachment style characterized by caregivers who were inconsistent in tending and attuning to the child's needs. As a result, the child is uncertain whether their needs will be met, constantly looking for cues and clues to how their behaviour may or may not influence the parent's responses (Hardit & Hannum, 2012)

Anorexia Nervosa (AN):

A FED involving intense fear of weight gain, large concerns around food, and pervasive body image disturbance. AN sufferers engage in food restriction, excessive weight loss, and an idealization and pursuit of perfection and thinness (Esposito et al., 2016; Mountford et al., 2014).

Attachment:

The primary affection bond that develops between an infant and their primary caretaker (Szalai et al; 2016)

Attitudinal Body Image:

The emotions associated with body image perceptions (Knafo, 2016).

Authentic Movement:

A technique used in DMT, created by Whitehouse which involves the client moving with eyes closed, directing attention inward, fostering a "deep intimate connection" to the self (Federman, 2015, p. 10)

Avoidant Attachment:

An attachment style formed from emotionally unavailable, insensitive and sometimes hostile caregiver responses. A child will form a coping strategy of disconnection (Hardit & Hannum, 2012)

Binge Eating Disorder (BED):

A FED which involves eating an abnormally large amount of food, sometimes at times when one is not feeling physically hungry, in a discrete period of time, with a loss of control and feelings of guilt, shame and embarrassment (APA, 2013; Harrington & Jimerson, 2015).

Body Dysmorphic Disorder (BDD):

A psychological condition that is developed from body image disturbance, involving preoccupation with perceived flaws and defects in physical appearance, including repetitive intrusive thoughts around these (APA, 2013; Angelakis et al., 2016)

Body Image:

A subjective, multi-dimensional construct involving cognitive, affective, behavioral, perceptual and attitudinal, components, as well as cultural and societal attitudes (Avalos et al., 2005; Griffiths et al., 2018; Knafo, 2016)

Body Image Dissatisfaction (BID):

"The negative subjective evaluation of one's physical body," as well as body shame,

body surveillance and feeling inadequate if the body fails to meet societal standards (Toole & Craighead, 2016)

Body Script:

Emotions and experiences around body image and identity stored at both the cognitive and body level (Ressler & Kleinman, 2012)

Body-Self:

The true self and “the experiencing, interacting, core self, relating to the environment and responding affectively in interaction. The body-self essentially creates the sense of self” (Pylvanainen, 2010)

Bulimia Nervosa (BN):

An FED involving recurrent episodes of binge eating, eating in a discrete period of time, having a sense of lack of control while eating, and recurrent inappropriate compensatory behaviours as a means of preventing weight gain such as vomiting, diuretic abuse, laxative abuse and excessive exercise (APA, 2013, DSM-5)

Cognitive Behavioural Therapy (CBT):

An evidence based treatment model, which holds that psychological problems and emotional distress are maintained by cognitive factors, while acknowledging the contribution of behavioural, emotional and physiological components in the maintenance of psychological challenges (Hofmann et al., 2012)

Cognitive Dissonance:

Inconsistent thoughts, beliefs, or attitudes, relating to behavioral decisions and attitude change (Becker & Stice, 2017)

Dance Movement Therapy (DMT):

A creative therapy model, integrating the body and mind (Pylvanainen, 2010).

Disorganized Attachment:

An attachment style characterized by caregivers who present double-binding messages to a child, and situations that are unachievable. The child becomes unable to solve problems, and develops a conflict of wanting to be close and a desire to detach from their caregiver (Hardit & Hannum, 2012)

Embodiment:

The lived and felt experience of being in the body, including body awareness, responsiveness, body functionality and body acceptance (Piran 2017; Neumark-Sztainer et al., 2018; Tylka, 2011)

Emotion Focused Therapy (EFT):

A therapy model that works to transform maladaptive emotion schemes through increasing awareness of and expressing emotion, learning to regulate emotions, and activating adaptive emotions (Wnuk et al., 2015)

Emotion-Focused Family Therapy (EFFT):

An approach to family therapy, which views parents as essential to their children's treatment. EFFT primarily aims to involve and empower parents to engage as a supportive role in helping their child with behavioral and emotional challenges (Strahan et al., 2017)

Fat Talk:

A social phenomenon and type of discourse involving criticism and negative self-talk about bodies between peers (Curtis & Loomans, 2014; Jones, 2011)

Feeding & Eating Disorders (FEDs):

A group of psychological conditions that involve impairments in body-related cognitions,

self-regulation and dysfunctional eating, physical health and psychosocial functioning (APA, 2013; Cooke-Cottone, 2015; Mairs & Nicholls, 2016)

Healthy Body Image:

A multifaceted construct involving "favorable opinions of the body regardless of actual appearance; acceptance of the body despite weight, body shape and imperfections; respect for the body by attending to its needs and engaging in healthy behaviours; and protection of the body by rejecting unrealistic media images (McBride, 2019 p. 8)

Implicit Memory:

Unconscious or automatic memory, which uses past experiences in order to remember things without thinking about them (Homann, 2010, Porges, 2004)

Internal Working Models (IWMs):

Cognitive maps of the self and others, which make up self-representations of how children perceive themselves through primary attachment figures (Bowlby, 1988)

Interoception:

An awareness of "the physiological state of the entire body, including an emotional and mood state awareness" (Dieterich-Hartwell, 2017, p. 43)

Kinesthetic Awareness (KA):

Experiences in DMT helping clients to tune in to internal feeling states and patterns of behaviour, as well as the clinicians own ability to sense inward (Ressler & Kleinman, 2012, 2018).

Kinesthetic Empathy (KE):

An element of DMT involving understanding and experiencing what others are feeling, attuning to their feeling states using the body "as an empathic receptor" (Ressler & Kleinman, 2012, 2018)

Media-Internalization:

The extent to which individuals subscribe to social standards for physical appearance and aspire to attain these standards (Knafo, 2016)

Media Literacy:

An "awareness of unrealistic and fabricated nature of media images' and the ability to reject and challenge "images and messages that could danger body image" (Tylka, 2011, p. 59).

Mindfulness:

"The awareness that arises from non-judgmental attention to experience in the present moment" (Pylvanainen, 2010, 220)

Mirroring:

A technique used in DMT involving movement synchrony and affective attunement, resulting in emotional connection with a therapist or group member (Homann, 2010; McGarry & Russo, 2010; Winters, 2008)

Mirror Neuron System (MNS):

A group of specialized neurons that mirrors the actions and behaviour of others (McGarry & Russo, 2011)

Negative Body Image:

"Negative subjective evaluations of one's physical body, which can include negative appearance related thoughts, feelings and behaviours" (Griffiths et al., 2018, p.189)

Online Grooming:

Online photo sharing, photo commenting, and internalization of messages around weight loss and fitness (Kim & Chock, 2015; Burnette, Kwitowski, & Mazzeo, 2017; Rodgers & Melioli, 2016)

Perceptual Body Image:

"The accuracy of an individual's perception of his or her body size and shape" (Knafo, 2016, p.1)

Polyvagal Theory:

A theory proposing the third nervous system response, the social engagement system, a mixture of activation and calming through the vagas nerve (Fischman, 2016)

Positive Body Image:

Holding love, confidence, respect, appreciation and acceptance of one's physical appearance and abilities (Andrew et al., 2015)

Radically Open Dialectical Behavioural (RO-DBT):

A treatment model expanding on DBT targeted eating disorders of over control. RO-DBT focuses on treating social isolation and loneliness in eating disorders (Lynch et al., 2013)

Rhythmic Synchrony:

An element used in DMT where moving together, in rhythm, acts to unify participants, through an organization of emotions, fostering communication (Capello, 2009).

Self-Compassion:

"Being moved by one's own suffering and treating oneself in a caring and empathetic way" (Albertson & Neff, 2014, p.2)

Self-esteem:

"A global evaluation of one's self-worth" (Stapleton et al., 2017, p.239)

Secure Attachment:

An attachment style resulting from positively attuned caregivers, providing safe and consistent attention and affection. Children with secure attachment are more likely to have healthy boundaries, individuation, social engagement and intimacy (Hardit & Hannum, 2012).

Somatic:

Related to the body, distinct from the mind (Homann, 2010)

Thin-idealization:

The sociocultural idealization of thin female body shapes (Ariel-Donges et al., 2018)

The Tripartite Model:

Influential societal messages and predictors of body image, which include media, caregivers and peers (McBride, 2019; Hardit & Hannum, 2012)

Significance

Through examining body image and DMT, I will propose an approach to body image challenges faced by countless girls and women. The findings from this capstone aim to inform clinical practice by underscoring the impact of body image on the lives of women and girls, and dismantling the idea of normative discontent. The development of healthy body image is vital, as it has significant influence on psychological and physical health and wellbeing. This capstone aims to emphasize the importance of an intervention for women and girls without a formal FED diagnosis, to improve upon their quality of life and prevent serious consequences including future development of a FEDs, and suicide. The findings can help mental health professionals to target and support individuals who suffer from unhealthy body image. The capstone could be used to create specific individual or group DMT interventions aimed at supporting women and girls struggling with body image. I anticipate that this capstone will serve as a starting point from

which to better understand how body based interventions impact women and girls' experience of body image and how DMT can be implemented as an effective tool in developing healthy body image.

Summary

Body image plays a critical role in health and well-being. The pervasiveness of body image issues is a serious public health concern. This is of particular importance for women and girls, who are exposed to cultural ideals around beauty standards, leading to thin internalization. The idea of BID in women and girls as normative discontent is highly problematic. Adolescence is a key stage in the development of body image for girls, where they are vulnerable to BID, which can continue on and impact them into adulthood. Body image influences women and girls' lives on many different levels. Healthy body image is associated with higher functioning and quality of life, while body image issues negatively impact women and girls' lives psychologically, relationally and physically. Body image disturbance can develop in to FEDs, including AN, BN, and BED. These FEDs are more prevalent in females than in males, are highly distressing and can lead to serious physical health consequences. FEDs increase the risk of suicide and have the highest mortality rates compared to other psychological disorders. Body image struggles are typically at the heart of FEDs. Body image issues can also develop into BDD, another serious condition negatively impacting quality of life, and with a high mortality rate.

Body image issues are pervasive in nonclinical populations of women and girls. Non-clinical populations who struggle with body image have been challenging to treat, as society has deemed this as normative without a formal FED diagnosis or other diagnoses. Body image issues, however, can be distressing and significantly impacts women and girls' lives, even when

they do not meet the criteria for a diagnosis. Issues with body image negatively impacts quality of life and increases the risk of developing FEDs, BDD, and risk of suicide. Majority of the current literature has been focused on reducing negative body, with some recently looking into fostering positive body image. This capstone chooses to focus on developing healthy body image, encompassing a range of women and girl's experiences.

This capstone seeks to answer the question: *What impact does DMT have on promoting healthy body image in a diverse, nonclinical group of women and girls?* I will explore body image as a construct, current interventions for body image and DMT. This capstone highlights the importance of body image on health and quality of life and the need for an intervention promoting healthy body image in nonclinical groups of women and girls. This capstone will give a better understanding of DMT as an intervention for body image, informing clinicians on how to better support women and girls in the development of healthy body image.

In the next chapter, I will discuss literature on body image as a construct, including definitions, embodiment and influential factors on the development of body image. A variety of current interventions being used for body image will be explored. DMT as an intervention for body image will also be examined.

Chapter 2: Literature Review

Introduction

This chapter looks into the literature surrounding body image, current interventions used to work with body image, as well as Dance Movement therapy (DMT) as an intervention for body image. In the first section, I will cover definitions of body image, embodiment and factors that influence the development of body image. In the second section, I will explore a variety of interventions including cognitive, emotion focused, mindfulness based, and embodiment practices. The third section will explore the history of DMT and recent neuroscience on DMT. Elements and techniques used in DMT for working with body image will also be described, as well clinical applications of DMT.

Body Image

I will discuss current definitions of body image including, embodiment and healthy body image. Factors influencing the development of body will be examined, including media and peers influences. The impact of caregiver relationships on body image will also be looked at, exploring mother daughter relationships and attachment. I will also discuss the relationship between self-esteem and body image as well as the impact of spirituality and religion.

Defining Body Image

Body image is a construct that does not have a consistently agreed upon theoretical definition. An early definition by Schilder (1950) describes body image as “the picture of our own body which we form in our mind, that is to say, the way which the body appears to ourselves” (p. 11; McBride, 2018). Body image has been defined as “subjective mental representations an individual develops regarding his or her body, based on sensory, motor, and affect body experiences” (Meissner, 1997, p. 428). Ressler and Kleinman (2018) put forth that

body image can be defined as encompassing three dimensions, “the picture you have in your mind’s eye of how you look to yourself, how you believe others perceive you, how you feel living in your body (p. 331)

Two other components discussed in the literature regarding body image are perceptual and attitudinal (Knafo, 2016; Gardner; 2002). The perceptual component is “the accuracy of an individual’s perception of his or her body size and shape,” and the attitudinal component refers to the “emotions associated with these perceptions” (Knafo, 2016, p. 1). Perceptual and attitudinal representations begin to form in infancy and continue to develop and integrate, making up cohesive body image (Knafo, 2016). Most definitions of body image include perception, cognitive appraisal, evaluation, affect as well as accuracy of size and shape perception (McBride, 2018; Avalos et al., 2005).

Embodiment & Body Image

Definitions of body image have expanded to include embodiment, how it feels and the way one lives in a body. Embodiment is an integrated set of connections, including psychological, social and physical domains (Halliwell et al., 2019; Menzel & Levine, 2011; Piran, 2017). Embodiment conveys the quality of experience in one’s body, including body awareness, responsiveness, body functionality and body acceptance (Piran 2017; Neumark-Sztainer et al., 2018; Tylka, 2011). Menzel & Levine (2011) suggest that positive embodiment is experiencing the body as:

> Comfortable, trustworthy, and deserving of respect and care because the person experiences her or his body as a key aspect of…competence, interpersonal relatedness, power, self-expression, and well being (p. 170).

Embodiment is theorized to be a bidirectional process. The experience of embodiment is affected by how we think, and embodiment also influences the way we think (Cook-Cottone, 2018). Therefore, body image, the way we conceptualize the body, is impacted by the way we live with, or as the body (Cook-Cottone, 2018). Body image is reflected in the quality of one's embodiment, directly linked to how a person feels in their body and thinks about their body, affecting the way they treat and experience their body, (Cook-Cottone, 2018). Embodiment includes the decisions made to nourish and care for the body, connection to self-presence, and our responses to internal cues.

Empowerment-relational theory, a feminist theory, highlights the necessity for women and girls to have positive experiences in their bodies. Positive embodied experiences include bodily awareness, respect, mind-body connection and biopsychoscoial empowerment (Levine & Smolak, 2006; Menzel & Levine, 2011; Tylka, 2011). The embodied women and girl develops a connected, intimate relationship with the body, forming appreciation for the body. These experiences promote self-confidence in the body, physical functionality, power, and dedication to listening to the bodies' needs (Levine & Smolak, 2006; Menzel & Levine, 2011; Neumark-Sztainer et al., 2018). Menzel & Levine (2011) argue that the embodied woman and girl has healthy body image and will be better prepared to manage any challenges to body image. Disembodiment, however, involves increased self-objectification, disconnection from the body, body dissatisfaction and struggles with body image (Levine & Piran, 2004; Menzel & Levine, 2011).

Healthy Body Image

Healthy body image is described as multifaceted in young women and girls. Healthy body image is holistic, stable, malleable and protective of psychological and physical wellbeing

(Tylka & Wood-Barcalow, 2015). Individuals who hold healthy body image “express an outer radiance and glow,” from feeling beautiful, confident, comfortable and happy with their bodies. They attune to their bodies needs through mindful, embodied connection (Tylka, 2011). They listen and take care of the body by exercising, engaging in stress relief and relaxation practices, seeking preventative and remedial medical care, and eating intuitively, flexibly and nutritiously (Andrew et al., 2015; Tylka, 2011).

Healthy body image affects the way women and girls relate to themselves and others. Healthy body image allows for appreciation, respect, celebration and honoring of the body (Griffiths et al., 2018; Tylka & Wood-Barcalow, 2015). Studies have shown that healthy body image is defined and maintained in women and girls through satisfaction for the body, radical self- acceptance, self-compassion, as well as higher levels of optimism and self-esteem (Andrew et al., 2015; McBride, 2019; Tylka & Wood-Barcalow, 2015; Williams et al., 2004). Healthy body image is also associated with conceptualizing beauty broadly, and lower self-objectification, self-comparison and thin-ideal internalization (Andrew et al., 2015; Griffiths et al., 2018). The way girls and women perceive how others view them is influenced by healthy body image. Women and girls with healthy body image experience unconditional acceptance from loved ones, perceiving that others value them for “authentic qualities not contingent on appearance” (Andrew et al., 2016; Tylka, 2011, p. 59). McBride (2019) describes healthy body image as having:

> Favorable opinions of the body regardless of actual appearance; acceptance of the body despite weight, body shape and imperfections; respect for the body by attending to its needs and engaging in healthy behaviours; and protection of the body by rejecting unrealistic media images. (p. 8)

Influential Factors

There are a variety of factors that influence the development of body image in women and girls. The tripartite model looks at the three primary pathways of influential societal messages and predictors of body image, which include media, parents/caregivers and peers (McBride, 2019; Hardit & Hannum, 2012). The internalization of cultural standards and ideals greatly impacts body image in women and girls. Society sends the message that girls and women are valued for their appearance and reproductive or sexual capacity above all other aspects of the self (McBride, 2019, Piran & Cormier, 2005). Sexualization and objectification of women and girls has resulted in unrealistic, unattainable appearance standards. Certain body types are valued while others are less valued, oppressed or marginalized (McBride, 2019; Fisher, 2000; Piran & Cormier, 2005; Young, 2005).

Media Influences

The media portrays an extremely slender female shape as the ideal body shape, creating unrealistic goals, dissonance and dissatisfaction in women (Knafo, 2016). Women and girls internalize messages that their corporeal bodies are unacceptable; they must modify and manage their bodies (Knafo, 2016). Women and girls are exposed to many forms of media reinforcing societally idealized body image including toys, magazines, television, movies and advertisements. Over time, magazines have focused on women's appearance, presenting images of airbrushed, thin idealized women, and messages promoting weight loss (Benowitz-Fredericks et al., 2012; Kim & Chock, 2015). Television shows and movies often cast leading female roles to thin women, and story lines and character interactions involve the idealized female body (Benowitz-Fredericks et al., 2012).

Social media is a recent form of media effecting body image in women and girls. Women

and young girls are exposed to manipulated, retouched, enhanced photos and videos by celebrities, models and peers, resulting in body image concerns (Kim & Chock, 2015, Kleemans et al., 2018; Manago et al., 2008). Along with exposure to online images, “online grooming” which includes photo sharing, photo commenting, and internalization of messages around weight loss and fitness, are correlated with body image concerns (Kim & Chock, 2015; Burnette, Kwitowski, & Mazzeo, 2017; Rodgers & Melioli, 2016).

Social media significantly impacts adolescents’ body image. During the psychosocial developmental phase of adolescence, young girls are vulnerable to media influences, as they equate their own bodies to the images they see in the media, having a higher tendency for social comparison (Kleemans et al., 2018). Women and girls are found to engage in increased appearance comparison through viewing images on social media (Kim & Chock, 2015; Rodger; McLean & Paxton, 2016). Messages about body image in the media are found to have a cumulative effect on girls and women. The more exposure to “overt messages regarding appearance is associated with internalization of societal, unrealistic idealized body image, which in turn, becomes normative” (Benowitz-Fredericks et al., 2012). Studies show that young girls do not recognize reshaping and retouching of images on social media, viewing these as reality (Kleemans et al., 2018).

Not all young girls and women that engage with social media, however, will have unhealthy body image. Women and girls with healthy body image are found to have media literacy, an “awareness of unrealistic and fabricated nature of media images’ and the ability to reject and challenge “images and messages that could danger body image” (Tylka, 2011, p. 59). Burnette et al., (2017) found that girls who engaged in protective filtering and media literacy ‘felt empowered to shape their own body image. ” Girls showed appreciation for differences,

valuing body diversity, related to healthy body image, when exposed to social media images (Burnette et al., 2017). Similarly, a study by Wood-Barcalow et al. (2010), found that filtering information from the media in a body-protective manner, allowed for girls to continue internalizing information that preserved healthy body image.

Peer Influences

Peer relationships also influence body image in women in girls. Research has shown that young women learn and accept appearance standards from peers, which can create pressure to live up to these standards (Durkin & Paxton, 2002; Hardit & Hannum, 2012). Appearance comparison is common between women and girls, which puts them at greater risk of body dissatisfaction and eating disturbances, compared to those who do not engage in social comparison (Curtis & Loomans, 2014; Hardit & Hannum, 2012). Research has found appearance comparison to be frequent, and at times automatic (Kinley, 2010; Curtis & Loomans, 2014). In their study, Curtis and Loomans (2014) found that majority of their participants compared their bodies to their peers, particularly when peers made negative comments in regards to their own appearance. This resulted in concerns around how participants felt about their own bodies, wondering if they needed to change something in order to improve their appearance.

The values and expectations around appearance in women and girls' peer groups affect body image. Starting in childhood, norms and expectations around appearance from family, media and other sources create an appearance culture, modeled and reinforced by peers (Jones, 2011). This culture shapes behaviours and attitudes towards body image. Jones (2011) explains that when peer groups share endorsement of appearance culture, with heightened concerns surrounding their bodies, this results in greater body dissatisfaction. The types of conversations young girls and women have with their peers also contributed to the formation of body image.

Conversations including appearance maintenance and dieting are found to increase attention and reinforcement of body concerns, as well as appearance norms and ideals. These conversations also promote social comparison and self-evaluation in women and girls (Jones, 2011).

The literature has examined “Fat talk,” a social phenomenon and type of discourse common in adolescent girls, involving criticism and negative self-talk about bodies between peers (Curtis & Loomans, 2014; Jones, 2011) Fat-talk is found to be more prevalent in Western societies compared to positive body talk. The more women and girls hear these kinds of discourses, the more likely they are to participate. Women can feel pressure to talk negatively about their bodies due to social norms (Curtis & Loomans, 2014; Warren et al., 2012). These conversations are made in attempt to receive assurance and group solidarity with peers. Fat talk, however, normalizes self-criticism and judgment, contributing to guilt, shame and body dissatisfaction (Jones, 2011; Salk & Engeln-Maddox, 2012; Curtis & Loomans, 2014).

Peer criticisms and teasing influence body image in women and girls. The link between unhealthy body image and teasing and social reinforcement between peers has been proven repeatedly (Abraczinskas, Fisak, & Barnes, 2012; McBride, 2017). A study by Curtis and Loomans (2014) found that peers often criticize those they dislike by commenting on their body weight and shape. Women’s body dissatisfaction has been found to be associated with reported frequency of teasing about weight and size (Curtis & Loomans, 2014; Hardit & Hannum, 2012; Kichler & Crowther, 2009; Jones, 2011). Jones (2011) conveys that appearance teasing reinforces appearance standards, criticizes differences, and is present regardless of ethnicity or body size.

Women and girls with healthy body image surround themselves with peers who also have healthy body image. They seek relationships with friends and partners who are accepting of their

bodies (Tylka, 2011). They engage with others in a reciprocal process, encouraging self love and body appreciation in others, which aids in feelings of respect and appreciation of their body (Tylka, 20110), In their study, Wood-Barcalow et al. (2010) found that girls made conscious decisions to engage with peers with positive body image, and positive body talk. One participant explains:

> If you're around people who are picking at themselves or saying, 'I look bad' or 'I hate my thighs,' you're going to be more inclined to pick at yourself more and look at areas that aren't perfect.'' She added, 'If you're around people that don't talk about that sort of thing, it's easier to have a positive self-image (Wood-Barcalow et al., 2010).

Caregiver Relationship

Parent and caregiver relationships influence body image in women and girls. Parents are found to shape body image through direct influence and modeling (Abraczinskas, Fisak, & Barnes, 2012; Knafo, 2016). Parents model body image, as well as eating behaviours for their children. Parents can directly influence body image through their expression of appearance attitudes and comments including teasing, criticizing, or encouragement and positive body talk (Kanfo, 2016; Mcbride, 2017; Rodgers et al., 2009).

The quality of relationship between parent and child has been found to significantly affect body image in women and girls (Knafo, 2016; McBride; 2016; Orbach 2009). This is particularly true in terms of the relationship between mothers and daughters. Mothers play significant roles as mental health agents in the development of girls' body image (Maor & Cwikel, 2015; McBride, 2017). Mother's personal weight concerns and overt dieting behaviours are linked to their daughters' body concerns and body dissatisfaction (Hillard et al., 2016; NeumarkSztainer et al., 2010). A study by Davison and colleagues (2003) found a positive

correlation between mother and daughter weight and body concerns in girls as young as five years old. Similarly, Lowes & Tiggeman (2003) found that mother's body dissatisfaction was a predictor of body dissatisfaction in girls.

Mothers can support healthy body image in their relationship with their daughters. In a study by McBride, Kwee, & Buchanan (2017), mothers impacted the development of healthy body image in their daughters through breaking intergenerational silence, creating relational safety, seeing their daughters as individuals, being encouraging about their appearance when appropriate, and focusing on healthy living and eating. The mothers encouraged their daughters to play sports, emphasized nonappearance-related components of their daughters' identities, and fostered in them a deep sense of spiritual meaning and belonging" (Mcbride et al., 2017). A study by Smith et al. (2016) also found that mothers impacted healthy body image. The study found that the daughters' perceptions of having a strong mother-daughter relationship was associated with healthy body image, girls who reported more positive relationships with their mothers reported higher body esteem and less body dissatisfaction.

Attachment

Mothers and caregivers impact their daughter's body image through early interactions. Early, non-verbal interactions, including touch between mother and daughter, are important factors in the development of body image (Knafo, 2016; Orbach, 2009). Orbach (2009) explains that the type of touch an infant receives "is crucial to the development of our own body sense" (p. 50). Touch is just one aspect of attachment formation between caregiver and child. Attachment needs are body based needs, including care, attention, physical touch, eye gaze and holding. These eventually impact the way a women thinks, feels and treats her body, as well as how she expects others to treat and view her body (Knafo, 2016). The body specific interactions

between mother and infant are theorized to inform body centered internal working models (IWMs) (Knafo, 2016). IWMs are cognitive maps of the self and others, which make up self-representations of how children perceive themselves through primary attachment figures (Bowlby, 1988). A child's experiences with her attachment figure forms expectations of the type of care she will receive, which impacts their sense of body, appearance, worth and desirability (Knafo 2016).

Attachment impacts the development of body image in women and girls. Attachment is the primary affection bond that develops between an infant and their primary caregiver (Szalai et al; 2016). As an evolutionarily grounded, motivational- behavioral system, attachment serves the physical and psychological safety of the child (Ainsworth 1985). Research has found that insecure attachment is associated with the development of body dissatisfaction. Studies show that avoidant, anxious and disorganized attachment are associated with body image dissatisfaction (BID) in women (Cash et al. 2004; Cheng & Malinkcrodt, 2009; Levi-Ari et al., 2014; Szalai et al., 2016). Hardit & Hannum (2012) found anxious attachment to be a significant predictor of body dissatisfaction in college age women. Another significant finding in the study was that positive memories of parental care were associated with lower attachment anxiety and lower body dissatisfaction (Hardit & Hannum, 2012). The researchers suggest that young women with insecure attachment who have not felt valued or accepted by caregivers use their body size and shape as "visible concrete ways…to evaluate and devalue themselves" (Hardit & Hannum, 2012, p. 474). These women have not felt secure in relationships and so they feel it is important to look a certain way in order to feel accepted by others.

Self-Esteem

Self-esteem is a predictor of body image in women and girls. Self-esteem is defined as "a

global evaluation of one's self-worth" (Stapleton et al., 2017, p. 239). There is a clear link between body image and self-esteem shown in research. Higher self-esteem is associated with healthy body image and low self-esteem is related to BID (Clay et al., 2005; Harter et al., 2012; Stapleton et al., 2017; Knafo, 2016). Specifically, BID has been be related to lower self-esteem for women and girls. Research has shown a stronger association between body image and self-esteem in girls than boys, with more negative perceptions of appearance beginning in middle childhood and increasing with development (Harter, 2000; Knafo; 2016; Mellor et al., 2010; Moffitt et al., 2018; Paxton et al., 2006; Stapleton et al., 2017; Van den Berg et al., 2010). Women and girls with high self-esteem are found to have lower body dissatisfaction. Women with high self-esteem evaluate their bodies more positively. Self-compassion has been found to mediate the relationship between self-esteem and body image. Women with high levels of self-compassion reported higher levels of self-esteem and lower body concerns (Connors & Casey; 2006; Moffitt et al., 2018; Stapleton et al., 2017).

Spirituality & Religion

Spirituality and religion are associated with promoting healthy body image. Women and girls with healthy body image have been found to believe in a higher power. They believe this higher power created them exactly as they are, loving them unconditionally, helping them to accept and appreciate their unique characteristics (Tiggemann, 2015; Tylka, 2011). Spiritual and religious beliefs lead women and girls to care for their bodies. As a way of revering this higher power, they honour and respect the body, treating it as a temple that they devotedly maintain (Wood-Barcalow et al., 2010). Tylka (2011) suggests that holding these believes may prevent attempts to change the body or strive for the societal beauty ideal, as this would take away from individuality.

Interventions for Body Image

In this section, current interventions for working with body image are explored. I will examine Cognitive Behavioural Therapy (CBT), and Cognitive Dissonance based programs for working with body image. Emotion-Based therapies, including Emotion Focused therapy (EFT), and Emotion Focused Family therapy (EFFT) are looked at. I will also discuss Radically Open Dialectical Behavioural Therapy (RO-DBT), as well as Mindfulness based interventions, Acceptance and Commitment Therapy and Self-Compassion based interventions. Finally, Yoga based interventions for working with body image will be reviewed.

Cognitive Behavioural Therapy

Cognitive Behavioural Therapy (CBT) is a popular intervention used to work with body image. CBT uses therapeutic techniques including psycho-education, cognitive restructuring and dissonance including challenging dysfunctional body image thoughts (Cassone et al., 2016). CBT is considered to be one of the most effective treatments for EDs, specifically BN (Agras, 2019; Juarascio et al., 2010). A meta-analysis by Linardon et al. (2017) found that CBT produced large improvements in ED symptoms for patients with BN compared to control conditions. The researchers, however, did not find evidence of CBT being effective with AN sufferers (Linardon et al., 2017). Other studies have found CBT to be somewhat effective in the treatment of EDs, with significant reductions in body image concerns including preoccupation with shape/weight, fear of weight gain, feeling fat and participants remaining in remission from ED symptoms (Calugie & Dalle Grave, 2019; Gale et al., 2014; Fairburn et al., 2015)

Over all, CBT has been shown to be more effective in treatment of BN and other eating disorders, than with AN. Mountford et al. (2014) explains that body image disturbances often persist in AN patients following treatment, despite other symptoms diminishing, and are

predictive of relapse. Body image disturbances are often overlooked in CBT treatment programs, which may be because it is an area that is resistant to "reasoning-based interventions" (Ferrer-García, M., & Gutiérrez-Maldonado, 2012; Mountford et al., 2014, p. 62). Although CBT has been found to be somewhat effective in reducing experiences of negative body image for ED sufferers, there is a lack of research looking into promoting healthy body image.

Very few studies have looked into the use of CBT as an intervention for cultivating healthy body image in a non-clinical population of women and girls. There has, however, been some research into a six-week CBT group program called "Positive Bodies" on a non-clinical sample of women with body image concerns. Results of these studies have shown preliminary evidence supporting the effectiveness of the program (Cassone et al., 2016; Devaraji & Lewis, 2010). The researchers found some improvements in body satisfaction and lowering levels of body surveillance, however, there were no reductions in body shame experienced by the women (Cassone et al., 2016; Devaraji & Lewis, 2010). These studies did not include adolescents girls younger than 16 and did not have a control or comparison group, which suggests that results might not be attributed to the program and may be a result of group or expectancy effects.

Cognitive Dissonance & Media Literacy

Out of CBT treatments, emerged Cognitive Dissonance (CD) based treatment for ED prevention and body image. CD interventions involve psycho-education, media literacy and behavioural practices (Halliwell & Diedrichs, 2014). In response to sociocultural pressure around thinness, a key component of CD is speaking out against beauty ideals and criticizing the culture. This creates dissonance through inconsistency with internalization of the thin ideal (Becker & Stice, 2017). A group CD based intervention called *The Body Project* was created for adolescent girls and young adult women, involving verbal, written and behavioural exercises, around the negative consequences of the pursuit of unrealistic thin beauty ideals (Becker & Stice, 2017;

Piran, 2015). Studies have shown that CD interventions have resulted in reductions in body dissatisfaction, thin-ideal internalization, as well as risk onset for eating disorders (Halliwell & Diedrichs, 2014; Stice et al., 2013; Stice et al., 2017). Most of these studies, however, look at a racially homogenous sample of women and girls and do not show sufficient evidence of fostering healthy body image.

Emotion-Based Therapies

Emotion-based therapies are recent interventions used for working with ED populations. Emotion theory suggests that women and girls that suffer from EDs can experience disruptions in processing emotion, including a displacement of negative affect onto non-acceptance and unhealthy body image (Williams & Files 2018). Emotion Focused therapy (EFT) theorizes that, rather than responding to felt affect experience in the body, women and girls with EDs look to food, weight and body image as a way to avoid painful emotions (Robinson et al., 2015; Williams & Files, 2018). This treatment model aids women and girls in connecting to their internal experience, in order to facilitate acceptance and regulation of emotions (Greenberg, 2010).

A study by Wnuk et al. (2015) looking at a 16-week group EFT program with women suffering with BN, found improvements in eating disorder symptoms, and emotional regulation (Wnuk et al., 2015). Similarly, a study by Brennan et al. (2014) looked at a 12-week EFT program for EDs, showed reductions in ED symptoms. Women were able to recognize the function of their self-critic, accept and process emotions. A significant finding was the importance of the group process for the women, as they were able to gain insights from each other. Although both of these studies show improvements in women with EDs, they do not provide specific evidence for improvements in healthy body image.

Family Therapies

Emotion Focused Family Therapy (EEFT) merges family-based treatment with emotion-based therapy for eating disorders, as family support can be beneficial for recovery. EFFT began as a model geared towards families of children and adolescents with eating disorders, and has expanded to individuals across the lifespan. EFFT helps to empower caregivers to take an active role their child's recovery process (Strahan et al., 2017). EFFT utilizes a non-judging conversational script to build a bond between the caregiver and sufferer. Studies investigating EFFT have shown increases parents self-efficacy for children and adolescents' recovery, healthier attitudes around emotions and increased engagement in symptom interruption (Lafrance Robinson et al., 2016; Stillar et al., 2016; Strahan et al., 2017). These studies provide evidence for the effectiveness of EEFT in the treatment of EDs, but they have not specifically focused on improving healthy body image. The literature shows there are only a handful of studies testing efficacy of Emotion-based therapies, with small sample sizes and little to no follow-up measure (Breannan et al., 2015; Stillar et al., 2016). These interventions are not being used, specifically, for promoting healthy body image in non-clinical populations.

Radically Open Dialectical Behavioural Therapy

Radically Open Dialectical Behavioural (RO-DBT) Therapy is a recent intervention being used in the treatment of EDs. RO-DBT expands on DBT, which has been found effective in the treatment of individuals with binge-purge eating disorders who have issues with under control and emotional dysregulation (Lynch et al., 2013). RO-DBT has targeted eating disorders of over control, such as AN. RO-DBT focuses on treating social isolation and loneliness in eating disorders. Treatment involves strategies for enhancing social connectedness, such as skills to activate the social nervous system (parasympathetic-ventral vagal complex), social signaling,

mindfulness practices, and other individual and group therapy support (Cardi et al., 2013; Lynch et al., 2013).

A study by Lynch et al. (2013) looked into the effects of RO-DBT on 45 individuals with AN. The results of the study showed significant reductions in eating disorder symptoms including reductions in concerns around shape and weight. Studies by Cardi et al (2013) and Gillmartin and Valladares (2019) also convey the effectiveness of RO-DBT in the treatment of EDs of over control for increasing weight and general overall wellbeing. Although RO-DBT has shown evidence of effectiveness in treating EDs, they have not been aimed at developing healthy body image in a non-clinical population of women and girls.

Mindfulness-Based Interventions

Mindfulness-based interventions are currently being used to work with body image. Mindfulness is described as the awareness that arises from non-judgmental attention to experience in the present moment (Atkinson, 2015; Sipe & Eisendrath, 2012; Tang, Holzel, & Posner, 2014). Mindfulness involves observing sensory perception, thoughts and feelings that emerge, allowing these to arise with acceptance and without attempting to change, avoid, or control them (Atkinson, 2015; van Vreeswijk et al., 2014). Mindfulness allows clients to develop a new way of being with challenging and painful experiences. In working with body image, mindfulness can help to increase one's ability to refrain from automatic negative thoughts around body ideals and pressures to conform, which may reduce the risk for body concerns and dissatisfaction. Mindfulness can also alleviate the intense impact of negative body image experiences (Atkinson, 2015). Mindfulness based body image interventions utilize meditative techniques and practices in order to increase awareness of body-related thought and feelings, "allowing them to exist as they are, and then letting them go, often using the breath as an anchor

to the present moment" (Atkinson, 2015, p. 499). Distressing thoughts and feelings are observed as being produced by the mind, and not conceived as necessarily accurate or true. Non-judgment is a core feature of mindfulness, which influences body image. Being mindful through low judgment is strongly associated with body satisfaction (Atkinson, 2015; Dijkstra & Barelds, 2011).

A study by Atkinson and Wade (2015) implemented a mindfulness-based eating disorder prevention program targeting body image concerns in a high school classroom setting with adolescent girls across all levels of risk. The results of the study showed that mindfulness aided in improving weight and shape concerns, thin idealization and dietary restraint. Pidgeon and Appleby (2014) also examined the protective effects of mindfulness against the development of body image dissatisfaction in 186 women between the ages of 18 and 64. The researchers found that women with higher dispositional mindfulness reported less body image dissatisfaction and shame and higher levels of self-esteem in comparison to those with lower levels. The researchers propose that mindfulness may act as a buffer against negative and automatic body image cognitions. Another study by Khoshkerder and Raeisi (2019) implemented mindfulness as an intervention for body image in Iranian adolescent girls with dysfunctional eating attitudes, using the Mindfulness Based Stress Reduction (MBSR) program, an 8-week program incorporating meditation techniques and yoga exercises. The results showed significant differences between experimental and control groups, with decreases in body image concerns, and cultivation of body awareness in mindfulness participants.

These interventions are suggested to be more effective to other more cognitive interventions in working with body image, as they go beyond cognition, working at a global level to reduce negative experiences resulting from body image concerns and aid in enhancing

body satisfaction (Atkinson & Wade; Alleva et al., 2015). There is evidence for the effectiveness of mindfulness as an intervention for body image, however this evidence is preliminary and requires further validation. These studies have mainly focused on reducing negative experiences of body image rather than developing healthy body image in a diverse population women and girls.

Acceptance and Commitment Therapy (ACT)

Acceptance and Commitment Therapy (ACT), a mindfulness based model, has been used to work with body image. ACT teaches individuals acceptance of difficult emotions, and connecting their behaviours with their values (Pearson et al., 2012). Research has linked psychological inflexibility directly to BID (Griffiths et al., 2018; Mancuso, 2016; Webb, 2015). ACT works to increase psychological flexibility in the experience of problematic thoughts and feelings around body image. ACT aims to cultivate presence, and acceptance of challenging body image experiences, in order to reduce BID (Griffiths et al., 2018; Pearson et al., 2012). ACT teaches psychological flexibility through six processes of change, which include "acceptance, cognitive defusion, present-moment-awareness, self-as context, value driven behaviour, and commitment to value-driven behaviour" (Griffiths et al., 2018, p. 190). ACT encourages non-judgmental self-awareness and acceptance of thoughts, as well as using values to guide actions in order to improve body image.

Pearson at al. (2012) implemented a one day ACT workshop targeting body dissatisfaction in a sample of women between age 18 and 68 years old, and found that participants had significant reductions in body anxiety and disordered eating attitudes, as well as increases in body acceptance. Griffiths et al. (2018) examined the effectiveness of six different studies using ACT as an approach for treating BID and weight-self stigma. Their results

indicated promise for ACT in the treatment of BID, finding a reduction in anxiety and preoccupation with thoughts surrounding weight, shape and eating (Griffiths et al., 2018, p. 201).

Effectiveness of ACT remains unclear, as these studies findings were inconsistent, lacking follow-up measures and looking at mainly white, obese and overweight women. Research on ACT has focused on reducing negative body image, but has not looked into promoting healthy body image in a diverse sample of women and girls.

Self-Compassion Interventions

Self-Compassion interventions have also recently been used in working with women, girls and body image. Self-compassion is thought to be supportive in working with body image because it fosters acceptance and a kind attitude towards one's appearance. Neff's (2003) Self-compassion theory has three main factors, which include mindfulness, self-kindness and common humanity. Self-compassion offers women and girls a novel way of relating and valuing themselves through reducing judgmental tendency and instilling the belief that self-worth is not contingent upon appearance (Toole & Craighead, 2016; Braun et al., 2016). Self-compassion interventions teach women and girls to treat themselves in a caring, empathic way. They learn to offer themselves unconditional acceptance, warmth, and comfort, rather than harsh judgment, just as they would a friend (Albertson et al., 2014). Self-compassion interventions also involve teaching awareness of a common humanity. This is the recognition that all people are imperfect, and that everyone has flaws. Self-compassion training allows for women and girls to be kinder and gentler towards themselves, acting as buffer against negative body image and body dissatisfaction, which may aid in increasing body appreciation and respect for the body (Albertson et al., 2014; Wasylkiw et al., 2012; Toole & Craighead, 2015).

Albertson et al. (2014) looked at whether a three-week long self-compassion training

with a multigenerational group of women would improve body satisfaction. Participants engaged in different self-compassion meditations involving body scans, breath work, and loving-kindness exercises. The study showed that participants experienced reductions in body dissatisfaction, body shame, and some increase in body appreciation. Toole and Craighead's (2015) study on the effects of an internet-based self-compassion training in university undergraduate women with body image concerns also showed some improvement in body appreciation and positive attitudes toward the body. They did not, however, see significant reductions in body shame or body dissatisfaction. Wasylkiw et al. (2012) found that higher levels of self-compassion were associated with fewer body concerns, body preoccupation and weight concerns in university women. In Braun et al.'s (2015) meta-analysis reviewing 28 studies, self-compassion is implicated as a protective factor against eating pathology and negative body image. Compliance with self-compassion practices, however, was low in certain studies, with reports of the activities being too long and hindering participant's motivation. The studies also lacked ethnic and racial diversity and only included small samples of women and girls.

Recent studies show promise for self-compassion as an intervention for body image (Albertson et al., 2014; Braun et al., 2015; Toole & Craighead, 2015; Wasylkiw et al., 2012). These studies provide some evidence for self-compassion programs' effectiveness in decreasing body image dissatisfaction and body shame, as well as some improvement in body appreciation. These studies, however, do not provide sufficient evidence for development of healthy body image in a diverse population of women and girls.

Yoga-based Interventions

Yoga is a popular new intervention for working with body image. Yoga is an ancient, integrative physical and spiritual practice that cultivates a mind, body and spirit connection,

supporting health and wellbeing. There are various different forms of yoga, most involving breath and meditation techniques as well as physical postures, with a focus on mindfulness (Ariel-Donges et al., 2018; Halliwell et al., 2019; Cook-Cottone, 2015; Neumark-Sztainer et al., 2018). Yoga is an embodied practice, locating the body at the center of an individual's experience. Yoga fosters connection to bodily experiences, body appreciation, body function and self-expression (Halliwell et al., 2019; Menzel & Levine, 2011). Yoga, as an embodied practice, cultivates full presence in the body, being with the body in a self-compassionate, accepting way, rather than attempting to change or discipline the body (Cox et al., 2017; Neumarl-Sztainer et al., 2018). Yoga's foundation in philosophy and spirituality may also aid in body image, as spirituality and religion have been associated with promoting positive body image (Mahlo & Tiggeman, 2016; Tylka, 2011). There has been a large interest in yoga's potential for treatment and prevention in the field of body image (Mahlo & Tiggeman, 2016; Newmark-Sztainer et al., 2018).

A study by Ariel-Donges et al. (2018) looked at the efficacy of yoga as a treatment for body-image dissatisfaction in women between age 18 and 30 years old. Compared to the control condition, yoga participants experienced improvements in appearance evaluation and satisfaction with certain body areas, as well as reduction in appearance preoccupation. Another study by Halliwell et al. (2019) found similar results investigating a brief, four-session, yoga intervention focusing on positive body image and embodiment in young undergraduate women. Compared to controls, women who participated in the yoga sessions experienced increases in body appreciation, body connectedness, and body satisfaction.

Other studies have examined the effects of yoga on body image in nonclinical settings, with high school and university age participants. Yoga has been found to have a positive impact

on body image through reductions in self-objectification, increased gratitude for the body, self-confidence, sense of accomplishment, witnessing a variety of body types practicing yoga, and increases in embodiment (Cox et al., 2017; Mahlo & Tiggeman, 2016; Neumark-Sztainer et al., 2018). Research has found that yoga does, however, impact some individuals' body image negatively through upward comparisons with other classmates and negative self-talk (Neumark-Sztainer et al., 2018).

There are only a handful of studies in the literature looking into yoga as an intervention for body image for women and girls. Although the research suggests yoga may be effective in promoting embodiment and healthy body image, these studies are limited as they do not include racially or ethnically diverse samples, and only include small samples with mixed genders, without the inclusion of younger adolescents.

Dance Movement Therapy

This section explores DMT as an intervention for promoting healthy body image in women and girls. I will discuss how dance and movement, historically, have been used as a form of communication and as a healing tool. DMT's origins, including the founders' philosophy and theory will be introduced. I will look at current neuroscience on the use of DMT as a therapeutic intervention. Elements of DMT are described, such as embodiment and mindfulness. Techniques used in DMT are also examined, including mirroring, rhythmic synchrony, kinesthetic awareness, kinesthetic empathy, metaphor, symbolism and authentic movement, as well as a description of how they aid in promoting healthy body image. Clinical applications of DMT will also be discussed.

History

Dance is, believed to be, found in all human societies (Nemetz, 2006). Since early history, all throughout world, dance has been used for bonding communities, celebrating events and major life changes, working through crisis, defining individual and group identity, and sharing sentiments (Panagiotopouloe, 2011; Nemetz, 2006). Dance and movement are some of the earliest forms of communication. Dance and movement were a form of language used by people to express and converse with one another, and the gods, in early stages of human development, before verbal communication, predating music (Chace, 1952; Karkou & Sanderson, 2001). Dance was a "spontaneous expression of personal experience," before routines and rituals of patterns of steps (Karkou & Sanderson, 2001). Dance and movement is an ancient and inherent form of communication.

Dance is viewed as one of the most ancient forms of healing, used as catharsis and therapy since humans have expressed their inner world (Koch, et al., 2014; Nemetz, 2006; Ressler & Kleinman, 2010). Dance expresses both body and mind, making it a powerful and effective therapeutic medium (Panagiotopouloe, 2011; Hanna, 1995). Humans have utilized dance to foster healing on a mind, body and spiritual level. Inclusion in groups and cultures through dance has also lead to wellbeing benefits (Hanna, 1995, Levine & Land, 2015). Repetitive rhythm with drums and dance is one of the first known approaches to healing, traced thousands of years back to various cultures (Ressler & Kleinman, 2012). Connecting to rhythm through drumming and dance was believed to affect an individual's internal rhythmic patterns, rectifying patterns that were "out of synch and causing illness" (Ressler & Kleinman, 2012, p. 419). Through dance, individuals have historically been aided in overcoming emotional challenges.

There are many examples throughout ancient history where dance has been used for

healing physical and mental ailments. For example, the Zar dance from Eqypt was performed solely for healing in a group of women, communicating with spirits to cure mental and physical illness. Women would dance, and provide support for each other (El Guindy & Schmais, 1994; Hannah, 1995). Other examples of cultural and historical healing through dance include the Tarantella folk dance from Italy, the French Provencal Danse des Trippettes, the Sun dance of Indigenous American and Canadian tribes, healing dance of the Jul'hoansi Bushmen tribe, and various spiritual dances from India (Hannah, 1995, Nemetz, 2006; Portman, 2006).

Dance Movement Therapy (DMT) is a creative form of therapy utilizing movement, dance and body experiences, to connect with the self and others (Koch et al., 2013; Pylvanainen, 2010). In 1940, DMT emerged when Marian Chace was using body movement as psychiatric treatment (Tantia, 2016, p. 183). Marian Chace and Mary Whitehouse formed the American Dance Therapy Association in 1966 (Tantia, 2016, p. 184). Chace and Whitehouse both valued group work as part of the therapeutic process, and viewed dance and movement as powerful healing modalities and means of self-expression at times when words are too difficult, confusing, or frightening to access (Tantia, 2016, p. 185).

DMT's philosophy is psychophysiological, based on an embodied awareness of self-knowledge and healing through experience (Tantia, 2016, p. 184). DMT has been influenced by various theories including Jungian, Gestalt, and psychodynamic therapy (Karkou & Sanderson, 2001). DMT theorizes that repressed memories and emotions are held in the body and that movement, as well as body areas and physical states, are symbolic and meaningful (Tantia, 2016, p. 184). DMT strengthens and encourages an integration of cognitive, emotional, physical, social and spiritual functioning in an individual (Koch et al., 2013; Pylvanainen, 2010). DMT allows

for releases of energy, transforming emotions in a manageable form through creative movement of expression (Tantia, 2016, p. 187).

Neuroscience

DMT involves neurophysiological intersections between the mind and the body. Interventions in DMT "engage somatic, emotional and perceptual processes simultaneously" (Homann, 2010, p. 2). A treatment goal of DMT can be to increase a client's movement repertoire, as changes in movement ability and body functioning are found to have psychological benefits (Acolin, 2016). DMT interventions work to explore and integrate new patterns in perception, awareness and flexibility of brain functioning. Increasing movement range, qualities of movement, flexibility and overall motor ability can broaden psychological perspective (Acolin, 2016). Repetitive therapeutic interventions in DMT including dance, drumming and music can, over time, impact the brainstem directly, aiding in reorganization and modulation (Dieterich-Hartwell, 2017). DMT interventions allow clients to attend to bodily sensations and experiences, with movement as a channel, potentially stimulating neuroplasticity (Dieterich-Hartwell, 2017). Studies show that dance, over long term, is associated with increased neuroplasticity (Karpati, 2015; Teixeira-Machado, 2019). Structural changes in the brain include positive improvements in cognitive functioning involving memory, attention, body balance, psychosocial factors and neurotrophic function (Teixeira-Machado, 2019).

Body awareness, through DMT, can cultivate cognitive control and overall healthy functioning. DMT improves clients' interoception, an awareness of "the physiological state of the entire body, including an emotional and mood state awareness" (Dieterich-Hartwell, 2017, p. 43). Clients attend to interoception in DMT by tracking physical sensations, breath rhythm, or bringing awareness to the felt sense in one body part at a time (Dieterich-Hartwell, 2017;

Homann 2010) Processing metaphors and symbols in DMT also stimulates neural pathways that are central to interoception (Pierce, 2014, p. 11). Exercises in DMT build interoceptive awareness by stimulating the insula and the medial prefrontal cortex, in order to form new neural connections (Dietrich-Hartwell, 2017). This results in a “re-patterning of the belief system around internal body-based communication” (Dieterich-Hartwell, 2017, p. 43). Clients learn to tolerate and experience internal sensations without resorting to defenses. Music used in DMT also influences interoception. Music activates the areas of the brain responsible for interoception including the insula, ACC, thalamus, orbital frontal cortex, and cerebellum, (Dieterich-Hartwell, 2017).

DMT works to regulate arousal in the nervous system. DMT interventions can foster immediate state shifts in the body by employing breath and movement techniques to balance the autonomic nervous system (Dieterich-Hartwell, 2017; Gray, 2017; Homann, 2010; Tantia, 2016). DMT uses grounding and containing techniques, in order to anchor clients into the present, regulate hyper arousal, and settle into parasympathetic rest state (Dieterich-Hartwell, 2017; Homann, 2017). For example, swaying, rocking, and other rhythmic and synchronic movements help modulate brainstem dysregulation, providing positive feedback to the amygdala (Dieterich-Hartwell, 2017) DMT interventions, such as energetic, sympathetic-driven movement, can also be used to up-regulate clients in immobilization or shut down (Homann, 2017). Body awareness through DMT helps clients to feel safe and relaxed, allowing them to begin to self-regulate (Homann, 2010; Rothschild, 2000).

Developing body awareness through DMT cultivates an organization of perception, arousal and regulation, comparable to meditation (Homann, 2010). Exploration of movement allows clients to increase affect awareness and emotional regulation. Focusing on the body with

body-based interventions, DMT aids clients in detecting and discriminating feelings. Movement stimulates physiological processes involved in emotion, making them more accessible to conscious awareness and control, which empowers clients to self-regulate and tolerate their emotions (Acolin, 2016, Homann, 2010). Movement exploration is used as an effective resource for increasing awareness of one's emotional experience and expression of emotions.

DMT interventions generate right brain vertical integration. DMT activates the right hemisphere of the brain, through engagement in present moment, embodied experiences, involved in emotional processing, regulation, memory, stress reduction, empathy, inter-subjectivity, and non-conscious self-images (Homann, 2010; Pierce, 2014; Pylvanaien, 2010). Imagery and metaphor are right brain states that can be engaged through DMT, allowing the client to investigate emotions through the body, offering a new way to experience them (Hoffman, 2010). The creative, body based approaches in DMT open right brain states, offering direct access to implicit perceptual processes, below the level of conscious awareness (Homann, 2010). Implicit memories involve self-states and affective experiences that have a great impact on perception of the self (Homann, 2010). DMT is an effective tool for working with implicit, body-based memories (Homann, 2010). Through a supportive relationship with the DMT therapist, clients can explore powerful self-states through interacting with the body, processing feeling states and emotions, putting language to these, and integrating this experience (Homann, 2010; Wyman-Mcginty, 2005).

The right hemisphere of the brain is where experiences of the body-self are processed. The body-self, or 'true-self,' is an experiencing and interacting, core and implicit self. The body-self greatly influences body image, one's perception and belief of the body (Pylvanaien, 2010). Pylvanaien (2010) explains that the DMT process can encounter elements of body image, where

the body-self has the chance to be carefully attended to (p. 223). DMT allows for a new way of being, activating a relationship to oneself through connectedness to the core-self (Pylvanaien, 2010, p. 224). DMT aids in creating integrated patterns on a neurological level, supporting a more integrated experience of the self.

Mirroring

Mirroring is an intervention used in DMT to foster connection. Mirroring can aid in one's understanding of the self, strengthening the self-concept. Karampoula and Panhofer (2018) suggest that the multiple mirroring within a DMT process allows for openness to new possibilities of perceiving oneself, giving various aspects (p. 32). Mirror neurons process non-verbal communication, including facial expression, allowing an understanding of another's intentions (Berrol, 2016; Homann, 2010; McGarry & Russo, 2011). DMT uses mirroring interventions involving movement synchrony and affective attunement, resulting in emotional connection with a therapist or group member (Homann, 2010; McGarry & Russo, 2010; Winters, 2008). This can create shifts in clients through decreased experiences of emotional isolation. DMT is based on interconnectivity through neural networks. Mirroring in DMT results in inter-subjective, inter-neuronal connectivity between two individuals, which can lead to significant benefits for a client of feeling understood, regulated and held (Berrol, 2016). McGarry and Russo's (2011) study investigated the process of mirroring technique used in DMT. The researchers found that mirroring increased empathy through activation of the limbic system and mirror neuron system (MNS). An emotional resonance is produced, increasing the feeling of connectedness and group cohesion (McGarry & Russo, 2011, p. 180). This intimate group connection can greatly add to an individual's healing in DMT.

Embodiment & DMT

Women and girls are in need of opportunities for embodiment to foster healthy body image. Environments with embodying conditions and experiences have been found to cultivate protection from self-objectification, negative body image and disordered eating (Menzel & Levine, 2011). Embracing the engagement of body-focused, embodiment interventions is critical and essential for effective, comprehensive treatment of body image (Cook-Cottone, 2015; Cox et al., 2017; Menzel & Levine, 2011; Ressler & Kleinman, 2018; Tylka). Physical, pleasurable activities, cultivating the integration of mind and body, are proposed to enhance embodiment and support healthy body image (Cook-Cottone, 2015; Neumark-Sztainer et al., 2018). DMT involves embodying practices in support of healthy body image.

Dance is a powerful tool that can be used to foster embodiment. Block & Lee Kissell (2001) argue that dance captures the experience of embodiment more than any other experience. The authors convey that “few human experiences express so vividly and so totally the meaning of an embodied being-in-the-world as does dance” (Block & Lee Kissell, 2001, p. 13). Dance allows us to express our physical and internal presence as an embodied being. DMT utilizes embodiment in the therapeutic process, bringing together “the essence of the self as a whole being – emotions, thoughts, actions – in harmonious synchrony” (Ressler & Kleinmann 2018, p. 335). Clients use embodied experiences together with cognitive perceptions in order to work through emotional challenges. Embodied movement becomes an investigative tool and expressive communication in DMT.

Mindfulness & DMT

The foundation of embodiment in DMT is mindfulness, engaging with sensations, images, emotions, and memories (Tantia, 2016). Conversely, embodiment in DMT turns mindfulness into a “living form of expression” through movement (Tantia, 2016, p. 98). DMT

creates an opportunity for participants to return to the present moment of their experience. Mindful awareness in DMT promotes acceptance of self and experience. Participants learn to move consciously, deliberately and with "non-judgmental attentiveness and sensitivity to experiences and expressions" (Pylvanainen, 2010, p. 220). This attuning to the body in DMT aids participants in approaching both the self and others in a novel and compassionate way. Improved internal attunement through DMT allows a change in perspective for clients (Federman, 2015; Pylvaninainen, 2010; Tantia, 2016). Marian Chace, argued, "If one can allow a change of perspective to oneself, and give interest and reverence to the body, it may eventually bring supportive and emancipating experiences" (Pylvanainen, 2010, p. 220). Women and girls struggling with body image challenges can access mindfulness through DMT, improving internal attunement, finding support and liberation towards healthy body image.

Pylvanainen (2010) explores the use of DMT in a psychiatric clinic, where DMT was offered to adult outpatients, mainly female, for 10 session periods. Groups of 5 to 11 participants gathered weekly, for 90-minute sessions. DMT was seen to increase mindfulness through movement experiences enhancing internal attunement (Pylvanaien, 2010, p. 220). Tantia (2016) also describes how DMT utilizes mindfulness in a case study of a client, 'Hanna,' who participated in DMT in the treatment of trauma. DMT allowed Hanna to follow her awareness, through mindfulness, improving internal attunement in order to shift out of dissociation, back into her body. Hanna is described as returning to an "enlivened, embodied woman" through DMT (Tantia, 2016, p. 96). Mindfulness and embodiment interventions, such as yoga, have been described in the previous section as being somewhat effective in promoting healthy body image in women and girls. DMT is an alternative intervention that accesses mindfulness and embodiment, which is potentially effective in nurturing healthy body image in women and girls.

Rhythmic Synchrony

Rhythm is an important aspect of DMT. Rhythmic movement is an omnipresent, universal aspect of our lives as humans. We engage with "rhythms of the seasons, moon and sun cycles, oceans and tides, life and death cycles, the flow of breath, and the beating of our hearts" (Payne, 2003, p. 9). Rhythm also exists in our communication with others. Capello (2009) describes a conversation between two people as a rhythmic dance. DMT makes use of rhythm to promote communication between clients and therapists. Therapists in DMT attune to the client's rhythm, pace, and timing, gaining understanding of needs, emotions and suffering under the surface (Ressler & Kleinman, 2012; Ressler & Kleinman, 2018).

In a DMT group setting, rhythm creates solidarity between the participants. Rhythmic movement acts to unify participants, through an organization of emotions, fostering communication (Capello, 2009). Each individual can feel a sense of power and security from the emotions expressed in the shared rhythm of the group moving as one (Federman, 2015). Moving together in rhythmic synchronicity creates intimate connection and a sense of belonging in a group. Spencer (1985) conveys the power of a group moving together in rhythm, which "creates a channel of communication, so primal, it touches on the person's deepest sentiment." Chace (1952) also suggests the power of rhythmic unison. She explains that "magic powers" were attributed to "rhythmic action in unison" by early tribes (p. 1).

Kinesthetic Awareness & Kinesthetic Empathy

Two of the main facets in DMT are Kinesthetic Awareness (KA) and Kinesthetic Empathy (KE). KA involves experiences helping clients to tune in to internal feeling states and patterns of behaviour, as well as the clinicians own ability to sense inward (Ressler & Kleinman, 2012, 2018). KA is used to establish KE, defined as understanding and experiencing what others are feeling, attuning to their feeling states using the body "as an empathic receptor" (Ressler &

Kleinman, 2012, 2018). This is a critical component of the therapeutic relationship in DMT. A somatic resonance is created through a felt sense of reciprocity, and the network of polyvagal connection, the social nervous system between bodies, resulting in a shared construction of knowledge (Burns, 2012, Fischman, 2016). This can involve mirroring, metaphor, analogy, verbally and non-verbally. Fischman (2016) explains how in using KE, the therapist aids self-development for a client, moving past a block or interrupted developmental processes.

Metaphor and Symbolism

Metaphor and symbolism are two important tools used in DMT. As the client becomes aware of the body in space, sensations and emotions, they can begin to express these, using movement as symbolic gestures (Federman, 2015). They may use only non-verbal movement or add in words to convey their emotions and needs. The therapist aids the client in creating symbolic interactions, connecting what they discover through movement to parallels in their lives. This symbolism can help clients work through memories as well as foster new narratives in their lives (Federman, 2015; Ressler & Kleinman, 2012). Creativity is used in DMT to assist clients in working through ingrained, limiting patterns, and providing new possibilities by using the body to create symbols and metaphors (Wengrower, 2016). The metaphor has been referred to by Jung (1916) as "the healing symbol," working:

> simultaneously on the cognitive level, interpreting the meaning; the imaginative level, creating the image internally (living pictures seen in the eye of the mind); and the emotional level, connecting the feelings embodied in the metaphor (Ressler & Kleinman, 2018, p. 333).

Jung (1916) proposed the use of imagination to foster introspection, allowing the unconscious to emerge through various expressive art forms, including dance (Ressler & Kleinman, 2018). DMT utilizes movements as metaphors and symbols to cultivate introspection

and integration with the safe container of the therapeutic relationship, exploring new ways of being in the world (Chaiklin & Wengrower, 2016).

Authentic Movement

DMT promotes the use of authentic movement and improvisation with clients. Authentic movement in DMT, created by Whitehouse, is based on Jung's concept of active imagination (Federman, 2015). The process involves the client moving with eyes closed, directing attention inward, fostering a "deep intimate connection" to the self (Federman, 2015, p. 10). Spontaneous movement is inspired by internal sensations, impulses, images and memories. A witness, such as the therapist, or group member, watches providing a non-judgmental, safe container. This improvised movement has been related to Freud's free-association technique, which put forth that spontaneous expressions allow the unconscious to emerge (Wengrower, 2016). Improvised movement permits a separation from repetitive patterns of thoughts and behaviours, and typical meanings and responses, opening up new perspectives and opportunities for novel experiences and change (Wengrower, 2016; Fischman, 2015).

DMT employs rhythm, KE and KA, symbolism, metaphor and authentic movement, working to develop healthy body image in women and girls. DMT also makes use of somatic practices such as tracking, grounding, and breath work. DMT involves novel musculature (release and tension) and breath practices, allowing for affect to emerge. These tools allow access to stored memories and emotions held in the body and mind. Ressler and Kleinman (2012) explain that our emotions and experiences are stored at both the cognitive and body level, making up a "body script" of identity and body image. DMT bridges the "stored body and mind scripts," allowing the possibility for change in body image (Ressler & Kleinman, 2012, p. 419). Through DMT practices, clients can work to build self-connection and identity, which

individuals with body image challenges typically lack. The therapist creates a safe and trusting space for clients to experience and regulate their emotions. Fischman (2016) explains that "DMT operates where sensation and meaning come together," through the integration of sensations, perceptions, affective tonality and cognition, clients can develop on an intrapersonal, interpersonal and transpersonal level (p. 39). These personal developments in DMT work to foster healthy body image.

Clinical Applications

DMT has been used as an intervention for various psychological, behavioural and medical conditions. Effects of DMT have been found comparable to pharmacological and verbal psychotherapies (Koch et al., 2014, p. 17). DMT has been successfully implemented in working with anxiety and depression with both adolescents and adult populations, improving quality of life and interpersonal and cognitive abilities (Koch, et al., 2014; Jeong et al., 2005; Pylvänäinen, 2018) DMT has been used in working with patients who suffer with mental illnesses, including schizophrenia and autism, showing improvements in pro-social behaviours, stress and communication skills (Barton, 2011; Lee et al., 2015) DMT has been an effective intervention for working with trauma as well (Dieterich-Hartwell, 2017; Levine & Land, 2016; Mills & Daniluk, 2002; Pierce, 2014). DMT is also an effective intervention in improving the quality of life and body image in breast cancer survivors (Crane-Okada et al., 2012; Ho et al., 2016; Sandel et al., 2005). DMT can be applied to a wide variety of populations.

DMT is increasingly being used as an intervention for working with FEDs. A study by Fu & Cao Baker (2020) applied DMT, along with Fluoxetine Hydrochloride, in clinical treatment of adolescents struggling with FEDs. Results of the study showed that the four week DMT intervention was effective in promoting self-acceptance, mind–body unity, emotion-regulation

ability, and healthy behaviors in adolescents. In a study examining the experience of DMT therapists working with patients diagnosed with eating disorders, Palmer (2015) describes how DMT interventions are used to embody discussions around body image issues. The patients developed a connection to their bodies through movement, instead of suppressing sensation and emotion, creating trust in the body and an understanding of "the importance of living in the body" (Palmer, 2015, p. 118). A case study of a women named 'Sheila,' diagnosed with binge-eating disorder, describes how the therapist was able to use DMT to attune to her, empathically reflecting and validating her unspoken needs, allowing her to access her "true self" (Ressler & Kleinman, 2018, p. 335). Researchers across studies argue that it is critical to bring the body of the client and clinician into treatment of eating disorders.

Research has found that DMT has improved body image perception in women and girls, including increased self-confidence, acceptance of physical characteristics and the inclusion of inner self in their concept of beauty (Fourie & Lessing, 2010; Grogan et al., 2014; Pylvänäinen, 2018). Studies show that DMT interventions cultivate healthy body image by decreasing body consciousness, improving self-body schema and representations, as well as increasing embodiment, respect for the body and an ability to listen to the body (Muller-Pinget et al., 2011; Pylvänäinen, 2018).

Leseho and Maxwell (2010) investigated how dance and movement supports women from various countries, age 16 to 67, during challenging times. Although dance and movement was used in non-clinical settings, such as classes and retreats, the researchers found significant benefits with three overarching themes including empowerment, healing and connection to spirit. Participants reported that dance aided them in connecting to their inner feminine, embracing and developing respect and appreciation for their bodies, ceasing comparison and instead, viewing

their bodies as "beautiful and sacred" (Leseho & Maxwell, 2010, p. 23). Through dance and movement, the women learned to differentiate themselves from their physical appearance, finding an inner sense of strength, "the body became a respected source of wisdom to access" (Leseho & Maxwell 2010, p. 22).

Summary

Body image, as a construct, has had various definitions. Most definitions include cognitive, affect, perceptual and attitudinal components. Definitions of body image have expanded to include embodiment, the experience of living in the body. The literature conveys the importance of positive embodied experiences for women and girls, and its' impact on body image. Research in the field of body image has been pathology driven, focusing on negative body image. The literature describes positive body image as including attunement to the body, engagement in self-care and health care practices, acceptance, respect, self-love and compassion. Spirituality and media literacy are also associated with positive body image. This capstone concentrates on the development of healthy body image, as the term positive body image does not capture the full experience of women and girls in relationship to their bodies.

The tripartite model suggests that media, peer relationships as well as caregiver relationships significantly influence body image. Television, movies and advertisements contribute to the objectification and sexualization of the female body, the internalization of unattainable appearance standards and thin-idealization. Social media is a current source that is associated with body image concerns in women and girls resulting from manipulated images, pressures of the online experience and appearance comparison. Peer relationships heavily impact body image through pressures and comparisons, values and expectations, as well as conversations and teasing. Women and girls with healthy body image tend to surround

themselves with peers who have healthy body image. Caregiver relationships, especially mother daughter relationships impact body image. Early, body based, caregiver interactions and attachment styles influence how women experience and perceive their bodies. Self-esteem is also a predictor of body image, this correlation is found to be stronger is girls than in boys. Women and girls who hold spirituality or religious beliefs are more likely to honour and care for their bodies.

CBT interventions have not prioritized working on body image with FED patients or with non-clinical populations. There is preliminary evidence for the *Positive Bodies* CBT program as well as the Cognitive dissonance based program, Th*e Body Project,* for promoting healthy body image in women and girls. Emotion-Focused therapies have helped women and girls process emotions and recognize their inner critic, and emphasized the importance of group work. The studies have not, however, shown evidence of contributing to development of healthy body image. RO-DBT has been successful in treating AN, but studies do not show evidence of its' effectiveness in promoting healthy body image in other FEDs and non-clinical populations.

Mindfulness-based interventions cultivate non-judgment and body awareness associated with improvements in body image. There have only been a handful of studies on mindfulness-based approaches, and they have mainly focused on reducing negative experiences of body image. ACT has been found to increase psychological flexibility around body image, but its' effectiveness in promoting healthy body image remains unclear due to inconsistent findings. Self-compassion interventions foster body acceptance, and these approaches show promise but there is not sufficient evidence for their effectiveness. Yoga interventions are embodied practices that are shown to enhance connection to the body and body appreciation. Although yoga-based interventions show promise, there is limited evidence due to a small number of studies.

Dance has been used all around the world for thousands of years as a form of communication and for healing. Marian Chace and Mary Whitehouse founded DMT in the 60's. DMT allows clients to express themselves through creative movement, processing emotions when words cannot be accessed. Neuroscience on DMT provides evidence of its ability to generate neuroplasticity, and increase interoception, nervous system regulation, and emotional regulation. DMT generates right brain integration, working with implicit body based memories, to allow for novel ways of perceiving the body. Mirroring in DMT activates mirror neurons, strengthening self-concept, empathy and interpersonal connections.

Embodiment is crucial in the treatment of body image in women and girls. Dance is a powerful tool for embodiment and expression in DMT. DMT also involves mindfulness, promoting acceptance of self and experience, improving internal awareness and supporting healthy body image. DMT utilizes techniques including rhythmic synchrony, KE, KA, symbolism, metaphor and authentic movement. These creative processes, along with the therapist relationship, allow for inner awareness, disrupting old patterns, releasing emotions and the unconscious. The client has access to stored memories and emotions around body image held in the body through DMT. DMT acts as a bridge, integrating the experience of the body and processing on a cognitive level. This allows for novel experiences, perspectives and new narratives around body image.

DMT has been found to be successful in working with a variety of conditions including anxiety, depression, schizophrenia, autism, trauma and breast cancer. DMT has also been recently used as an effective intervention for FEDs. Only a few studies have looked into DMT and body image. These studies have shown efficacy in promoting healthy body image, including improvements in acceptance, embodiment, respect and attunement. Dance and movement is

shown to aid women in revering the body as sacred and as a source of wisdom. There is however, little, to no research on the use of DMT for promoting healthy body image with a non-clinical, racially and ethnically diverse population of adolescent girls and young women.

In the next chapter, I will propose a six-week DMT intervention for healthy body image in a non-clinical, diverse population of women and girls. I will break down each session, including goals, activities and discussion topics.

Chapter 3: Summary, Recommendations and Conclusions

Summary

Body image is an important aspect of health and wellbeing. Healthy body image is associated with increased psychological and physical health (Andrew et al., 2015; Khoshkerder & Raeisi 2019; Tylka & Wood-Barcalow, 2015). Women and girls can struggle with body image in a response to unrealistic and unattainable beauty standards that they are exposed to in society. This can lead to detrimental consequences including adverse mental and physical health outcomes including FEDs, BDD and increased risk of suicide and mortality (Angelakis et al., 2016; Cassone et al., 2015; Harrington & Jimerson, 2015; Lock, 2015). Our society has considered BID in women and girls as normative discontent, rather than considering it as a serious public health concern (Hardit & Hannum, 2012; Runfola et al., 2013).

The purpose of this capstone was to explore DMT as an intervention for body image, considering the question *What impact does DMT have on promoting healthy body image in a diverse, nonclinical group of women and girls?* The findings can inform and aid clinicians in supporting women and girls who face body image challenges. This capstone aimed to emphasize the importance of developing healthy body image, and its critical role on psychological and physical health and wellbeing in the lives of women and girls.

There are various definitions of body image in the literature, involving cognitive, behavioural, emotional, perceptual and attitudinal components. The literature has started to focus on embodiment as a critical feature of body image. It is important for women and girls' body image to have positive embodied experiences (Levine & Smolak, 2006; Menzel & Levine, 2011). The initial focus of the literature review was to look at ways to promote positive body image in women and girls. The literature suggested that by only considering positive and

negative body image, polarizing binaries, the reader would fail to encompass women and girls' full experiences of their bodies (McBride, 2018; McBride, 2019; Ogle & Damhorts, 2005). Developing healthy body image is a more reasonable intention for women and girls.

The literature has found media, peer relationships, and caregiver relationships, as significant influences on body image in women and girls. Women and girls are exposed to messages in the media involving sexualization and objectification of the female body, presenting unrealistic and unattainable beauty standards that contribute to unhealthy body image and BID (Benowitz-Fredericks et al., 2012; Kim & Chock, 2015; Knafo, 2016). The literature revealed that women and girls with healthy body image engage in protective filtering and media literacy, valuing body diversity (Burnette et al., 2017; Wood-Barcalow et al., 2010). Peer relationships can have a negative impact on body image when comparison and criticism are involved (Curtis & Loomans, 2014; Durkin & Paxton, 2002; Hardit & Hannum, 2012; Jones, 2011). Women and girls with healthy body image choose to socialize with peers who also have healthy body image (Tylka, 2011; Wood-Barcalow et al., 2010). The mother daughter relationship has a significant impact on body image, especially during early interactions (Maor & Cwikel, 2015; Knafo, 2016; McBride et al., 2017; Orbach, 2009). Self-esteem is associated with body image and is more strongly related in adolescent girls than boys (Harter, 2000; Knafo; 2016; Mellor et al., 2010; Moffitt et al., 2018; Paxton et al., 2006; Stapleton et al., 2017; Van den Berg et al., 2010). Religion and spirituality are also associated with healthy body image in women and girls (Tiggemann, 2015; Tylka, 2011).

There are a variety of current interventions for working with body image. The literature reveals that conventional interventions, including CBT, EFT, Family therapies and RO-DBT have largely focused on clinical populations of women in girls in the development of healthy

body image (Cardi et al., 2013; Ferrer-García, M., & Gutiérrez-Maldonado, 2012; Mountford et al., 2014; Lafrance Robinson et al., 2016; Lynch et al., 2013; Stillar et al., 2016; Strahan et al., 2017; Wnuk et al., 2015). Mindfulness based approaches, including ACT, have been successful in reducing negative body image, but lack sufficient evidence for developing healthy body image in a diverse population of women and girls (Atkinson and Wade; 2015; Alleva et al., 2015; Griffiths et al., 2018). The literature appears to be focused on reducing negative body image in clinical populations, which reflects our society's focus on pathologizing, and a system that has not emphasized proactivity in terms of body image development. Self-Compassion and Yoga-based interventions show promise for developing healthy body image, however these approaches have been tested in smaller studies with inconsistent findings (Albertson et al., 2014; Ariel-Donges et al.; 2018; Braun et al., 2015; Cox et al., 2017; Halliwell et al., 2019; Mahlo & Tiggeman, 2016; Neumark-Sztainer et al., 2018; Toole & Craighead, 2015; Wasylkiw et al., 2012).

Dance is an ancient, global tool for communication and healing. DMT is a creative therapeutic intervention used to process and express emotions (Koch et al., 2013; Pylvanainen, 2010). Neuroscience has found various benefits of DMT including stimulating neuroplasticity, increasing interoception, nervous system regulation, right brain integration, strengthening self-concept, empathy and interpersonal connection (Dieterich-Hartwell, 2017; Gray, 2017; Karampoula and Panhofer, 2016; Karpati, 2015; Pierce, 2014; McGarry & Russo, 2011; Pylvanaien, 2010; Teixeira-Machado, 2019). DMT also helps promote embodiment and mindfulness, in order to support healthy body image (Block & Lee Kissell, 2001; Federman, 2015; Pylvanainen, 2010; Tantia, 2016). Components of DMT, such as rhythmic synchrony, KE, KA, symbolism, metaphor, authentic movement, and the therapist relationship can aid women

and girls in developing healthy body by providing access to patterns, memories and emotions around body image stored in the body (Chaiklin & Wengrower, 2016; Federman, 2015; Ressler & Kleinman, 2012, 2018). DMT integrates mind and body, allowing for novel experiences of body image.

Recommendation

I propose a six-week program implementing DMT to promote healthy body image in a diverse, non-clinical group of young girls and women. Two counsellors, with DMT training, would lead the program. Participants would attend a 90-minute session, once per week. This program would include girls and young women age 13-19 years old, experiencing challenges with body image. Each session would start with a circle check-in and idea generation, followed by stretching and warm up exercises. The sessions would apply activities involving mirroring, rhythmic synchrony, KE, KA, symbolism, metaphor and authentic movement, fostering connection to the body in promotion of healthy body image. There would be time for improvisation and creative expression within the sessions. The sessions would close with an integrating and sharing circle, putting the participants' experiences into spoken word, images, or written word.

Dance Movement Therapy & Healthy Body Image Six-Week Program

Table 1

Program goals and activities for a proposed Dance Movement Therapy program

Session	Goal	Activity
1	Introductions	*1. Opening Circle:* • Education around DMT • Group member introductions, sharing name and experience with body image (if comfortable) • Discussion around negative, positive & healthy Body Image

		2. *Warm up* • Body Scan, bringing awareness to different parts of the body from head to toe. • Breathing in and out of the nostrils, with an even count for same length of inhales as exhales. • Walking in space, exploring direction: forward, backwards, sideways; exploring tempo: slow, medium, fast • Therapist offers movement cues: reaching up, swinging arms, lifting one leg at a time, marching on the spot, jumping, turning 3. *Mirroring Activity* • The therapist demonstrates a movement to the music; the next participant in the circle mirrors the movement, adding another, this would continue until each group member has participated. 4. *Free Expressive Movement* • Bringing to mind the discussion from the beginning of the session, experiences with body image, moving this through the body. 5. *Closing Circle* • Process session writing or drawing individually • Sharing experience of session to the group with an emotion, image or sensation present
2	Influences on Body Image	*1.Opening Circle* • Discussion around major influences on body image including media, peer relationships and caregiver relationships 2. *Warm Up* • Meditation, focusing on the breath, following its' expansion and contraction of the chest, diaphragm, stomach and pelvic space • Stretching • Laban's Eight Effort Action exercise (Martinec, 2013), (Appendix A), moving through each action across the floor *3. Creative Movement Exercise* • Move across the room, walking, running or moving certain feeling scenarios ex. *You feel good about yourself internally*; *You feel good about yourself externally/physically; You compare yourself to others; You feel love and acceptance for yourself* *4. Free Expressive Movement* • Moving the body while bringing to mind the discussion from opening circle around influences on body image, as well as the experience of the previous activity. • Therapist mirrors the participants' movements

		5. Closing Circle • Process session writing or drawing individually • Sharing experience of the session to the group with an emotion, image or sensation present
3	Embodiment & Mindfulness	*1.Opening Circle* • Discussion and education around embodiment and mindfulness • *What does my body love to do, how does it feel when I'm doing this?* • *What does embodiment mean to you?* • *What does mindfulness mean to you?* *2. Warm Up* • Meditation, following the breath to each body part, from head to toe • Stretching • Laban's shape flow, participants are instructed to grow and shrink, spread and enclose (horizontal axis), rise and shrink (vertical axis), as well as advance and retreat (sagittal axis) (Dieterich-Hartwell, 2017) *3. Evoking Emotion Exercise* • Participants choose a partner, group forms two circles with partners facing each other • Therapist plays various types of music • One partner dances reactions to the music, the other partner mirrors the movement • Partners take turns leading and mirroring *4. Free Expressive Movement* • Moving the body while bringing to mind the discussion from opening circle around embodiment and mindfulness and emotions evoked during the previous activity • Therapist mirrors participants' movements. *5. Closing Circle* • Process session writing or drawing individually • Sharing experience of the session to the group with an emotion, image or sensation present
4	Self-Compassion	*1. Opening Circle* • Discussion and education around self-compassion and body image • *What does self-compassion mean to you?* • "How Would You Treat a Friend" exercise (Neff, 2020), (Appendix B) *2. Warm Up* • Loving Kindness Meditation (Neff, 2020), (Appendix C) • Stretching

		• Tension and release exercise, tightening and releasing different parts of the body from head to toe *3. Self-Compassion Movement Exercise* • Group members write words on index cards describing the area they would like to have more self-compassion for themselves ex. A body part, time of day, situation etc. • Therapist collects the cards, shuffles, and redistributes. • Each participant would move and dance their expression of the word on the card *4. Free Expressive Movement* • Moving the body while bringing to mind the discussion from opening circle around self-compassion and body image, as well as the experience of the previous activity • Therapists mirrors the participants' movements *5. Closing Circle* • Process session writing or drawing individually • Sharing experience of the session to the group with an emotion, image or sensation present
5	Empowerment	*1. Opening Circle* • Discussion around empowerment • *What is empowerment and when do you feel this way?* • *How does being empowered relate to body image?* • *What are ways in which we can accept, embrace, and reclaim the body in order to feel empowered?* *2. Warm Up* • Body scan meditation • Stretching • Shaking out different body parts • Moving different body parts in circular motions *3. Drum Circle Exercise* • Group forms circle around hand drum musicians • Beginning by sitting still, feeling the rhythm of the drums in the body • Each participant would take a turn leading the group in movement • Therapist prompts the group to notice where they feel the beat of the drums in their bodies, where in their bodies do they feel their power? 4. *Free Expressive Movement* • Moving the body while bringing to mind the discussion from opening circle around empowerment and body image and the experience of the previous activity • Therapists mirrors the participants' movements 5. *Closing Circle* • Process session writing or drawing individually

		• Sharing experience of the session to the group with an emotion, image or sensation present
6	Reverence, Honour & Closing	1. *Opening Circle* • Discussion around healthy body image, what this means now at the end of the program? • Discussing how the women and girls have experienced their bodies over the past 6 weeks • *What are ways to show reverence for & honour the body?* *2. Warm Up* • Loving Kindness Meditation (Appendix C), bringing awareness and gratitude to each body part • Stretching • The wave, one participant makes a movement, each group member follows after the other *3. Creative Movement Exploration* • Therapist calls out incomplete sentences for the participants to finish with movement ex. • "*I love ____ about my body"* • "I can sometimes have a hard time accepting ___ about my body" *4. Reverence for the Body Exercise* • Partners pair off, forming inner and outer circle facing each other • Partner in the inside circle moves to music with eyes closed, honouring and showing reverence for their body • Partner on the outside sits, witnessing, encouraging, and honoring their partner's expression • Partners switch roles • Group moves together in celebration of their bodies *5. Free Expressive Movement* • Moving the body while bringing to mind the discussion from opening circle around healthy body image, reverence, as well as the experience of the previous activity • Therapists mirrors the participants' movements *6. Closing Circle* • Process session writing or drawing individually • Sharing experience of the session, the program, and something they will take away with them

Logistical & Practical Considerations

In order to implement the DMT program outlined above, counsellors would need a large enough space, with appropriate floors. The program would use a variety of musical genres and

traditions including Celtic, American, Jazz, Afro-Cuban, Reggae, Middle-Eastern, Cajun, Classical, Folk, Rhythm and Blues, and Electronic. The majority of the music used would have no lyrics. Props would be available to the group, including scarfs, chairs, and medicine balls to use during movement. Paper, pens, pencils, pencil crayons and pastels would be provided to the participants for processing during closing circle.

At least one counsellor leading the program would need to be trained and certified in DMT. The group would accommodate up to 10 participants. Counsellors would need to obtain informed consent from participants and a parent, or caregiver for youth. A questionnaire would be given at the beginning and end of the program around body image, intentions for the program, progress, experience with the program, as well as suggested improvements or changes.

Implications for Counsellors

Counsellors and other clinicians are encouraged to be mindful of the impact of body image on the health and well-being of women and girls. Counsellors can aim to support women and girls in non-clinical populations who are struggling with body image, promoting interventions for those without formal diagnoses. Counsellors are encouraged to work with clients and the community, dismantling the idea of BID as normative discontent. Rather than focusing on reducing negative body image, counsellors can engage in research and interventions promoting the development of healthy body image. Counsellors must acknowledge adolescence as a critical stage of body image development and be cognizant of how this impacts their clients. Approaches emphasizing embodiment, incorporating the body in treatment, should be considered for working with body image. Counsellors may consider implementing DMT as an intervention for working with body image and seek training in DMT.

Counsellors are invited to engage in advocacy work through public or private presentations about developing healthy body image in women and girls, including information on the importance of considering the influence of media, peer relationships, and caregiver relationships. Counsellors can present on the importance of embodiment in the treatment of body image. Counsellors may choose to conduct presentations at middle and high schools, family conferences, women's conferences and conventions, as well as women's organizations.

Limitations & Gaps in the Literature

The literature on body image and DMT is limited, containing significant gaps. The literature on body image has mainly focused on clinical populations of women and girls, despite the pervasiveness of body image challenges in nonclinical populations (Niemeier, 2004; Pearson et al., 2012; Runfola et al., 2014). Current interventions for body image have not shown large improvements in developing healthy body image in women and girls. The literature has focused on reducing negative body image, rather than the development and maintenance of healthy body image in women and girls (Levine & Smolak, 2006; Menzel & Levine, 2011). Many of the studies on body image are preliminary, containing small sample sizes without racial or ethnic diversity. Few studies have included younger adolescent girls when looking at developing healthy body image. Working with girls at an early stage of development is important for instilling healthy body image (Fourie & Lessing, 2010; Halliwell & Diedrichs, 2014; Khoshkerder & Raeisi, 2019; Vannucci & McCauley Ohannessian, 2018). Most interventions do not incorporate embodiment into treatment, a critical component of healthy body image (Levine & Smolak, 2006; Menzel & Levine, 2011). DMT has been shown as an effective approach for fostering healthy body image in women and girls; however, the literature has mainly looked at DMT as an intervention for clinical populations (Fourie & Lessing, 2010; Grogan et al., 2014;

Leseho & Maxwell 2010; Muller-Pinget et al., 2011; Pylvänäinen, 2018). There is a need for a DMT intervention promoting healthy body image in a non-clinical, diverse population of adolescent girls and young women.

Future Research

Future research should look at DMT as an approach to healthy body image in women and girls. Future research should include racially and ethnically diverse populations of women and girls. Research should also involve large samples sizes with follow up measures. Research should look into samples of women and girls in non-clinical populations and sub-clinical populations for FEDs. Research should also include girls at the adolescent age and their development of body image.

Conclusion & Personal Statement

The aim of this capstone was to explore DMT as an intervention for healthy body image in women and girls. In chapter one, I discussed body image as a public health concern for women and girls, the importance of adolescence in body image development, and serious consequences of BID including FEDs, BDD and an increased risk of suicide and mortality. I also discussed the importance of working with non-clinical populations of women and girls who struggle with body image.

In chapter two, I reviewed the literature on definitions of body image, embodiment and significant factors that influence body image. I reviewed literature on current interventions for body image including cognitive therapies, emotion-focused therapies, mindfulness-based therapies, and embodiment practices. Literature on DMT was reviewed including history, recent neuroscience, elements and techniques used in DMT, as well as clinical applications of DMT.

In chapter three, I proposed a six-week DMT program for developing healthy body image in a diverse, non-clinical population of women and girls. The program would involve discussions, warm ups, movement activities, free expressive movement and process time. Each week would be centered around different themes and goals including introducing DMT, healthy body image, influences on body image, embodiment, mindfulness, self-compassion, empowerment, reverence and honour. In chapter three, I also discussed implications for counsellors, limitations and gaps in the research and suggestions for future research.

This capstone expands on the understanding of DMT as an intervention for body image in women and girls. The project has extended beyond academic literature, impacting my own life. I have been introduced to the concept of healthy body image, and its various impacts on wellbeing. It has allowed me to look at my own experiences with body image from a different perspective, expanding my reverence for the body. It has also influenced the way I will work with clients around body image challenges. This project has reinforced my value of movement, dance and embodiment and its capacity to heal, deepening connection to the self. My hope is that by sharing this capstone, others can increase their understanding of the critical role that body image has in the lives of women and girls. I hope that we can prioritize fostering healthy body image in women and girls, starting at a young age. By bringing the body into treatment, using interventions such as DMT, women and girls are given the opportunity to not only change the way they view their bodies, but also how they connect to the way they feel in their bodies. In doing so, I hope women and girls can access acceptance, respect and empowerment for themselves.

References

Abraczinskas, M., Fisak J.B., & Barnes, R. D. (2012). The relation between parental influence, body image, and eating behaviors in a nonclinical female sample. *Body Image*, *9*(1), 93-100.

Acolin, J. (2016). The mind–body connection in dance/movement therapy: Theory and empirical support. *American Journal of Dance Therapy*, *38*(2), 311-333.

Ainsworth, M. D. S. (1985). Attachment across the lifespan. Bulletin of the New York Academy of Medicine, 61(9), 792–812.

Agh, T., Kovács, G., Pawaskar, M., Supina, D., Inotai, A., & Vokó, Z. (2015). Epidemiology, health-related quality of life and economic burden of binge eating disorder: a systematic literature review. *Eating and Weight Disorders-Studies on Anorexia, Bulimia and Obesity*, *20*(1), 1-12.

Agras, W. S. (2019). Cognitive Behavior Therapy for the Eating Disorders. *Psychiatric Clinics*, *42*(2), 169-179.

Albertson, E. R., Neff, K. D., & Dill-Shackleford, K. E. (2015). Self-compassion and body dissatisfaction in women: A randomized controlled trial of a brief meditation intervention. *Mindfulness*, *6*(3), 444-454.

Alleva, J. M., Sheeran, P., Webb, T. L., Martijn, C., & Miles, E. (2015). A meta-analytic review of stand-alone interventions to improve body image. *PLoS One*, *10*(9), e0139177.

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (DSM-5®)*. American Psychiatric Pub.

Andrew, R., Tiggemann, M., & Clark, L. (2016). Predicting body appreciation in young women: An integrated model of positive body image. *Body image*, *18*, 34-42.

Angelakis, I., Gooding, P. A., & Panagioti, M. (2016). Suicidality in body dysmorphic disorder (BDD): A systematic review with meta-analysis. *Clinical psychology review*, *49*, 55-66.

Ariel-Donges, A. H., Gordon, E. L., Bauman, V., & Perri, M. G. (2019). Does Yoga Help College-Aged Women with Body-Image Dissatisfaction Feel Better About Their Bodies?. *Sex Roles*, *80*(1-2), 41-51.

Atkinson, M. (2015). Mindfulness interventions for improving body image: a worthwhile pursuit? *Journal of Aesthetic Nursing*, *4*(10), 498-500.

Atkinson, M. J., & Wade, T. D. (2015). Mindfulness‐based prevention for eating disorders: A school‐based cluster randomized controlled study. *International Journal of Eating Disorders*, *48*(7), 1024-1037.

Avalos, L., Tylka, T. L., & Wood-Barcalow, N. (2005). The Body Appreciation Scale: Development and psychometric evaluation. *Body Image: An International Journal of Research, 2*, 285–297. doi:10.1016/j.bodyim.2005.06.002

Becker, C. B., & Stice, E. (2017). From efficacy to effectiveness to broad implementation: Evolution of the Body Project. *Journal of consulting and clinical psychology*, *85*(8), 767.

Benowitz-Fredericks, C. A., Garcia, K., Massey, M., Vasagar, B., & Borzekowski, D. L. (2012). Body image, eating disorders, and the relationship to adolescent media use. *Pediatric Clinics of North America*, *59*(3), 693.

Berrol, C. (2016). Reflections on dance/movement therapy and interpersonal neurobiology: The first 50 years. *American Journal of Dance Therapy*, *38*(2), 303-310.

Block, B., & Kissell, J. L. (2001). The dance: Essence of embodiment. *Theoretical medicine and bioethics*, *22*(1), 5-15.

Bowlby, J. (1988). *A secure base: Parent-child attachment and healthy human development.* New York, NY: Basic Books.

Brennan, M. A., Emmerling, M. E., & Whelton, W. J. (2014). Emotion-focused group therapy: Addressing self-criticism in the treatment of eating disorders. *Counselling and Psychotherapy Research*, 1-9.

Braun, T. D., Park, C. L., & Gorin, A. (2016). Self-compassion, body image, and disordered eating: A review of the literature. *Body image*, *17*, 117-131.

Burnette, C. B., Kwitowski, M. A., & Mazzeo, S. E. (2017). "I don't need people to tell me I'm pretty on social media:" A qualitative study of social media and body image in early adolescent girls. *Body Image*, *23*, 114-125.

Burns, C. A. (2012). Embodiment and embedment: integrating dance/movement therapy, body psychotherapy, and ecopsychology. *Body, Movement and Dance in Psychotherapy*, *7*(1), 39-54.

Calugi, S., & Dalle Grave, R. (2019). Body image concern and treatment outcomes in adolescents with anorexia nervosa. *International Journal of Eating Disorders*, *52*(5), 582-585.

Capello, P. P. (2009). BASCICS: An intra/interactional model of DMT with the adult psychiatric patient. In *The Art and Science of Dance/Movement Therapy* (pp. 92-117). Routledge.

Cardi, V., Tchanturia, K., & Treasure, J. (2018). Premorbid and illness-related social difficulties in eating disorders: an overview of the literature and treatment developments. *Current neuropharmacology*, *16*(8), 1122-1130.

Cash, T. F., Theriault, J., & Annis, N. M. (2004). Body image in an interpersonal context: Adult attachment, fear of intimacy and social anxiety. *Journal of social and clinical psychology*, *23*(1), 89-103.

Cash, T. F. (2004). Body image: Past, present, and future. *Body Image: An Interna- tional Journal of Research*, *1*(1), 1–5. doi:10.1016/S1740-1445(03)00011-1

Cassone, S., Lewis, V., & Crisp, D. A. (2016). Enhancing positive body image: An evaluation of a cognitive behavioral therapy intervention and an exploration of the role of body shame. *Eating disorders*, *24*(5), 469-474.

Chace, M. (1952). Opening doors through dance. *Journal of the American Association for Health, Physical Education, and Recreation*, *23*(3), 10-39.

Cheng, H. L., & Mallinckrodt, B. (2009). Parental bonds, anxious attachment, media internalization, and body image dissatisfaction: Exploring a mediation model. *Journal of Counseling Psychology*, *56*(3), 365.

Clay, D., Vignoles, V., & Dittmar, H. (2005). Body image and self-esteem among adolescent girls: Testing the influence of sociocultural factors. *Journal of Research on Adolescence, 15,* 451–477. http://dx.doi.org/10.1111/j.1532-7795.2005.00107.x

Claudat, K., & Warren, C. S. (2014). Self-objectification, body self-consciousness during sexual activities, and sexual satisfaction in college women. *Body Image*, *11*(4), 509-515.

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.

Cook-Cottone, C. (2018). Mindful self-care and positive body image. Yoga and actionable tools for positive embodiment. In Daniels, E. A., Gillen, M.M., & Markey, C.H. (Eds.). *Body*

positive: Understanding and improving body image in science and practice (pp. 135-159). Cambridge University Press.

Connors, J., & Casey, P. (2006). Sex, body-esteem and self-esteem. *Psychological Reports, 98,* 699–704. http://dx.doi.org/10.2466/pr0.98.3.699-704

Cox, A. E., Ullrich-French, S., Howe, H. S., & Cole, A. N. (2017). A pilot yoga physical education curriculum to promote positive body image. *Body Image*, *23*, 1-8.

Crane-Okada, R., Kiger, H., Sugerman, F., Uman, G. C., Shapiro, S. L., Wyman-McGinty, W., & Anderson, N. L. (2012). Mindful movement program for older breast cancer survivors: a pilot study. *Cancer nursing*, *35*(4), E1-E13.

Curtis, C., & Loomans, C. (2014). Friends, family, and their influence on body image dissatisfaction. *Women's Studies Journal*, *28*(2), 39.

Davison, K. K., Markey, C. N., & Birch, L. L. (2003). A longitudinal examination of patterns in girls' weight concerns and body dissatisfaction from ages 5 to 9 years. *International Journal of Eating Disorders, 33*(3), 320-332.

Devaraj, S., & Lewis, V. (2010). Enhancing positive body image in women: an evaluation of a group intervention program. *Journal of Applied Biobehavioral Research*, *15*(2), 103-116.

Dieterich-Hartwell, R. (2017). Dance/movement therapy in the treatment of post traumatic stress: A reference model. *The arts in psychotherapy*, *54*, 38-46.

Dijkstra, P., & Barelds, D. P. (2011). Examining a model of dispositional mindfulness, body comparison, and body satisfaction. *Body Image*, *8*(4), 419-422.

Durkin, S. J., & Paxton, S. J. (2002). Predictors of vulnerability to reduced body image satisfaction and psychological wellbeing in response to exposure to idealized female media images in adolescent girls. Journal of Psychosomatic Research, 53, 995–1106.

El Guindy, H., & Schmais, C. (1994). The Zar: An ancient dance of healing. *American Journal of Dance Therapy*, *16*(2), 107-120.

Esposito, R., Cieri, F., di Giannantonio, M., & Tartaro, A. (2018). The role of body image and self-perception in anorexia nervosa: the neuroimaging perspective. *Journal of neuropsychology*, *12*(1), 41-52.

Fairburn, C. G., Bailey-Straebler, S., Basden, S., Doll, H. A., Jones, R., Murphy, R., ... & Cooper, Z. (2015). A transdiagnostic comparison of enhanced cognitive behaviour therapy (CBT-E) and interpersonal psychotherapy in the treatment of eating disorders. *Behaviour research and therapy*, *70*, 64-71.

Federman, D. (2015). The triangle;'mindfulness' DTM and neuroscience—a theoretical approach. *Moving on, Australian Journal of Dance Therapy*, *12*, 7-15.

Ferrer-García, M., & Gutiérrez-Maldonado, J. (2012). The use of virtual reality in the study, assessment and treatment of body image in eating disorder and nonclinical samples: A review of the literature. Body Image, 9, 1–11.

Fischman, D. (2016). Therapeutic relationships and kinesthetic empathy. In Chaiklin, S., & Wengrower, H. (Eds.), *The art and science of dance/movement therapy: Life is dance*. (p. 33-53). Routledge.

Fisher, L. (2000). Phenomenology and feminism: Perspectives on their relation. In L. Fisher & L. Embree (Eds.), *Feminist Phenomenology* (pp. 17–38). Nether- lands: Springer.

Fourie, J. E., & Lessing, A. C. (2010). The influence of dance and movement therapy (DMT) on the body image of female adolescents: dance. *African Journal for Physical Health Education, Recreation and Dance*, *16*(2), 297-315.

Friedman, M. A., Dixon, A. E., Brownell, K. D., Whisman, M. A., & Wilfley, D. E. (1999). Marital status, marital satisfaction, and body image dissatisfaction. *International Journal of Eating Disorders*, *26*(1), 81-85.

Fu, M., & Cao Baker, L. (2020). Fluoxetine Hydrochloride Combined with Dance Movement Therapy for Adolescents with Eating Disorders. *Boletín de Malariología y Salud Ambiental*, *60*(2).

Gale, C., Gilbert, P., Read, N., & Goss, K. (2014). An evaluation of the impact of introducing compassion focused therapy to a standard treatment programme for people with eating disorders. *Clinical psychology & psychotherapy*, *21*(1), 1-12.

Gardner, R. M. (2002). *Body image assessment of children.* In T. F. Cash & T. Pruzinsky (Eds.), *Body image: A handbook of theory, research, and clinical practice* (pp. 127-134). New York, NY: Guilford Press.

Gilmartin, T. (2019). Introducing Radically Open-DBT (RO-DBT) as a Treatment for Maladaptive Over-Control. *Australian Clinical Psychologist*, 1-4.

Gray, A. E. L. (2017). Polyvagal-informed dance/movement therapy for trauma: A global perspective. *American Journal of Dance Therapy*, *39*(1), 43-46.

Greenberg, L. S. (2010). Emotion-focused therapy: A clinical synthesis. *Focus*, *8*(1), 32-42.

Griffiths, C., Williamson, H., Zucchelli, F., Paraskeva, N., & Moss, T. (2018). A systematic review of the effectiveness of Acceptance and Commitment Therapy (ACT) for body image dissatisfaction and weight self-stigma in adults. *Journal of contemporary psychotherapy*, *48*(4), 189-204.

Grogan, S., Williams, A., Kilgariff, S., Bunce, J., Heyland, J. S., Padilla, T., ... & Davies, W. (2014). Dance and body image: young people’s experiences of a dance movement

psychotherapy session. *Qualitative Research in Sport, Exercise and Health*, *6*(2), 261-277.

Halliwell, E., & Diedrichs, P. C. (2014). Testing a dissonance body image intervention among young girls. *Health Psychology*, *33*(2), 201.

Halliwell, E., Dawson, K., & Burkey, S. (2019). A randomized experimental evaluation of a yoga-based body image intervention. *Body image*, *28*, 119-127.

Hannah, J. L. (1995). The power of dance: Health and healing. *The Journal of Alternative and Complementary Medicine*, *1*(4), 323-331.

Hardit, S. K., & Hannum, J. W. (2012). Attachment, the tripartite influence model, and the development of body dissatisfaction. *Body Image*, *9*(4), 469-475.

Harter, S. (2000). Is self-esteem only skin-deep? The inextricable link between physical appearance and self-esteem. *Reclaiming Children and Youth, 9*(3), 133. Retrieved from http://search.proquest.com/ docview/214194688/fulltext/82D4EA61C7E94147 PQ/1?accountid=12261

Harter, S. (2012). *The construction of the self: Developmental and sociocultural foundations* (2nd Edition). New York, NY: Guilford Press.

Hartmann, A. S., Thomas, J. J., Greenberg, J. L., Elliott, C. M., Matheny, N. L., & Wilhelm, S. (2015). Anorexia nervosa and body dysmorphic disorder: A comparison of body image concerns and explicit and implicit attractiveness beliefs. *Body Image*, *14*, 77-84.

Harrington, B. C., Jimerson, M., Haxton, C., & Jimerson, D. C. (2015). Initial evaluation, diagnosis, and treatment of anorexia nervosa and bulimia nervosa. *American Family Physician*, *91*(1), 46-52.

Heatherton, T. F., Mahamedi, F., Striepe, M., Field, A. E., & Keel, P. (1997). A 10-year

longitudinal study of body weight, dieting, and eating disorder symptoms. Journal of Abnormal Psychology, 106, 117–125.

Hillard, E. E., Gondoli, D. M., Corning, A. F., & Morrissey, R. A. (2016). In it together: Mother talk of weight concerns moderates negative outcomes of encouragement to lose weight on daughter body dissatisfaction and disordered eating. *Body image*, *16*, 21-27.

Ho, R. T., Lo, P. H., & Luk, M. Y. (2016). A good time to dance? A mixed-methods approach of the effects of dance movement therapy for breast cancer patients during and after radiotherapy. *Cancer nursing*, *39*(1), 32-41.

Hofmann, S. G., Asnaani, A., Vonk, I. J., Sawyer, A. T., & Fang, A. (2012). The efficacy of cognitive behavioral therapy: A review of meta-analyses. *Cognitive Therapy and Research, 36*(5), 427-440. doi:http://dx.doi.org.proxy.cityu.edu/10.1007/s10608-012-9476-1

Homann, K. B. (2010). Embodied concepts of neurobiology in dance/movement therapy practice. *American Journal of Dance Therapy*, *32*(2), 80-99.

Homann, K. B. (2017). Engaging the dynamic equilibrium of the mind through dance/movement Therapy. *American Journal of Dance Therapy*, *39*(1), 39-42.

Jeong, Y. J., Hong, S. C., Lee, M. S., Park, M. C., Kim, Y. K., & Suh, C. M. (2005). Dance movement therapy improves emotional responses and modulates neurohormones in adolescents with mild depression. *International journal of neuroscience*, *115*(12), 1711-1720.

Jones, D. C. (2011). Interpersonal and Familial Influences on the Development of Body Image. In T. F. Cash & L. Smolak (Eds.), *Body Image: A handbook of science, practice, and prevention* (2nd ed., pp. 110-118). New York, NY: Guilford Press.

Junne, F., Wild, B., Resmark, G., Giel, K. E., Teufel, M., Martus, P., ... & Dinkel, A. (2019). The importance of body image disturbances for the outcome of outpatient psychotherapy in patients with anorexia nervosa: Results of the ANTOP-study. *European Eating Disorders Review*, *27*(1), 49-58.

Juarascio, A. S., Forman, E. M., & Herbert, J. D. (2010). Acceptance and commitment therapy versus cognitive therapy for the treatment of comorbid eating pathology. *Behavior modification*, *34*(2), 175-190.

Karampoula, E., & Panhofer, H. (2018). The circle in dance movement therapy: A literature review. *The arts in psychotherapy*, *58*, 27-32.

Karkou, V., & Sanderson, P. (2001). Dance movement therapy in the UK: a field emerging from dance education. *European physical education review*, *7*(2), 137-155.

Karpati, F. J., Giacosa, C., Foster, N. E., Penhune, V. B., & Hyde, K. L. (2015). Dance and the brain: a review. *Annals of the New York Academy of Sciences*, *1337*(1), 140-146.

Khoshkerdar, P., & Raeisi, Z. (2019). The effect of mindfulness-based stress reduction on body image concerns of adolescent girls with dysfunctional eating attitudes. *Australian Journal of Psychology*.

Kichler, J. C., & Crowther, J. H. (2009). Young girls' eating attitudes and body image dissatisfaction: Associations with communication and modeling. *Journal of Early Adolescence, 29*(2), 212-232.

Kim, J. W., & Chock, T. M. (2015). Body image 2.0: Associations between social grooming on Facebook and body image concerns. *Computers in Human Behavior*, *48*, 331-339.

Kinley, T. R. (2010). The effects of clothing size on self-esteem and body image. *Family and Consumer Sciences Research Journal, 38*(3), 317-332.

Knafo, H. (2016). The Development of Body Image in School-Aged Girls: A Review of the Literature from Sociocultural, Social Learning Theory, Psychoanalytic, and Attachment Theory Perspectives. *New School Psychology Bulletin*, *13*(2).

Kleemans, M., Daalmans, S., Carbaat, I., & Anschütz, D. (2018). Picture perfect: the direct effect of manipulated Instagram photos on body image in adolescent girls. *Media Psychology*, *21*(1), 93-110.

Koch, S., Kunz, T., Lykou, S., & Cruz, R. (2014). Effects of dance movement therapy and dance on health-related psychological outcomes: A meta-analysis. *The Arts in Psychotherapy*, *41*(1), 46-64.

Lafrance Robinson, A., Dolhanty, J., Stillar, A., Henderson, K., & Mayman, S. (2016). Emotion-focused family therapy for eating disorders across the lifespan: A pilot study of a 2-day transdiagnostic intervention for parents. *Clinical Psychology & Psychotherapy*, *23*(1), 14-23.

Lee, H. J., Jang, S. H., Lee, S. Y., & Hwang, K. S. (2015). Effectiveness of dance/movement therapy on affect and psychotic symptoms in patients with schizophrenia. *The Arts in Psychotherapy*, *45*, 64-68.

Leseho, J., & Maxwell, L. R. (2010). Coming alive: Creative movement as a personal coping strategy on the path to healing and growth. *British Journal of Guidance & Counselling*, *38*(1), 17-30.

Lev-Ari, L., Baumgarten−Katz, I., & Zohar, A. H. (2014). Show me your friends, and I shall show you who you are: The way attachment and social comparisons influence body dissatisfaction. *European Eating Disorders Review*, *22*, 463-469. doi: 10.1002/erv.2325

Levine, B., Land, H. M., & Lizano, E. L. (2015). Exploring Dance/Movement Therapy to Treat Women with Posttraumatic Stress Disorder. *Critical Social Work*, *16*(1).

Levine, M. P., & Piran, N. (2004). The role of body image in the prevention of eating disorders. *Body image*, *1*(1), 57-70.

Levine, B., & Land, H. M. (2016). A meta-synthesis of qualitative findings about dance/movement therapy for individuals with trauma. *Qualitative health research*, *26*(3), 330-344.

Levine, M. P., & Smolak, L. (2016). The role of protective factors in the prevention of negative body image and disordered eating. *Eating disorders*, *24*(1), 39-46.

Levinson, C. A., Zerwas, S., Calebs, B., Forbush, K., Kordy, H., Watson, H., & Runfola, C. D. (2017). The core symptoms of bulimia nervosa, anxiety, and depression: A network analysis. *Journal of abnormal psychology*, *126*(3), 340.

Linardon, J., Wade, T. D., de la Piedad Garcia, X., & Brennan, L. (2017). The efficacy of cognitive-behavioral therapy for eating disorders: A systematic review and meta-analysis. *Journal of consulting and clinical psychology*, *85*(11), 1080.

Lock, J. (2015). An update on evidence-based psychosocial treatments for eating disorders in children and adolescents. *Journal of Clinical Child & Adolescent Psychology*, *44*(5), 707-721.

Lowes, J., & Tiggemann, M. (2003). Body dissatisfaction, dieting awareness and the impact of parental in uence in young children. *British Journal of Health Psychology, 8*(2), 135-147. doi: 10.1348/135910703321649123

Lynch, T. R., Gray, K. L., Hempel, R. J., Titley, M., Chen, E. Y., & O'Mahen, H. A. (2013). Radically open-dialectical behavior therapy for adult anorexia nervosa: feasibility and outcomes from an inpatient program. *BMC psychiatry*, *13*(1), 293.

Mairs, R., & Nicholls, D. (2016). Assessment and treatment of eating disorders in children and adolescents. *Archives of Disease in Childhood*, *101*(12), 1168-1175.

Mahlo, L., & Tiggemann, M. (2016). Yoga and positive body image: A test of the Embodiment Model. *Body Image*, *18*, 135-142.

Manago, A. M., Graham, M. B., Greenfield, P. M., & Salimkhan, G. (2008). Self-presentation and gender on MySpace. *Journal of Applied Developmental Psychology*, *29*(6), 446-458.

Mancuso, S. G. (2016). Body image inflexibility mediates the relationship between body image evaluation and maladaptive body image coping strategies. *Body Image*, *16*, 28-31.

Maor, M., & Cwikel, J. (2015). Mothers' strategies to strengthen their daughters' body image. *Feminism & Psychology, 26*(1), 11–29. https://doi.org/10.1177/0959353515592899

Martinec, R. (2013). Dance movement therapy in the concept of expressive arts-therapy. *Hrvatska revija za rehabilitacijska istraživanja*, *49*(Supplement), 143-153.

McBride, H. L., & Kwee, J. L. (Eds.). (2018). *Embodiment and Eating Disorders: Theory, Research, Prevention and Treatment*. Routledge.

McBride, H. L., Kwee, J. L., & Buchanan, M. J. (2017). Women's healthy body image and the mother-daughter dyad. *Canadian Journal of Counselling and Psychotherapy*, *51*(2).

McGarry, L. M., & Russo, F. A. (2011). Mirroring in dance/movement therapy: Potential mechanisms behind empathy enhancement. *The Arts in Psychotherapy*, *38*(3), 178-184.

McKinley, N. M. (2006). The development and cultural contexts of objectified body consciousness: a longitudinal analysis of two cohorts of women. Developmental Psychology, 42, 679–687.

McLean, S. A., & Paxton, S. J. (2019). Body image in the context of eating disorders. *Psychiatric Clinics*, *42*(1), 145-156.

Mellor, D., Fuller-Tyszkiewicz, M., McCabe, M. P., & Ricciardelli, L. A. (2010). Body image and self-esteem across age and gender: A short-term longitudinal study. *Sex roles*, *63*(9-10), 672-681.

Meissner, W. W. (1997). The self and the body: I. The body self and the body image. *Psychoanalysis & Contemporary Thought, 20*(4), 419-448. Retrieved from http://psycnet.apa.org/ psycinfo/1997-42612-001

Menzel, J. E., & Levine, M. P. (2011). Embodying experiences and the promotion of positive body image: The example of competitive athletics. In R. M. Calogero, S. Tantleff-Dunn & J. K. Thompson (Eds.), Self-objectification in women: Causes, consequences, and counteractions (pp. 163–186). Washington, DC: American Psychological Association.

Mills, L. J., & Daniluk, J. C. (2002). Her body speaks: The experience of dance therapy for women survivors of child sexual abuse. *Journal of Counseling & Development*, *80*(1), 77-85.

Moffitt, R. L., Neumann, D. L., & Williamson, S. P. (2018). Comparing the efficacy of a brief self-esteem and self-compassion intervention for state body dissatisfaction and self-improvement motivation. *Body image*, *27*, 67-76.

Mountford, V. A., Brown, A., Bamford, B., Saeidi, S., Morgan, J. F., & Lacey, H. (2015). BodyWise: evaluating a pilot body image group for patients with anorexia nervosa. *European Eating Disorders Review*, *23*(1), 62-67.

Muller-Pinget, S., Carrard, I., Ybarra, J., & Golay, A. (2012). Dance therapy improves self-body image among obese patients. *Patient education and counseling*, *89*(3), 525-528.

Neff, K. (2003). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and identity*, *2*(2), 85-101.

Neff, K. (2020, September4). Guided meditations. Self-Compassion. https://self-compassion.org/category/exercises/#guided-meditations

Neff, K. (2020, September 4). How would you treat a friend? Self-Compassion. https://self-compassion.org/exercise-1-treat-friend/

Nemetz, L. D. (2006). Moving with meaning: The historical progression of dance/movement therapy. In Brooke, S. L. (Ed.). *Creative arts therapies manual: A guide to the history, theoretical approaches, assessment, and work with special populations of art, play, dance, music, drama, and poetry therapies*, 95-108. Charles C Thomas.

Neumark-Sztainer, D., Bauer, K. W., Friend, S., Hannan, P. J., Story, M., & Berge, J. M. (2010). Family weight talk and dieting: how much do they matter for body dissatisfaction and disordered eating behaviors in adolescent girls?. *Journal of Adolescent Health*, *47*(3), 270-276.

Neumark-Sztainer, D., Watts, A. W., & Rydell, S. (2018). Yoga and body image: How do young adults practicing yoga describe its impact on their body image?. *Body image*, *27*, 156-168.

Nicoli, M. G., & Junior, R. D. L. (2011). Binge eating disorder and body image perception among university students. *Eating behaviors*, *12*(4), 284-288.

Niemeier, H. M. (2004). Clinical implications of disordered eating attitudes and behaviors in college women. Dissertation Abstracts International: Section B—The Sciences & Engineering, 65(2-B), 1035.

Ogle, J. P., & Damhorst, M. L. (2005). Critical reflections on the body and related so- ciocultural discourses at the midlife transition: An interpretive study of women's experiences. *Journal of Adult Development*, *12*(1), 1–18. doi:10.1007/s10804-005-1277-2

Orbach, S. (2009). *Bodies*. Profile books.

Palmer, A. E. (2015). The lived experience of dance/movement therapists working with patients with eating disorders. *American Journal of Dance Therapy*, *37*(2), 113-134.

Panagiotopoulou, E. (2011). Dance therapy models: An anthropological perspective. *American Journal of Dance Therapy*, *33*(2), 91-110.

Paxton, S. J., Neumark-Sztainer, D., Hannan, P. J., & Eisenberg, M. E. (2006). Body dissatisfaction prospectively predicts depressive mood and low self-esteem in adolescent girls and boys. *Journal of Clinical Child and Adolescent Psychology, 35,* 539–549. http://dx.doi.org/10.1207/ s15374424jccp3504_5

Payne, H. (2003). *Dance movement therapy: Theory and practice*. Routledge.

Pearson, A. N., Follette, V. M., & Hayes, S. C. (2012). A pilot study of acceptance and commitment therapy as a workshop intervention for body dissatisfaction and disordered eating attitudes. *Cognitive and Behavioral Practice*, *19*(1), 181-197.

Pierce, L. (2014). The integrative power of dance/movement therapy: Implications for the

treatment of dissociation and developmental trauma. *The Arts in Psychotherapy*, *41*(1), 7-15.

Pidgeon, A. M., & Appleby, L. (2014). Investigating the role of dispositional mindfulness as a protective factor for body image dissatisfaction among women. *Current Research in Psychology*, *5*(2), 96.

Piran, N., & Cormier, H. C. (2005). The social construction of women and dis- ordered eating patterns. *Journal of Counseling Psychology*, *52*, 549–558.

Piran, N. (2015). New possibilities in the prevention of eating disorders: The introduction of positive body image measures. *Body Image*, *14*, 146-157.

Piran, N. (2017). *Journeys of embodiment at the intersection of body and culture: The developmental theory of embodiment*. Academic Press.

Portman, T. A., & Garrett, M. T. (2006). Native American healing traditions. *International Journal of Disability, Development and Education*, *53*(4), 453-469.

Pujols, Y., Meston, C. M., & Seal, B. N. (2010). The association between sexual satisfaction and body image in women. *The journal of sexual medicine*, *7*(2), 905-916.

Pylvänäinen, P. (2010). The dance/movement therapy group in a psychiatric outpatient clinic: explorations in body image and interaction. *Body, Movement and Dance in Psychotherapy*, *5*(3), 219-230.

Pylvänäinen, P. (2018). Dance movement therapy in the treatment of depression: Change in body image and mood-A clinical practice based study. *Jyväskylä studies in education, psychology and social research*, (621).

Riva, G. (2016). Neurobiology of anorexia nervosa: serotonin dysfunctions link self-starvation with body image disturbances through an impaired body memory. *Frontiers in human neuroscience*, *10*, 600.

Ressler, A., & Kleinman, S. (2012). Experiential and Somatopsychic Approaches to Body Image Change. In *Encyclopedia of Body Image and Human Appearance* (pp. 418-424). Academic Press.

Ressler, A., & Kleinman, S. (2018). Bringing the Body Back into "Body Image." Body-Centered Perspectives on Eating Disorders. In McBride, H. L., & Kwee, J. L. (Eds.). *Embodiment and Eating Disorders: Theory, Research, Prevention and Treatment*. Routledge.

Robinson, A. L., Dolhanty, J., & Greenberg, L. (2015). Emotion‐focused family therapy for eating disorders in children and adolescents. *Clinical psychology & psychotherapy*, *22*(1), 75-82.

Rodgers, R. F., & Melioli, T. (2016). The relationship between body image concerns, eating disorders and Internet use, Part I: A review of empirical support. Adolescent Research Review, 1, 95–119.

Rodgers, R. F., McLean, S. A., & Paxton, S. J. (2015). Longitudinal relationships among internalization of the media ideal, peer social comparison, and body dissatisfaction: Implications for the tripartite influence model. *Developmental psychology*, *51*(5), 706.

Rodgers, R. F., Paxton, S. J., & Chabrol, H. (2009). Effects of parental comments on body dissatisfaction and eating disturbance in young adults: A sociocultural model. *Body Image, 6*(3), 171-177. doi:10.1016/j.bodyim.2009.04.004

Rosen, J. C., & Ramirez, E. (1998). A comparison of eating disorders and body dysmorphic disorder on body image and psychological adjustment. *Journal of Psychosomatic Research*, *44*(3-4), 441-449.

Runfola, C. D., Von Holle, A., Trace, S. E., Brownley, K. A., Hofmeier, S. M., Gagne, D. A., & Bulik, C. M. (2013). Body dissatisfaction in women across the lifespan: Results of the UNC-SELF and gender and body image (GABI) studies. *European Eating Disorders Review*, *21*(1), 52-59.

Salk, R. H., & Engeln-Maddox, R. (2012). Fat-talk among college women is both contagious and harmful. *Sex Roles, 66,* 636-645. Doi:10.1007/s11199-011-0050-1

Sandel, S. L., Judge, J. O., Landry, N., Faria, L., Ouellette, R., & Majczak, M. (2005). Dance and movement program improves quality-of-life measures in breast cancer survivors. *Cancer nursing*, *28*(4), 301-309.

Smith, J. E., Erickson, S. J., Austin, J. L., Winn, J. L., Lash, D. N., & Amrhein, P. C. (2016). Mother–daughter relationship quality and body image in preadolescent girls. *Journal of child and family studies*, *25*(9), 2683-2694.

Schilder, P. (1950). *The image and appearance of the human body*. New York, NY: International Universities Press.

Schmais, C. (1974). Dance therapy in perspective. Focus on dance VII.

Schmidt, U., Adan, R., Böhm, I., Campbell, I. C., Dingemans, A., Ehrlich, S., & Himmerich, H. (2016). Eating disorders: the big issue. *The Lancet Psychiatry*, *3*(4), 313-315.

Schneider, S. C., Turner, C. M., Mond, J., & Hudson, J. L. (2017). Prevalence and correlates of body dysmorphic disorder in a community sample of adolescents. *Australian & New Zealand Journal of Psychiatry*, *51*(6), 595-603.

Spencer, P. (Ed.). (1985). *Society and the dance: The social anthropology of process and performance*. Cambridge University Press.

Stapleton, P., Crighton, G. J., Carter, B., & Pidgeon, A. (2017). Self-esteem and body image in females: The mediating role of self-compassion and appearance contingent self-worth. *The Humanistic Psychologist*, *45*(3), 238.

Sipe, W. E. B., M.D., & Eisendrath, S. J., M.D. (2012). Mindfulness-based cognitive therapy: Theory and practice. *Canadian Journal of Psychiatry, 57*(2), 63-9.

Stice, E., Butryn, M. L., Rohde, P., Shaw, H., & Marti, C. N. (2013). An effectiveness trial of a new enhanced dissonance eating disorder prevention program among female college students. *Behaviour research and therapy*, *51*(12), 862-871.

Stice, E., Rohde, P., Shaw, H., & Gau, J. M. (2017). Clinician-led, peer-led, and internet-delivered dissonance-based eating disorder prevention programs: Acute effectiveness of these delivery modalities. *Journal of consulting and clinical psychology*, *85*(9), 883.

Stillar, A., Strahan, E., Nash, P., Files, N., Scarborough, J., Mayman, S., & Marchand, P. (2016). The influence of carer fear and self-blame when supporting a loved one with an eating disorder. *Eating disorders*, *24*(2), 173-185.

Strahan, E. J., Stillar, A., Files, N., Nash, P., Scarborough, J., Connors, L., & Orr, E. S. (2017). Increasing parental self-efficacy with emotion-focused family therapy for eating disorders: A process model. *Person-Centered & Experiential Psychotherapies*, *16*(3), 256-269.

Striegel-Moore, R. H., & Bulik, C. M. (2007). Risk factors for eating disorders. *American psychologist*, *62*(3), 181.

Szalai, T. D., Czeglédi, E., Vargha, A., & Grezsa, F. (2017). Parental attachment and body satisfaction in adolescents. *Journal of Child and Family Studies, 26*(4), 1007-1017. doi:http://dx.doi.org.proxy.cityu.edu/10.1007/s10826-016-0626-z

Tang, Y., Hölzel, B. K., & Posner, M. I. (2015). The Neuroscience of Mindfulness Meditation. *Nature Reviews. Neuroscience*, *16*(4), 213–225.

Tantia, J. F. (2016). The interface between somatic psychotherapy and dance/movement therapy: a critical analysis. *Body, Movement and Dance in Psychotherapy*, *11*(2-3), 181-196.

Teixeira-Machado, L., Arida, R. M., & de Jesus Mari, J. (2019). Dance for neuroplasticity: A descriptive systematic review. *Neuroscience & Biobehavioral Reviews*, *96*, 232-240.

Tiggemann, M. (2015). Considerations of positive body image across various social identities and special populations. *Body Image*, *14*, 168-176.

Toole, A. M., & Craighead, L. W. (2016). Brief self-compassion meditation training for body image distress in young adult women. *Body image*, *19*, 104-112.

Tylka, T. L. (2011). Positive psychology perspectives on body image. In T. F. Cash & L. Smolak (Eds.), *Body Image: A handbook of science, practice, and prevention* (2nd ed., pp. 56–65). New York, NY: Guilford Press.

Tylka, T. L., & Wood-Barcalow, N. L. (2015). What is and what is not positive body image? Conceptual foundations and construct definition. *Body image*, *14*, 118-129.

Van Den Berg, P. A., Mond, J., Eisenberg, M., Ackard, D., & Neumark-Sztainer, D. (2010). The link between body dissatisfaction and self-esteem in adolescents: Similarities across gender, age, weight status, race/ethnicity, and socioeconomic status. *Journal of Adolescent Health*, *47*(3), 290-296.

Vannucci, A., & Ohannessian, C. M. (2018). Body image dissatisfaction and anxiety trajectories during adolescence. *Journal of Clinical Child & Adolescent Psychology*, *47*(5), 785-795.

van Vreeswijk, M., Broersen, J., & Schurink, G. (2014). *Mindfulness and schema therapy : A practical guide*. Retrieved from https://ebookcentral.proquest.com

Warren, C. S., Holland, S., Billings, H., & Parker, A. (2012). The relationships between fat talk, body dissatisfaction, and drive for thinness: Perceived stress as a moderator. *Body Image, 9,* 358-364.

Wasylkiw, L., MacKinnon, A. L., & MacLellan, A. M. (2012). Exploring the link between self-compassion and body image in university women. *Body image*, *9*(2), 236-245.

Webb, J. B. (2015). Body image exibility contributes to explaining the link between body dissatisfaction and body appreciation in White college-bound females. *Journal of Contextual Behavioral Science, 4*, 176–183.

Wengrower, H. (2016). The Creative–Artistic Process in Dance/Movement Therapy. In n Chaiklin, S., & Wengrower, H. (Eds.), *The art and science of dance/movement therapy* (p. 45-64). Routledge.

Williams, E. F., Cash, T. F., & Santos, M. T. (2004). Positive and negative body image: Precursors, correlates, and consequences. Paper presented at the 38th annual Association for the Advancement of Behavior Therapy.

Williams, M., & Files, N. (2018). Emotion-Based Psychotherapies in the Treatment of Eating Disorders. In *Embodiment and Eating Disorders* (pp. 265-299). Routledge.

Wnuk, S. M., Greenberg, L., & Dolhanty, J. (2015). Emotion-focused group therapy for women with symptoms of bulimia nervosa. *Eating disorders*, *23*(3), 253-261.

Woertman, L., & Van den Brink, F. (2012). Body image and female sexual functioning and behavior: a review. *Journal of sex research*, *49*(2-3), 184-211.

Wood-Barcalow, N. L., Tylka, T. L., & Augustus-Horvath, C. L. (2010). “But I like my body”: Positive body image characteristics and a holistic model for young-adult women. *Body image*, *7*(2), 106-116.

Wyman-McGinty, W. (2005). Growing a mind: The evolution of thought out of bodily experience. Spring: A Journal of Archetype and Culture, 72, 267–279.

Young, I. M. (2005). *On female body experience: “Throwing like a girl” and other essays*. New York, NY: Oxford University Press.

Appendix A

LABAN

Laban's Eight Efforts

THE EIGHT EFFORTS:

Punch, Slash, Dab, Flick, Press, Wring, Glide, Float

THE FOUR COMPONENTS:

Direction: Direct or Indirect

Speed: Quick or Sustained

Weight: Heavy or Light:

Flow: Bound or Free

	DIRECTION	SPEED	WEIGHT	FLOW
PUNCH	Direct	Quick	Heavy	Bound
SLASH	Indirect	Quick	Heavy	Free
DAB	Direct	Quick	Light	Bound
FLICK	Indirect	Quick	Light	Free
PRESS	Direct	Sustained	Heavy	Bound
WRING	Indirect	Sustained	Heavy	Bound
GLIDE	Direct	Sustained	Light	Free
FLOAT	Indirect	Sustained	Light	Free

Appendix B

Adaptation of the "How Would You Treat a Friend" Exercise (Neff, 2020)

1. Think about a time when a close friend felt really bad about them self or was struggling in some way. How would you respond to them?
2. Think about times when you feel bad about yourself or are struggling with body image, how do you typically respond to yourself during these times?
3. Do you notice the difference, ask yourself why? What are factors or fears that lead you to treat yourself and others differently?
4. What might change if you responded to yourself in the same way you respond to a friend suffering?

Appendix C

Adaptation of the "Self Compassion/Loving Kindness Meditation" (Neff, 2020)

- Come to sit comfortably with your eyes closed, noticing how your body feels. Being fully present in your body, here and now.
- Noticing your breath, entering the body and expanding as you inhale, and contracting on the exhale
- Bring to mind some aspect about yourself that is bothering you, or that makes you feel inadequate. Getting in touch with feelings around this ex. *sad, inadequate, angry*
- Where are these emotions felt? Noticing any sensations in the body
- Place your hands gently over heart, tending to your hurt and acknowledging the human tendency toward perfectionism
- Acknowledging the human experience of suffering
- Repeating the words, silently to yourself "May I be safe, may I be peaceful, may I be kind to myself, may I accept myself as I am, may I accept my body"
- Pause, taking in these words, noticing what is coming up for you
- Continue repeating these words in your own time, remembering there is nothing wrong or right about your experience
- Comforting yourself for the challenges of living this human life
- Feel into your concern and tenderness for yourself
- Feeling into the self-compassion you are showing yourself, noticing emotions and sensations in the body connected to this
- Thank yourself for your love and support