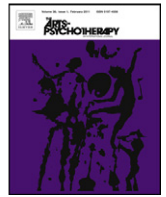
The Arts in Psychotherapy 39 (2012) 126–133

Contents lists available at SciVerse ScienceDirect

The Arts in Psychotherapy



Dance movement therapy for obese women with emotional eating: A controlled pilot study

Bonnie Meekums, PhD[c,*], Ieva Vaverniece, Mg.sc.sal., Mg.soc.sc.[a], Indra Majore-Dusele, Mg.psych., Mg.sc.sal.[b], Oskars Rasnacs, Mg.math.[d]

[a] *Arts Therapies Centre, Institute of Health, Latvia, Blaumana 32-8, Riga LV-1050, Latvia*
[b] *Riga Stradins University, Faculty of Rehabilitation, Dzirciema Str. 16, LV-1007, Latvia*
[c] *University of Leeds, School of Healthcare, Leeds LS2 9JT, UK*
[d] *Riga Stradins University, Faculty of Medicine, Department of Physics, Dzirciema Str. 16, LV-1007, Latvia*

ARTICLE INFO

Keywords:
Obesity
Dance movement therapy
Emotional eating
Controlled study psychological distress
Body image distress

ABSTRACT

This study explored the effectiveness of dance movement therapy (DMT) in obese women with emotional eating who were trying to lose weight. 158 women were recruited from a commercial weight loss programme: 92 with BMI $\geq$ 28 were identified as emotional eaters and divided into: an exercise control ($n = 32$) and non-exercisers ($n = 60$). The non-exercises were partially randomised to non exercise control ($n = 30$) and treatment group ($n = 30$). Using a pre- and post-intervention design, 24 of the DMT treatment group, 28 of the exercise control and 27 of the non-exercise control completed all measures on a battery of tests for psychological distress, body image distress, self-esteem and emotional eating. Findings were analysed for statistical significance.

The DMT group showed statistically decreased psychological distress, decreased body image distress, and increased self-esteem compared to controls. Emotional eating reduced in DMT and exercise groups. The authors cautiously conclude that DMT could form part of a treatment for obese women whose presentation includes emotional eating. Further research is needed with larger, fully, and blindly randomised samples, a group exercise control, longitudinal follow-up, a depression measure, ITT, and cost analyses.
© 2012 Elsevier Inc. All rights reserved.

Introduction

The number of obese people (body mass index (BMI) above 30) is increasing in the whole world. Reducing obesity is thus a global challenge. Worldwide, the number of obese people has more than doubled since 1980 (World Health Organisation, 2011). Data from The National Health and Examination Survey of 2010 confirm that about 1/3 of USA adults (33.8%) and approximately 17% (or 12.5 million) of children and adolescents aged 2–19 years are obese (Centers for Disease Control and Prevention, 2010). The latest Health Survey for England (Craig & Hirani, 2010) data shows that in 2009, 23.0% of adults and 14.4% of children were obese. The Foresight report, the implications of which are discussed by Aylott, Brown, Copeland, and Johnson (2008) predicted that if no action was taken, more than half of the UK adult population would be obese (60% of men, 50% of women) by 2050. More than one-third of citizens of the European Union (EU) are overweight and one in ten is obese. 400,000 children of school age become overweight each year. Eight per cent of health care expenses are directed towards solutions for the obesity problem (European Parliament, 2008).

Obesity can have a severe impact on people's health, increasing the risk of type 2 diabetes, hypertension, heart disease (Craig & Hirani, 2010), elevated blood cholesterol levels, stroke; and after the menopause cancer of the breast and uterus, osteoporosis and joint problems (Twigg, 2006, chap. 6). The number of Finished Admission Episodes (FAEs) in NHS hospitals with a primary diagnosis of obesity amongst people of all ages in 2008/09 was over eight times as high as in 1998/99 and nearly 60% higher than in 2007/08 (NHS, 2010). Consequences of obesity are not just physical; quality of life of obese persons is reduced, because obesity impacts on physical, emotional and social functioning. There is also a significant burden on health and social services; whilst precise predictions have been disputed, there is little doubt that without effective action most societies will continue to bear an increasing cost due to a greater prevalence of chronic diseases arising from obesity.

Psychological aspects of obesity

Some research suggests no close relationship between obesity and psychological disturbance or particular features of a personality (Salinsky & Scott, 2003). But there are a number of studies which contradict this finding, for obese people who seek medical help and health programmes (Friedman, Reichmann, Costanzo, &

* Corresponding author. Tel.: +44 113 343 9414.
E-mail address: b.meekums@leeds.ac.uk (B. Meekums).

0197-4556/$ – see front matter © 2012 Elsevier Inc. All rights reserved.
doi:10.1016/j.aip.2012.02.004

Musante, 2002). For example, a relationship has been demonstrated between obesity and psychological disturbance for Caucasian women with high social-economic status, and adolescents who suffer from depression are more likely to become overweight adults than adolescents who are not depressed (Stunkard, 2003). Obese people also have significantly lower self-acceptance and self-esteem, are at greater risk of psychological distress and suffer more day-to-day interpersonal discrimination, employment and institutional discrimination compared to normal weight individuals (Carr, Friedman, & Jaffe, 2007).

A significant relationship between obesity and body image disturbance acts as a mediator for increased depression and lower self-esteem (Friedman et al., 2002). There is a relationship between obesity and poor body image, though not all obese people suffer from body image distress (BID). The risks for BID include: high BMI, feminine gender and emotional eating. There is thus a clinical need to identify people at risk and to consider developing weight loss programmes that aim to prevent BID. BID in overweight individuals decreases with weight loss, but increases as weight is regained (Sarwer & Thompson, 2002 cited in Schwartz & Brownell, 2004); depression decreases with weight loss overall but can increase if the degree of weight lost is lower than expected (Faulconbridge et al., 2009). Most of the weight lost as a result of following a reducing diet is regained within a few years (Shaw, O'Rourke, Del Mar, & Kenardy, 2005).

Emotional eating, obesity and diet

Emotional eating can be understood as overeating as a reaction to emotional states (Van Strien, 2002). There is a need for more research on the role of emotions in relation to overeating, as the processes are little understood. One possibility is that awareness of hunger and satiety is reduced in emotional eaters, whereas emotional states (including positive emotions like joy for example) are not tolerated, food providing an opportunity to metaphorically swallow feelings. Emotional eating is closely linked to Binge Eating Disorder (BED), (American Psychiatric Association, 1994); both include the consumption of large amounts of food together with a subjective loss of control over both eating behaviour and psychological distress. The term emotional eating is used in the present study as it does not depend on a medical diagnosis but on self-report, and highlights the role of the emotions in determining or maintaining the problematic behaviour.

Eating in obese persons (especially when combined with emotional eating) often seems to be initiated by the absence of perceived hunger. For example, overweight individuals are more likely to overeat in negative emotional situations than either normal or underweight individuals (underweight individuals being more likely to undereat in similar situations) (Geliebter & Aversa, 2003). A link has been demonstrated between emotional eating and psychological discomfort, low self-esteem, negative body image and affective disturbances. These negative experiences are likely to be exacerbated by the fact that obese people are subjected to stigmatisation, discrimination and lower quality of life (Annis, Cash, & Hrabosky, 2004).

The link between self-esteem and eating disorders has been reported in several studies, and negative self evaluation has been recognized as a risk factor for the development of eating disorders (French et al., 2001). Some studies suggest that low self-esteem predicts the development of eating disorders (Zalta & Keel, 2006). A bidirectional relationship has been posited between dieting, emotional eating and negative self-esteem: each dieting failure might decrease self-esteem, which in turn jeopardises dietary adherence (Heaterthon & Polivy, 1992, cited in Baumeister, Campbell, Krueger, & Vohs, 2003). Chronic dieters enter a spiral; dieting failures inhibit successful acceptance of the body which in turn leads to decreased self-esteem and decreased self-efficacy (self-efficacy being necessary for dietary adherence). It has been shown that chronic dieting and negative body image is a combination which leads to negative self-esteem (Matz, Foster, Faith, & Wadden, 2002).

An important aspect of appearance and body image is body weight, especially for women; if a woman evaluates her self-worth according to her appearance (self-esteem increasing with body image satisfaction) this poses a potential risk factor for both psychological distress and eating disturbance, including depression (Crocker & Garcia, 2005). It has been noted that eating disorders and body image dissatisfaction are both common problems, especially in women (Cash, 2000). Negative feelings about physical appearance are linked with a range of psychological consequences which include low self-esteem and depression for adults as well as for adolescents. Body image disturbances are recognized as a risk factor for women who change their eating habits with the aim of changing their appearance or to lose weight. This can lead to the development of eating disorders, due to the negative spiral identified above. Preventive programmes are especially needed in such cases to promote women's awareness of their body image and its link to possible eating problems (Cash & Fleming, 2002).

The research problem and questions

Commercial weight loss programmes are a popular product in Western culture, created in response to ongoing concerns in society about overweight and obesity. However, the results are only evaluated short-term. Most people regain the lost weight over the years following their involvement in the programme. Many are trapped in a cycle of attempting to lose weight, losing control and then feeling bad about themselves, leading to further psychological distress, disordered eating and weight gain. It has therefore been suggested that weight loss programmes should work towards the dual goals of weight loss and increased self acceptance (Devlin, 2001). Complex relationships between emotional eating, body image distress and psychological consequences suggest the need for a non-stigmatising therapy that allows participants to safely access their emotions and which encourages self-reflection, includes diet and physical exercise and addresses the complex relationships identified in obesity with emotional eating. An optimal therapy for this client group focuses on psychological issues associated with weight loss, because overeating is seen as a symptom of deeper emotional problems and permanent changes in eating behaviour are unlikely without addressing these underlying issues (Van Strien, 2002). Dance movement therapy (DMT) was thus envisaged as a potential psychological treatment because it encompasses awareness of and reflection on body image and emotional states, whilst also offering the benefits of an exercise programme. The present study was needed because although the case has made the case for scientific evidence based DMT research, there was no existing research to test the possible effectiveness of DMT for women with obesity and emotional eating (Meekums, 2005, 2010).

Research questions were as follows:

1. Is DMT effective in increasing wellbeing and self-esteem and decreasing psychological symptoms for obese women with emotional eating?
2. Is DMT effective in decreasing body image distress for this patient group?

Methods

Design

This research design was based on a previously published review (Meekums, 2005). The four treatment groups were facilitated by

دریافت فوری ← متن کامل مقاله

ISIArticles
مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات