



American Dance Therapy Association

Dance/Movement Therapy and Obesity in Children and Adolescents

Prepared by the ADTA Task Force on DMT and Obesity

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Introduction

The problem of childhood and adolescent obesity in the United States is the focus of national attention and clinical concern. The First Lady of the United States, Mrs. Michelle Obama, has established **Let's Move**, a national campaign to end childhood obesity through preventative and educational strategies that improve nutrition, as well as "helping kids become more physically active" (<http://www.letsmove.gov/learn-facts/epidemic-childhood-obesity>. Retrieved 3/16/13).

In addition to the many and well-documented health risks of childhood obesity, there are several psychosocial risks, also well-documented in rigorous research studies. "Obese children and adolescents have a greater risk of social and psychological problems, such as discrimination and poor self-esteem, which can continue into adulthood" (CDC, 2012). Specifically, overweight and obese children and teens experience depression, low self-esteem, social isolation and poor body image at rates significantly higher than in their age peers of average weight (Braet, Mervielde & Vandereycken, 1997; Strauss, 2000; USPSTF, 2010). Obese children are more likely than non-obese children to feel sad, lonely, and nervous (White House Task Force on Childhood Obesity Report to the President, 2010). In addition, these children and teens are often the target of peer-victimization: teasing and bullying (Adams & Bukowski, 2008; Hayden Wade, Stein & Ghaderi, et al., 2005; Janicke, et al., 2007) which adds to the psychological burden of obesity. The **Let's Move** website reports that "in addition to suffering from poor physical health, overweight and obese children can often be targets of early social discrimination. The psychological stress of social stigmatization can cause low self-esteem which, in turn, can hinder academic and social functioning, and persist into adulthood." (<http://www.letsmove.gov/health-problems-and-childhood-obesity>)

As with all aspects of health, **self-care behaviors** at the family and individual level are ultimately central to the success of any medical or public health education efforts to reduce obesity in America's youth. Barriers to the maintenance of self-care intentions and programs can be economic in nature, but are

also sometimes psychological and interpersonal, and this seems to be true with child and adolescent obesity (Lindelof, Nielsen, & Pedersen, 2010; Reynolds, et al., 1990; Trost et al., 1999). The psychosocial consequences of obesity -- high risk for depression, poor self-esteem, body image problems and bullying -- may themselves make it more difficult for obese children to mobilize on their own behalf and to stay motivated. Thus, some children and teens will likely need psychosocial intervention, in addition to exercise and nutrition support, in order to achieve full health.

Programs that increase activity levels are usually aimed at weight reduction per se, in combination with improved nutrition. Dance is one of those beneficial activities and is frequently included in recommendations to address childhood obesity. Dance alone can in fact improve mood and body satisfaction (Bojner-Horwitz, Theorell, & Anderberg, 2003; Lesté & Rust, 1990; Swami & Harris, 2012).

Why Dance/Movement Therapy?

Sometimes, dance and/or increased physical activity alone is not enough. For those children and teens who struggle with depression, the emotional scars from being teased and bullied, social isolation and poor self-esteem, a psychotherapeutic approach is needed. This is recommended by the U.S. Preventive Services Task Force, with mention of behavioral management and cognitive-behavioral therapy (USPSTF, 2010). Dance/movement therapy is a behavioral health modality that combines physical activity, social support, creativity and emotional expression.

Movement is not necessarily inherently enjoyable for kids who have been too sedentary. When extra weight puts strain on the musculoskeletal system and some organ systems, the body itself can become a dis-incentive to moving more. When guided by a trained dance/movement therapist in the context of a supportive psychotherapeutic relationship, the child can overcome fears associated with moving. Finding one's own preferred and comfortable ways of moving through gentle improvisation and movement exploration can increase the child's investment in the process of moving towards health.

Dance/movement therapy is currently underutilized in relation to the problems of childhood and adolescent obesity; however evidence suggests that it can make a difference. Dance/Movement Therapy, or DMT, is a mind/body integrated form of counseling and creative arts therapy. The American Dance Therapy Association defines DMT as "the psychotherapeutic use of movement to further the emotional, cognitive, physical and social integration of the individual." (www.adta.org).

Dance/movement therapy is:

- Focused on movement behavior as it emerges in the therapeutic relationship. Expressive, communicative, and adaptive behaviors are all considered for group and individual treatment. Body movement, as the core component of dance, simultaneously provides the means of assessment and the mode of intervention for dance/movement therapy.
- Is practiced in schools, day care centers, mental health, rehabilitation, medical, educational and forensic settings, and in nursing homes, disease prevention & health promotion programs and in private practice.
- Is beneficial for individuals with developmental, medical, social, physical and psychological impairments.

- Is used globally, with people of all ages, races and ethnic backgrounds in individual, couples, family and group therapy formats.

Evidence of DMT efficacy for addressing some of the problems associated with childhood obesity:

- Depression (Jeong, Hong, Lee, Park, Kim & Suh, 2005)
- Bullying and violence in schools (Beardall, 2011; Hervey & Kornblum, 2006; Koshland, Wilson, & Wittaker, 2004)
- Body image (Sandel, et al., 2005)
- Dance/movement therapy for overweight adults (Meekums, 2005; Muller-Pinget, Carrar, Ybarra, & Golay, 2012; Vaverniece, Marjore-Dusele, Meekums, & Rasnacs, 2012)

Protective factors can enable a child or teen to weather the difficulties of life with obesity, and to mobilize towards improved health and healthy behaviors (Zeller & Avani, 2006). Increasing the protective factors can help these children stay motivated and positive while facing the challenges of weight loss and changes in habits. Empirical studies and clinical reports on dance/movement therapy with children, teens and adults have shown that dance/movement therapy can strengthen these personal resources.

- Creativity (Harvey, 1980)
- Enjoyment of moving with improved mood state (Koch, Morlinghaus & Fuchs, 2007).
- Ability to manage stress/self-regulation (Brauninger, 2012)

Conclusions and Recommendations

Dance/movement therapy can make a contribution to the national effort to reduce childhood obesity. Programming aimed at those children who experience psychosocial barriers to changing health behaviors, could benefit from the creative expressive approach to movement offered by dance/movement therapy. The social aspects of dance/movement therapy are inherently motivating. When conducted by a professional dance/movement therapist*, these experiences can help generate new attitudes about one's body, and increased enjoyment in moving.

Obesity prevention has not been shown to increase the national incidence of eating disorders (ED) (Schwartz & Henderson, 2009, p. 784). However, dance/movement therapists commonly treat those with ED, and recognize the concerns that public health messages designed to reduce obesity may contribute to the high levels of body dissatisfaction already prevalent in the society (Schwartz & Henderson, p.786) Healthy body image, avoidance of dieting, balanced approaches to exercise, and the ability to both perceive and trust one's bodily cues and sensations for satiety and hunger (Schwartz & Henderson, p. 786) are key to preventing and ameliorating both ED and obesity in America's youth.

Call for Research

There is not yet sufficient research to establish the benefits of dance/movement therapy for children and teens who are obese. However, the information in this report provides rationale for the funding and

initiation of outcome studies. We encourage the inclusion of dance/movement therapy in government and private programs funding research and program evaluation on childhood obesity.

We encourage dance/movement therapists who are working with obese teens, children and/or their families, to integrate a research or program evaluation component to their programming. The ADTA research sub-committee is available to assist with study design. Finally, we urge DMT faculty in research and academic settings to encourage graduate and post-graduate level studies on these health issues facing our youth. Based on existing research, focus on the variables of depression, body image, self-esteem, self-efficacy, body awareness, stress-regulation is recommended. It would be useful to pair these outcomes with data on the behaviors advocated in the **Let's Move** campaign (healthy eating, regular exercise, less screen time) and with weight loss data, as well.

Collaboration is the key to successful research. Dance/movement therapy practitioners and researchers are encouraged to seek out those in your professional circles who are programming for and researching the needs of children and teens with obesity. The rationale herein can be used to integrate DMT to multidisciplinary initiatives. The ADTA is a resource for research support and public advocacy.

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**Professional dance/movement therapy training and education is at the master's level. In the US, professional dance/movement therapists are recognized with either the entry level credential R-DMT (Registered Dance/Movement Therapist) or the advanced BC-DMT (Board Certified Dance/Movement Therapist).*

Acknowledgements:

Additional contributors of material for this paper were Amanda Chenault, MA, Danielle Owens, MA, and Lora Wilson Mau, MA, BC-DMT .