



# FACT SHEET

## Rhythmic Interventions

### For working with Eating Disorders

#### Facts & Current Treatment Guidelines

Eating disorders are chronic challenges individuals have with their diet and often manifest themselves during adolescence. Around 15% of the population have some form of eating disorder. They are among the most lethal of all mental health conditions but are often highly misunderstood. Anxiety and depression are common for people suffering an eating disorder and suicide rates for the most serious conditions are high (Childmind Institute, 2019).

The road to recovery is an often long and intensive one, and will differ, depending on the type of disorder. For the most serious cases, the first priority in care is keeping the patient alive and often involves hospitalisation & pharmacotherapy. Other key approaches include cognitive behavioural therapies (CBT), family-based treatment approaches (FBT - based on the work at the Maudsley Hospital in London), and nutritional management (NEDC, 2019).

#### Current Understandings from the Research in Neuro-science.

Research from the field of neuroscience has led to new understandings of the challenges facing clinicians in supporting clients with severe eating disorders. Brain imaging studies have shown significant differences in brain activity in individuals with severe eating disorders that include a direct link between images & thoughts of food or body image and the emotional of fear, that leads to a paralysis when it comes to action, (Phillipou et al, 2015). Emotional regulation rhythm exercises that reduce the anxieties associated with eating and body image may be useful here.

Studies have also pointed towards the challenges in helping clients see the greater picture of their illness and its impacts, as the brain narrows in on small details, (NEDC, 2018). R2R exercises that focus on cognitive distortions can be useful in this area.

#### Family Treatment Approaches

A key approach, particularly in relation to adolescents and anorexia nervosa (AN) has been the Maudsley Family Treatment model. This model works with parents to help their child with their recovery, through three stages – weight restoration, returning control of their eating patterns to the adolescent, and establishing a healthy identity.

At each of these stages, complimentary rhythm-based therapies can be useful. AN is associated with high degrees of shame and self-consciousness and often engaging young people in treatment is challenging (British Psychological Society, 2004). Where families struggle to engage their child, family therapy using rhythmic music can reduce the stigma associated with the issue and provide a safe segue into sensitive discussions.

#### Suicidal Ideation

Suicide is the most common form of death for people with an eating disorder. Talking to people about their suicidal thoughts & being alert to 'warning signs' is an important part of prevention and needs to be a regular part of any therapeutic approach. Suicidal ideation often stems from emotional pain and distorted thinking that sees death as the only escape. Rhythmic exercises from the R2R catalogue that examine cognitive distortions and focus on the positives of life can help balance the thoughts & feelings that reinforce this view.

#### Mindfulness & Acceptance

Theoretical models for why people experience eating disorders often explain the behaviour as an attempt to regulate aversive internal experiences (Wiser & Telch, 1999) Rhythm based exercises that focus on emotional regulation can help clients better manage these causal feelings and the use of mindfulness exercises can further assist people to observe, experience and accept these feelings without needing to change them.

Mindfulness serves to interrupt a person's reactive behaviour to emotional distress and allows instead a more considered and adaptive response. Recognising that many types of disordered behaviour stem from avoidance; mindful acceptance emphasises non-judgement & a recognition of the temporary nature of feelings. This greater awareness also has implications for reducing the central coherence difficulties many clients have in seeing the larger picture (*see understanding the neuro-science*).

Childmind institute <https://childmind.org/article/anorexia-the-latest-thinking-on-treatment/>  
Phillipou et al, 2015. Self-perception & facial emotion perception of others in anorexia nervosa, *Psychology*  
NEDC - National Eating Disorders Collaboration <http://nedc.com.au/>  
British Psychological Society, 2004. Treatment & Management of Anorexia Nervosa.  
Wiser, S., & Telch, C.F. 1999. Dialectical behavior therapy for binge eating disorder. *Clinical Psychology*, 55.