Embodiment in Eating Disorder Treatment: Therapists' Observations and Experiences

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1 Introduction and Rationale

- **Eating disorders** (EDs) are serious mental illnesses marked by **lengthy treatment, low recovery rates and high mortality**. The Health Service Executive (HSE) reports a **63% rise in diagnoses** between 2022 and 2024 (National Clinical Programme for Eating Disorders, 2022, 2024), and global prevalence is approximately 2.58-8.4% in women and 0.74-2.2% in men (Hay et al., 2023). Outcomes are poor: **only about half of people recover**, and mortality rates are around 18 times that of the general population (Miskovic-Wheatley et al., 2023).
- These findings invite two conclusions. First, there's an urgency to better understand the mechanisms driving EDs to prevent poor outcomes. Second, traditional cognitive-behavioural models of conceptualisation and treatment, despite a substantial evidence base, appear insufficient for lasting change, (Resmark et al., 2019), making **alternative treatment models essential.**
- **Embodiment**, the subjective state of being and having a body, is one such alternative approach. Exploring EDs through an embodiment-focused lens enables an understanding of the lived, bodily experiences at their foundation, offering a richer insight into **extra-behavioural or cognitive factors that may be involved in the development and maintenance of EDs.**

2 Research Aims

Little is known about how embodiment disturbances manifest in the therapy room, especially in Ireland. There is also a paucity of research concerning therapists' familiarity with embodiment. These gaps informed this study's following research aims:

- To **assess Irish therapists' familiarity with embodiment.**
- To explore **how/if embodiment manifests in ED therapy** through therapists' observations of clients' relationships with their bodies.
- To understand how therapists approach the **treatment of clients with EDs.**

3 Methodology

Qualitative methods were chosen, given the **subjectivity** of embodiment and EDs; through this lens, there is no single universal experience or truth (Scauso, 2024).

Participants:
- **Six psychotherapists,** recriuited through **purposive sampling.**
- All had varying levels of experience working with EDs.
- Comprised a mixture of IACP pre-accredited and accredited psychotherapists..

Qualitative methods:
- **Interpretivist design.**
- **Semi-structured** interviews.
- Data analysed through **reflexive thematic analysis,** acknowledging researcher's subjectivity.

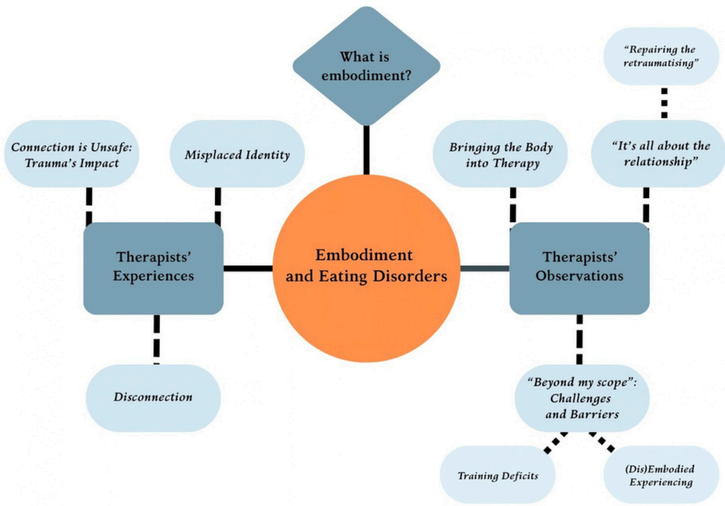
Ethical approval was granted by IICP, and informed consent given by all participants, in which the study's risks were clearly communicated (Nusbaum et al., 2017).

4 Results

All research aims were achieved (see fig. 1 for study's seven themes and three sub themes, across two linked domains: therapists' observations and therapists' experiences).

- **All participants demonstrated some understanding of embodiment** as a sense of connection, **a mind/body unity**, underpinned by a respect for the subjective needs of the body.
- Participants observed **bodily disconnection** and **identity confusion** in their ED clients and noted how **trauma** suffused these themes.
- Participants emphasised the importance of the **therapeutic relationship** in treatment approaches and the creative integration of **somatic practices.**
- An interesting finding was the challenges posed by **therapists' personal disembodiment** in supporting embodiment in ED populations.

Fig. 1 Themes and Subthemes



5 Discussion

- Participants' discussions of their ED clients' presentations confirm that this population experiences disembodiment through **bodily disconnection**, **emotional detachment** and **identity confusion**,. These findings are supported by extant research: disconnection and emotional and bodily detachment can be considered a "sensory troubling" (Holen et al., 2025, p. 662) that disrupts an individual's "sense of mineness" (Fuchs, 2022, p. 110), reflecting the identity confusion participants observed in their clients.
- In the study, bodily disconnection emerged as a **protective mechanism**, silencing unsafe bodily signals and facilitating emotional numbing. This finding is supported by research showing that individuals with trauma histories can retreat into their interiority, separating themselves from the pain or discomfort of the present (Pellegrini et al., 2021; Mooney et al., 2025).
- An analysis of participants" approaches to treating EDs, in which **relational and body-focused modalities dominated**, reflects previous literature; **positive therapetuic relationships** have been linked to **better outcomes for EDs**, more impactful than the modality used (Werz et al., 2022).
- **Participants' own disembodiment** was found to impact the therapeutic process with ED clientele; it can be understood as countertransference, creating obstacles to supporting clients' embodiment (Prasko et al., 2022). but a support as a psychoeducational tool for clients through responsible therapeutic self-disclosure. Existing evidence substantiates participant claims that **Irish healthcare professionals do not feel adequately equipped** to address complex ED cases (Mooney et al., 2025), yet a lack of research concerning therapists' own experiences of embodiment in ED treatment means that there is **little comparable literature.**

6 Conclusion

- Embodiment offers a **constructive and insightful paradigm** for considering ED conceptualisation and treatment.
- This study **contributes to the literature on EDs and embodiment in two key ways**. First, it addresses Irish therapists' **familiarity with embodiment** in relation to EDs; most participants were familiar with the concept and demonstrated a practical understanding of its essence. Second, it explores how **therapists' own embodiment disturbances can affect ED treatment**, in positive and obstructive ways.
- To the best of the researcher's knowledge, these **findings are unique**; however, the study's small sample size and lack of diversity limit generalisability, illustrating the **need for further large scale research.**

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