Co-design of a supportive movement/dance program with Body Brave for individuals affected by eating disorders

Nita Lakhani and Sylvia Szkudlarek

Design for Health, OCAD University, Toronto, ON, Canada

Corresponding Authors:
Nita Lakhani
Sylvia Szudlarek
Design for Health
OCAD University
Toronto, ON, Canada
nita.lakhani@student.ocadu.ca
sylvia.szkudlarek@student.ocadu.ca

SUMMARY
Eating disorders (EDs) are prevalent and have the highest mortality rate of any mental illness. Community-based support services supplement treatment and provide unconventional therapy. Body Brave is a charitable ED support and treatment organization in Hamilton, Ontario, that services affected adults and caregivers. While the literature suggests that movement or dance interventions may provide physical, social and therapeutic benefits for individuals with EDs, Body Brave does not currently offer such a program. OCAD University students co-designed a prototype for a movement/dance program with Body Brave staff. The Holistic Movement Exploration program has potential to transfer to other community-based support services.

Key Words
Body image, co-design, dance movement therapy, eating disorder, mental health

ABSTRACT

Background

Eating disorders (EDs) are prevalent and have the highest mortality rate of any mental illness. Access to publicly funded specialised treatment requires a referral from primary care and may be inappropriate for some affected individuals. Community-based support services supplement treatment and provide unconventional therapy. Body Brave, a charitable organisation in Hamilton, Ontario, Canada that provides innovative ED support and treatment services to affected adults and caregivers, is one such service. While the literature suggests that movement or dance interventions may provide physical, social, and therapeutic benefits for individuals with EDs, Body Brave does not currently offer such a program.

Aims

Designing a movement or dance program that supports individuals affected by EDs is an opportunity for service design with Body Brave. Therefore, our design research question was: How might a movement or dance program and environment be designed and implemented within Body Brave to support well-being for clients affected by EDs?

Method

This co-design project involved three elements: a literature review within the fields of eating disorders, dance and health, dance movement therapy, and environmental design; interviews with ED subject matter experts (SMEs); and co-design sessions with Body Brave staff. The project received Research Ethics Board approval from the Ontario College of Art and Design (OCAD) University in January 2020.

Conclusion

The Holistic Movement Exploration program was the project outcome. The program includes movement prompt cards, facilitation guides, client instructions, an environmental guide, and physical space proposal. Next steps could include conducting a pilot program and evaluation at Body Brave. The potential to adapt this program to other community-based support services may be explored in the future.

BACKGROUND

About one million Canadians met the diagnostic criteria for having an eating disorder (ED) in 2016.[1] ED prevalence reported in the literature increased from 3.5 per cent in 2000–2006 to 7.8 per cent in 2013–2018.[2] EDs have the highest mortality rate of any mental illness, with estimates of 10–15 per cent.[1] EDs can affect anyone regardless of age, gender, cultural identity, sexual orientation, or socioeconomic background. Treatment options include outpatient individual or group therapy, support groups, and residential or inpatient treatment.[3] Access to publicly funded specialised services require a referral from primary care and may have lengthy wait times. Community-based support services, which are not publicly funded, provide unconventional treatment for individuals who are resistant to, or have not benefited from, conventional treatment.

Two Ontario College of Art and Design (OCAD) University students in the Design for Health Master's program (the co-investigators) collaborated for their final studio research project. Co-investigator A is an environmental designer and has a non-competitive dance background. Co-investigator B is a healthcare professional and has a history of lived experience with an ED. The project requirements included partnering with a healthcare organization. Co-investigator B was familiar with Sheena's Place, an ED support organization in Toronto, Ontario. Sheena's Place was unable to participate; however, referred the co-investigators to Body Brave (BB) in Hamilton, Ontario.

Body Brave is a community-based organisation that provides in-person and virtual innovative ED support and treatment programs to affected adults and caregivers.[4] A referral is not required to join programs offered to clients free of charge or for a nominal fee. BB is a registered charity funded by donations from partner organizations. According to BB staff (personal communication, January 2020), about 60 per cent of their clients are Caucasian women aged 18–30 years and 20 per cent are older women. A minority of clients are transgendered and/or have a racialised identity. Fewer than 10 per cent of clients are men. Although a movement or dance program is not currently available, staff feel that a program that provides a mind-body connection may benefit some clients.

Designing a movement or dance program that supports clients is an opportunity for service design with BB. Therefore, our design research question was as follows: How might a movement or dance program and environment be designed and implemented within BB to support well-being for clients affected by EDs?

METHOD

This co-design project involved three parts: (1) a literature review within the fields of EDs, dance and health, dance movement therapy, and environmental design; (2) interviews with ED subject matter experts (SMEs) at BB; and (3) co-design sessions. Direct access to BB clients was not permitted as staff considered them a vulnerable population. The project received Research Ethics Board approval from OCAD University.

We conducted semi-structured interviews with three staff members via teleconference: the CEO, who had lived experience with an ED; the program director, a physician therapist who had caregiver experience with an ED; and the program coordinator, a registered dietician with ED training. SME interviews generated insights that informed engagement with staff in subsequent co-design sessions.

Co-design session 1 was an exploratory session at BB. We cocreated a journey map of typical client encounters with staff using sticky notes on a table template. An ideation session followed in which we encouraged staff to generate ideas related to prompting words provided. Prompting words from our literature review and interviews included the following terms: body image, dance therapy, embodiment, empowerment, isolation, mirrors, shame, and stigma.

We analysed the data from interviews and co-design session 1 independently using qualitative thematic analysis to generate objectives, which guided the ideation and prototyping of potential solutions. Initially, we developed three different prototypes focusing on three aspects of a potential solution, including physical props, movement/dance, and the environment. The OCAD studio class provided feedback on these early prototypes, which we refined prior to co-design session 2.

Co-design session 2 was a prototype testing session at BB. We used the written prompts "I like," "I wish," and "What if" to generate feedback using sticky notes on a table template. This activity was followed by a group discussion around prototype refinement and program implementation considerations.

We refined the prototypes further over several weeks through an iterative process of studio class critique and design research. We presented the final prototypes—which included four prompt cards, two versions of facilitator guides and client instructions for physical and virtual spaces, a physical space render, and an environmental guide—to external stakeholders and shared with BB staff.

RESULTS

Project findings are divided into our literature review, SME interviews, co-design sessions, point of view, objectives and concept, and initial and final prototypes.

Literature Review

Eating Disorders

Historically, the prevailing model explaining EDs was a biomedical one; however, since the 1990s, anthropological research suggests sociocultural factors are increasingly impactful.[5] While EDs were thought to be a predominantly Western cultural phenomenon related to concerns around body weight and image, case studies in other cultures explain how EDs are driven by broader societal factors. For example, co-investigator B's South Asian background likely shaped her ED experience. Her disordered eating provided a means of asserting her autonomy from societal pressures, similar to the experience described in a published case study from India.[6] In contrast, Becker's qualitative analysis of disordered eating among Fijian women described Western images of slender women as desirable symbols of individuality within a growing competitive global market in Fiji.[7]

Anthropological perspectives may explain why EDs are difficult to treat and have high relapse rates. Individuals with EDs may strive for a state of liminality—for example, existing between illness and wellness to survive oppressive familial, institutional, and social conditions.[5] Triggers in the environment such as food or social stimuli can prompt repetitive restrictive or binge eating practices.[5] Furthermore, environments where EDs are traditionally treated, such as hospitals and inpatient clinics, may perpetuate the illness by recreating the environment where the illness persisted.[8] Understanding the motivations behind EDs and the environments in which they persist would help develop interventions that attempt to break these social structures.

Dance and Health

The World Health Organization defines health as reaching a state of complete physical, mental, and social well-being.[9] *Dance and health* is an emerging field of research in Canada, where dance is seen as an art form that provides physical conditioning, social interaction, and therapeutic benefits.[10] An action research study described the experiences of seven women recovering from EDs.[11] The researchers' aim was to describe perceptual changes of body awareness and ED behaviour with the use of the Feldenkrais method of Awareness Through Movement (ATM), a gentle movement therapy that has been applied to various mental health conditions.[12] The intervention included weekly classes at a dance studio facilitated by researchers trained in ATM, along with a web-based discussion forum. The web-based forum was set up as a safe space to facilitate communication between participants and researchers outside of the studio setting. Themes extracted from qualitative data included tensions between social discourse and body awareness, transfer of learning to daily life, ED behaviours, and feminist world views.[11]

While dance or movement interventions may be therapeutic, some forms of dance and dance environments may promote the development of EDs. For example, classical ballet dance environments often encourage dancers to lose weight, maintain low body weight, and perpetuate a negative body image.[13] A qualitative research study at a dance school in Israel described dancers' experiences with anorexia, where anorexia was regarded as body perfection for the purpose of dance.[14] Mirrors within dance studio spaces were described as forms of mental enslavement. Similarly, Radell showed that experienced dancers exposed to mirrors during practice were more

self-critical and compared themselves to other dancers.[15] Diaz-Ferrer et al. described how conflicts with self-image may promote EDs; however, mirror exposure therapy may improve self-image.[16] Mirrors may be a positive teaching tool in dance environments but only when contextualised appropriately.

Dance Movement Therapy
Dance Movement Therapy (DMT) includes mirroring movements as a therapeutic tool. Klienman described DMT as an interventional framework for EDs that reconnects the mind and body through movement.[17] In a review of arts-based therapies for the treatment of EDs in the United States, DMT was identified in five published narratives.[18] DMT was often combined with psychotherapy, and included relaxation and centring, creating art, videotaping, and critiquing body movements. DMT involves a process of developing kinesthetic empathy between participants and the therapist. A related method, Contact Improvisation (CI), promotes empathy through touch as a means of communication between participants, with participants' bodies supporting one another.[19] There is some evidence that individuals with EDs may have altered body images, sensations, and tactile experiences. CI may help these individuals overcome difficulties with body image, touch, and social isolation.[19]

Environmental Considerations for Mental Health
The environment plays a key role in supporting mental health and well-being, as well as facilitating healing.[20, 21] Adding elements of nature to living spaces may have positive effects on stress, health, and well-being.[20] Similarly, healthcare environments that are home-like, provide access to views of nature and to natural light, control noise, and are barrier-free, may promote healing.[21]

SME Interviews
We derived the following insights from our qualitative analysis of interviews with SMEs:

- Dance that is reframed as a method of mind-body connection, self-empowerment, and artistic expression may benefit some clients with EDs.
- Few clients at BB have a dance background but many have an exercise background.
- Movement or dance framed as therapy may be more acceptable for staff and clients.
- A positive body image may not be a realistic goal for most clients; body neutrality—that is, respect for the body, without positive or negative connotations—would be more achievable.

Co-design Session 1
The journey map (Table 1) described typical events, service touchpoints, interactions with staff, and feelings that clients may have during their process of interaction with BB. Journey mapping helped BB staff identify potential issues and opportunities that could enhance service at each stage in the client journey. Diversifying existing programs, expanding physical space, and creating social media campaigns may be opportunities to consider when designing and implementing a movement or dance program to support clients.

Point of View, Objectives and Concept

Our initial point of view (POV) for this project was a transformational perspective, altering negative objectification of the body by individuals affected by EDs (who may have a dance background) towards a more positive self-image through supportive dance practice. This perspective shifted based on insights from our literature review and from engagement with BB staff. Our refined POV was a therapeutic movement/dance program that promotes body neutrality and encourages artistic expression in a supportive space. A shift in focus to movement over dance was appropriate for BB clients because it would make treatment more accessible for clients with or without dance backgrounds. The literature around DMT and ATM practices for individuals with EDs supports our refined POV. Therefore, our objectives were to design a movement/dance program that:

- Allows for artistic expression
- Embodies a mind-body connection
- Provides a safe and supportive environment
- Promotes body neutrality
- Supports inclusivity (ie, age, culture, gender)

We created the concept of Holistic Movement Exploration, with the aim of developing a mind-body connection to support clients with EDs. The concept emphasises free-form movement, artistic expression, and storytelling as metaphors for "empowerment through creation," a BB staff member said. Our literature review around therapeutic dance and movement practices inspired the Holistic Movement Exploration concept. BB staff preferred an emphasis on gentle movements over exercise, as excessive exercise may be a part of some clients' ED.

Multi-sensory rooms inspired our use of props and other forms of artistic expression. Some hospitals have multi-sensory rooms to provide sensory stimulation for certain patients—for example, the Multi-sensory Room at SickKids[22] hospital in Toronto. BB staff suggested the use of props as optional forms of self-expression. Artistic expression may be a method for individuals with EDs to assert their autonomy.

The No Mirror Movement,[23] a non-profit dance collective that practices in unconventional environments such as outdoor settings, inspired our environmental design. Biophilic design research suggested the use of natural elements in the environment. BB staff felt the use of natural elements may be gender neutral and non-triggering for clients.

Initial Prototype

We developed movement prompt cards to encourage movement and artistic expression (Figure 1). Prompt cards feature either a nature scenario or an animal; they include a description of the feature, a suggested movement, a proposed environment, and optional sounds and props. We included photos of one co-investigator performing the suggested movement and a photo of the nature scenario or animal. Clients may choose a nature sounds playlist or music of their choice that they can listen to through their own devices during the session.

Co-design Session 2

We summarised the key insights from our prototype testing session and feedback from the studio class:

- The program goals were unclear.
- A facilitation guide may be needed to accompany the prompt cards.
- Beginning and ending activities are needed for every session.
- Consider introducing a weekly theme.
- Props may not be necessary and add complexity.
- Clients may find picking their own music overwhelming.
- Consider graphic design principles in the prompt cards (eg, more white space, hierarchy of information).
- Photos of a specific body may promote undesirable body comparisons by clients.

Final Prototype

Movement Prompt Cards

We refined the movement prompt cards based on the feedback previously described. The refined prompt cards (Figure 2) apply graphic design principles suggested by studio class members with backgrounds in graphic design. We transformed photographs of the co-investigator into silhouettes to promote body neutrality. Prompt cards may be used as weekly themes to help clients express their emotions through movement. Movement will also be encouraged by the supportive space and soundscape (ie, proposed nature sounds playlist). Participants may complete the activities individually or in pairs (for support, similar to CI dance practices). According to BB's program coordinator, up to two facilitators would help guide each session, as per BB's current practice.

Facilitation Guides and Client Instructions

The feedback we received suggested that users needed guides to accompany the prompt cards. BB does not currently have formal facilitation guides; however, their general facilitation process was followed to draft guides for both facilitators and clients, and tailored to physical and virtual spaces (Figures 3a and 3b). The guides included logistics of the session and detailed descriptions of activities. Client instructions are in a question/answer format, following patient education principles used in healthcare settings.

Environmental Guide and Physical Space

We developed the ideal physical space (Figure 4) using environmental design research and co-investigator A's experience with biophilic design. An environmental guide accompanies the visual and includes details and precedents around the use of natural elements, lighting, and soundscape for both physical and virtual spaces. Movement and rest spaces (eg, sanctuary behind a grass divider) are designated. A whiteboard wall provides a social engagement opportunity for clients to write their own affirmations or feedback at the end of each session.

DISCUSSION

Our literature review around therapeutic dance and movement practices suggests qualitative benefits for individuals affected by EDs.[10,11,17] Therapeutic practices described in the literature did not emphasise the interaction between individuals and their environment. The environment plays a key role in supporting mental health and well-being, as well as facilitating healing, and should be integrated into supportive interventions for individuals with EDs.[20,21] Furthermore, programs that provide an opportunity for artistic expression may help clients assert their autonomy. We proposed the Holistic Movement Exploration concept for a supportive movement/dance program that incorporated therapeutic movement practice and artistic expression within a supportive, naturalistic environment.

Limitations

The inability to include clients with EDs, the intended end user, in co-design sessions is a significant limitation to our research. Direct client engagement may address limitations around age, culture, and gender diversity. We assumed the use of natural elements and silhouettes of body movements on prompt cards were age, gender, and culturally inclusive; however, this may not be the case. There may be a need to develop customisable movement prompt cards for different segments of clients.

Another potential limitation is the validity of our program as having therapeutic benefits for clients with EDs. Our aim was to support clients in developing a mind-body connection; however, it is unclear whether our program will positively influence ED behaviours. The Holistic Movement Exploration concept should be validated with cocreated outcome measures, as part of a future research project in collaboration with BB, or a similar organisation.

Implementation Challenges and Mitigation Strategies

Implementation challenges specific to BB include the lack of physical space for this program, a limited number of facilitators, a lack of facilitators trained in movement or dance, and a limited program evaluation process. Existing partnerships could be leveraged to overcome the lack of physical space. Currently, BB's "yoga for bigger bodies" program is held offsite at a nearby yoga studio. This yoga studio could host a Holistic Movement Exploration pilot program. If physical space remains a barrier, a virtual program could be considered using BB's partnership with Ontario Telemedicine Network.

Movement prompt cards accompanied by guides and client instructions is a strategy to overcome the lack of facilitators trained in movement or dance. If this strategy proves ineffective, a dance movement therapist may be engaged to train facilitators at BB to deliver a similar program.

Limited program evaluation includes taking attendance and the use of surveys for clients to provide feedback. A more detailed evaluation process could include focus groups and/or social media discussion forums. Including direct client feedback would ideally involve a third co-design session where diverse clients with EDs are invited to cocreate with staff.

CONCLUSION

Community-based support services for EDs, such as BB, are essential to supplement treatment or provide unconventional therapy. Literature suggests that movement or dance interventions may provide physical, social, and therapeutic benefits for individuals with EDs. We developed the Holistic Movement Exploration program through a co-design research process with BB. The result was a movement exploration package, which includes movement prompt cards, facilitation guides, client instructions, an environmental guide, and physical space proposal. Next steps could include discussing implementation challenges and strategies with BB staff, and conducting a pilot program and evaluation. The potential to adapt this program to other community-based support services may be explored in the future.

REFERENCES

1. National Initiative for Eating Disorders. NIED 2018. [cited 2019 Oct 15] Available from: http://nied.ca/about-eating-disorders-in-canada/
2. Galmiche M, Dechelotte P, Lambert G, et al. Prevalence of Eating Disorders Over the 2000–2018 Period: A Systematic Literature Review. *Am J Clin Nutr.* 2019;109(5):1402–13.
3. National Eating Disorder Information Centre. NEDIC 2019. [cited 2019 Oct 15] Available from: https://nedic.ca/find-a-provider/
4. Body Brave 2019. [cited 2019 Oct 15] Available from: https://livingbodybrave.com/
5. Eli K, and Warin M. Anthropological perspectives on eating disorders: deciphering cultural logics. *Transcultural Psychiatry.* 2018;55(4):445–53.
6. Ahlin, T. What keeps Maya from eating? A case study of disordered eating from northern India. Transcultural Psychiatry 2018;55(4):551–71.
7. Becker AE. Television, disordered eating, and young women in Fiji: Negotiating body image and identity during rapid social change. Culture, Medicine and Psychiatry 2004;28: 533–59.
8. Warin M. Transformations of intimacy and sociality in anorexia: bedrooms in public institutions. *Body Society.* 2005;11(3):97–113.
9. World Health Organization. World Health Organization Constitution. WHO 2019. [cited 2019 Oct 15] Available from https://www.who.int/about/who-we-are/constitution
10. Fortin, S. Tomorrow's dance and health partnership. *Research in Dance Education.* 2018;19(2):152–66.
11. Fortin S, Vanasse C. The Feldenkrais method and women with eating disorders. *Journal of Dance and Somatic Practices.* 2011;37:127–43.
12. Feldenkrais. Awareness Through Movement. Feldenkrais Guild of North America 2019. [cited 2019 Oct 15] Available from: https://feldenkrais.com/awareness-movement-atm-classes/
13. Langdon SW, Petracca G. Tiny dancer: Body image and dance identity in female modern dancers. *Body Image.* 2010;7:360–63.
14. Gvion L. Dancing bodies, decaying bodies: the interpretation of anorexia among Israeli dancers. Young. 2008;16(1):67–87.
15. Radell S. Body Image and Mirror Use in the Ballet Class. International Association for *Dance Medicine & Science.* 2012;4(1):10–13.
16. Diaz-Ferrer S, Rodriguez-Ruiz S, Ortega-Roldan B. et al. Psychophysiological changes during Pure vs Guided Mirror Exposure Therapies in Women with High Body Dissatisfaction: What Are They Learning about Their Bodies? *European Eating Disorders Review.* 2017;25(6): 562–69.

17. Kleinman S. Challenging body distortions through the eyes of the body. Psych Central 2013. [cited 2019 Oct 15] Available from: http://psychcentral.com/lib/challenging-body-distortions-through-the-eyes-of-the-body/0006925

18. Frisch MJ, Franko DL, Herzog DB. Arts-Based Therapies in the Treatment of Eating Disorders. *Eating Disorders.* 2006;14(2):131–42.

19. Barrero-Gonzalez LF. Dance as therapy: embodiment, kinesthetic empathy and the case of contact improvisation. *Adaptive Behavior.* 2019;27(1):91–100.

20. Grinde B & Patil GG. Biophilia: does visual contact with nature impact on health and well-being? *Int J Environ Res Public Health.* 2019;6(9): 2332–43.

21. DuBose J, MacAllister L, Hadi K, et al. Exploring the Concept of Healing Spaces. *HERD.* 2018;11(1):43–56.

22. SickKidsInteractive. Multi-sensory Room at SickKids [video file]. 2016 Jun 10. [cited 2020 Jan 31]. Available from: https://www.youtube.com/watch?v=69BxIhjehHs&feature=youtu.be

23. NoMirrorMovement. [Internet]. [cited 2020 Jan 31]. Available from: https://www.nomirrormovement.org/

ACKNOWLEDGEMENTS

PEER REVIEW

Not commissioned. Externally peer reviewed.

CONFLICTS OF INTEREST

We have no conflicts of interest to declare.

FUNDING

ETHICS COMMITTEE APPROVAL

This project was approved by OCAD's Research Ethics Board, REB approval number 2020-04.

RESEARCH

Table 1: Client journey map cocreated with Body Brave (BB)

Stage	Find out about it	Decide to engage	First interaction	Later interactions	Reengagement
Events	Walk-ins (uncommon), media coverage (eg, TV interview), Google (terms Hamilton, body image = body brave)	Individual info session, phone calls (individual or family)	Individual info session (previously known as intake, in-person, or over the phone), group workshop on specific topic (eg, debunking diet)	Book swap event, individual therapy or group session (usually different from whatever was first interaction)	Calling, signing up for a group session online, social media engagement, donating, volunteering
Touchpoints (service, tech)	Google, social media (Instagram, Facebook for clients; Twitter for HCPs), hospitals, yoga studios, monthly newsletter that the public can sign up for on website	Similar to "find out about it", email for specific questions, liking or commenting on social media posts	Sessions booked via phone or online, drop-ins possible for workshops	Usually in-person, partnerships with community organizations such as local yoga studios, clothing swaps	Social media engagement
Interactions (people)	Healthcare providers (from outpatient eating disorder clinics), moms and other family (not so much dad-initiated), university health care centres	Clients interact with each other both in-person and via social media	BB program coordinator, psychotherapists, students (various backgrounds: social work, kinesiology, etc.)	BB staff encourages returning to sessions, clients may have "clicked with a therapist" or liked the community-based space at BB	As for "later interactions"
Feelings	Panicky moms common "I don't know what's wrong!"; clients ashamed, want to be unseen	Struggling clients, want their life to be different	Clients are anxious, nervous, overwhelmed, curious	"Will I be healed after x weeks?"	Clients may feel a sense of community, like they can breathe, may prefer a community-based approach vs. formal treatment programs
Issues	Lack of awareness, hospital may not provide ongoing support, restrictions, side effects of treatment, clinics may not refer patients to BB; BB doesn't use print, radio, or TV media much	Clients face a long decision process before engagement (eg, may follow BB for a year on social media), Hamilton location may be too remote for clients, BB has limited time and resources	Client may not be ready to engage, wait lists for individual therapy, availability depends on timing, capacity	Clients may come once and not return, may not be a good fit; hospital programs are limited	ED relapse rates are high, may be difficult to keep up with individuals within groups
Opportunities	Facebook Live event (Q&A), using accessible language, reaching out to marginalised communities (different languages, cultures, disabilities), develop relationships with hospitals, more diversity on BB's advisory board, consider a lived experience advisory board of clients, consider a newsletter for providers	Open group information sessions, community town halls, use print, radio, TV ads, podcasts, make physical environment accessible	Expand locations outside Hamilton, diversify programs, more facilitators, expanded physical space, refer to eating disorder associations instead of BB where appropriate	Social media campaigns, community building activities	Keep track and reach out to vulnerable clients (this is ad hoc currently due to limited technology, but should be formalised)

Figure 1: Examples of initial movement prompt cards

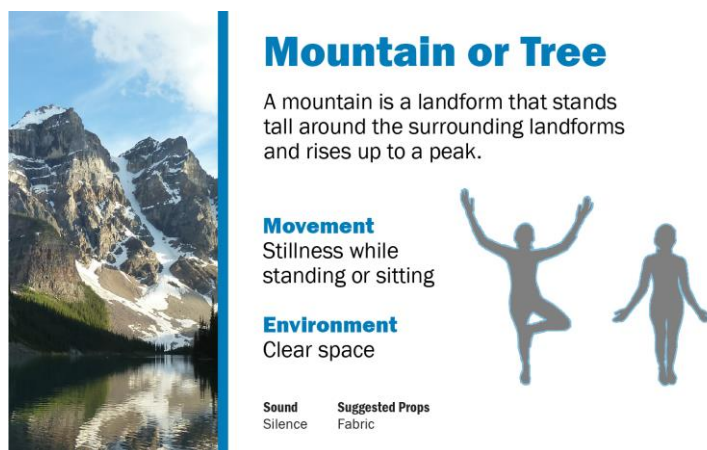**Figure 2: Examples of refined prototypes of movement prompt cards**

The Journal of Health Design

Feline | A majestic creature, a feline is a four legged mammal with fur, rounded head, and pointed ears.

Movement
All fours, arched back, stretched out

Sound
Meow/Roar

Suggested Props
Fabric to make tail

Environment
Stretching on turf, stepping on stepping-stones. Retreating to a sanctuary.

Figure 3a: Facilitator guide for the physical space

Facilitator Guide (Physical Space)
Holistic Movement Exploration

Holistic movement exploration is a supportive group program for Body Brave clients to explore movement as a way to connect the mind to the body in a safe environment. The following is a facilitator guide for the in-person program.

Length, Duration
45 minute session held once weekly over X weeks.

Goals
- Encourage artistic expression
- Embody a mind-body connection
- Promote body neutrality
- Support inclusivity within a safe environment

Tools/Features
- Facilitator guide (physical space)
- Movement prompt cards
- Nature sounds playlist
- Studio space with sanctuary (rest area with bean bag chairs or mats)
- Yoga mats and/or chairs
- White board and/or journal

Welcome and Introductions/ Check-In (10 minutes)
- Facilitators (ideally two per session) welcome clients into the space and have them gather as a group, preferably in a circle.
- If this is the first session, clients introduce themselves.
- For subsequent sessions, facilitators lead a round table check-in with individual clients.
- Facilitators introduce a weekly theme or concept (e.g., the weather, animals, artistic exploration).

Breathing Activity (5 minutes)
- Facilitators guide clients through a brief meditation focusing on their breath to help them develop a mind-body connection.
- Clients may choose to: lay down or sit on the floor/ yoga mat/chair provided.
- Clients will be asked to count their breath in and out for a count of 10, and repeat as needed.

Movement Exploration Activity (20 minutes)
- Facilitators provide clients with written instructions, movement prompt cards and start a nature sounds playlist.
- Facilitators explain that the goal is to encourage movement and sound exploration.
- Cards are placed on the floor for clients to choose a card or two, depending on the number of cards available and clients present. Clients may do this activity alone or in pairs.
- Clients may follow the movements shown on the cards and/or express themselves, move in silence or add sound effects.
- Clients may choose to rest by visiting the sanctuary (divided rest area).
- Facilitators visit each client/ client-pair to check-in during this activity.

Suggested questions to prompt feedback:

- How did this session make you feel?
- What did you like or would you change about the session?
- What do you wish could be included or removed?
- What will you take from this session into the rest of your day or week?
- Is there anything else you want to share?

Visualization Activity (5 minutes)
- Facilitators gather clients together for a visualization related to the weekly theme (e.g., facilitator describes a weather phenomenon guided by movement prompt cards).
- Clients may close their eyes and may choose to lay down/sit on the floor/yoga mat/chair.

Debrief/Feedback (5 minutes)
- Facilitators ask clients for feedback, either sharing with the group for discussion, writing it on a white board, or in a journal for facilitators to read.
- Clients can also comment/ discuss online via social media after the session and during the rest of the week.

Figure 3b: Client instructions for the physical space

Instructions for Clients (Physical Space)
Holistic Movement Exploration

Holistic movement exploration is a supportive group program for Body Brave clients like you to explore movement as a way to connect the mind to the body in a safe environment. The following are frequently asked questions/answers about the in-person program.

How long is this program, when is it held, and how do I sign-up?
Each session is 45 minutes long, held once weekly over X weeks. You can sign up online through the Body Brave website or by phone.

What are the goals of this program?
The goals of this program are to:
- Encourage attendees to express themselves through movement
- Allow attendees to develop a mind-body connection
- Promote body neutrality and inclusivity (everyone is welcome to join!)
- Provide a safe and supportive environment

What do I need?
You can bring your own yoga mat or towel and water, if you like.

What do I wear?
Wear comfortable clothing that allows you to move with ease. Removing your shoes and/or socks during the session is optional.

What will the space be like?
The space you will be in will have elements influenced by nature, such as grass (turf) floor and grass room divider(s), lighting that mimics sunlight, and calming nature sounds of water and animals (e.g. birds).

What will be provided?
Facilitator-guided sessions will take place in an accessible studio space with a divided rest area. Yoga mats and/or chairs will be provided for optional use. A nature sounds playlist will provide background sounds. A white board and/or journals will be available to write down any feedback or affirmations. Movement prompt cards will be distributed and used during the session.

What will happen during the session?
Here is what to expect during the session:
- For the first session, there will be a welcome and introductions.
- For subsequent sessions, the facilitator(s) will ask for individual check-ins.
- The facilitator(s) will introduce a weekly theme and guide the group through a 5-minute breathing activity.
- The facilitator(s) will introduce movement prompt cards and start a nature sounds playlist in the background.
- You can work with a partner or alone and choose one or two movement prompt cards. The cards encourage you to express yourself (see the green box in the upper right corner for details).

What are movement prompt cards?

Movement prompt cards show and describe a movement, environment and optional sound or props to encourage self-expression. Movements are related to nature, such as animals or the weather. You can follow the movements shown on the cards and/or create your own movements. You can take a break at any time in the rest area.

- Towards the end of the session, the facilitator(s) will guide the group through a 5-minute visualization activity.
- The facilitator(s) will end the session by asking for feedback.
- You can provide feedback verbally, write it down for others to see on the white board, or write it down privately in a journal for the facilitators' eyes only.
- You will be encouraged to post feedback on social media for discussion afterwards, if you feel comfortable with this.

Figure 4: Ideal physical space visual (top) and accompanying environmental guide (bottom)