

**THE USE OF MUSIC THERAPY AS A MEANS OF
IDENTITY FORMATION IN THE TREATMENT
OF EATING DISORDERS**

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ABSTRACT

Eating disorders are ranked as one of the top ten mental health issues in the world. Statistics released by the American Psychological Association in 2019 reveal that over 70 million people are currently suffering with an eating disorder. This figure is also predicted to rise. A major area of concern is the low response rates individuals are having to the current therapies that are available to treat eating disorders. One form of psychotherapy that may have a very beneficial impact on treating these individuals is music therapy. Central to the principles of music therapy are issues of identity and identity formation, both of which are suggested to play a major part in the development of eating disorders. As music therapy has something very unique to offer in the area of identity, it is posited that this type of therapy may have much to offer these individuals. This theoretical dissertation explores several studies that focus on the relationship between music therapy, identity formation and eating disorders. Results show that individuals who have an eating disorder experience positive impacts in areas of their identity, self-esteem and connection to themselves after receiving music therapy. While these results are positive, studies are limited, and much more work is needed in this area to explore this link further.

CHAPTER 1 – INTRODUCTION

An eating disorder is defined as the “persistent disturbance of eating or eating-related behaviour that results in the altered consumption or absorption of food, and that significantly impairs health or psychosocial functioning” (American Psychological Association, 2013). According to the National Eating Disorder Association, over 70 million people in the world are currently suffering with an eating disorder (NEDA, 2019). Approximately 0.4% of all women will suffer with anorexia in their lifetime, and 1% will meet the criteria for being diagnosed with bulimia. The figures for men are lower, with 0.1% predicted to suffer with anorexia or bulimia at some stage in their lifetime. The National Eating Disorder Association also state that figures for men are on the rise. Eating disorders such as Binge Eating Disorder, Pica, Rumination, and Avoidant/Restrictive food intake disorder are also on the rise (APA, 2013). While eating disorders differ in form and severity, the commonality shared between them is that the eating disorder is rarely about food (ANRED, 2017). Polivy and Herman (2002) reveal that sociocultural factors, family factors, negative affect, low self-esteem, and body dissatisfaction are common themes in the literature on the causes of eating disorders. One other factor given a lot of focus in the literature is the role of identity formation. Several theories posited and studies carried out by credible leaders in the field suggest that impairments in identity formation play a major role in the development of eating disorders (Normandi and Roark, 1999; Polivy, Herman and McFarlane, 1994).

The most common current therapeutic treatment for eating disorders is cognitive behavioural therapy (Manasse, Clark, Juarascio, and Forman 2019), but recent figures suggest that alternative interventions and treatments are needed to help treat individuals with eating disorders. One promising type of psychotherapy that may have much to offer these individuals is music therapy (Sloboda, 1994; Robarts, 2000). Bruch (1982) and Frisch, Franko and Herzog (2006) claim that identity formation, issues with self-awareness, self-esteem and connection with one’s body are the very essence of music therapy. Piecing together all of this information, it is evident that there is a clear link between music therapy, identity formation and eating disorders. This theoretical dissertation will explore this link, and ascertain

whether music therapy should receive more focus as a treatment option to individuals who are suffering with an eating disorder.

Chapter 2 will begin by defining what is meant by identity. Following this, there will be an exploration of the literature on the relationship between eating disorders and identity formation. There has been a vast amount of work done in this area, so this chapter will focus on the most credible and informative studies and theoretical perspectives available.

Chapter 3 will be dedicated to exploring music therapy. It will begin by offering an overview of what music therapy is. Following this, the relationship between music therapy and identity formation will be explored. The last part of this chapter will examine in detail the link between music therapy, identity formation and eating disorders.

Chapter 4 will discuss the current and most common treatments for eating disorders. The focus will then move to studies that have been carried out that use music therapy to treat individuals with eating disorders. Following on from this, there will be a discussion on the limitations to using music therapy with these individuals, and what further research is needed.

Chapter 5 will be a conclusion on what was explored and discussed, and the main findings that came from this dissertation.

CHAPTER 2 - EATING DISORDERS AND IDENTITY FORMATION

“Who I am, I am alive, I am myself” (Winnicott, 1971)

2.1 - Identity

Erikson (1950) concludes that a sense of identity is an individual’s confidence that ‘his inner sameness and continuity are matched by the inner sameness and continuity of his meaning for others’. Baumeister and Muraven (1996, p. 406) define identity as ‘a set of meaningful definitions that are attached to the self’. Waterman (1999) claim it as a clear self-definition, comprising of the goals and values that an individual is committed to. Josselson (1987, p. 104) defines it as ‘a sense of internal coherence and meaningful relatedness to the real world,’ while Westin and Heim (2003) state that identity is the process of building self-definition.

2.2 - The relationship between eating disorders and identity formation

A vast amount of literature states that eating disorders stem from impairments in identity formation. In 1985, Weinreich, Doherty and Harris carried out one of the first studies on the relationship between eating disorders and identity formation. Weinrech et al (1985) found that anorexic and bulimic patients had higher levels of conflict in identification, and also experienced statistically significant diminished self-evaluations. In 1982, Bruch postulated that anorexia develops as a result of a failure in identity formation, and in the ability to ‘establish multiple and diverse domains of self-definition’ (Stein and Corte, 2007). Normandi et al (1999) state that at the heart of an eating disorder is the deep desire to “understand who we fully are”. Wheeler, Adams and Keating (2001) state that eating disorders are a means of distracting an individual from facing issues around their identity. Polivy et al (1994) claim that identity formation problems lie at the heart of the emotional distress experienced by bulimic patients. Psychodynamic studies carried out by Cash and Deadle (1997) conclude that there are strong associations between self-concept, self-esteem and eating disorder symptomatology. Stein and Corte (2007) claim that eating disorders are disorders of the self. Research carried out by Claes and Muehlenkamp in 2014 also reveal a strong positive correlation between identity confusion and eating

disorder symptomology. A study carried out on bulimic patients by Shupak-Neuberg and Nemeroff (1992) reveal that a lack of identity leads to these patients using their physical bodies as a means of self-definition.

Erikson (1959/1980), Kleiber (1999), and Santrock (1996) state that the main and critical task of adolescence is ego identity formation. Claes and Muehlenkamp (2014) also conclude that identity formation takes place during adolescence. It is during this time that the adolescent strives for identity cohesion, and a bringing together of all of the parts of themselves. Erikson (1968) hypothesises that ego identity is based around long time goals and commitments such as occupation, gender role and religious ideology. Marcia (1966) develops Erikson's ego identity theory further by placing ego identity into four statuses. The first of these is moratorium and is described as being a time for exploration. This is most commonly referred to as an identity crisis. The second status is identity achievement, and this relates to an individual who has committed to their own unique identity. The third status offered by Marcia (1966) is foreclosure. This is experienced as an anxiety so difficult to bear that an adolescent fail to explore their own identity. The result of this is impairments in identity formation. Beliefs, goals, values and commitments will be driven by family or cultural values, as an individual fail to develop a sense of wholeness. The last status is referred to as diffusion, and is linked to individuals who have neither explored their identity, or made any commitment to an identity (Sparks, 1993).

Fairburn and Harrison (2003) postulate that individuals who have an eating disorder experience a distorted sense of embodiment. They conclude that impairments in identity formation are linked to this distortion. An individual with an eating disorder overvalues their shape and weight. They also state that a person with an eating disorder experiences their body as an object being looked at by another person. An individual who has an eating disorder will feel alienated from their body and their emotions (Fairburn et.al, 2003). Ghaderi (2001) conclude that low self-esteem, which is central to the majority of individuals with an eating disorder, is strongly related to a 'weak identity formation'. Robarts (2000) points out that individuals with eating disorders experience disconnection from their body, lack of sense of self, and that anorexic individuals in particular are in a constant state of doing rather than being.

Robarts (2000) also highlights that individuals with eating disorders lack spontaneity, and are very restrictive in their behaviours. Ghaderi (2001) adds that methods and interventions that work on identity formation and restrictive behaviours should be the main focus in treatment.

This chapter explored the relationship between eating disorders and identity. The main conclusion drawn is that eating disorder treatments should incorporate ways of working with identity formation. Music therapy is one form of psychotherapy that holds a lot of promise in this regard. The next chapter will explore what music therapy is, how identity and a sense of self are central to its essence, and how this type of therapy may be beneficial to clients with eating disorders.

CHAPTER 3 – MUSIC THERAPY

“Music is a suitable metaphor for identity” (Aldridge, 1996).

3.1 - What is music therapy

Music therapy is ‘the use of music and/or musical elements (sound, rhythm, melody and harmony), by a qualified music therapist to facilitate and promote psychotherapeutic objectives, in order to meet physical, emotional, social and cognitive needs’ (World Federation of Music Therapy, 1997). Music therapy is categorised as a creative art therapy, one that uses expression to help an individual achieve a higher quality of life through better intrapersonal and interpersonal integration (WFMT, 1997). There are many different approaches to music therapy, but the most widely practiced approach is the Nordoff-Robbins model (Mahoney, 2016). Paul Nordoff and Clive Robbins developed this model with the view that everyone possesses a sensitivity to music that can be used for their own personal growth (Forinash, 1992). Nordoff and Robbins state that music is used as a therapeutic medium, and that through this medium, creative interventions evolve that lead to change and growth (Forinash, 1992).

Wheeler (1981) points out that all of the core characteristics of music therapy mirror traditional forms of psychotherapy. The therapist has undergone a rigorous training, a relationship is established between the therapist and client, and the aim of the therapy is to change patterns and behaviours that are impacting negatively on the client’s wellbeing and quality of life. Bruscia (1988) highlights the importance of the client-therapist relationship in all psychotherapeutic environments. He states that the treatment relies on this relationship, and that it is through and within this relationship that the client begins to grow and change. Traditional forms of psychotherapy are verbal in nature, and it is through this verbal communication that a relationship is established. Wheeler (1981) points out that in music therapy, the client-therapist relationship is established through the shared experience of music and musical elements. Priestly (1975) states that music therapy is founded on the premise that the unconscious can be assessed due to the fact that verbal censorship is completely bypassed. He also suggests that the repressed material can be made manifest through the use of musical interventions. Darnley-Smith and Patey (2003) claim that music therapy helps individuals to communicate things

about themselves that may not be possible through verbal communication. Smeijsters and Van den Hurk (1999) add to this stating that music therapy has a very special way of enabling an individual to explore parts of themselves that they have been disconnected to, or completely cut off from.

Bruscia (1988) points out that there are four types of methods used by a music therapist. These include: music as psychotherapy, music-centered psychotherapy, music in psychotherapy, and verbal psychotherapy with music. The type of method used is dependent on therapist orientation, and the therapeutic issue. He also claims that transference and countertransference are the essence of all forms of music therapy, and that it will differ with each of these methods. Central to all of these methods is the emphasis on expression, and the freedom to explore without restriction (Wheeler, 1981). Bruch (1988) also points out that music therapy follows the core conditions of person-centered therapy by creating a congruent, non-judgmental and empathetic environment for the client.

3.2 - The relationship between music therapy and identity formation

Sloboda (1994) explains that music is an individual's primeval drive. This can be seen in children in a very young age where they do not understand the meaning behind words yet, and are simply reacting to sounds. Trevarthen (1993) points out that infant reactions to the environment around him or her will often come in musical or poetic form. Hargreaves (1986) suggests that music has the power to help with all parts of psychological functioning. Daykin et al (2007) claim that identity is central to music therapy, and Hargreaves, Miell and MacDonald (2002) point out that individuals have the ability to explore and develop a sense of self through music. Music therapy offers individuals the opportunity to heal parts of the self that have been damaged, and create new aspects of their personality that help with both self-awareness and self-esteem (Greenberg, 1970). Cook (2000) points out that music is created by human thought, and that people can think through music. He also explains that music offers individuals more freedom to express themselves, and explore their identity. Amir (2012) claims music therapy to have the ability to increase an individual's self-awareness. He states that music has the power

to act as a medium for communication, and that a music therapeutic intervention has the ability to help an individual to reflect on their intrapersonal and interpersonal world.

Larson (1995) argues that active listening to music can have a major impact in exploring identity and binding all parts of the self together. Aldridge (2003) adds to this, claiming that music therapy helps to relieve suffering by restoring identity and helping people to find meaning. Lawendowski and Bieleninik (2017) conclude that identity and self-esteem are intrinsic to music therapy. Music therapy gives individuals the opportunity to find their own identity, to gain a deeper understanding of themselves, and to explore different versions of themselves. They also explain that using music therapeutic interventions to work with individuals, offers new perspectives, and unlocks parts of the self that had by completely hidden. Along with this, working with identity helps an individual to accept themselves, and integrate all parts of themselves more fully into their being. Magee (2002) adds to this, stating that music therapy has the ability to move one's disconnected self-concept, to a connected self-concept. Kopacz (2005) and Lawendowski (2009) argue that music can provoke inner states that enable individuals to tune in to their inner selves. Robarts (2000) argues that creative art therapies have the ability to help individuals get in touch with their 'body-self' feelings. She concludes that creative art therapies are particularly helpful for individuals who are cut off from experiencing themselves fully.

Developing a positive self-esteem gives individuals the ability to act and make decisions that protect them from experiencing high levels of anxiety in their lives (Pyszynski, Greenberg and Solomon, 1999). Lawendowski et al (2017) state that self-esteem is also responsible for helping individuals to make rational comparisons between their own beliefs, the opinions of others, and decisions that they are faced with. Smeijsters et al (1999) conclude that some of the common goals in music therapy are to strengthen or find one's identity, to work on self-esteem, and to explore and contain feelings of assertiveness. Kuhl (2000) concurs that music based interventions have the ability to reduce negative self-images and improve self-esteem. MacDonald and Miell (2002) believe that music, music compositions, and playing musical instruments help children to develop their identity, and increase their

self-esteem. On this basis, MacDonald et al. (2002) have carried out several educational programs that incorporate these musical forms, and have found them to be very beneficial.

3.3 - The link between music therapy, identity formation and eating disorders

Frisch et al (2006) states that over the last couple of decades, music therapy has been offered to individuals with eating disorders, and that early reports show that this type of creative art therapy is having positive impacts on these individuals. Barth (2014) and Hershenson (2016) also conclude that music therapy is having very positive results in treating eating disorders. Robarts (2000) claims that music therapy is effective because it is addressing issues of identity formation directly with these individuals. Eckhoff (1995) suggests that experiential integration is the main aim of music therapy, and in the context of working with eating disorder clients, integration with the self is absolutely necessary for change to occur. Stern (1977) states that anorexic individuals in particular lack a core sense of self as a result of a disruption that would have occurred in early childhood development. Mahler and Bergman (1975) add to this, stating that the integration of body, mind and self happens at a pre-verbal level. Lask and Bryant-Waugh (1993) suggest that in order for a person with an eating disorder to integrate both positive and negative aspects of themselves, they need a therapeutic intervention that can access the pre-verbal layer. Robarts (2000) bridges the gap here stating that the very nature of music therapy is non-verbal. Common amongst individuals with eating disorders is the inability to connect with their inner world, and thus the inability to express how they feel (Bruch, 1982). Lewandowski et al. (2017) states that due to these inabilities, talk therapies may be limited in helping individuals who have an eating disorder, and so music therapy and other creative art therapies may have something very unique to offer. Bruscia (1988) also highlights the importance of using non-verbal mediums in the therapeutic environment in the form of a sound producing object rather than one's voice. He posits that unlike the voice, using music interventions engages the body at a deeper level, and that through vibrations created from sound objects, an individual can access the unseen inner self.

Bruch (1982) describes an anorexic individual as having a defective self-concept. There is a deep fear of inner emptiness and inner badness. These fears drive the anorexic individual to strive for perfectionism, and a need to present a false self to the world. Bruch (1990) states that individuals who have an eating disorder also suffer from a loss of connection to their emotional world. This loss of connection poses great difficulty to the individual in recognising and identifying their emotional states. This is most commonly referred to as alexithymia (Robarts, 2000). Goodsitt (1985) claims that alexithymia is 'a manifestation of defects in the self-organisation' and that these individuals are completely out of touch with their inner world. Individuals who have an eating disorder are very disconnected with the present, spending the majority of their time doing, rather than experiencing, or simply being (Robarts and Sloboda, 1994). They state that in particular with anorexic individuals, self-expression is compromised, and it is almost as though their world is one dimensional. They concur that music therapy opens up their capacity for self-expression, and offers these individuals the opportunity to experience their authentic self. Lask et al (1993) claim that there is a positive correlation between assertiveness and self-expression, and that individuals with eating disorders score very low on both measures. Robarts (2000) points out that Nordoff and Robbins central principles of music mirror Lask and Bryant-Waugh's work on promoting assertiveness in the treatment of eating disorders. As outlined in 3.1, Nordoff and Robbins (1977) use instruments, voice and body movements as modes of expression. Robarts claims that anorexic individuals are cut off from their bodies, and that these types of expressions have the ability to move anorexic individuals back into their bodies. Robarts (1999) also speaks about poietic process in music therapy. She claims that these processes carry "a living creature power" that motivate and energise the imagination of individuals. She also states that motivation, imagination and spontaneity are lost in individuals with eating disorders, and that music therapy can help to reveal these qualities, and have a re-generative effect on an individual's identity.

This chapter explored music therapy and its relationship with identity formation. Following this, the link between music therapy, identity formation and eating disorders was then explored. The literature indicates that there is certainly scope for using music therapy to treat eating disorders. The next chapter will discuss the current prevailing treatments for eating disorders, and the studies that have been carried

out using music therapy to treat eating disorders. It will also discuss the limitations in using music therapy to treat these individuals.

CHAPTER 4 – DISCUSSION

4.1 – Overview of current eating disorder treatments

Lenz, Taylor, Fleming and Sherman (2014) state that the most common therapeutic approaches used to treat individuals with eating disorders is cognitive behavioural therapy (CBT), and dialectical behavioural therapy (DBT). They highlight that CBT focuses on reversing negative and ineffective thinking patterns, while DBT engages with behavioural and cognitive patterns around the eating disorder. Interpersonal Psychotherapy, an attached focused therapy that engages with interpersonal problems has also been yielding positive results, in particular with individuals who have binge eating disorder (Wilson, Wilfley, Argas and Bryson, 2010). A recent study carried out by Manasse et al (2019) reveal that CBT is the recognised method of choice for individuals who suffer with anorexia, bulimia and binge eating disorder. However, statistics from this study also show that between 50-60% of all individuals who receive some form of ‘talk psychotherapy’ do not respond to treatment. These statistics are quite harrowing and suggest that another form of therapeutic intervention is needed. Hershenson, 2016, Hooper, 2007 and Weiss 2013 state that experiential therapies and creative art therapies are having a very positive effect on the treatment of eating disorders, and that these approaches need to be explored further.

Interestingly, Lejonclou and Trondalen (2009) and McFerran, Baker, Patton and Sawyer (2006) point out that music therapy incorporates the goals of both CBT and DBT, with a heightened focus on increasing self-awareness, emotional expression and identity. McFerran et al. (2016) also reveal that music therapy incorporates many aspects of psychodynamic, humanistic and ecological elements into its work with individuals who have an eating disorder. Several qualitative and quantitative studies have been carried out using music therapy to treat individuals with eating disorders. Some have focused directly on the link between identity and eating disorders, while other studies have captured this link indirectly.

4.2 – Music therapy interventions

Bobilin (2008) reveals that the most common techniques used by music therapists to treat eating disorders are songwriting interventions, improvisation through musical instruments, and imagery interventions. All of these interventions are focused on promoting emotional expression, and building self-awareness and the self-esteem of the individual. In all of the studies outlined below, all or some of these musical interventions were used.

Jacqueline Robarts qualitative study on ‘Music therapy and Adolescents with Anorexia Nervosa’, published in 2000 offers some valuable insight into working with aspects of identity to treat eating disorders. As mentioned in 3.3, Robarts believes that poietic processes in music therapy have the ability to help regenerate a sense of self that is missing for individuals with eating disorders. Robarts defines poiesis as “a creative process of coming into being, bringing or being brought into existence” (Robarts, 2000, p. 9). She has developed a preliminary “Poietic Processes in Music Therapy’ model with the view that it can help with the dissociation of body, mind and emotions experienced by adolescents with eating disorders. The model is broken into three sections. The first section works at a sensory-affective level, and uses tone and rhythm to bring about a sense of relatedness for the adolescent. The second section works at the awareness level. The therapist uses melody and rhythm in symbolic play to help the adolescent to get in touch with their inner world, and become more aware of who they are. The third section focuses on spontaneity, and engages the adolescent with the present moment. Maintaining connectedness is the main objective in this section. Robarts used this model to work with an anorexic adolescent called Stella and found it to have a very positive impact. Stella became more self-aware, connected to herself and she took on new forms of self-expression through musical play. Robarts also found that Stella became less rigid, more spontaneous and also appeared to be having fun. Robarts believes that this model could also be used with other individuals who are disconnected or dissociated from their body or emotions. This may include individuals who are autistic, have been abused or have suffered trauma.

Lejonclou et al. (2009) carried out a music therapy study on anorexic and bulimic woman in an eating disorder unit. The women in this unit had different forms of eating disorders, but Lejonclou et al. (2009) stated that they all shared many of the same characteristics: low self-esteem, disconnection from their bodies, and obsessive thinking patterns. Results from the study showed that ‘a relating experience through music therapy’ is extremely important for individuals who are suffering with eating disorders. After receiving music therapy these women noted positive differences in their self-esteem, their mixed feelings of embodiment, in self-regulation and their desire for control. Hilliard (2001) and Punch (2016) also carried out studies with eating disorder patients and found that after using music therapy techniques, the participants felt an increase in their confidence, their ability to express themselves, and their interpersonal skills.

Another interesting study carried out in this area is by Bibb, Castle and McFerran (2015). Results from this study show that music therapy had a positive effect on the post meal anxiety felt by individuals with eating disorders. Post meal-time for individuals who have an eating disorder can be excruciatingly anxiety provoking. Lindstedt, Neander, Kjellin, and Gustafsson (2015) posit that music therapy after meals gives individuals with eating disorders the opportunity for self-expression and connection with themselves and others when they are feeling vulnerable. Bibb et al (2015) carried out this study with the belief that the anxiety felt from eating the meal can be expressed through the musical intervention. Results from this study showed the participants feeling less anxious, and experiencing a deeper connection to themselves and their bodies afterward. During the musical intervention, one of the anorexic patients said the following: ‘Here’s a piece of me I want to share with you’. They claim that the musical improvisation enabled this patient to communicate something about herself and her identity to the group. McFerran et al (2006) also carried out a study using music therapy to help ease post-meal anxiety. The majority of the participants described feeling reconnected with their bodies and themselves after receiving music therapy. The results highlight again that using music therapy to treat eating disorders can be extremely beneficial for these individuals.

4.3 - Limitations and further research

While there have been a number of studies carried out that examine the relationship between music therapy, identity formation and eating disorders, much more studies need to be done in this area. The link between music therapy and identity formation is quite clear in the literature, as is the link between eating disorders and identity formation. However, considering the clear link between music therapy, identity formation and eating disorders it has been given limited consideration.

There have however been other studies carried out that look at the relationship between music therapy and identity (Smeijsters et al, 1999; Daykin et al, 2007). Some positive studies have been carried out that use music therapy to address identity issues in individuals who are grieving. One such study carried out by Smeijsters et al in 1999 revealed that through play-forms and techniques in music therapy, there were improvements in the individual's self-esteem, how she connected to her identity, and how she expressed, explored and contained her feelings. There have also been some music therapy studies carried out that look at identity restoration of cancer patients. Daykin et al (2007) found that using music interventions such as song-writing, improvisation and playing instruments with cancer patients helped them to deal with loss, suffering and connection to themselves. The positive impacts of these studies suggest that psychological or biological issues that center around issues of identity can benefit from music therapy. On the other hand, it may be argued that in areas of grief and cancer specifically, issues of identity occurred due to an event. These individuals received music therapy to help them regain or restore their identity. The literature on eating disorders suggests that identity issues are a result of compromises in identity formation that may have occurred in early development or in adolescence. Individuals with eating disorders may never have been connected to who they are, so they have no reference point. In this respect, it may be argued that the results found by Smeijsters (1999) and Daykin et al (2007) cannot be compared. One other point to consider is the role of identity formation itself on individuals with an eating disorder. The literature suggests that it plays a large part, however sociocultural factors, family factors, negative affect and body dissatisfaction are also given a lot of weight in the literature (Polivy et al, 2002).

There have been some arguments in the literature suggesting that music therapy may not be the most suitable treatment for individuals with eating disorders. For example, Roberts (2000) argues that symptoms of eating disorders such as perfectionism, rigidity and issues of control may stunt an individual who has an eating disorder. As music therapy focuses on creative expression, exploration and spontaneity it may evoke further feelings of anxiety and have the opposite effect. Frisch et al (2006) also adds that music therapy is fun, creative and in the moment. These characteristics are typically missing in the lives of individuals suffering with eating disorders, and so engaging them to receive music therapy in the first place may be very difficult.

This chapter discussed the current treatments available to individuals with eating disorders, and what may be missing. A discussion was then provided on music therapy studies that have been carried out to help treat these individuals. Results from these studies promote the use of this type of therapy to help treat eating disorders however, more research is needed. The last section of this chapter looked into some limitations of using music therapy to treat eating disorders.

CHAPTER 5 – CONCLUSION

The objective of this theoretical dissertation was to explore if music therapy can be used as a means of identity formation in the treatment of eating disorders. Early findings reveal that there is a lot of scope for this argument. As it stands, current treatments for eating disorders are not enough, and many argue that music therapy and other creative arts therapies should be given more attention. It is apparent from the exploration undertaken in this paper that impairments in identity formation, and other issues of identity play a big part in the development of eating disorders. It is also apparent that issues of identity and identity formation are central to the principles of music therapy, and the interventions that are used by music therapists. In the various music therapy studies carried out on individuals with eating disorders, the majority of individuals reported positive changes in their connection to self, their identity, self-esteem and self-awareness. This link between music therapy, identity formation and eating disorders appears quite clear, but it needs to be given much more attention. The findings in this paper point to an exciting area that should be investigated and explored further. Results from further work may lead to more effective treatments for individuals who are suffering with eating disorders.

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