



## Open Research Online

### Citation

Declercq, Dieter; Kafle, Eshika; Peters, Jade; Raby, Sam; Chawner, Dave; Blease, James and Foy, Una (2024). "Finding light in the darkness": exploring comedy as an intervention for eating disorder recovery. *Mental Health Review Journal*, 29(1) pp. 110–126.

### URL

<https://oro.open.ac.uk/95503/>

### License

(CC-BY-NC-ND 4.0) Creative Commons: Attribution-Noncommercial-No Derivative Works 4.0

<https://creativecommons.org/licenses/by-nc-nd/4.0/>

### Policy

This document has been downloaded from Open Research Online, The Open University's repository of research publications. This version is being made available in accordance with Open Research Online policies available from [Open Research Online \(ORO\) Policies](#)

### Versions

If this document is identified as the Author Accepted Manuscript it is the version after peer review but before type setting, copy editing or publisher branding

Dieter Declercq, Eshika Kafle, Jade Peters, Sam Raby, Dave Chawner, James Blease and Una Foye. 2024. ““Finding light in the darkness”: exploring comedy as an intervention for eating disorder recovery.” *Mental Health Review Journal*. Article publication date: 9 January. DOI 10.1108/MHRJ-08-2023-0045

Please note that the below is the Author Accepted Manuscript (AAM) which was accepted by the Editor of *Mental Health Review Journal* on 8 December 2023. It has not been copy-edited by the publisher and therefore there are minor differences between this AAM and the copy-edited version which was published on 9 January 2024. **If you want to reference this article, please only reference the published version, which is available at: DOI 10.1108/MHRJ-08-2023-0045**

## **‘Finding light in the darkness’: exploring comedy as an intervention for eating disorder recovery.**

### Abstract

**Purpose:** Eating disorders remain a major health concern and their incidence has further increased since the Covid-19 pandemic. Given the equally increasing demands on treatments and service provision, and high levels of relapse post-treatment, it is important that research explores novel and innovative interventions that can further support recovery for individuals with eating disorders. There is growing evidence that arts interventions are beneficial for recovery from eating disorders. This study evaluates the feasibility of conducting a stand-up comedy course to support eating disorder recovery.

**Design:** The study used a qualitative interview study design to evaluate the recovery benefits of participating in stand-up comedy workshops for a pilot group of people in recovery from eating disorders (n=10).

**Findings:** The comedy intervention was well-attended and had high acceptability and feasibility. For most individuals, participating in the course had a positive impact, including promoting personal recovery outcomes across all five elements of the CHIME framework. Unique assets of the course included providing participants with an opportunity to distance themselves from everyday worries of living with an eating disorder; the opportunity to cognitively reframe situations by making them the object of humour; and providing a safe space to (re-)build a positive sense of self.

**Originality:** This is the first study evaluating stand-up comedy workshops for eating disorder recovery and further demonstrates the potential of arts interventions and the relevance of personal recovery frameworks in this field.

### Introduction

Eating disorders (EDs) remain a major health concern. A recent meta-analysis established that the incidence of EDs has increased worldwide since the Covid-19 pandemic (Silén and Keski-Rahkonen, 2022). The UK has seen a record demand for eating disorder treatment as referrals increased almost two thirds since before the pandemic (NHSE, 2022). At the same time, historically, only about a quarter of individuals affected by ED access effective evidence-based treatments (Hudson *et al.*, 2007), which is very low in comparison to other psychiatric diagnoses like psychosis (Layard 2013). Additionally, healthcare professionals only detect around a third of ED cases (Keski-Rahkonen *et al.*, 2016), and it is reported that post-treatment relapse rates are estimated at between 25% and 52% for anorexia nervosa (AN) (Khalsa *et al.* 2017), and between 30% and 50% for bulimia nervosa (BN) and related EDs such as other specified feeding or eating disorders, (e.g., MacDonald *et al.*, 2015; Yu *et al.*, 2013).

Clearly, research should explore novel and innovative adjuncts within interventions for ED prevention and treatment to help bridge this ever-growing gap between those needing and those receiving care (Nagata and Murray, 2021). To this purpose, this study tests whether running stand-up comedy workshops to support ED recovery is feasible and acceptable for a pilot group. We also evaluate which positive impacts occur and which dimensions of participating in a stand-up comedy workshop series have an impact on eating disorder recovery (for specific people in specific circumstances).

### Background

There have been calls for greater consideration toward alternative forms of therapeutic provision for people experiencing mental health difficulties (Ostermann *et al.*, 2019; Turgon *et al.*, 2019), including interventions to aid the adjustment from higher to lower levels of care (Davidson 2016). In particular, there is growing evidence that arts approaches are beneficial for recovery from EDs, including creative and expressive art therapies, drama therapy, poetry therapy, as well as non-therapy creative interventions including visual art (e.g. painting, drawings, collage, modelling, clay work) and music (e.g. listening, improvising, recreating, songwriting) (Smriti *et al.*, 2022; Testa *et al.*, 2022; Ramsey-Wade and Devine, 2018; Wood and Schneider, 2015; Wood 2015; Hershifelt 2015). Specifically, performance-based approaches developed by drama therapists (i.e., “therapeutic theatre”) have shown promising results to support the independent recovery of individuals in post-intensive treatment from EDs (Wood & Mowers, 2019).

The benefits of arts interventions for eating disorder recovery are best understood from within a personal recovery (PR) framework (Bucharová *et al.*, 2020). As opposed to clinically-based recovery (e.g., the absence of symptoms), PR recognises recovery as a journey towards a greater quality of life, achieved through adaptation and thriving despite mental ill health or ongoing symptoms (Repper and Perkins, 2003; Davidson *et al.*, 2005; Leamy *et al.*, 2011). Despite a lack of definitional cohesion and consensus in the field of ED recovery (Bardone-Cone *et al.*, 2018), there is evidence that patient perspectives on recovery align with this PR conceptualisation (Bohrer *et al.*, 2020; Pettersen and Rosenvinge, 2002) – even if only few studies currently apply PR constructs to EDs (Dawson *et al.*, 2014; Noordenbos, 2011; Piot *et al.*, 2020). The CHIME framework of PR identifies five components of effective recovery-oriented services and interventions, i.e., Connectedness, Hope, Identity, Meaning and Empowerment (Leamy *et al.*, 2011). These components are prevalent across the research literature (van Weeghel *et al.*, 2019), including with eating disorder populations (Wetzler *et al.*, 2020).

A recent review established that the CHIME framework usefully frames the potential benefits of comedy interventions for mental health recovery – although, notably, no existing interventions contributed to Meaning (Kafle *et al.*, 2023). However, although there has been much research activity around comedy and mental health, not many studies empirically evaluate interventions and even fewer elucidate which mechanics of comedy interventions stand to contribute to mental health outcomes (Kafle *et al.*, 2023, Fischer *et al.* 2021).. In line with the Medical Research Council guidance on evaluation and development of complex interventions, research should clarify which specific components of interventions have an impact on mental health (for specific people, in specific circumstances), rather than focus solely on whether interventions are effective (Skivington *et al.*, 2021).

Unpacking the components of change is particularly important for comedy interventions. For one, there are different types of comedy intervention, ranging from performing (e.g. stand-up comedy workshops) to spectating (e.g. watching comedy films) (Kafle *et al.*, 2023). Moreover, although the folk belief that “laughter is the best medicine” endures, not all humour uses in everyday life are adaptative, e.g. self-defeating humour (Kuiper *et al.* 2004). Laughter is also not a necessary response to humour or comedy (Kafle *et al.*, 2023). Much like everyday humour uses, comedy interventions are multifaceted and include social, emotional, cognitive, and physical dimensions which could impact on recovery (Martin 2004). This study therefore not only sets out to establish if stand-up comedy workshops impact on eating disorder recovery, but also which core mechanisms support PR for participants.

## Methodology

### *Intervention*

This study evaluated a stand-up comedy course for eating disorder recovery, i.e. Comedy for Coping (C4C). The course was created, developed, and delivered by a stand-up comedian with lived experience of an eating disorder [Author E]. The workshop took place online (over Zoom) to minimize access barriers (e.g. geographic location, reduced mobility, caring responsibilities, etc.) and accommodate Covid-19 restrictions. Workshop sessions ran for one hour, once a week, for six weeks (with a break of one week in the middle). The workshops train participants to deliver a stand-up comedy set to each other by the end of the series. Weekly sessions introduce key skills and understanding around attitude, stage presence, joke and set writing, and performance. In a typical week, participants would learn about comedy theory and participate in practical exercises. After the course was completed, participants received a weekly newsletter for 12 weeks on how to incorporate comedy into ongoing recovery.

The C4C workshops are a type of participatory arts-based (PAB) activity, i.e., an activity which is structured around participatory involvement in creative processes to support mental well-being (Williams et al., 2023). As a PAB activity, C4C is developed and delivered by an artist/arts practitioner – i.e., a stand-up comedian – not a trained mental health professional – e.g., a therapist or counsellor (O’Donnell et al., 2022). Hence, this intervention is distinct from Creative Arts Therapies (CATs), such as drama therapy (Kalmanowitz et al., 2019). While a drama therapist has received clinical training which enables them to adopt a dual role of group facilitator and primary therapist (Wood, 2015), the role of facilitator in C4C is to train participants to perform stand-up comedy, while sharing perspectives of their own lived experience with anorexia. So, while a PAB activity like C4C can have ‘therapeutic’ outcomes for participants, it is not (framed as) ‘therapy’ (Williams et al., 2023; Pavarini et al., 2021).

### *Participants*

The inclusion criteria for participation were people who self-reported experience of an ED, fluent in English and over 18 years old. People who were currently attending inpatient or day patient treatment were excluded, because the workshops are designed to support people in recovery (not in crisis). Participants were recruited using purposive sampling via eating disorder charity networks and media promotion, including social media posts and coverage in national and local radio, TV, and print press.

48 individuals contacted the research team to participate in the study, after which recruitment was stopped, as this study was conceived as a pilot to test the feasibility of the intervention (and funding was only sought to run and evaluate one workshop). Ten participants (n=10) were accepted and attended the course. Selection was based on availability and anonymized screening to ensure diversity in terms of gender, age, ethnicity, diagnosis, and geographical location. All participants identified as in recovery for a variety of EDs. Four people had Anorexia (restrictive); one person had Anorexia (binge-purge); one person had AFRID; two people had binge-eating disorder; and two people had Bulimia. Ages ranged from 25-46 (median age: 29), and the majority (n=9) identified as White, with one participant identifying as British Asian. The majority identified as female (n=8) and two identified as male; one participant identified as transgender.

### *Methods*

We used a qualitative, multi-method and longitudinal research design to address three overarching research questions:

Q1. Is stand-up comedy feasible and acceptable as an intervention for a pilot group of people in recovery from an eating disorder?

Q2. Can participating in a stand-up comedy course positively impact eating disorder recovery (for a pilot group)?

Q3. Which dimensions of participating in a stand-up comedy workshop series have an impact on eating disorder recovery (for specific people in specific circumstances)?

Semi-structured interviews were conducted online in advance of the workshops, immediately after completion of the course, and three months later. Participants were also asked to submit weekly reflective written diaries, to voice their subjective and lived “reality” of recovery experience after each session. Through this approach, we could understand participants’ expectations before the study, experiences during the workshops and impact after completing the course. Informed consent to share anonymized research findings was established in writing for each separate stage of this data collection process and ethical approval was granted by [REDACTED].

We conducted a framework analysis (Ritchie and Lewis, 2003) informed by the CHIME framework of personal recovery (Leamy *et al.*, 2011). Our coding framework employed the five dimensions of CHIME to record expectations and experiences of the intervention, i.e. 1) Connectedness; 2) Hope; 3) Identity; 4) Meaning in Life; 5) Empowerment. The C4C course was designed by [Author E] in advance of the study. An initial round of coding by [Author A] established that many of C4C’s core components organically pursued outcomes which mapped onto the CHIME framework. Some minor fine-tuning followed to incorporate feedback from [Author C], who had lived experience and had participated in an earlier delivery of the workshops. [Authors C and G] led the semi-structured interviews, which included questions framed around CHIME components. [Authors B, C and D] conducted double coding of interview transcripts under supervision of [Authors A and G]. [Author F] advised on frameworks of personal recovery.

## Results

Participants reported a good level of acceptability for stand-up comedy workshops to support ED recovery (irrespective of specific ED diagnosis) which demonstrates the feasibility of the intervention for this pilot group. The attendance rate showed promising results, while the themes that emerged from the interviews and reflective diaries evidence recovery outcomes which map across the five elements of the CHIME framework.

### *Attendance*

Overall attendance for the course was 83% (see Table I). The first three weeks had 100% attendance. Six participants attended all six workshops. Two participants dropped out of the course overall; one due to health reasons, while another due to work related issues. Reasons for occasional non-attendance from other participants included internet connectivity issues, covid-19 and scheduling challenges for childcare and work events. These results present a comparatively high rate of adherence to the intervention given the established challenges of engagement with ED programmes

and research (Muir et al., 2017; Leavey et al., 2011; Williams et al., 2010), which demonstrates the feasibility and acceptability of this pilot. [INSERT Table I: *Participant attendance by week* HERE]

### *Connectedness*

Living with an ED makes it particularly challenging to connect with others. As one participant put it, “[e]ating disorders are very isolating illnesses, and I think it’s very common to feel like you’re the only person feeling a certain way [...]. [A] huge part of this sort of disconnect is declining invitations to things to listen to your eating disorder” (Participant 1, pre-course interview). One participant shared, “My instinct is always to be alone, but I’d like to be more sociable” (Participant 5, pre-course interview). For another participant, talking to the interviewer before the course was the first time they openly talked to someone else with lived experience: “I guess you’re the first person I’ve spoken to who’s got an eating disorder?” (Participant 4, pre-course interview).

Clearly, perceived stigma inhibited connectedness, especially for people living with “unseen” EDs. One participant stated that he had “not ever spoken to anyone else before about binge eating disorder” (Participant 6, pre-course interview). As a man, this participant felt that gendered stereotypes around EDs created an additional layer of inhibition: “I’ve got a friend, who had bulimia and he always talks about it, and so that was my first and only experience of another bloke talking about their eating disorder” (Participant 6, pre-course interview).

Several participants wanted to participate in the course to connect to other people living with an ED. Already from the first session onward, doing stand-up comedy tasks together created a sense of connectedness: “[a]lthough, really, we were just a group of strangers with eating disorders talking to one another on the internet, the task brought us together in a way I’d never expected [...] it really did feel as though we were all in it together” (Participant 1, reflective diary, week 1). As the course progressed, one participant who previously expressed a preference to be alone wrote that she “enjoyed being with people who had the same weird thought processes as me and being together in a supportive way was helping” (participant 5, reflective diary, week 3).

This sense of connectedness endured upon completion of the course and was an important learning outcome for some participants: “I think if I learned anything, it’s that actually maybe I need to be in the company sometimes with other people who have eating disorders” (Participant 7, post-course interview). Other participants echoed this feeling, adding that “what I got out of it the most was the sense of community [...] By the end of the sessions, we were all really good friends” (Participant 8, post-course interview). Moreover, it became clear that this sense of enduring connectedness was key to an improved sense of recovery for this participant:

“It feels like it’s related. [...] I think being in a space with other people with eating disorders [...] because I know like two or three friends off the top of my head [made during the course]. [...] I’m not sure how it helped but it clearly has because I’m a healthier weight and all round healthier in general. So it must have done (Participant 8, three-months interview).

One reason why participants felt able to connect to other people living with EDs during the course was, paradoxically, that ED recovery was not the focus of the activity. As one participant put it, “I loved being in a self-help group that wasn’t talking about eating disorders” (Participant 6, post-course interview). Likewise, for another participant, “[i]t felt very much just doing a stand-up course, with a bunch of people who also had eating disorders, as opposed to, like, focused on the eating disorder

side of things and it was actually quite nice in a way” (Participant 2, post-course interview). She specifically valued

“that movement [away] from the kind of rigidity [...] how recovery is approached from an NHS perspective, or, certainly within the trust I was in most recently, and it’s very, almost feeds into eating disorders, because it’s very tick box. And, you know, my eating disorder loves the tick box” (Participant 2, post-course interview).

In this respect, some participants felt the course overcame challenges of traditional group approaches to ED recovery. One participant had previously experienced group therapy for anorexia as “kind of toxic for me [...] I just kind of kept thinking I have to be the thinnest, the most unwell” (Participant 3, pre-course interview). Another participant similarly explained, “I’ve done group support stuff before, [but] I never really gelled with it [...] it felt almost like just comparing notes rather than in any way talking about, like, getting better” (Participant 7, post-course interview). By contrast, by taking part in the course, “what I really liked was knowing everybody was experiencing similar difficulties [...] it made me feel better about the shame I feel. It was such a relief, to be in an environment where, everyone knew I had an eating disorder, and no one was asking me if I got better that day” (Participant 7, post-course). This sense of “comradship” and the fact that “no one had any expectations that somebody would turn up one week and say, by the way, I’m completely recovered” helped to foster connectedness (Participant 7, three-months interview).

The focus away from overcoming illness also helped participants to talk more readily to friends, family, and acquaintances about the taboo topic of EDs. One participant explained that “sometimes I can kind of feel a bit like I don’t know what to start with talking about stuff that’s actually going on with me but I think [the course] certainly gave me something to talk about with people, which is quite nice” (Participant 2, post-course interview). This participant framed comedy as a tool to make an otherwise difficult topic easier to broach, as “[i]t’s easier to say to someone, I’m doing this stand-up thing, which is looking at recovery from eating disorders than it is to say, I’m doing CBT again, or I’m doing Mantra, or I’m seeing my dietician this morning” (Participant 2, post-course interview).

Similarly, another participant explained that “[s]ince doing [the course], everybody around me has learned that it’s okay to laugh with me about that sort of thing [...]. I feel a bit better talking about that sort of serious stuff now” (Participant 8, post-course). Comedy served to foster such increased connectedness in the most intimate relationships as well. One participant shared that “I would never ever talk about my eating disorder ever with [my husband], he knows, but we never talked about it. And it just made it a bit more normal” (Participant 7, three-months interview). As the course progressed, “I think we learned stuff about each other, which was really nice – we’ve been married for 11 years!” (Participant 7, three-months interview).

### *Hope and optimism*

Participating in the comedy course brought a sense of light-heartedness and fun to recovery. As one participant explained,

“[t]he course helped in how I could [...] make quite a dark subject matter lighter [...] [and] think about things differently and explore the subject matter [mental ill health] in a safe and



sort of controlled way. [...] Actually just reframing things, it made the effect of them feel less negative” (Participant 6, post-course interview).

Another participant agreed that you can “use comedy in a way that makes something quite difficult, distressing, or hard to understand, more manageable” and “you can just switch and find a positive in any situation even if it’s a really silly thing” (Participant 1, post-course interview). Someone else added, “I’ve just learned to be a little less serious when speaking about my mental health, which I guess is a coping mechanism” (Participant 8, post-course interview).

For one participant, continuing to perform stand-up comedy became essential to her recovery journey, as she explained that “[w]hen things do go to shit I have started saying to myself, no, there’s gotta be some stand up material in this somewhere, which is a nicer way of thinking about the whole world exploding around me” (Participant 2, post-course interview). Another participant, who did not continue to perform stand-up, had nonetheless started using a similar coping strategy. When something went awry, she now imagined that “if I was doing stand-up, this would be hilarious!” (Participant 7, three-months interview). Although this participant acknowledged that “my eating disorder is an annoying part of my life that I wish I could not have”, she countered that “I can recognise that the position I’m in now is brilliant” (Participant 7, three-months interview).

Apart from learning how to make light of otherwise distressing situations, participants also highlighted the influence of the course lead as a positive role model. The course lead’s experience with recovery from anorexia were central to the development and delivery of the course – and resonated with participants. As one person said, “Having it delivered by somebody who openly will say that they’ve been there is and is no longer in that place is, yeah, that gave me a lot of hope” (Participant 2, post-course interview). Others similarly shared that “it’s given me motivation, [the course lead] has done it, so I can do it too [...] he gave me the confidence to get stuck in and try stuff” (Participant 6, post-course interview). Someone else added that the course lead “was able to be vulnerable, and funny and instantly put everybody at ease” (Participant 7, three-months interview).

### *Identity*

For several participants, the course offered a space where they could “be themselves” – and reclaim parts of their identity which otherwise felt “lost” to the ED. One participant shared,

“I felt comfortable enough to let go of everything that had been weighing me down, and really be myself [...] it’s only when you do something that reignites that part of you that you realise it’s been missing. [...] that’s the part that gets squashed by my eating disorder” (Participant 1, post-course interview).

To another participant, finding new topics for comedy became an invitation to look “at the multifaceted nature of yourself as an individual” (Participant 2, post-course interview). Similarly, another participant explained that “we never laboured on our eating disorders [in the course]. What we laboured on was our personalities” (Participant 7, post-course interview). Several months after the course ended, this participant still affirmed that “I have a more solid sense of my identity now. (...) [I]f you asked me to write a list of all the things that make me ‘me’, I don’t think I’d even put my eating disorder on it. Because it wouldn’t occur to me” (Participant 7, three-months course interview).

Another important identity process involved developing greater self-acceptance through light-heartedness. Living with an ED typically undermines self-worth: “the anxiety of it [ED] ties into the perfectionism. What if I’m not good enough, and that’s always something I hear in the back of my head” (Participant 3, pre-course interview). One participant explained that participating in the course “definitely helped me be a little bit more playful. And to learn to let go of the idea that everything has to be perfect and planned” (Participant 1, post-course interview). She later expanded that “I am my own biggest bully [...] [And I feel better when I] get in touch with like a different part of myself, that can be a bit more spontaneous and can be like more light-hearted [...] and that’s something that I’ve tried to hold on to [after the course ended]” (Participant 1, three-months interview).

Another participant related how she previously stopped engaging with creative activity because “it requires a lot of confidence that eating disorders kind of take from you. But then also, I was like, well, I’m never going to be the best at it [...] the more the perfectionistic side came in” (Participant 2, three-months interview). By contrast, the course “was such a non-judgmental environment. It allowed me to kind of try something without the pressure to be good at it” (Participant 2, three-months interview). Somebody else similarly explained that “I’m slowly starting to accept that I’m ok. And this course has been part of that, that I’m ok” (Participant 7, post-course interview). She expanded that by feeling kindness toward others on the course, “there’s definitely been a shift in my attitude towards myself, [I feel] bit more relaxed with myself, a bit kinder” (Participant 7, post-course interview).

### *Meaning in life*

Participating in the weekly sessions became a meaningful activity for participants. One participant explained that “it was time every Wednesday to think about what I liked doing, and doing something I can practice and be good at” (Participant 6, post-course interview). Engaging in an enjoyable and meaningful activity also created distance from the ED: “it’s comedy, it’s doing something that’s good for me. I’m not thinking about food and eating” (Participant 6, post-course interview). Another participant similarly enjoyed “a bit of time in the week where [...] I knew that I was going to have a bit of a laugh, and everything was going to be quite light-hearted” (Participant 8, post-course interview). This person valued the course as “something to look forward to in the week and [...] that was a routine [that] really helped” (Participant 8, post-course interview).

For others, attending the course served as a mood booster which positively impacted their engagement with recovery. One participant explained that the course “boosted my spirits, which, again, mood and eating disorders are so intertwined, so when I was having a down day, that makes it harder to kind of engage in my meal plan, etc. But like having my mood lifted, generally, like, makes everything a bit easier” (Participant 2, post-course interview). Crucially, the link between learning stand-up comedy skills and an improved sense of recovery was often indirect: “it was never even like, if you make your husband laugh today, you’re less likely to eat three packets of biscuits. [...] We were trying to find humour in strange places and funny places. And I enjoyed that a lot” (Participant 7, three-months interview).

Allowing a sense of fun and light-heartedness into the recovery space also contributed to normalizing and accepting living with an ED. As one participant put it, “[e]ating disorder recovery is not fun. In the same way as having any disorder is not fun and it made something that is really shitty and hard and horrible and feels really lonely, it made it a bit fun” (Participant 1, three-months interview). Another participant explained how they became able to accept the ED as part of their life, by not seeing it as

defining their identity: “the fact that I’m not allowing at the moment for my eating disorder to be like the primary thing in my life, I feel so much more accepting of it (Participant 7, three-months interview). This process of acceptance was closely linked to a sense of connectedness and rebuilding a positive identity as part of the course. This participant clarified that “the group context definitely helped with the normalisation of we’re all here for similar reasons and no one is weird [...] I don’t feel like some sort of alien anymore [...] I don’t feel broken anymore” (Participant 7, 3-months interview).

Through participating in the course, some participants were also able to identify meaningful social goals and roles. Someone explained that “I’d really like to write a book [...] and I’ve learned so much from [the course lead], that sort of humour side of it, I can now actually employ and weave that into my work. And it’s given me motivation” (Participant 6, post-course interview). Somebody else stayed in the habit of “doing it [stand-up comedy] quite regularly. In fact, I’ve just got my first paid booking” (Participant 2, post-course interview). This participant also explained that “[i]t has done me a lot of good to engage with a hobby [...] it really fits into the work I’m doing with my therapist who has said ‘you need to go and find something that, during this really hard time you’re having, is just fun’” (Participant 2, post-course interview). For this participant, the meaningfulness of performing stand-up comedy became a clear motivation for recovery: “I’m aware, if I go back into fully eating disorder mode, I won’t be able to do it [stand-up comedy]” (Participant 2, three-months interview).

### *Empowerment*

For many participants, taking part in – and successfully completing – the course was an empowering act of positive risk-taking. One person felt “so proud that I actually committed to something because normally, when it comes to anything relating to my issues, I’ve failed, I found fault or [...] couldn’t be bothered. But I am very proud that I continued and that I completed [the course]” (Participant 5, post-course interview). Another participant felt that “we were pushed out of our comfort zones in certain situations. And I realised that I could do that. And it was okay. And after I’d done it, I felt good” (Participant 1, post-course).

The success of participating in the course also impacted on other areas of life. One participant, who has a stutter, explained that “the main thing it helped me with was confidence, like speaking in front of people that I didn’t know” (Participant 8, post-course interview). For somebody else, participating in the course was also among the activities that helped build greater confidence around public speaking, including speaking up in front of senior colleagues at work. This person had recently been promoted and felt that “a lot of that has to do with my confidence” (Participant 7, three-months interview). For somebody else, the reassuring experience on the course have “given me the confidence to go and do other activities [...] [Whereas otherwise] I might as well go into the sort of bubble because I’m not enjoying anything, I’ve got nothing to look forward to, life’s crap” (Participant 2, 3-months interview).

Committing to the course further enabled participants to secure a sense of personal responsibility for their own recovery. Some participants experienced a clear difference between voluntary participation in the course and prescribed therapy: “I wanted to do it [the course]. I was doing it for myself, like it wasn’t like work. It wasn’t like for money. It wasn’t because someone else was telling me to. It wasn’t like NHS therapy that they were forcing me into” (Participant 1, three-months interview). This level of agency stimulated a sense of responsibility to commit to recovery – even on difficult days. This participant explained that “I wasn’t just showing up for other people, or out of a sense of obligation –

I was doing it for myself. Which, I suppose, is what recovering from an eating disorder (or any mental illness) is all about” (Participant 1, three-months interview). Another participant similarly said, “I made a commitment and I wanted to stick to it” (Participant 7, three-months interview).

This sense of commitment carried through to activities beyond the course. One participant explained that continuing to perform stand-up comedy has “given me something to kind of keep myself motivated with in a way that previously I might have just, you know, kind of hidden myself away and gone back into a bit of a pit” (Participant 2, three-months interview). She expanded that “I’ve actually started using my calendar as my like main way to kind of pull through. [...] I write all my bookings on there for gigs and open mic nights I’m doing” (Participant 2, 3-months interview). Another participant similarly expressed a renewed sense of personal responsibility, stating “[I’m] actually doing uni work for once” (Participant 8, three-months interview).

## Discussion

This study demonstrates the feasibility of running a stand-up comedy workshop as an intervention to support ED recovery for a pilot group. Overall, participants reported that participating in a stand-up comedy course positively contributed toward recovery, irrespective of their ED diagnosis. The course was also highly acceptable among participants who felt they did not fit the ‘traditional eating disorders image’, including people who were not female or suffering from anorexia. The experiences of participants map across the entire CHIME framework of personal recovery, as is evidenced through interviews taken before, just after, and three months after the course, alongside reflective diaries written during the course.

Connectedness was perhaps the most significant recovery outcome among the cohort. Participants typically experienced EDs as a particularly isolating illness, which carried lots of stigma, and made it difficult to connect to others. Participating in the course created an opportunity to connect to other people living with an ED. Crucially, the course facilitated such connectedness more readily exactly because ED recovery was not the focus of the activities. Many participants highlighted the absence of specific expectations for recovery as a useful counterpoint to traditional forms of peer support. In this respect, compared to traditional clinical/therapeutic approaches, participatory arts-based (PAB) activities can serve as “alternative therapeutic social space[s]” (Williams *et al.* 2023, 26). The arts-based approach to the course further served to diminish the stigma around EDs and recovery (see Pavarini *et al.*, 2023 ,4), making it easier for participants to also connect to people outside the course.

Although some participants would have preferred face-to-face meetings to further foster social connectedness, the online delivery of the workshops was not a major concern in the cohort. Those participants who did express a desire for face-to-face interaction were typically also quick to acknowledge that online delivery made the course more accessible to people across the UK and easier to fit around busy schedules (including one participant who could still join the course when she had to travel abroad for work). The online setting was therefore acceptable to this pilot cohort. These results further support previous findings of positive outcomes from integrating online approaches in interventions for ED recovery (Bronwyn *et al.*, 2021) and evidence of comparable results to in-person services, where outcomes are often mixed as well (Samara *et al.*, 2023; Gorrell *et al.*, 2022; Mahon & Seekis, 2022; The British Psychological Society & The Royal College of Psychiatrists, 2014). Furthermore, research emerging from the move to remote interventions due to the Covid-19 pandemic has noted that service user choice remains the priority in such decisions to utilise remote

technologies (Schlief, Saunders, et al., 2022). Online delivery is typically also more economical – in this case, eliminating further costs like renting a space or reimbursing travel for the facilitator – which further contributes to the feasibility of the intervention.

The nurturing social dimension of C4C is not unique to stand-up comedy workshops, but a characteristic of PAB activities or other group approaches more broadly. Nevertheless, some positive outcomes were more closely tied to the uniqueness of comedy. For one, comedy is light-hearted, fun and not serious – which is not to say that comedy cannot address serious topics (like EDs or recovery), but it typically deflates some of the ‘heaviness’ in the process (Lefcourt 2001). During the workshops, participants learned to make light of situations and to reframe otherwise distressing situations as something funny (see Kuiper *et al.* 1993) – which contributed to hope and optimism as a recovery outcome. In this process, recovery became associated with the joy of stand-up comedy, which also helped to normalize EDs and recovery. Equally, the course lead’s own lived experiences using comedy to support recovery provided participants with a positive role model.

Comedy also proved to be a fertile vehicle for identity work, inviting participants to tap into aspects of themselves beyond their EDs. Many participants also explained how the trial-and-error process of writing comedy, alongside the light-hearted nature of the activity, helped them to overcome issues around unhealthy perfectionism (which they experienced as intertwined with their ED) (see Stackpole *et al.* 2023). These results confirm findings from performance-based approaches in drama therapy which show that playful activities with improvisational qualities can challenge psychological rigidity and increase mental flexibility for people living with EDs (Wood 2015; Wood and Schneider).

Participating in the stand-up comedy course contributed to meaning in life for participants. Feeling amusement is a positive emotional state, which helps to regulate mood (Robinson and Knobloch-Westerwick). Attending the workshops and seeking out amusement as moments of respite created some distance from living with an ED for participants, which supports long-term coping (Folkman 2008). In this respect, the way participants used engagement with comedy as an aesthetic activity to introduce distance from worries is more akin to distancing as a coping strategy than therapeutic processes of aesthetic distance in interventions like drama therapy, which involve a process of titrating feeling and cognition to deal with emotions or expand viewpoints (Frydman *et al.*, 2022, 8; Wood *et al.*, 2022).

The course also contributed to empowerment by pushing participants outside of their comfort zone and thus promoted positive risk taking (similar to performance-based approaches in drama therapy (Wood 2015)). Sticking to the course also required commitment, which cultivated a sense of achievement and personal responsibility that carried through to other areas of life, including recovery. Some participants identified new goals and roles through the course, which became reasons to stay committed to recovery. These results offer further support for the arts in general as fertile ground for “bolt-on” post-treatment interventions that are less coercive, clinical, and demanding – and frame recovery as ‘giving something back’ rather than ‘taking the eating disorder away’ (see Bucharová *et al.*, 2020).

Currently, only few studies apply constructs of personal recovery (PR) to EDs (Dawson *et al.*, 2014; Piot *et al.*, 2020). These results provide further evidence that PR frameworks like CHIME are highly relevant to framing ED recovery. This study also goes beyond previous studies by demonstrating that comedy interventions can have positive outcomes across the entire CHIME framework of recovery,

including meaning in life (Kafle *et al.*, 2023). As per user-led definitions of recovery, the social dimension of the workshops was an important catalyst for the recovery outcomes in this study (Bohrer *et al.*, 2020; Richmond *et al.*, 2020). The agency to engage in positive social activity is salient and central to personal recovery definitions, as this journey requires positive subjective experiences of internal transformation (e.g., hope, meaning, healing, empowerment, and connection to other people) alongside positive external conditions (e.g., recovery-oriented services, positive environments of healing, and human rights agenda) (Wetzler *et al.*, 2020; Andresen *et al.*, 2003; Reisner, 2005). Furthermore, some participants also reported elements of clinical recovery such as weight gain and improvements in quality of life being. Thus, these findings replicate the growing evidence that personal recovery and clinical recovery can be mutually facilitatory (Dubreucq *et al.*, 2022). In this respect, the stand-up comedy course was designed to complement, not to replace, traditional therapies and clinical approaches.

It also important to distinguish PAB activities like C4C from psychotherapy, even though participants experience therapeutic benefits and there is overlap between some process in the stand-up comedy workshops and drama therapy interventions (see Wood 2015; Wood & Schneider 2015; Wood & Mowers 2019). For example, C4C participants engaged in “dramatic play”, a process of co-created, imaginative and spontaneous improvisation – which also established a “multi-dimensional” relationship of mutual and dynamic influence between the facilitator and participants (Frydman *et al.* 2022, 8). Nevertheless, the primary aim of C4C is to teach people how to perform stand-up comedy, because these skills stand to be indirectly beneficial to recovery. By contrast, drama therapy interventions are clinical modalities which are more directly focused on therapeutic goals (Johnson & Emunah, 2021). For example, while participants to a drama-therapy based intervention like the Co-Active Theater Model structure a performance around a theme in their recovery, many activities in the C4C workshops are not explicitly framed around recovery or EDs (Wood, L.L, & Mowers, D. (2019).

Accordingly, the expectations about what PAB activities like the C4C workshops can achieve need to be appropriately managed. There was one participant who felt disappointed because the course did not ‘cure’ her ED – and for whom participating felt like a last-ditch attempt after decades of trying other avenues. These mistaken expectations also had a destabilizing impact during the workshops, as this participant occasionally shared triggering comments around food or weight, and sometimes also undermined the positive experience of other participants. The course group generally managed this disruption well and participants acknowledged the important role of the course lead in handling this situation. Clearly, additional screening prior to the course is important to ensure participants start with the right expectations. Moreover, although facilitators of PAB activities are typically not mental health professionals, courses like C4C need to be facilitated by people who have the necessary expertise, training and/or lived experience to practice ethically, e.g., to understand and successfully navigate the nuance of behaviours and cognitions that may be triggering and risky (see Pavarini *et al.* 2021, 8).

### Limitations

As a pilot, there are clear limitations to this study. Most obviously, our findings cannot be generalised beyond the studied sample, as the group of participants was small and our qualitative methodology does not aim for sample representativeness. The present study therefore limits itself to findings about this specific pilot group, but nonetheless justifies further research into the potential benefits of stand-up comedy as an intervention to support ED recovery for larger groups of people. Although our study

recruited about three times as many participants, there were no resources to run additional workshop series. Follow-up studies with larger cohorts, and, ideally, control groups, are required to investigate if the results of this study can be reiterated at scale – and to quantitatively analyse the impact of participating in stand-up comedy workshops as opposed to other forms of recovery activity. It would also be interesting to compare the experiences and outcomes of participants in online vs. face-to-face settings – to examine if the extra cost of resourcing the latter would be outweighed by additional benefits.

This study introduced comparisons between PAB activities like C4C and creative arts therapies – but this topic merits further investigation. Although it is important to distinguish performance-based approaches like drama therapy which occur in a clinical or formal therapeutic setting from more informal interventions like C4C, this study signals interesting areas of overlap. In this respect, PAB practitioners and creative arts therapists stand to learn from each other's practices. At the same time, we need to develop a greater understanding of how these approaches can complement each other. For example, arts-based approaches which are not therapy may be less stigmatizing for some people and thus facilitate engagement of hard-to-reach groups. They may also serve as an entry point to drama therapy for people who engage well with performance-based approaches and want to pursue further recovery work in a more formal therapeutic setting. Yet, unpacking the potential complementarity of PAB and CAT approaches is a much larger topic, beyond the scope of the current investigation.

The study also did not engage in market research to test whether a wider audience of people with EDs would engage with stand-up comedy as part of their recovery journeys. Media coverage and the social media network of the workshop lead were significant contributors to recruitment. To test the C4C intervention at scale, future studies would need to develop strategies to reach a wider audience. In this respect, although participants had a variety of EDs, the cohort was predominately white and female. It is clear that a more developed recruitment strategy is required to reach a more diverse audience in terms of ethnicity and gender.

Although the study demonstrated a good acceptability of the intervention up to three months after the course finished, there were no resources for additional follow-ups or to facilitate ongoing opportunities for the group to continue performing comedy together. Participants did express they wanted individual sessions or the overall course to be longer, which strengthens the acceptability, but introduces logistical challenges. Upon completion, the course lead did send a weekly newsletter around for 12 weeks, including during the Christmas holiday period, which some participants said they appreciated. However, this type of add-on does not in itself recreate the interactivity of the course. As more iterations of the course run, it could be possible to sustain a participant-led network of alumni. In any case, the challenge of "aftercare" is important for future studies to consider.

## Conclusion

Overall, this study highlights that innovative approaches like stand-up comedy workshops can positively support personal recovery for people with EDs. Participants reported positive outcomes across the CHIME framework of personal recovery, which was demonstrated as applicable to the experience of people recovering from an ED. Comedy's light-heartedness enabled participants to find some light in the darkness of recovering from an ED. Clearly, innovative and personal recovery-oriented interventions which approach ED recovery holistically have the potential to complement

clinical recovery. Such innovative approaches can provide additional options for individuals finishing treatment, not meeting clinical thresholds, or for those who have limited options in traditional treatment models, e.g., people living with binge eating disorder. No doubt, as this is only a pilot, further testing is required – but, at the very least, this study proves that further testing is worthwhile and important.

## References

- Andresen, R., Oades, L. and Caputi, P. (2003), “The experience of recovery from schizophrenia: towards an empirically validated stage model”, *Australian & New Zealand Journal of Psychiatry*, Vol. 37 No. 5, pp.586-594. doi: 10.1046/j.1440-1614.2003.01234.x
- Bardone-Cone, A.M., Hunt, R.A, and Watson, H.J. (2018), “An overview of conceptualizations of eating disorder recovery, recent findings, and future directions”, *Current Psychiatry Reports*, Vol. 20 No. 9:79. doi: 10.1007/s11920-018-0932-9.
- Bohrer, B.K., Foye, U. and Jewell, T. (2020), “Recovery as a process: exploring definitions of recovery in the context of eating-disorder-related social media forums”, *International Journal of Eating Disorders*, Vol. 53 No. 8, pp.1219-1223. doi: 10.1002/eat.23218
- Bronwyn, R. C., Erceg-Hurn, D. M., Hill, J., Campbell, B. N. C. and McEvoy, P. M. (2021), “Positive outcomes from integrating telehealth into routine clinical practice for eating disorders during COVID-19”, *International Journal of Eating Disorders*, Vol. 54, No. 9, pp. 1689-1695. doi: 10.1002/eat.23574.
- Bucharová, M., Malá, A., Kantor, J. and Svobodová, Z. (2020), “Arts therapies interventions and their outcomes in the treatment of eating disorders: scoping review protocol”, *Behavioural Sciences*, Vol. No. 12. doi: 10.3390/bs10120188.
- Davidson, L., Lawless, M.S. and Leary, F. (2005), “Concepts of recovery: competing or complementary?”, *Current Opinion in Psychiatry*, Vol. 18 No. 6, pp.664-7. doi: 10.1097/01.yco.0000184418.29082.0e
- Davidson, L. (2016), “The recovery movement: implications for mental health care and enabling people to participate fully in life”, *Health Affairs*, Vol. 35 No. 6, pp. 1091–97. doi: 10.1377/hlthaff.2016.0153
- Dawson, L., Rhodes, P. and Touyz, S. (2014), “‘Doing the impossible’: the process of recovery from chronic anorexia nervosa”, *Qualitative Health Research*, Vol. 24 No. 4, pp. 494-505. doi: 10.1177/1049732314524029
- Dubreucq, M., Lysaker, P.H. and Dubreucq, J. (2023), “A qualitative exploration of stakeholders' perspectives on the experiences, challenges, and needs of persons with serious mental illness as they consider finding a partner or becoming parent”, *Frontiers in Psychiatry*, Vol. 13. doi: 10.3389/fpsy.2022.1066309
- Fischer, F., Peifer C. and Scheel T. (2021), “Cross-disciplinary perspectives on the relationship between humor and health: theoretical foundations, empirical evidence and implications”, *Frontiers in Public Health*, Vol. 9. doi: 10.3389/fpubh.2021.774353
- Folkman, S. (2008), “The case for positive emotions in the stress process”, *Anxiety, Stress, and Coping*, Vol. 21 No. 1, pp.3-14. doi: 10.1080/10615800701740457
- Frydman, J. S., Cook, A., Rowe, C., Armstrong, C., & Kern, C. (2022), “The drama therapy core processes: a Delphi study establishing a North American perspective”, *The Arts in Psychotherapy*, Vol. 80, No. 9. doi: 10.1016/j.aip.2022.101939
- Gorrell, S., Reilly, E. E., Broscof, L. and Le Grange, D. (2022), “Use of telehealth in the management of adolescent eating disorders: patient perspectives and future directions suggested from the COVID-



- 19 pandemic," *Adolescent Health, Medicine and Therapeutics*, Vol 13, pp. 45-53. doi: 10.2147/AHMT.S334977
- Hershifelt, A. (Ed.), (2015), *Creative Arts Therapies and Clients with Eating Disorders Eating Disorders*. Jessica Kingsley Publishers, London, England.
- Hudson, J.I., Hiripi, E., Pope, H.G. Jr. and Kessler, R.C. (2007), "The prevalence and correlates of eating disorders in the National Comorbidity Survey Replication", *Biological Psychiatry Journal*, Vol. 61 No. 3, pp.348-58. 10.1016/j.biopsych.2006.03.040
- Jacobson, N. and Greenley, D. (2001), "What is recovery? A conceptual model and explication", *Psychiatric Services*, Vol. 52 No. 4, pp.482-5. doi: 10.1176/appi.ps.52.4.482
- Johnson, D. R., & Emunah, E. (Eds.). (2021). *Current Approaches in Drama Therapy* (3rd ed.). Springfield, IL :Charles C. Thomas.
- Nagata, J.M. and Murray, S.B. (2021), "Updates in the treatment of eating disorders in 2020", *Eating Disorders* Vol. 29 No.2, pp. 123-133. doi: 10.1080/10640266.2021.1909795
- Kafle, E., Papastavrou Brooks, C., Chawner, D., Foye, U., Declercq, D., and Brooks, H. (2023), "'Beyond laughter': a systematic review to understand how interventions utilise comedy for individuals experiencing mental health problems", *Frontiers in Psychology*, Vol 14. doi: 10.3389/fpsyg.2023.1161703
- Kalmanowitz, D., Kaimal, G., Della Cagnoletta, M., Kelly, J., Alfonso, M.R.A. and Lay, R.P. (2019), "Conference Review: British Association of Art Therapists (BAAT) and American Art Therapy Association (AATA) Art Therapy Practice and Research Conference, London, UK, 2019." *Creative Arts in Education and Therapy*, Vol. 5 No. 2, pp.117–128.
- Khalsa, S. S., Portnoff, L. C., McCurdy-McKinnon, D., & Feusner, J. D. (2017), "What happens after treatment?: A systematic review of relapse, remission, and recovery in anorexia nervosa", *Journal of Eating Disorders*, Vol. 5 No. 1. doi: 10.1186/s40337-017-0145-3
- Kuiper, N. A., Martin, R. A. and Olinger, J. L. (1993), "Coping humour, stress, and cognitive appraisals", *Canadian Journal of Behavioural Science*, Vol. 25 No. 1, pp. 81–96. doi: 10.1037/h0078791
- Kuiper, N. A., Grimshaw, M., Leite, C. and Kirsh, G. (2004), "Humor is not always the best medicine: specific components of sense of humor and psychological well-being", *Humor*, Vol. 17 No. 1-2, pp. 135–168. doi: 10.1515/humr.2004.002
- Layard, R. (2013), "Mental health: the new frontier for labour economics", *IZA Journal of Labor Policy*, Vol. 2 No. 2. doi: 10.1186/2193-9004-2-2
- Leamy, M., Bird, V., Le Boutilier, C., Williams, J. and Slade, M. (2011), "Conceptual framework for personal recovery in mental health: systematic review and narrative synthesis", *The British Journal of Psychiatry*, Vol. 199, No. 6, pp. 445-452. doi: 10.1192/bjp.bp.110.083733
- Leavey, G., Vallianatou, C., Johnson-Sabine, E., Rae, S., Gunputh, V. (2011), "Psychosocial barriers to engagement with an eating disorder service: A qualitative analysis of failure to attend", *Eating Disorders*, Vol. 19, No. 5, pp. 425–440. doi: 10.1080/10640266.2011.609096.
- Lefcourt, H. M. (2001), *Humor: The Psychology of Living Buoyantly*. New York: Kluwer and Plenum.
- MacDonald, D. E., Trottier, K., McFarlane, T., & Olmsted, M. P. (2015), "Empirically defining rapid response to intensive treatment to maximize prognostic utility for bulimia nervosa and purging disorder", *Behaviour Research and Therapy*, Vol. 68, pp. 48–53. doi: 10.1016/j.brat.2015.03.007
- Mahon C, Seekis V. (2022), Systematic Review of Digital Interventions for Adolescent and Young Adult Women's Body Image, *Frontiers in Global Women's Health*. Vol. 3. doi: 10.3389/fgwh.2022.832805.
- Martin, R. A. (2004), "Sense of humor and physical health: theoretical issues, recent findings, and future directions", *Humor*, Vol. 17 No. 1-2, pp. 1–19. doi: 10.1515/humr.2004.005

- Muir S., Newell, C., Griffiths, J., Walker, K., Hooper, H., Thomas, S., Thomas, P. W., Arcelus, J., Day, J., Appleton, K.M. (2017), "MotivATE: A pretreatment Web-based program to improve attendance at UK outpatient services among adults with eating disorders." *JMIR Research Protocols*, Vol. 6, No. 7. doi: 10.2196/resprot.7440.
- Noordenbos, G. (2011), "Which criteria for recovery are relevant according to eating disorder patients and therapists?", *Eating Disorders*, Vol. 19, No.5, pp. 441-451, doi: 10.1080/10640266.2011.618738
- NHSE (2022). "Children and young people with an eating disorder waiting times", available at: <https://www.england.nhs.uk/statistics/statistical-work-areas/cyped-waiting-times/> (Accessed 07 March 2022).
- O'Donnell, S., Lohan, M., Oliffe, J.L., Grant, D. and Galway, K. (2022), "The acceptability, effectiveness and gender responsiveness of participatory arts interventions in promoting mental health and wellbeing: A systematic review", *Arts and Health*, Vol. 14, No. 2, 186–203. doi: 10.1080/17533015.2021.1894463
- Ostermann, T., Vogel, H., Boehm, K. and Cramer, H. (2019), "Effects of yoga on eating disorders: a systematic review", *Complementary Therapies in Medicine*, Vol. 46, pp.73-80. doi: 10.1016/j.ctim.2019.07.021
- Pavarini, G., Smith, L., Shaughnessy, N., Mankee-Williams, A., Thirumalai, J. K., Russell, N. & Bhui, K. (2021), "Ethical issues in participatory arts methods for young people with adverse childhood experiences", *Health Expectations* Wiley, Vol. 24 No. 5, pp. 1557–1569. doi: 10.1111/hex.13314.
- Pettersen, G. and Rosenvinge, J.H. (2002), "Improvement and recovery from eating disorders: a patient perspective", *Eating Disorders*, Vol. 10 No. 1, pp.61-71. doi: 10.1002/erv.425
- Piot, M. A., Gueguen, J., Michelet, D., Orri, M., Köenig, M., Corcos, M., Cadwallader, J.S. and Godart, N. (2020), "Personal recovery of young adults with severe anorexia nervosa during adolescence: a case series", *Eating and Weight Disorders*, Vol. 25, pp. 867–878. doi: 10.1007/s40519-019-00696-7
- Reisner, A. D. (2005), "The common factors, empirically validated treatments, and recovery models of therapeutic change", *The Psychological Record*, Vol. 55 No. 3, pp. 377–399.
- Repper, J. and Perkins, R. (2003), *Social Inclusion and Recovery. A model for Mental Health Practice*. London: Baillière Tindall.
- Richmond, T.K, Woolverton, G.A., Mammel, K., Ornstein, R.M., Spalding, A., Woods, E.R. and Forman, S.F. (2020). "How do you define recovery? A qualitative study of patients with eating disorders, their parents, and clinicians", *International Journal of Eating Disorders*, Vol. 53 No. 8, pp. 1209-1218. doi: 10.1002/eat.23294
- Ritchie, J. and Lewis, J. (2003), *Qualitative Research Practice*. London: Sage.
- Elissavet Mathioudaki, E., Bakaloudi, D.R., Tsekitsidi, E., Polyzopoulou, Z. A., Lappas, A. S., Christodoulou, N., Papazisis, G., and Chourdakis, M. (2023), "Remote vs face-to-face interventions for Bulimia Nervosa and Binge-eating Disorder: a systematic review and meta-analysis", *Journal of Technology in Behavioural Science* doi: 10.1007/s41347-023-00345-y
- Schlieff M, Saunders KRK, Appleton R, Barnett P, Vera San Juan N, Foye U, Olive RR, Machin K, Shah P, Chipp B, Lyons N, Tamworth C, Persaud K, Badhan M, Black CA, Sin J, Riches S, Graham T, Greening J, Pirani F, Griffiths R, Jeynes T, McCabe R, Lloyd-Evans B, Simpson A, Needle JJ, Trevillion K, Johnson S. (2022), "Synthesis of the evidence on what works for whom in telemental health: rapid realist review", *Interactive Journal of Medical Research*, Vol. 11, No. (2). doi: 10.2196/38239.
- Simpson, A. (2006), "Involving service users and carers in the education of mental health nurses," *Mental Health Practice*, Vol. 10 No. 4, pp. 20-24. doi: 10.1046/j.1365-2850.2002.00493.x
- Silén, Y. and Keski-Rahkonen, A. (2022), "Worldwide prevalence of DSM-5 eating disorders among

- young people”, *Current Opinion in Psychiatry*, Vol. 35 No. 6, pp. 362-371. doi: 10.1097/YCO.0000000000000818
- Skivington, K., Matthews, L., Simpson, S.A., Craig, P., Baird, J., Blazeby, J.M., Craig, N., French, D.P., McIntosh, E., Petticrew, M., Rycroft-Malone, J., White, M. and Moore, L. (2021), “A new framework for developing and evaluating complex interventions: update of Medical Research Council guidance”. *British Medical Journal*, Vol. 374 No 8307. doi:10.1136/bmj.n2061
- Smriti, D., Ambulkar, S., Meng, Q., Kaimal, G., Ramotar, K., Young Park, S. and Huh-Yoo, J. (2022), “Creative arts therapies for the mental health of emerging adults: A systematic review”, *The Arts in Psychotherapy*, Vol. 77. doi: 10.1016/j.aip.2021.101861
- Stackpole, R., Greene, D., Bills, E. and Egan, S. J. (2023), “The association between eating disorders and perfectionism in adults: A systematic review and meta-analysis”, *Eating Behaviors*, Vol 50. 10.1016/j.eatbeh.2023.101769
- Testa, F., Arunachalam, S., Heiderscheid, A. and Himmerich, H. (2020), “A systematic review of scientific studies on the effects of music in people with or at risk for eating disorders”, *Psychiatria Danubina*, Vol. 32, No. 3-4, pp. 334–345. doi: 10.24869/psyd.2020.334
- The British Psychological Society & The Royal College of Psychiatrists, (2014), “E-therapies systematic review for children and young people with mental health problems”, available at: [https://www.rcpsych.ac.uk/docs/default-source/improving-care/nccmh/nccmh-etherapies-full-review.pdf?sfvrsn=3947b9df\\_2](https://www.rcpsych.ac.uk/docs/default-source/improving-care/nccmh/nccmh-etherapies-full-review.pdf?sfvrsn=3947b9df_2) (Accessed 21/11/23)
- Turgon, R., Ruffault, A., Juneau, C. Blatier, C., and Shankland, R. (2019), “Eating disorder treatment: a systematic review and meta-analysis of the efficacy of mindfulness-based programs”, *Mindfulness*, Vol. 10, pp. 2225–2244. doi: 10.1007/s12671-019-01216-5.
- Ramsey-Wade, C.E. and Ellen Devine, E. (2018), “Is poetry therapy an appropriate intervention for clients recovering from anorexia? A critical review of the literature and client report”, *British Journal of Guidance and Counselling*, Vol. 46, No. 3, pp.282-292. doi 10.1080/03069885.2017.1379595
- Robinson, M. J. and Knobloch-Westerwick, S. (2016), “Mood management through selective media use for health and well-being”, L. Reinecke and M. B. Oliver (Eds.), *The Routledge handbook of media use and well-being*, Routledge, New York, NY, pp. 65–79.
- van Weeghel, J., van Zelst, C., Boertien, D. and Hasson-Ohayon, I. (2019), “Conceptualizations, assessments, and implications of personal recovery in mental illness: A scoping review of systematic reviews and meta-analyses”, *Psychiatric Rehabilitation Journal*, Vol. 42 No. 2, pp. 169–181. doi: 10.1037/prj0000356
- Wetzler, S., Hackmann, C., Peryer, G., Clayman, K., Friedman, D., Saffran, K., Silver, J., Swarbrick, M., Magill, E., van Furth, E.F. and Pike, K.M. (2020), “A framework to conceptualize personal recovery from eating disorders: A systematic review and qualitative meta-synthesis of perspectives from individuals with lived experience”, *International Journal of Eating Disorders*, Vol. 53 No. 8, pp.1188-1203. doi: 10.1002/eat.23260
- Williams S, Reid M. (2010), “Understanding the experience of ambivalence in anorexia nervosa: The maintainer's perspective”, *Psychology & Health* Vol.25, No. 5, pp. 551–567. doi: 10.1080/08870440802617629
- Williams, E., Glew, S., Newman, H., Kapka, A., Shaughnessy, N., Herbert, R., Walduck, J., Foster, A., Cooke, P., Pethybridge, R., Shaughnessy, C. and Hugh-Jones, S. (2023), “Practitioner review: Effectiveness and mechanisms of change in participatory arts-based programmes for promoting youth mental health and well-being - a systematic review”, *Journal of child psychology and psychiatry*, Advance online publication. doi: 10.1111/jcpp.13900

- Wood, L.L. (2015), "Eating disorder as protector: the use of Internal Family Systems and drama therapy to treat eating disorders", Hershifelt, A. (Ed.), *Creative Arts Therapies and Clients with Eating Disorders Eating Disorders*. Jessica Kingsley Publishers, London, England. pp. 293-325.
- Wood, L.L. & Schneider, C. (2015), "Setting the stage for self-attunement: Drama therapy as a guide for neural integration in the treatment of eating disorders", *Drama Therapy Review*, Vol. 1 No. 1, pp. 55-70. Doi: 10.1386/dtr.1.1.55\_1
- Wood, L.L. & Mowers, D. (2019), "The Co-active Therapeutic theatre model: a manualized approach to creating therapeutic theatre with persons in recovery", *Drama Therapy Review*, Vol. 5, No. 2, pp. 379–394. doi: 10.1080/10640266.2013.827536. Wood, L. L., Hartung, S., Al-Qadfan, F., Wichmann, S., Cho, A. B., & Bryant, D. (2022), "Drama therapy and the treatment of eating disorders: Advancing towards clinical guidelines", *The Arts in Psychotherapy*, Vol. 80, No. 9. doi: 10.1016/j.aip.2022.101948
- Yu, J., Agras, W. S., & Bryson, S. (2013), "Defining recovery in adult bulimia nervosa", *Eating Disorders*, Vol. 21, No. 5, pp. 379–394. doi: 10.1080/10640266.2013.827536