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Review Article

Breaking Through Fear: The Use of Martial Arts in an Eating Disorder Therapy Group

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Abstract

Clients with eating disorders commonly struggle with assertiveness and confidence, as well as identifying and meeting their own needs. In one martial arts therapy group conducted at an intensive treatment center for clients with eating disorders, positive client experiences were observed over the course of thirty months. The weekly, ninety-minute therapy group incorporated the use of movement, mindset, and metaphor in order to enhance and support recovery-oriented thoughts and behaviors. The current article reports subjective observation of clients in the group. Clients regularly reported an increased sense of connection to their bodies, and increased feelings of strength and empowerment. Follow-up outcome data is needed to further explore the potential benefits of the group.

Eating disorders have the highest mortality rate of any mental disorder [1]. As a focus on new advances and insights in the treatment of eating disorders has emerged in recent years, more treatment centers are using integrative treatment techniques. Yoga, art, and movement practices have become an important part of therapy with positive outcomes [2]. Since eating disorders metaphorically reflect troubled themes of clients' daily existence [3], metaphor may be a route to identifying healing themes as well.

A review of two decades of martial arts research showed that the majority of studies evidenced positive effects for participants, including increased self-regulation and psychological well-being, and decreased violence [4]. Martial arts have been shown to improve one's self-esteem [5], autonomy [6], and assertiveness [7], and to lower levels of anxiety and depression [8]. Eating disorders have been characterized by low self-esteem, low levels of assertiveness, and low interceptive awareness [9,10]. This paper highlights strategies used to increase empowerment and facilitate eating disorder recovery, including the use of movement, mindset, and metaphor in a martial arts therapy group. The observed benefits of these empowerment-based, martial arts interventions will be discussed.

METHODS

A licensed psychologist, eating disorders specialist, and second-degree black belt in Taekwondo conducted an open martial arts therapy group for thirty months, integrating kicks, hand strikes, and other self-defense strategies to provide powerful, experiential metaphors for recovery. The group occurred in the context of an intensive day treatment program for clients with eating disorders who attend therapy sessions, meal groups and therapy groups for up to six days per week, depending on eating disorder severity. Outcome research conducted at the center has shown a decrease in anxiety and depression and a reduction in eating disordered thoughts, attitudes and behaviors as a result of attending the program for an average of three months [11,12]. The treatment approach includes evidence-based treatment for eating disorders such as cognitive-behavioral therapy for bulimia nervosa [13] and family-based treatment for adolescents with anorexia nervosa [14,15]. The program incorporates art therapy and yoga as well as the martial arts therapy group.

The treatment strategy

Movement, Mindset, and Metaphor.

The connection between exercise and mood is well established [16]. The use of movement in the martial arts therapy group, through stretching, kicking, and punching targets, is used as an experiential aid in teaching skills in assertiveness and setting boundaries, and acquainting clients with the emotional experience of discomfort when attempting a new skill. When clients experience familiar negative thought patterns (self-doubt, self-criticism), they are encouraged to speak about their experiences and receive feedback from the therapists and other group members. Care must be taken to monitor the medical stability of clients with eating disorders [17]. The team's physician and dieticians assess client medical risk. If at any time the risk of doing physical activity in the group outweighs the potential benefit, the physician and/or dietician's recommendation for the client to abstain from exercise would serve as exclusion criteria from the group. During the course of these observations, all clients were approved for the level of movement required by group participants.

The philosophy and practice of Taekwondo serve as a foundation for the group. The five tenets of Taekwondo include courtesy, integrity, perseverance, self-control, and indomitable spirit.

Courtesy means being kind. In an eating disorder therapy group, the concept of courtesy is presented as a challenge for clients to be as kind and courteous to themselves as they are to others. There is a common pattern among clients with eating disorders to be caretakers and minimize their own needs [3], and the discussion of courtesy highlights the need to extend courtesy to oneself, by establishing effective self-care practices as a part of recovery. Integrity involves being true to oneself, being honest, and following through with commitments. The topic of integrity often brings up themes such as being honest in one's conversations with the treatment team, redefining or remembering what clients value most, and establishing consistency between one's values and behaviors. There is a need for perseverance during eating disorder recovery. Clients attest to the difficulty of following a meal plan consistently and confronting emotional challenges as treatment unfolds. Self-control may seem to be an obstacle to eating disorder recovery, as eating disorders have been conceptualized as, among other things, attempts to gain or maintain a sense of control [18]. However, self-control is framed in the martial arts therapy group as a beneficial, recovery-oriented quality when it involves taking a proactive, engaged stance toward reaching one's recovery-oriented goals."Indomitable spirit" is a term within Taekwondo that refers to an inner sense of strength when faced with insurmountable odds. The feeling of engaging in an uphill battle against forces of culture, biology, and environment is one that many clients with eating disorders know well. They benefit from identifying times in the past as well as in their current struggles where they have exhibited an indomitable spirit. The group therapists also seek opportunities throughout the group to catch clients displaying any of the five tenets, pointing out and highlighting their strengths, despite a significant time of struggle in the midst of the eating disorder.

Negative affect is a common experience for clients with eating disorders [18], including fear of emotions, needs, negative outcomes, and interpersonal interactions [19]. Conceptualized fear by highlighting a difference between one's experiences of "true fear" versus "imagined fear." He presented true fear as a valuable intuitive emotion and contrasted it with imagined fear, which undermines our ability to be self-aware and attuned to our environment in self-protective ways. The concept of "true fear" and the use of self-awareness to increase safety and self-protection are emphasized in the group, while also minimizing imagined fears that contribute to a negative mindset focused on obstacles to recovery.

The strikes, kicks, and self-defense strategies taught to clients in the group provide ample opportunity for the use of meaningful, recovery-oriented metaphors. Board breaking becomes a catalyst for breaking through fear and taking steps toward eating disorder recovery. During the first ten minutes of group each week, clients are asked to quietly reflect and use markers to write down their fears and obstacles, along with their name, on a blank wooden martial arts board. Throughout the group, they learn kicks and strikes that can be used to break the board at the conclusion of the group if clients feel ready and choose to do so. Clients are encouraged to choose a meaningful time to break their boards, when the symbolism feels important. Clients are taught that they do not have to fully overcome their fears at the time they choose to break a board. Rather, breaking the board demonstrates a willingness to keep engaging in recovery and facing their fears as an ongoing challenge in the change process.

Another example of metaphor used regularly in the group is around the concept of flexibility. As clients spend time going through a series of basic physical stretches, they are asked to reflect on ways they have been psychologically flexible with food and body image, and ways they would challenge themselves to have more psychological flexibility. Concepts of balance are discussed in a similar way.

RESULTS

Clinical observations were made over a period of thirty months in the weekly martial arts therapy group. The use of movement, mindset, and metaphor yielded positive, observed outcomes for clients in the group. Comments made by male and female adolescents and adults included:

- "I feel empowered."
- "I want to be a black belt at recovery."
- "I am stronger than I thought I was."
- "I could be more flexible when I go out to eat at a restaurant this weekend."
- "If I can break a board, I think I can also recover from my eating disorder."
- "I came into the group with a heaviness and sense of depression, and now I just feel that it has lifted."

CONCLUSION

Clients with eating disorders commonly struggle with assertiveness, confidence, and identifying and meeting their own needs. In one martial arts therapy group conducted at an intensive treatment center for clients with eating disorders, positive client experiences were observed over the course of thirty months. The weekly, ninety-minute therapy group incorporated the use of movement, mindset, and metaphor in order to enhance and support recovery-oriented thoughts and behaviors. Courtesy, integrity, perseverance, self-control, and indomitable spirit are qualities that enhanced perceived interoceptive awareness and self-esteem of participants.

Some of the factors thought to cause eating disorders include body dissatisfaction, low self-esteem, harm avoidance, and low interoceptive awareness Klump et al., 2004, [20]. As clients in the martial arts therapy group learned kicks, blocks, and strikes, as well as self-defense strategies, they regularly reported feeling stronger, more empowered, and more connected to their bodies. By empowering clients and challenging them to remain aware of their internal experiences during martial arts activities, the group provides a setting where clients can improve interoceptive awareness. By kicking and punching a target,

clients are challenged to confront rather than avoid an activity that in most cases is new and out of their comfort zones, with the opportunity to build self-esteem and experience their bodies in a new, empowering, and positive way.

The current article is based on subjective observation, and more objective, empirical data is needed in order to compare pre-treatment and post-treatment eating disordered symptoms. Future research should include rigorous methods, valid and reliable measures and empirical data to expand our knowledge about the observed characteristics and changes within the group, assessment of pre and post symptom levels, analysis of factors which lead clients to benefit most from the group, and integration of other types of martial arts and movement-oriented approaches into therapy groups. The group may be piloted in other settings as well, such as substance abuse treatment and general client populations in order to explore its generalizability and effectiveness with various types of presenting problems.

REFERENCES

1. Arcelus J, Mitchell AJ, Wales J, Nielsen S. Mortality rates in patients with Anorexia Nervosa and other eating disorders. Arch Gen Psychiatry. 2011; 68: 724-731.
2. Macarie I, Roberts R. Martial arts and mental health. Contemporary Psychotherapy. 2017; 2.
3. Ryan SJ. Relationship to food as to the world. In Kinoy BP (Ed.) Eating disorders: New directions in treatment and recovery. New York, N.Y: Columbia University Press. 2001; 77-88.
4. Vertonghen J, Theeboom M. The Social-Psychological Outcomes of Martial Arts Practice among Youth: A Review. J Sports Sci Med. 2010; 9: 528-537.
5. Fuller JR. Martial arts and psychological health. Br J Med Psyhol. 1988; 61: 317-328.
6. Duthie RB, Hope L, Barker DG. Selected personality traits of martial artists as measured by the Adjective Checklist. Perceptual and Motor Skills. SAGE Journals. 1978; 47: 71-76.
7. Konzak B, Boudreau F. Martial arts training and mental health: An exercise in self-help. Canada's Mental Health. 1984; 32: 2-8.
8. Cai XS. Physical exercise and mental health: a content integrated approach in coping with college students' anxiety and depression. Physical Educator. 2000; 57: 69-76.
9. Williams GJ, Chamove AS, Millar HR. Eating disorders, perceived control, assertiveness, and hostility. Br J Clin Psychol. 1990; 29: 327-335.
10. Garner DM, Olmstead MP, Polivy J. Development and validation of a multidimensional eating disorder inventory for anorexia nervosa and bulimia. International Journal of Eating Disorders. 1983; 2: 15-34.
11. Schaffner AD, Buchanan LP. Evidence-based practices in outpatient treatment for eating disorders. International Journal of Behavioral Consultation and Treatment. 2010; 6: 35-44.
12. Schaffner AD, Buchanan LP. Integrating evidence-based treatments with individual needs in an outpatient facility for eating disorders. Eating Disorders: Journal of Treatment and Prevention. 2008; 16: 378-392.
13. Wilson GT, Fairburn CG, Agras WS. Cognitive-behavioral therapy for bulimia nervosa. In Garner DM and Garfinkel PE (Eds.) Handbook of treatment for eating disorders: Second edition. New York: The Guilford Press. 1997; 67-93.
14. Dare C, Eisler I. Family therapy for anorexia nervosa. In Garner DM and Garfinkel PE (Eds.) Handbook of treatment for eating disorders: Second edition. New York: The Guilford Press. 1997; 307-326.
15. Lock J, La Grange D. Treatment manual for anorexia nervosa, second edition: A family-based approach. New York: The Guilford Press. 2015.
16. Ratey JJ. Spark: The Revolutionary New Science of Exercise and the Brain. New York. Little NY, Brown and Company. 2013.
17. Mickley DW. Medical aspects of anorexia and bulimia. In Kinoy BP (Ed.) Eating disorders: New directions in treatment and recovery. New York, N.Y. Columbia University Press. 2001; 7-16.
18. Fairburn CG, Cooper Z, Shafran R. Cognitive behavior therapy for eating disorders: A transdiagnostic theory and treatment. Behav Res Ther. 2003; 41: 509-528.
19. De Becker G. The gift of fear and other survival signals that protect us from violence. University of California: Dell Publishing. 1999.
20. Polivy J, Herman CP. Causes of eating disorders. Annual Review of Psychology. 2002; 53: 187-213.

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