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Psychomotor therapy and aggression regulation in eating disorders

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Chapter 8

Summary

Psychomotor therapy (PMT) is an eclectic body and movement-oriented therapy, often referred to for treatment of aggression regulation issues in Dutch health care. PMT is well established in mental health care in the Netherlands, but needs to expand its research tradition to support evidence-based practice. This thesis examines the effectiveness of a new PMT intervention targeted on aggression regulation in patients with eating disorders. Furthermore, the thesis describes a first explorative study to the reliability and validity of a new custom made performance-based measuring instrument for coping with anger and aggression.

Chapter 1 postulates that eating disorder behaviour can be seen as self-destructive behaviour, which is to a great extent related to inhibited anger expression. A treatment protocol targeted at anger and aggression in these disorders is needed. This chapter defines PMT and describes how a PMT protocol targeted at anger and aggression offers treatment opportunities in these disorders.

Chapter 2 describes a PMT model as a method to help patients with eating disorders to cope with anger and aggression. They learn to see aggression as a positive, relational, and body-felt experience, and learn to control anger expression at the right time with appropriate intensity. Clinical experience indicates that PMT can accelerate the overall treatment process by triggering hidden feelings and thoughts and by developing expression skills. PMT seems to tackle a difficult to treat emotion which may have a role in blocking the entire process of treating eating disorders.

Chapter 3 evaluates the effect of the PMT intervention for individuals with an eating disorder. In a first randomized controlled trial in an outpatient treatment setting forty women were allocated to either the aggression regulation intervention plus supportive contact, or a control condition of supportive contact only. A psychomotor therapist delivered the intervention. Participants completed questionnaires on anger coping and eating disorder pathology. Independent samples T-tests were performed on the difference between pre-treatment and post-treatment scores. Twenty-nine participants completed questionnaires at pre- and post-intervention. The intervention resulted in a greater improvement of anger coping, as well as of eating disorder pathology. The results indicate that body and movement-oriented aggression regulation may be a viable add-on for treating eating disorders.

Chapter 4 reports on the findings of a two-centre randomized controlled trial in day hospital treatment settings for patients with eating disorders. Seventy consecutive participants were randomized to treatment-as-usual (TAU) plus the intervention or to TAU only. TAU consisted of multidisciplinary day treatment (3–5 days per week during 3–9 months). Anger coping and eating pathology were measured at baseline and follow-up. Differences between pre-intervention and post-intervention scores were tested by using repeated measures ANOVA. The results show a larger decrease of anger internalization in the intervention group than the control group. Both groups showed a significant reduction in eating pathology, but with no

differences between groups. Again, PMT proved to be a viable add-on for treating anger internalization in patients with eating disorders.

Chapter 5 introduces a new performance-based measuring method for anger expression and control, called the Method of Stamp Strike Shout (MSSS). The MSSS originates from PMT and is designed to meet the need for a behaviour measure of anger and aggression. The method is based on physical force production in directional movement of arms and legs and in voice expression. Recorded are the standardized impact of stamping on a force plate, hitting a punching bag, and the amplitude of shouting in a microphone at various force levels. The premise is that this body behaviour stands for the 'urge to act or shout' belonging to anger-related emotions. The MSSS is a real-time psychomotor assessment method meant to be used in addition to self-report questionnaires, which are sensitive to biases in assessing anger and aggression problems. Besides application as a measurement tool in effect studies of therapy interventions, the MSSS can be an intervention tool in clinical practices. Two papers, Part I and Part II, present the results of explorative testing in a sample of 104 students. The focus of part I was on the internal structure and reliability of the MSSS. The test results show correlation patterns between increasing and decreasing levels of force production within each subtest (25-50-75-100-75-50-25% force) and between the three subtests (Stamp, Strike and Shout). The internal consistency of the three subtests of the MSSS was excellent and the test-retest reliability high.

Chapter 6 provides Part II of the explorative study of the MSSS and focused on the test-validity. The study focussed on the relationship between force parameters and anger coping style (Anger In, Anger Out, Control Anger In, Control Anger Out). The test design was based on the anger evoking potential of the MSSS performance itself, so without bringing participants in a state of anger prior to the test. Visual inspection of the results shows that increasing and decreasing body force production correlates with anger coping style. Within the current test design, voice expression in the Shout subtest was the most sensitive indicator for anger coping style, showing moderate negative correlations with Anger In, for women as well as men. The women showed a more complete pattern: higher amplitude was moderately associated with higher Anger Out, lower amplitude with higher Anger Control. The Strike subtest showed the weakest correlations.

A more robust comparison was made between two groups of participants showing an internalizing versus an externalizing anger coping style. The findings suggest that internalizing women as well as men used less force than externalizing participants, especially on the Shout subtest.

Chapter 7 provides a general discussion based on the main findings of this thesis, in which we suggest implications for future PMT research. The trials on PMT aggression regulation need to be repeated in various treatment settings. More

diverse outcome measures are required as well as research into long-term effects and working mechanisms. Follow-up research needs to explore the feasibility of the MSSS as a body behaviour measuring method for anger coping and aggression regulation to be used for clinical and research purposes.