



Comparing the effectiveness of acceptance and commitment-based therapy and cognitive behavioral therapy on body image concerns of overweight women

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Abstract

Aim: The purpose of this study was to determine and compare the effectiveness of cognitive-behavioral therapy with acceptance and commitment-based therapy on body image concerns in overweight women. **Method:** The research design was a quasi-experimental pre-test-post-test type with a follow-up phase in three experimental and control groups. The statistical population of the research consisted of all overweight women (body mass index between 25 and 29.9) of Varamin city in the year 2021, 60 of whom were selected as a statistical sample using the available sampling method and divided into three experimental and control groups. First, all three groups were evaluated with the body image concern questionnaire of Littleton et al. (2005). The experimental group of cognitive behavioral therapy using the treatment protocol of Pimentera et al. (2017) and the experimental group of treatment based on acceptance of commitment using the treatment protocol of Ciarrochi, Bailey and Harris (2005) were subjected to intervention for eight sessions of 90 minutes. Collected data were analyzed using variance of repeated measures. **Results:** The results showed that cognitive-behavioral therapy and therapy based on acceptance and commitment were effective on body image concerns ($F=28.21$, $P=0.001$) in overweight women and this effect was stable in the follow-up phase. Was. Also, the results of the follow-up test showed that there is no difference between the two treatment methods and both interventions were effective in reducing body image concerns. **Conclusion:** Considering the effectiveness of cognitive-behavioral therapy and therapy based on acceptance and commitment on body image concerns in overweight women, these two interventions can be effective methods for body image concerns in overweight people.

Keywords: Cognitive-behavioral therapy, treatment based on acceptance and commitment, concern about body image.

Introduction

Some people suffer from anorexia nervosa or anorexia nervosa when faced with stressful situations or nervous problems, and in a short period, they witness a significant increase or decrease in weight. Diseases such as anorexia nervosa and anorexia nervosa are rooted in behavioral and psychological disorders. If obese people with extensive psychopathology or involved in a life crisis try to lose weight, it should be done with great care and supervision, and one of these cares is psychological care (Kaplan & Sadock, 2015).

In addition to the relationship between obesity and various diseases, the effect on people's appearance is another great concern. Appearance is a part of a person's identity and in social situations, it is immediately visible when dealing with others. Meanwhile, the personality structure of body image plays a very important role. Body image is a multidimensional and complex psychological structure that includes self-perceptions related to the body and feedback such as thoughts, opinions, feelings, and behaviors (Cash, 2004, Murray, Byrne, and Reger, 2011). On the other hand, the perceived body image is our perception and bodily sensations of the body, which is static. However, it is always changing and has a psychological nature (Zoughi, 2016). Cash believes that body image has two dimensions, perception and evaluation. The perception dimension deals with how much a person thinks his appearance measures his competence. The evaluation also refers to how satisfied a person is with his body and appearance (Cash, 2012). Body image is a person's mental manifestation. The best predictor of body image and eating disorders is total body mass index (Wilson, Tripp, & Bland, 2015). One of the aspects of body image is the concern of body image, which is a multidimensional structure including thoughts, beliefs, feelings and behaviors related to the perceived body. It refers to the negative evaluation of body size, shape and weight and shows the difference between the actual body and the ideal body image. In the third wave treatments, instead of changing the cognitions, it is tried to increase the psychological connection of the person with his thoughts and feelings. Romer and Orsillo (2009) state that at one end of the third wave, we have treatment based on acceptance and commitment based on the theory of communication framework. At the other end, we have treatments such as cognitive therapy based on mindfulness-based on relatively different theoretical and philosophical models. Hayes et al. (1999) believe that some of these third-wave perspectives, such as mindfulness-based cognitive therapy, are well integrated into the cognitive model. However, other perspectives, such as commitment and acceptance therapy, seem to differ from mainstream cognitive therapy based on their underlying philosophical assumptions. Meanwhile, Hoffman (2008) believes that mindfulness and acceptance-based perspectives may have specific philosophical assumptions that differ from traditional cognitive therapy. These new forms of therapy are compatible and complementary with cognitive therapy and reflect the logical development of the evolutionary process. In this regard, Romer and Orsillo (2009) also believe that acceptance-based behavioral strategies for treatment are "part of the evolution of the tradition of cognitive behavioral therapy, not something outside of it (Mohammadkhani, 2016). In this research, CBT treatment as one of the common treatments of the second wave and ACT treatment as one of the common treatments of the third wave, which are in the same theoretical framework but different in terms of treatment focus, were compared. The treatment of acceptance and commitment is linked with Eastern culture and has a deep relationship with Iran's spiritual and religious culture.

Therefore, it teaches people to observe their thoughts and feelings without judgment and not consider them as a part of themselves or a reflection of reality, it prevents the intensification of negative thoughts, which is one of the most important obstacles to losing weight. . The current research has tried to apply these two treatment methods in order to compare their effectiveness in reducing body image concerns in Iranian culture on a specific target community to answer this question:

- 1- Is there a difference between the effectiveness of cognitive behavioral therapy and commitment-based therapy on body image concerns in the post-test stage?
- 2- Is the effectiveness of cognitive-behavioral therapy and commitment-based therapy on body image concerns stable in the follow-up phase?

Method

The research design was a quasi-experimental pre-test-post-test type with a follow-up phase in three experimental and control groups. The statistical population of the research consisted of all overweight women (body mass index between 25 and 29.9) of Varamin city in the year 2021, 60 of whom were selected as a statistical sample using the available sampling method and divided into three experimental and control groups. First, all three groups were evaluated with the body image concern questionnaire of Littleton et al. (2005). The experimental group of cognitive behavioral therapy using the treatment protocol of Pimentera et al. (2017) and the experimental group of treatment based on acceptance of commitment using the treatment protocol of Ciarrochi, Bailey and Harris (2005) were subjected to intervention for eight sessions of 90 minutes. Collected data were analyzed using variance of repeated measures.

Results

The average score of the body image concern variable in the post-test and follow-up test shows the decreasing trend of the body image concern variable score in the ACT intervention and CBT intervention. In this way, the average of ACT intervention, CBT intervention in the post-test has decreased compared to the control group.

BMI in relation to the within-group factor is significant at the 0.01 level (Eta=0.717, $p=0.001$ and $F=192.948$) according to the F value calculated for the effect of time (pre-test, post-test and follow-up). Also, in the between-group factor, the calculated F value is significant at the 0.01 level (Eta=0.529, $p=0.001$ and $F=28.219$). As a result, there is a significant difference between the average BMI in at least one of the four groups (three experimental groups and the control group).

There is a significant difference between the control group with ACT intervention and CBT intervention in body image concern scores ($P<0.05$). There is no significant difference between ACT intervention and CBT intervention in BMI scores ($P<0.05$). Therefore, there is no difference between the effectiveness of the two intervention models on reducing concern about body image, but both interventions are more effective than the control group.

Conclusion

The purpose of this study was to compare the effectiveness of cognitive-behavioral therapy, acceptance-based therapy, and commitment therapy on body image concerns in overweight people. The results of univariate covariance analysis and Bonferroni test showed that there is no difference between the effectiveness of cognitive-behavioral therapy, acceptance-based therapy and commitment therapy on body image concerns in overweight people. Both interventions were effective in reducing body image concerns.

Worrying about body image is more than caused by physical defects, it is the result of mental image and negative beliefs and opinions about the body and considering that the assumptions of cognitive-behavioral therapy are based on changing cognition, emotion and behavior. Therefore, the intervention of cognitive-behavioral

therapy in the present study has caused the participants to correct their wrong perceptions in terms of thinking and emotion, and by using it in relation to others, they can have a positive view of their body. In therapy based on acceptance and commitment, the main goal is to create psychological flexibility. It means creating the ability to choose an action among different options that is more appropriate and not an action that is done or imposed on a person simply to avoid disturbing thoughts, feelings, memories or desires. In this therapy, behavioral commitment exercises along with the techniques of failure and acceptance, as well as detailed discussions about the values and goals of the individual and the need to clarify the values, all lead to a reduction of concern about body image. In this therapy, the goal of placing so much emphasis on people's desire for internal experiences is to help overweight people experience their disturbing thoughts as just a thought and become aware of the dysfunctional nature of their current routine. People can easily experience unpleasant internal events in the present and be able to detach themselves from unpleasant reactions, memories, and thoughts. Therefore, since the main goal is to increase psychological flexibility in these people, this approach leads to a change in the attitude towards the body and a significant reduction in body image concern. On the other hand, mindfulness intervention is also against judging thoughts and feelings and dividing them into good and bad and thus avoiding their negative aspects. Therefore, it causes people to try to accept and fully experience all negative and positive things, instead of avoiding negative experiences and, as a result, not solving problems and increasing distress and worry due to unfinished problems. Accordingly, they get rid of negative thoughts and feelings caused by trying to avoid the negative parts of their experiences. Changes in body mass index as a result of interventions are associated with a decrease in body image concerns. Therefore, since each of these interventions have had an effect in reducing BMI, along with attitude change and behavior modification, both interventions have created a favorable effectiveness in worrying about a person's body image.

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