

Study and Investigate the Effect of Acceptance and Commitment Therapy on Reducing Anxiety Symptoms and Body Image Dissatisfaction in Obese

Mojgan Rafiee¹
Dr. Najmeh Sedrpoushan²
Dr. Mohammad Reza Abedi³

Abstract

The purpose of this study was to investigate the effect of acceptance and commitment therapy on reducing anxiety symptoms and body image dissatisfaction in obese women. This semi- experimental study has control and experimental groups with pre- test, post- test and follow up. The study population included all women who were obese at Isfahan in 2012-13, based on random sampling of 30 obese women who went to Sepahan health clinic in Isfahan, their score in Fisher's body image test was 46 to 138 and their score in Beck anxiety inventory was 17 to 63. They were randomly assigned to two groups of 15. The treatment (Acceptance and Commitment Approach) experiment on the group, eight sessions of two-hour once a week took, control group and they did not receive any training. In order to test the research hypotheses, analysis of variance with repeated measures was used. The results showed that the independent variable is effective in reducing anxiety and reducing body image dissatisfaction. Approach in terms of acceptance and commitment (ACT) leads to reduced body image dissatisfaction ($p < 0.01$, $F = 38.03$) and anxiety ($F = 3.28$, $P < 0.05$) in obese women.

Keywords: Acceptance and commitment therapy, body image, anxiety, obesity

Introduction

To achieve a healthy and satisfying life and better compatibility with themselves and others, it is worthy of having a realistic image and when a person is physically feel good about themselves are more likely to have a positive body image. But sometimes the stress and anxiety, self-critical opinions, or other factors causes to affect a person's sense of herself and her appearance and provide him or her more background of anxiety to change or manipulate their appearance (Yadollahi Bastani, 2012).

In recent years, many developing countries are significantly associated with body shape and weight of the body and for many women, a beautiful body ideal and social standards is a body with less muscle While for men have a bigger body muscle, is ideal (Wright and Wright, 1975, quoted Hosseini, Ghasemi, Mullaeigonbadi, and Rezaei, 2010).

¹ MS Student of Counseling, Department of Counseling and Guidance, Islamic Azad University of Khomeinishahr, Khomeinishahr Branch, Daneshjou Blvd, Isfahan, Iran

² Assistant Professor, Department of Counseling and Guidance, Islamic Azad University of Khomeinishahr Branch, Daneshjou Blvd, Isfahan, Iran

³ Associate Professor, Counseling Department, Psychological and Education Science Faculty, University of Isfahan, Isfahan, Iran

Castlea and Hongiman (2002) suggest that stress as a psychological problem can be associated with dissatisfaction of mental images, and some people connect human aesthetic with good qualities such as competence and social acceptance (as quoted by Hosseini et al 2010).

Statement of the Problem

Fallon (1990) suggest that Body image is a mental image that we have of our physical body. Cash(1997) asserts that body image, is not concern with what the person really look like (appearance), while it is has a special relationship with their bodies, especially their beliefs, perceptions, thoughts, feelings and activities associated with physical appearance. This image is formed from the first of birth and during the life growth and changes with the person's life.

Jussi and Brrinchel (1986) extends this imagery is not fixed and will develop by experience that a person makes in life (quoting Movahhed, Mohammadi,Hosseini, 2011).

Research Objectives

Acceptance and Commitment therapy determined based on reducing symptoms and body image dissatisfaction in women with obesity.

Acceptance and Commitment therapy determined based on reducing anxiety in women with obesity.

Hypothesis

Acceptance and commitment therapy reduced anxiety in women who are obese.

Anxiety Disorders

Anxiety disorders are the most common psychiatric disorders in the world. An interesting aspect of anxiety disorders is influenced by genetic factors. At the same time, which is no doubt one of the abnormal genes are more prone to anxiety, we can say that life events play a role in its etiology (Sadock, and Sadock, 2007, translated by Poorafkari, 2009).

The prevalence of anxiety disorders

Recent studies have shown that anxiety disorders are the most common in the general population, as of every 4 people, at least one person has the criteria for an anxiety disorder. Prevalence of the disorder is 17.7 percent, respectively. Women with a prevalence of 19.2 percent more likely to develop an anxiety disorder (Kaplan and Sadock, 2007, translated byRafiee and Rezaei, 2008).

Behaviorist views

Behavioral therapist justified anxiety -based learning rules. In their view, many of abnormal mental states are conditional responses which continue and strengthen. A stressful situation that is similar to previous stressful situations may be a cause of anxiety.

Children learn faulty models of anxiety from their parents ' expectations. Parents who expect too much from their children, they cause anxiety in them. Likewise, children learn to face minor and trivial issues like their parents' reactions and show similar anxiety reactions (Biyabangard 2003).

According to this theory, classical conditioning and conditioning agent with reinforcement learning and social anxiety can be an important factor, so that avoid the issue of fear, causes relief and reducing anxiety.(Corey, 2005translated by Seyyed Mohammadi, 2009).

Meta -Cognitive perspective

In this model, concernment is cause of anxiety. Anxious persons to deal with the memories and threats use concerns. There are two kind of concern in this model.

First concern is when a person thinks about unpleasant things, Meta -Cognitive **believes** about usefulness of concerns will be active like "concern will help me". These beliefs are normal and they are not belonging to anxious people. An anxious individual enable an anxiety inherent plan then cognitive and physical symptoms of anxiety will appear. This type of concern cause acceptable coping responses and reduced anxiety.

Second concern is about concerns that Wells has mentioned it. Anxious Individuals have positive and negative belief. Negative belief such as "I have to control my concernment unless I'm doing fine." These concerns are activated during periods of negative beliefs and negative evaluations of the process are concerned. The second concern makes anxiety deeper and more intense emotional responses to others (Wells, 2000).

Biology perspective

Although there is no specific cause for anxiety disorders, but they are expected to have a role in causing biological agents. Tranquilizers are effective in reducing anxiety. The researchers sought to discover how the drugs effect on brain. However, the role of genetic factors for example, Coordination of the high incidence of identical twins have the disorder may indicate a genetic composition as the cause of the disorder. Patients who suffer from anxiety disorders have more sensitive nervous system. This issue may be caused of a specific genetic predisposition (Azad, 2005).

Background Studies

Research that by Raygan, Shoeiriand Asghari Moghaddam (2006) to evaluate the efficacy of cognitive - behavioral therapy, based on eight models provided by Cash, on the girl's body image was conducted. The data analysis showed that Cash's 8-step models, negative body image of girls group improved compared with the control group.

Mohammadi and Sajjadi Nejad (2007) examined the relationship between body image concerns, self-esteem and fear of negative evaluation and social anxiety. For this purpose, 209 second grade high school students in Shiraz questionnaires about body image concerns, fears of negative evaluation, social anxiety and self-esteem. in this study, the multiple regression analysis, was used to analyze the data and determined that, variables, self-esteem and fear of negative evaluation, the best predictor social anxiety.

Ezadi (2012) research on the effectiveness of acceptance and commitment therapy based on the frequency and severity of obsessive-compulsive disorder symptoms was examined, results showed a decrease of the frequency of obsessive-compulsive symptoms, obsessive thoughts of faith, creating confusion and appropriate response to them, as well as depression and anxiety scores were measured before and after treatment, and this reduction continued for one month after treatment. Treatment process and the results obtained in this study suggest that, based on acceptance and commitment therapy may be an appropriate treatment for the thoughts, feelings and behaviors in obsessive-compulsive disorder and anxiety can be difficult.

Block (2002) examined effectiveness of Acceptance and Commitment Therapy for Social Anxiety Disorder. In this study, 39 students having anxiety when speaking in public were treated for six weeks based on acceptance and commitment therapy, 13 patients were treated with cognitive and behavioral group and 13 patients were in the control group. Results in a significant reduction of social anxiety in both groups tested showed. But who were treated with ACT showed a significant reduction in the level of social behavior.

The Subjects of Study

The subjects of this study include overweight women between 20 and 45 years of nutrition and diet therapy clinic in Isfahan in 2012-13.

Sample and sampling

At the beginning between 10 nutritional centers in Isfahan who were willing cooperate randomly one center was selected. Then within a month, every day in the morning and afternoon after talking with individuals, sampling was performed at the clinic. The score of Beck's questioner was between 0 to 63 (Beck, Esteer and Brown 1996), individual who achieve scores higher than 17, and in Fisher's body image test achieve score of 46 shows disorder and maximum score up to 230 shows no abnormality (Yazdanjoo, 2000) so the individual who obtained the score of 46-136, were selected.

Semi- experimental research method is tested with the control and experimental groups. When the questionnaires complete, 34 people in both experimental and control groups after interviewing were randomly assigned. Since the probability of loss was given, in each group 17 patients were treated. During the work 2 of patients were randomly excluded. All the research was done in Sepahan health clinic.

Beck anxiety inventory

In 1990, Aaron Beck and his colleagues introduced anxiety inventory that measure patients with specific clinical symptoms of anxiety (Beck and Steer, 1990). Their study findings provide normative and psychometric properties of the scale, and the first study was conducted on 160 patients (Beck, Epstein, Brown and Steer, 1988). On completion of this study, another study was conducted on 367 outpatients (Beck and Steer, 1991).

The research hypothesis

Acceptance and commitment therapy cause of reducing anxiety in obese women.

Research findings

Using analysis of variance with repeated measures must have two defaults include normal data and consistency of the data. For efficiency of normal data Kolmogorov - Smirnov test was used and for homogeneity of covariance Macheli test was used also LSD tests as well as tests to determine the pre-test, post-test and follow-up is used.

Table (1): Results of analysis of variance with repeated measures on the pretest, posttest, and follow-up test in two group's of evidence of anxious variable

Source of changes	Total Squares	Degree mark	Average Squares	F	Meaningful p level	Eta squared	Power Statistical
	40.28	2	20.14	3.28	0.04	0.1	0.6

After evaluating difference between evidence and experimental groups, analysis of the LSD posttest was used to test the group.

By LSD posttest the difference between the pre-test, post-test and follow-up in the experimental group determined. The results in Table 2 are shown.

Table (2): Results of the LSD pretest, post-test and follow-up test anxiety variables in the experimental group

test	The mean	Standard deviation	Significance level
pre-test_ post test	2.8	0.35	0.001
pretest _ follow- up test	3.2	0.4	0.001
posttest _ follow- up test	4	0.32	0.25

According to the results, it was found that between pre-test and two tests post test and follow-up $p < 0.01$ there is a significant difference but between the two tests post-test and follow-up there was no significant difference. In other words, treatment based on the acceptance and commitment causes reduces anxiety in patients with obesity and its impact on preserved over time.

Discussion

This result indicates positive effect intervention on reducing anxiety in obese women is used and the results of these studies are consistent with the following. Poorfarajomran (2011) by a research showed that the treatment group of acceptance and commitment affects social anxiety of university students. In major research Mojdehi, Etemadi & Falsafinejad (2011) showed that acceptance and commitment therapy in reducing anxiety symptoms, is effective.

Forman, Herbert, Moitra, Yeomans & Geller (2007) studied the effect of ACT and cognitive therapy for anxiety and show that participants gained a lot of progress and equality of anxiety. Zettle (2003) compared Acceptance and commitment with anxiety through math systematic desensitization on the students the results shows the effectiveness of acceptance and commitment to reduce stress. Block (2002) compared therapeutic effect of acceptance and commitment to the way of a group of cognitive - behavioral social anxiety disorder. This approach shows significant reduce of social anxiety in two groups, but the group which was treated under ACT has more reduce in social fear. The perspective of this research is that if a person is not interested to have stress and escape suppression and emotional distress and physical sensations, thoughts and conditions associated with it then it turns to kind of disorder and by wasting valuable time and other activities they effort to struggle with anxiety (Eifert and Forsyth, 2005).

Research Proposals

It is recommended that the treatment centers, counseling and psychotherapy (in clinical) applied acceptance and commitment -based approach to the reduction of body image dissatisfaction and anxiety.

Acceptance and commitment -based approach is suggested for the reduction of anxiety and mental health of women and men trained in this approach can be widely applied.

It is recommended that the therapy based on acceptance and commitment in nutrition clinics and workshops to help women should be used.

References

- Azad, H. (2005). Psychopathology. Tehran: Besat.
- Beck, A. T., Epstein, N., Brown, G., and Steer, R. A. (1988). An inventory for measuring clinical anxiety: psychometric properties. *Journal of Consulting and Clinical Psychology*, 56, 893-897.
- Beck, A. T., & Steer, R. A. (1990). *The Beck Anxiety Inventory manual*. San Antonio, TX: Psychological Corporation.
- Beck, A. T., Steer, R. A. (1991). Relationship between the Beck Anxiety Inventory and The Hamilton Anxiety Rating Scale with anxious outpatients. *Journal of Anxiety Disorders*, 5, 213- 23.

- Beck, A.T., Steer, R.A., Brown, G.K.(1996). Manual for the Beck Depression Inventory II.The Psychological Corporation. Harcourt Brace & Company San Antonio. Beck, A.T., Ward, C.H., Mendelson, M., Mock, J., Erbaugh, J. (1961). An inventory for measuring depression. Archives of General Psychiatry,4: 561-571.
- Biyabangard,A.(2003). Exam Anxiety. Tehran:Office ofIslamicCulture Publication.
- Block , J. A. (2002). Acceptance or change of privet experiences: Acomparative analysis in college students with public speaking anxiety. Dissertation Abstracts International University at Albany, State University of New York, Section B: The Sciences Engineering, 63(9-B), 4361.
- Cash, T. F.(1997) .The Body Image Work Book (An 8-step program for learning to like your looks). Oakland: New Harbinger publications.
- Corey, G. (2009). Theory and practice of counseling and psychotherapy (translated by SeyedMohammadi) Tehran: Arasbaran , (Original publication 2005).
- Eifert, H. G.,& Forsyth, P. J.(2005). Acceptance & Commitment Therapy for anxiety disorders. Cognitive and Behavioral Practice, 16, 368–385.
- Ezadi,R.(2012). Comparison oftreatment efficacybased onAcceptanceand Commitment (ACT)andCognitive Behavioural Therapy(CBT), on Thesymptoms ofobsessive beliefs, quality of life, psychologicalresilience, and depressionin patients withtreatment-resistantobsessive-compulsive. Ph.D. Dissertation, Psychology, Universityof Esfahan.
- Fallon,A. (1990). "Culture inthe Mirror: Sociocultural Determinants of Body Image". In:Body Image Development,Deviance and Change ByCash, T.F &Pruzinsk , T. 80-109. New York: the Guilford Press.
- Forman, E. M., Herbert, J.D., Moitra,E.,Yeomans,P.D.,&Geller,P.A.(2007).A randomized Arandomized effective of Acceptance and commitment therapy & cognitive therapy for anxiety depression. Journal of Behavior Modification.31 (6), 772- 799.
- Hosseini , A. Ghasemi , N. MullaieiGonbadi , G . Rezaei , L . (2010). Compared to the amount of stress and body image among persons 20 to 30 years old with normal cosmetic surgery in the city of Ahwaz. New Journal of industrial / organizational psychology , 1 (2) , 84-75 .
- Kaplan, H., &Sadock, B. (2008). Kaplan and Sadock'sSynopsis of Psychiatry: Behavioral Sciences - Clinical Psychiatry (TenthEdition)(translated by Rafiee ,Rezaei). Tehran: Venerable. (Original publication 2007).
- Mohammadi , N., &SajjadiNejad , M. (2007).Concern about body image, self-esteem and fear of negative evaluation and social anxiety. University Research Journal of Psychology, 2 (5) , 75-60 .
- Mojdehi , M. Etemadi. A., &Falsafinejad, M. (2011). Acceptance and Commitment Therapy and mediators of treatment effectiveness in reducing anxiety symptoms. Journal of Consulting and Clinical Psychology, 2 (7) , 1-31.
- Movahhed,M., Mohammadi,N., &Hosseini. M. (2011). Study the relationship between media and body image, self-esteem and a desire to make work,Journal of Women's Studies, 9 (2), 160 -133.
- Poorfarajomran, M.(2011). Effect of Acceptanceand Commitment Therapyonstudents With socialphobia.Journalof Knowledge& Health,6(2), 1-5.
- Raygan,N.,Shoeiri,M., AsghariMoghaddam,M.(2006). Effect of cognitive behavior therapy-based on Cash s 8 step modelonnegative body imageof female university students. Bimonthly Scientific Research Journalof Shahed University.
- Sadock , B., Sadock, V.(2009). Kaplan and Sadock's Synopsis of Psychiatry: Behavioral Sciences - Clinical Psychiatry (translated NusratullahPoorafkari). Tehran: Shahrab, (Original publication 2007).
- YadollahiBastani, S.(2012). Determine the effectiveness of schema therapy on symptoms in patients with body dimorphic disorder: a single case study, Master's thesis, Clinical Psychology, University of Isfahan.
- Yazdanjoo,F.(2000). Relationship of body image and adjustment of female students in Mashhad. MSc thesis, Faculty of Management and Planning, Ministry of Education..
- Wells, A. (2000). Emotional disorders and meta-cognition: Innovative cognitive therapy. Chichester, UK: Wiley.
- Zettle, R. D. (2003). Acceptance and commitment therapy VS, Systematic desensitization in treatment of mathematic anxiety. Journal of psychological record, 53, 197-215.