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Abstract

61 – 82% of adults are dissatisfied with their appearance. Body dissatisfaction can result in significant psychological distress and the uptake of risky health behaviours. ACT is a third wave cognitive behavioural therapy that encourages clients to observe and accept difficult appearance-related thoughts and feelings and focus on engaging in behaviours that are consistent with their personal values. Research investigating the effectiveness of ACT for body dissatisfaction is a new and growing area. Preliminary evidence suggests that ACT can improve body image psychological flexibility and body dissatisfaction. Further research is needed to investigate ACT for body dissatisfaction using randomised controlled trials with large sample sizes.

Key words: body dissatisfaction, appearance concerns, psychological intervention, acceptance and commitment therapy (ACT)

What is the prevalence of body dissatisfaction?

Body image is described as “one’s perceptions and attitudes in relation to one’s own physical characteristics” (Cash & Fleming, 2002, p 455). Research indicates that as much as 61 – 82% of adults (both women and men) are dissatisfied with their appearance (Frederick, et al, 2007; Harris & Carr, 2001; Lioffi, 2003). Due to the common and extensive nature of body dissatisfaction in society, it is often described as ‘normative discontent’ (Rodin, et al, 1984).

What is the impact of body dissatisfaction on health?

Body dissatisfaction can result in significant emotional distress such as depression and anxiety (Bennett & Stevens, 1996; Niemeier, 2004) and can lead to the development of eating disorders (Keel et al, 2005). Body dissatisfaction can also lead people to engage in risky health behaviours such as self-harming (Muehlenkamp et al, 2012), unsafe tanning behaviours (Livingston et al, 2007), crash dieting, diet pill use, laxative use or vomiting (Wertheim et al, 1992), performance enhancing substances use (Olivardia et al, 2004) and the uptake of smoking to suppress appetite (Amos & Bostock, 2007).

Some people with body dissatisfaction choose to have cosmetic interventions such as surgery (e.g. rhinoplasty) or non-invasive procedures (e.g. botox, dermal fillers) to change their appearance with the aim to become more satisfied with their looks. Others choose to receive psychological interventions that aim to help the person cope with their negative appearance-related thoughts and improve their quality of life, without having to make changes to their physical appearance. Traditional psychological interventions that aim to improve body dissatisfaction have often used classic cognitive behavioural therapy (CBT). Classic cognitive behavioural therapy focuses on helping clients to identify and challenge negative appearance-related thoughts and learn more helpful and positive ways of thinking about their appearance (Butters & Cash, 1987). However more recently there is a growing

number of third wave cognitive behavioural therapies such as Acceptance and Commitment Therapy (ACT) that offer an alternative intervention for clients with body dissatisfaction. Rather than challenging the content of unpleasant appearance-related thoughts, clients are encouraged to make room for these difficult thoughts and feelings, without trying to avoid or get stuck in them and instead focus on engaging in behaviours that are consistent with their personal values (Sandoz, 2014).

What is Acceptance and Commitment Therapy (ACT)?

One of the central tenets of ACT is that language, emotions and the self are all interrelated (Hayes et al, 2012). Suffering is a normal part of human life and our verbal abilities influence our pain and suffering (Hayes et al, 2006). Our language brings ideas and thoughts into our mind and makes them appear very real and people then emotionally and behaviourally respond to these thoughts (Manlick, et al, 2012). The relationship between language, emotions and the self can lead to experiential avoidance (e.g. the avoidance of unpleasant thoughts, emotions, sensations and situations (Hayes et al, 1996)). Experiential avoidance increases suffering and stops an individual from engaging in activities that lead to living a meaningful life (Hayes, et al, 2012).

From an ACT perspective the preoccupation with appearance concerns works as a way of avoiding more difficult emotions or situations such as grief or difficult interpersonal relationships (Pearson et al, 2012). Those who engage in experiential avoidance are described as having low levels of psychological flexibility. Psychological flexibility is *the ability to contact the present moment more fully as a conscious human being and to change, or persist in, behavior when doing so serves valued ends* (Biglan, et al, 2008, p 142). Those with high levels of body dissatisfaction have been found to have low levels of psychological flexibility and low levels of body image flexibility (Sandoz et al, 2013). Body image flexibility is the *“ability to experience body dissatisfaction and other relevant internal experiences fully and openly in order to engage in value-consistent behaviors”* (Hill et al, 2013, p 337). For example, a person might think their stomach is too big and feel dissatisfied with their body but will still exercise because it is consistent with them living a healthy life. Research has shown that body image flexibility is associated with general psychological flexibility and body dissatisfaction (Sandoz et al., 2013).

The overall aim of ACT when treating people with body dissatisfaction is to increase participants' levels of psychological flexibility and body image flexibility, so that they can experience and accept difficult thoughts and feelings and engage in behaviours that are consistent with their own values for living a meaningful life.

What does Acceptance and Commitment Therapy (ACT) involve?

ACT can be completed in individual or group sessions, over a one day workshop or over a number of sessions. The core ACT intervention components are: *Contacting the Present Moment* (using mindfulness skills to consciously connect with and engage in the present moment), *Cognitive Defusion* (taking a step back from thoughts and emotions), *Acceptance* (making room for and accepting difficult thoughts, emotions and sensations), *Self-as-context*

(being aware of what one's own thoughts, feelings or actions in any moment), Values (identifying personal values for life direction) and Committed Action (taking action that is guided by personal values) (Harris, 2009). These components are taught in relations to body dissatisfaction using a variety of different metaphors, activities and homework.

A key exercise in ACT is 'values clarification'. Often people with body dissatisfaction spend a great deal of time avoiding unpleasant thoughts and feelings by focusing on their appearance concerns (Pearson et al, 2012). For some, their appearance concerns may result in social avoidance which may stop them from developing and maintaining relationships with friends. For others, just the significant amount of time focusing on their appearance concerns, is stopping them from engaging in behaviours that are consistent with their values (e.g. being a caring friend/husband/wife or a more creative/healthy person). Values clarification exercises involve the client identifying the type of life they want, the type of person they want to be and the values that are most important to them. Clients are asked which domains of life such as family, friendships, careers or romantic relationships are most important to their life. Once these are identified, clients create goals which move them towards engaging in behaviour that is consistent with these values (Sandoz et al, 2014).

Mindfulness exercises such as 'mindfulness of breath' are also commonly used in ACT. This involves asking clients to sit in an upright position, close their eyes and focus on their breath; counting each inhalation and exhalation to the count of ten (Harris, 2009). When the mind wanders off, clients are encouraged to simply take note of the thought or feeling that distracted them and then refocus on their breath. Developing mindfulness skills allows clients to spend more time in the present moment and can help clients to engage and focus on other elements of the therapy including cognitive defusion techniques and activities which encourage clients to take committed action in values-based behaviours.

Another exercise commonly used in ACT is called the mindfulness-mirror exposure (Delinsky et al, 2006). Many people with appearance concerns avoid or focus on specific body parts that they are unhappy with. This can cause them to overemphasise imperfect body parts (Shafran, et al, 2007) and they stop perceiving their body as a whole object (Hildebrandt et al, 2012). This can result in a cycle of further negative evaluation, avoidance and distress (Delinsky et al, 2006). Mindfulness mirror exposure is an exercise which encourages people to look at each individual body part non-judgementally. Clients are first taught mindfulness skills. They are then asked to practice the mindfulness skills while looking in the mirror and making neutral comments (e.g. terms relating to colour, shape and texture are encouraged) about each part of their body. Clients are encouraged to not use any critical terms and to not get stuck focusing on body parts they unhappy with. The aim of this exercise is to help clients move away from an automatic and unhelpful outlook to a more mindful and self-accepting outlook; where they do not get stuck on or avoid body-related thoughts and feelings. Instead clients are encouraged to 'sit with' the physical body experience which is hypothesised to aid the processing of distressing appearance-related thoughts and feelings which then reduces the anxiety, and the negative appearance-related thoughts and emotions are neutralised (Delinsky et al, 2006).

What is the effectiveness of ACT for body dissatisfaction?

Research evaluating the effectiveness of ACT for body dissatisfaction is a new and growing area. Preliminary evidence has found that ACT programmes have significantly improved

body image/weight flexibility and body dissatisfaction compared to control (Lillis et al, 2009, Pearson et al, 2012; Weineland et al, 2012). However the studies had small sample sizes and participants tended to be Caucasian women, therefore samples are not representative of men or other ethnic groups. Overall there needs to be further research using randomised controlled trials to investigate the effectiveness of ACT for body dissatisfaction with larger sample sizes and with more diverse samples including men and a range of ethnic groups. However ACT remains a promising therapeutic intervention worthy of further research to evaluate its effectiveness at improving body dissatisfaction.

In summary

- ACT encourages clients to observe and accept difficult appearance-related thoughts and feelings and focus on engaging in behaviours that are consistent with their personal values.
- Research investigating ACT for body dissatisfaction is a new and growing area.
- Preliminary evidence has found that ACT can significantly improve body image flexibility and body dissatisfaction.
- Further research using randomised controlled trials with large sample sizes is needed to investigate the effectiveness of ACT for body dissatisfaction.

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