

Study the Effect of Acceptance and Commitment Therapy on Reducing Depression Symptoms and Body Image Dissatisfaction in Obese Women in Isfahan City (2012-13)

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 depression symptoms, body image dissatisfaction in obese women, respectively. This semi- experimental study has control and experimental groups with pre- test, post-test and follows up. Study population included all women who were obese at Isfahan in 2012-13, based on a 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 depression inventory was 11 to 63. They were randomly assigned to two groups of 15 were replaced. The treatment (Acceptance and Commitment Approach) experiment on the group, eight sessions of two-hour once a week took, control group 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 depression and reducing body image dissatisfaction. Approach in terms of acceptance and commitment (ACT) leads to reduced body image dissatisfaction ($F= 38.03$, $p < 0.01$) and depression ($p < 0.01$, $F= 6.56$) in obese women.

Keywords: Acceptance and commitment therapy, body image, depression, 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).

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 Khomeinishahr Branch, Daneshjou Blvd, Isfahan, Iran

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

Research Objectives

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

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

Hypothesis

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

Definition of Depression

Murray and Lopez (1996) suggest that Psychology and Psychiatry Mood disorders are the most common group of disorders characterized by difficulties with emotional regulation. People with mood disorders show symptoms such as euphoria, irritability and severe depression. The symptoms of these disorders as well as cognitive disorders, psychological disorders (problems with sleep and appetite, and low self-esteem) are identified.

Depression is fourth disorder that causes significant morbidity and mortality in the world (quoting Fournash and Worth, translated by Ashoori 2004) .

Every person in his life may experience anxiety, worry and depression but if a person has the aptitude of depression then one small reason can lead to the development of psychological and severe mental illness (Maani, 1992) .

The term depression is often used to express the deep sadness.

People who suffer from depression will experience a deep disappointment that takes long time and often affected their personal and business life and also their social states (Medical Association of America, 1998, translated by Ganji, 2010).

Depression is a common mental disorder that has recently been greatly increased. Depression also called the common cold of mental illness.

Almost all people have mild depression, bad feelings, boredom, sadness, disappointment; frustration and unhappiness all the experiences depression are common. This is called normal depression (Rosenhan, Seligman, 2000, translated by Seyed Mohammadi, 2010) The World Health Organization has estimated that by 2020 depression disease is the second largest in the world after cardiovascular diseases will endanger the health and life of humans (Mary & Lopez, 1998th, quotes Emami, 2012).

Feminist Theory

Feminists believe that women learn to be helpless and dependent on others and they try to make the other people happy, so they get depressed because they feel they do not have any control over their lives and they cannot express their feeling. The emphasis on women's appearance and how valuable they are dependent on men, increases feelings of powerless and helpless in women. They due to pregnancy, childbirth and the household, violence, discrimination, and perturbed sexual will be susceptible to depression. The role of gender and social discrimination are much more likely to live in different levels of depression (Sharf, 1992, translated by Firozbakht, 2006).

Gestalt Theory

Gestalt present a treatment based on appropriate boundaries between yourself and others. This flexibility also allows us to limit contact with others, and there is so much strength that gives a sense of autonomy. Trauma is usually due to a disturbance of consciousness and communication. Therapist claim that depression is varies during treatment. In Gestalt therapy behavior changes and There are not certain ways to treat depression (Sharf 1992, translated by Firozbakht 2006).

Cognitive Theory

Cognitive model of depression refers to SEM logical thinking as main factor of depression. According to this model, the influence of basic cognitive structures can be quite certain that it is not conscious. These cognitive structures or schemas may be formed by childhood experiences that exposed and processed negatively. While depressed people encountered with negative Schematic and stress, processing of negative information has been active and leads to a depressing thought. Affecting cognitive levels of depression include: automatic thoughts, schemas or default and cognitive distortions. Automatic thoughts are passing and usually are unknown but can be awareness. Automatic thoughts shape the perception of a situation that causes emotional and behavioral responses (Beck,1967,quoted Fourtinash and Worth, 2000, translated by Ashoori , et al 2004).

Choice Theory

Choice theory was first proposed by William Glasser. In this theory, the past is just involved in the formation of the current situation and does not have any effect on present. That man is not a captive of its past and at any moment can make a choice, unlike his past. Each choice is depend to the person that choose it, base on the choice theory for curing depression we have to mention five main needs (freedom, life, pleasure, love and need for power and self-worth).

A person suffering from depression is the one who one of his needs seriously damaged and is not trying to fix it. The faulty communication gradually phased out all other needs for the damage and will hurts him. (Glasser 1998, translated by Rahmanian, 2006).

Theory of Stress and Life Events

There is determined a link between stress and life events and the unipolar depression. However it is not clear to what extent and under which condition, what external social factors and negative living conditions are involve in incidence of mood disorders, particularly bipolar disorders. Some of the periods of depression and mania occur in the absence of any stressful factor, while other courses are typically associated with life events. The role of life events in start of depression and the emergence of irritability is stronger (Fourtinash and Worth, 2000, translated by Ashoori, et al,2004).

Some clinicians believe the primary role of life events in depression, but others do not believe the idea when the show starts every time. The most convincing data with subsequent development of depression is loss of a parent before age 11 (Sadock and Sadock, 2007, translated by Poorafkary, 2009). In this model, high social support as a buffer factor not only recurrence the risk of adverse events or of depression but can reduce the impact of incidents or problems of modulating the life (Morris 2006).

Personality Theory

A depressed person's personality traits include negativism , pessimism , sense of being undervalued , prone to anxiety tend to be overly critical of themselves and others , tend to be serious and responsible than extent , dependent on the kindness , love and respect others , feelings of emptiness and emptiness, Hypochondria's , mum , lack of capacity for enjoyment and relaxation and sensitivity to interpersonal rejection .

According to the characteristics and personality traits they are stable and durable structural components that make up a person's psyche. However, it is recognized that other variables such as age, social factors and stressors on these properties impact (Boyce et al,1991, quoted Fourtinash and Worth, 2000, translated by Ashoori, et al,2004).

Cognitive Therapy Treatment

Cognitive psychology or the broader concept of knowledge plays an important role in human behavior.

Cognitive therapy is based on the belief that depressed people unconsciously have negative and irrational beliefs and the main purpose of cognitive therapy is to create positive beliefs and attitudes in order to move forward recovery (Afrooz, 2007).

Behavior therapy treatment

Behavioral therapy helps the individual to change actions that will lead to the worsening of depression. Behavioral therapist takes a more active role. Therapist, based on the incidence of depression and a treatment plan consider individualized health plan. Therapist does not evaluate Psychological roots of depression but they teach a person to avoid act that are causing depression (America Medical Association, 1998, translated by Ganji, 2010).

Medication therapy

Proponents of this theory to the treatment of unipolar deep depression, they act in two ways. The first patient treated with this drug may be the fluoxetine, monoamine oxidizes inhibitors and tricycle drugs are used, and the second method is to insert an electric shock. With these methods, however, can be improved, but it has high rates of return (Rosenhan and Seligman, 2000, translated by Seyed Mohammadi, 2010).

Background Studies

Nilforooshan (2006) Research on the effect of cognitive behavioral counseling, evaluated based on approach of balancing cognitive subsystems (ICS),on depression and attitudes to infertility in infertile couples. Results showed that the advice is based on a balanced approach to reducing cognitive subsystems depression ($p < 0.01$) is effective. The effect of this approach based on gender was different and changed the mind of infertile couples in the positive direction.

Dehghani(2008) based on a research evaluated the effectiveness of group cognitive - behavioral stress management on quality of life, depression in patients with alopecia in skin research center of Isfahan showed that the experimental group than the control group on the post test and follow-up has been significantly reduced.

Honarparvaran(2009,quoted Ashja,2011) did a study with title of comparing the effectiveness of two approaches to emotion and an appreciation and commitment to change the level of sexual dissatisfaction. Couples which have the sexual satisfaction scale lower than the average selected and randomly assigned to one experimental group and one control group. Experimental groups compared with the control group after training in all elements of their sexual satisfaction increased.

Hosseini and his colleague's (2010) by a research showed that there is a significant relationship between stress and body image, as a result it is compatible with Pahlevanzadeh, Habibpour, Ghazavi, & Maghsoudi, (2004) based on average inverse relationship between body image and the signs of depression. Makkian, Skandari, Borjali, Ghodsi (2010) recommended Cognitive behavioral therapy as a psychotherapeutic intervention for weight loss, improved body image as the second phase of treatment.

Tahamy (2011) investigate the effects of coping skills training on stress reduction of depressed female-headed households. Results showed that coping skills can improve the mental health of female-headed households, meaning that the stress and depression, after training, was significantly different between the two groups.

Sohrabi, Khani Poor and Mohammad poor Nikbeen (2011) in a study examined the mental health status of women and the relationship between two variables affect satisfaction with weight (self-concept and coping strategies). The sample included 61 women with weight dissatisfaction with the way the sample was selected. Data analysis using one-sample t test, Pearson correlation and multiple regressions showed poor mental health in this population, the mental health had minimum score. Between Perception of their physical and mental health among the study group, there was a positive relationship. Physical self-concept alone had predictive ability of 57 % of the variance of mental health ($p < 0.001$). Findings protected the importance of self-body image in predicting mental health in women with weight dissatisfaction.

Simon, Vonkroff, Saunders, et al (2006) in America observed a significant relationship between obesity and duration of major depression, bipolar disorder, panic disorder, and fear of closed spaces that there was no significant difference between the two genders.

Williams & Fruhbeck (2009) suggest that separation of the communities in obese adolescents cause depression similarly; family support can protect them against depression. Social experiences of people who have lost weight and obesity indicate that the family and their support have helped these people.

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 depression test was between 0 to 63 Beck, Rush, Show, Emery (1979), individual who achieve scores higher than 11, 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.

Table (1): Distribution of control and experimental groups based on age

Age	Statically indicators		Experiment control	
	frequency	percent	frequency	percent
25-30	2	13.3	1	6.7
31-35	6	40	5	33.3
36-40	3	20	4	26.7
41-45	4	26.7	5	33.3

Research Design

This Semi-experimental study involves pre-test and post-test and follow-up, with testing and control groups.

After sampling, treatment approach (Acceptance and Commitment) the experimental group held, 8 sessions of 2 hours, once a week, and control group did not receive any training. Training period lasted for two months. At the end of training, the test was administered to both groups and was followed a month later.

Beck Depression Inventory

Beck Depression inventory was drafted in 1961. At the beginning this inventory was conducted by Beck, Ward, Mendelson, Mock, Erbaugh (1961), based on clinical observations and descriptions of depressed patients against non-depressed patients were obtained. The recommendations in the form of 21 symptoms and attitudes in a four-grade scale of 0-3 was graded according to severity was collected.

Fisher's body image test

Fisher's body image test was conducted in 1970 by Fisher. It has 46 articles. Each article has a value between 1 to 5 (1 = very dissatisfied, 2 = dissatisfied, 3 = moderate, 4 = satisfied, 5 = very satisfied). The grade 46 of test scores indicate disorder and higher than 46 (max 230) showed no abnormalities. Domains measured by this test includes 12 articles for head and face, upper limbs involve 10 article and lower limbs involved 6 articles of female body. Also other 18 article measure the subjects' attitudes towards the overall characteristics of body.

The research hypothesis

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

Descriptive Research Findings**Table (2): Mean and standard deviation scores on the depression test in the test and control groups at pre-test, Post-test and follow-up**

Variable	group	experiment	Mean	SD	Min	Max
Depression	experiment	Pre-test	23.8	3.91	20	33
Depression	experiment	Post-test	20.2	3.4	16	28
Depression	experiment	follow-up	20.47	4.2	16	30
Depression	evidence	Pre-test	23	2.45	20	28
Depression	evidence	Post-test	22.67	2.12	20	27
Depression	evidence	follow-up	22.4	2.06	20	27

Analytical Findings of the Research**Table (3): Results of analysis of variance with repeated measures on the pre-test, post-test and follow-up on test and control groups of depression variable**

Source of changes	Total Squares	Degree mark	Average Squares	F	Meaningful p level	Eta squared	Power Statistical
	46.06	2	23.03	6.56	0.003	0.19	0.89

After checking that both test and control groups have significant difference, determined that was there any significant difference in experimental group between pre-test and post-test and follow-up, for the analysis of post hoc test LSD on groups were used.

By LSD post hoc test determined that was between the pre-test, post-test and follow-up any significant difference in the experimental group. The results in Table 4 are shown.

Table (4): Results of the LSD, pretest, post-test and follow-up test depression variables in the test group

test	The mean	Standard deviation	Significance level
pre-test_ post test	3.6	0.25	0.001
pre test _ follow- up test	3.33	1.12	0.01
post test _ follow- up test	-0.26	1.03	0.8

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

Discussion

According to analysis of variance with repeated measurements, we can conclude that the independent variable has had an impact on depression in women with obesity. In other words, the approach of treatment based on acceptance and Commitment (ACT) has led to decrease depression in obese women ($F=6.56$ $p < 0.01$). The results of the LSD post hoc test indicated that the pre-test and posttest and follow-up at level of 0.01 has difference but between the two tests of post-test and follow up test there is no significant difference. Lappalainen and his colleagues (2007) had a study about ACT in comparison of CBT in curing depression and in compare with Paterson research (2007) the result showed that those receiving ACT were reported less depression that the results are the same.

Research Proposals

It is recommended that the treatment centers, counseling and psychotherapy (in clinical) applied acceptance and commitment therapy to the reduction of body image dissatisfaction and depression. Acceptance and commitment therapy is suggested for the reduction of depression 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

- Afrooz. G. (2007), Effective treatment of depression and coping and self-regulatory therapy. Tehran: Publishing science.
- Ashja, M.(2011), Effect of Acceptance and Commitment approach to depression Housewives of Tehran, MSc dissertation, counseling and guidance, discipline, University Of Khomeinishahr.
- Beck, A. T., Rush, A. J., Show, B. F., Emery, G.(1979). Cognitive therapy of Depression: A Treatment Manual. New York. Guilford Press.
- 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.
- Dehghani, P. (2008). The effectiveness of group cognitive - behavioral stress management on quality of life and alopecia hair loss Skin and Leishmaniasis Research Center, Isfahan Rnata, Master's thesis, clinical psychology, University of Isfahan.
- Emami, Z. (2012). Evaluate the effectiveness of therapy on quality of life, anxiety and depression in high school students, Master's thesis, General Psychology, University of Isfahan.
- Fourtinash, K., worth, P. (2004). Psychiatric and nursing care (translated by Ashoori, E., Pahlavanzadeh, S., Ghazavi, Z., magsoudi, J., Mehrabi, T., Nassiri, M., Yazdani, M). Isfahan explored. (Release date is not the primary language).
- Glasser, W.(2006). Choice theory (translated Rahmanian, N), Tehran: niche. (Original publication date 1998).
- Hosseini, A., Ghasemi, N., Mullaei Gonbadi, G., Rezaei, L. (2010.) Compared to the amount of stress and body image among persons 20 to 30 years old with normal cosmetic surgery and the city of Ahwaz. New Journal of industrial. Organizational psychology, 1 (2), 84-75.

- Lappalainen. R., Lehtonen .T.Skarp E., Taubert . E., Ojanen .M.& Hayes S.C.(2007). The impact of Behavior Modification, 31, 488-511 CBT and ACT models using psychology trainee therapists:APreliminarcontrolled effectiveness trial. Behavior Modification, 31, 488-51
- Maani , A. (1992) .Invisible illness depression . Tehran: Chappakhsh .
- Makkian,S.,Skandari,H.,Borjali ,A.,Ghodsi,D.(2010), Effects of narrative therapy and diet therapy on body image in overweight and obese women. Journal of ShahidBeheshti University of Medical Sciences.5, 225-232.
- Medical Association of America, (2010), A practical guide to cure depression (translation M. Ganji), Tehran : savalan, (Original publication 1998).
- Moriss, R. (2006),Psychological models of mood disorders, Psychiatry. S, 147 - 150.
- Nilforooshan ,P. (2006), The effect of cognitive behavioral counseling on anxiety and depression in infertile couples, Master's thesis, course counseling, university.
- Pahlavanzadeh, S.,Habibpour, Z.,Ghazavi, Z.,&Maghsoudi, J. (2004). the relationship between body image satisfaction and Depression in adolescents in Isfahan. Journal of Nursing and Midwifery, (2)9, 41-49 .
- Rosenhan , D , L ., Seligman. M. E.P. (2010).Psychopathology: psychological abnormalities (translated byseyedmohammadi). Tehran: Arasbaran . Volume II. (Original publication date 2000).
- Sadock , B , &Sadock ,V. (2009).Kaplan and Sadock's Synopsis of Psychiatry: Behavioral Sciences - Clinical Psychiatry (translated NusratullahPoorafkary). Tehran: Shahrab, (Original publication 2007).
- Sharf , R. S. (2006). Theories of Psychotherapy and Counseling (translation M. Firozbakht). Tehran: Rasa, (Original publication 1992).Simon, G. ,Vonkroff, M. , Saunders ,k., & et al.(2006).Association between obesity and psychiatric disorder in the US population, Arch Gen Psychiatry, 63,824-30.
- Sohrabi, p .,Khanipor , H., Mohammad poor Nikbeen, N. (2011), Relationship between self -concept and coping with the physical and mental health among women with weight dissatisfaction in the city of Rasht, Journal of Women's Studies, 9 (1), 96-79.
- Tahami, A. (2011). Effects of coping skills training in reducing stress, anxiety and depression in female-headed families. Master's thesis, clinical psychology, Ferdowsi University of Mashhad.
- 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.
- Williams, G., &Fruhbeck, G.(2009).Obesity :Science to Practice. England: John Wiley & Sons.