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## Introduction

- approximately 24% of women and 8% of men report that they are dieting at any given time with a lifetime dieting prevalence of 55% for women and 29% for men
  - (Kruger, Galuska, Serdula, & Jones, 2004)
- Psychological Flexibility: the convergence of six core processes that refer to the ability to live in the present moment open to all thoughts, emotions, sensations, and experiences, and to act in a way that is consistent with personal values
  - (Harris, 2009)
- Mediator for weight loss and binge eating in interventions
  - (Lillis & Hayes, 2008; Lillis, Hayes, & Levin, 2011)

## Current Study

### The current study sought to determine:

The relationship between weight related psychological flexibility and health behaviors among self-help dieters.

### Participant Characteristics

- Recruited from Amazon Mturk
- 196 non-treatment seeking\* dieters
  - Age mean = 37.85, range = 19 – 74
  - BMI mean = 30.48, range = 19.48 – 64.56
  - Caucasian 78.4%
  - Female 74%

\*not using surgical, bariatric, and/or formal behavioral interventions to lose weight

## Measures

- Acceptance and Action Questionnaire for Weight-Related Difficulties (AAQW)
- Eating Self Efficacy (ESES)
- Self-Report Habit Index (SRHI)
- Exercise Benefits Barriers Scale (EBBS)
- Binge Eating Scale (BES)
- Self-Monitoring & Dieting Questions
- Height and weight to calculate Body Mass Index (BMI)

## Results

**Covariates in the current study:** Income, Age, & BMI (first analysis BMI excluded)

**Found relationships between greater Weight-Related Psychological Flexibility &**

- **Lower BMI**
  - $F(3,191) = 5.36, p = .001; B = -.26, t(194) = -3.58, p = .000$
  - AAQW accounts for 6.2% of the variance
- **Less Binge Eating (BES)**
  - $F(4,190) = 52.02, p = .000; B = .70, t(194) = 13.00, p = .000$
  - AAQW accounts for 42.5% of the variance
- **Greater healthy eating habits (SRHI)**
  - $F(4,190) = 11.35, p = .000; B = .37, t(194) = 5.29, p = .000$
  - AAQW accounts for 11.9% of the variance
- **Greater physical activity habits (SRHI)**
  - $F(4,190) = 11.03, p = .000; B = .31, t(194) = 4.35, p = .000$
  - AAQW accounts for 8.1% of the variance
- **Greater eating self-efficacy (ESES)**
  - $F(4,190) = 27.97, p = .000; B = .62, t(194) = 10.01, p = .000$
  - AAQW accounts for 33.2% of the variance
- **Greater perceived benefits of exercise (EBBS)**
  - $F(4,190) = 10.60, p = .000; B = .38, t(194) = 5.35, p = .000$
  - AAQW accounts for 12.3% of the variance
- **More days per week of exercise**
  - $F(4,180) = 3.75, p = .006; B = .16, t(184) = 2.05, p = .042$
  - AAQW accounts for 2.2% of the variance

**No found relationship between AAQW & frequency of self-recording:**

- daily caloric intake ( $p = .142$ )
- daily foods eaten ( $p = .124$ )
- daily weight ( $p = .539$ )
- daily minutes of physical activity ( $p = .468$ )

### Post-Hoc Analyses of Dieting Factors

Table 1. Dieting Factors

Measures	AAQW	Diet Attempts	% wgtloss	Months on diet
AAQW	1			
Diet Attempts	-.136*	1		
% wgtloss	.160*	.026	1	
Months on diet	.158*	.016	.653**	1

\*\* $p \leq .001$ ; \* $p \leq .05$ ; Diet Attempts = number of diet since 18 years old; % wgtloss = percentage of weight lost during current diet; Months of diet = number of months on current diet.

## Discussion

### Conclusions

- Greater psychological flexibility (less experiential avoidance) is related to multiple positive health behaviors among self-help dieters.
- There is a relationship between weight-related psychological flexibility and features of dieting attempts, such as months on a diet, number of past dieting attempts, and percentage of weight loss during diet.

### Limitations

- The sample was homogenous with mostly Caucasian females so results might not be generalizable.
- Results were based on self-report data and therefore may be subject to bias.

### Future Directions

- Examine specific components of psychological flexibility (e.g., mindfulness, defusion, values identification) as it relates to health behaviors.
- Use information to develop brief ACT workshop to improve psychological flexibility for self-help dieters.
- Develop online resources to improve psychological flexibility and/or decrease experiential avoidance so that non-treatment seeking individuals can benefit.

## References

- Harris, R. (2009). *ACT made simple: An easy-to-read primer on acceptance and commitment therapy*. New Harbinger Publications.
- Kruger, J., Galuska, D. A., Serdula, M. K., & Jones, D. A. (2004). Attempting to lose weight: specific practices among US adults. *American journal of preventive medicine*, 26(5), 402-406.
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- Lillis, J., Hayes, S. C., & Levin, M. E. (2011). Binge eating and weight control: The role of experiential avoidance. *Behavior modification* 0145445510397178.

## Contact

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