ACT and Body Image Dissatisfaction: Theory and Clinical Application

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ACT and Body Image Dissatisfaction

- History of treatment development and clinical application
  - Development of a specific protocol for research
  - Initial pilot study: (Pearson, Follette & Hayes, 2011)

  - Describes theory and application of ACT to treat body image dissatisfaction across a wide range of populations
  - Adopted and expanded upon the initial protocol
  - Primary reference for this talk
Body Image Dissatisfaction

- Body image problems take many forms
  - Preoccupation with Weight and shape (in ED populations and in non-clinical populations)
  - Body dysmorphic disorder (over concern about a particular body part)
  - Body changes due to a medical condition, accident or treatment effect (i.e. chemotherapy)
  - Body dissatisfaction due to social or gender comparison (i.e. social constructions of “masculine” and “feminine”)
  - Affects men and women
Development and Maintenance of Body Image
Dissatisfaction: Context and Function

- Derived relational frames develop early via contextual variables
  - Ex: “You’re a big girl” (Pearson, Heffner & Follette, 2010, p. 22)
  - Stories (verbal networks) about beauty and its impact exist from the cultural level to the individual level (and everywhere in between).
  - Attachment to these stories begins to shape one’s behavior.
Development and Maintenance of Body Image
Dissatisfaction: Context and Function

- Body image preoccupation serves varying functions
  - May serve the function of reducing/avoiding unwanted thoughts and feelings directly related to body image.
  - Additionally, preoccupation with the body, and distress about the body may serve as avoidance of more difficult life issues.
    - Greater perception of control
    - Illusion that changing the body will change one’s life
Rationale for Intervening

- In eating disorder populations
  - Strongest predictor of relapse, so theoretically may improve treatment outcomes (an area for future research).
- In clinical and non-clinical populations
  - Reduces preoccupation and associated suffering
  - Targets the experiencing of underlying emotional pain
  - Broadens one’s life via values clarification.
Clinical Considerations: Assessment

- **Body image concerns**
  - Functional Assessment: Some considerations
    - Identify the primary function of preoccupation with body image
      - Assess unwanted body related feelings and emotions
      - Is it related to maintaining a disordered eating behavior?
      - What is the “story” to which the person is fused?
    - Identify a secondary function of the class of body image related symptoms
      - Is the preoccupation serving as avoidance of other areas of pain?
      - Is there a perception/story about having greater control of body image versus other areas of life?
Clinical Considerations: Assessment

- Disordered Eating in Relation to Body Image Concerns
  - Diagnostic/symptom assessment
  - Functional assessment of disordered eating in relation to body image concerns:
    - How does food intake and/or compensatory behaviors impact physiological sensations in the body
      - Ex: purging results in feelings of an empty stomach, to which a myriad of thoughts are attached “my stomach is flatter”- “I’m more desirable”- “people look at me differently”- “I don’t feel so alone.”
Clinical Considerations: Assessment

- Some Suggestions for ACT relevant assessment of body image dissatisfaction:
  - Acceptance and Action Questionnaire-Weight (AAQ-W) (Lillis and Hayes, 2008)
    - Assess acceptance/experiential avoidance of weight related topics.
  - Body Image Quality of Life Inventory (BIQLI) (Cash & Fleming, 2002)
    - Assesses the degree to which body image concerns impact various domains of life functioning.
  - Preoccupation with Eating, Weight and Shape Scale (PEWS) (Niemeier, Craighead, Pung & Elder, 2002)
    - Assesses frequency and distress of eating, weight and shape related thoughts.
  - Obesity Related Well-Being Questionnaire (ORWELL 97) (Mannucci et al., 1997)
    - Extent to which obesity related problems interfere with quality of life.
  - Body Image Avoidance Questionnaire (BIAQ) (Rosen, Srebnik & Wendt, 1991)
    - Assesses degree of avoidance behaviors related to body image.
  - Eating Attitudes Test (EAT-26) (Garner, Olmstead, Bohr & Garfinkel, 1982)
    - Assesses disordered eating symptoms and attitudes.

- For additional recommendations on measures for body image dissatisfaction and disordered eating please see Pearson, Heffner & Follette, 2010, p. 30-31.
Case Example (Pearson et al., 2010, p. 74-75)

Jessica

- 40 years old, single, breast cancer survivor
- Referred to you by her primary care physician for depression and increased alcohol use
- She reports her initial reaction to cancer was to “fight it and make it go away.”
- Since being in remission she reports “depressed about her appearance” due to weight gain, hair changes, and skin quality changes since chemotherapy.
- Her days are spent inside her home, avoiding family, friends and enjoyable activities.
- She has started drinking alcohol at night to lessen the loneliness
- She states: “I didn’t survive cancer. Cancer killed the person I was”.
Clinical Intervention using ACT core processes

- Listen to the client’s story about his/her struggle
  - As it emerges in session
  - Via the body-mind/mind-body letter exercise (Pearson et al., 2010)
- Practice defusion from the story (both as therapist and for the client)
  - What is the story about the body and its relations-
    - “...people complimented me on my appearance....I felt I was beating cancer inside my body and the outside too!” (Pearson et al., 2010, p. 75): An “attractive” body= Health, praise and close relationships.
    - “I look in the mirror and see the effects of cancer....other people must look at me and see the same thing” (Pearson et al., 2010, p. 75). Changes in the body=social rejection and isolation.
- Identify control strategies
  - Preoccupation with appearance management (pre cancer)
  - “Giving up” and isolating (post cancer)
Clinical Intervention using ACT core processes

- Intervene with acceptance
  - With your therapeutic stance
  - With exercises of “sitting with”
    - Emotions about threat to the body and the impact of illness
    - Reactions to noticing physiological changes
    - Interpersonal feelings

- Practice present moment focus
  - in session modeling
  - In session and out of session exercises: The Mindful Mirror, Mindful Eating
    (Pearson et al., 2010, p. 118 & 125)
Clinical Intervention using ACT core processes

- Assess conceptualization of self: where is it content driven (i.e. how flexible/rigid is the “I am...”): “Cancer killed the person I was” (Pearson et al., 2010, p. 74)
  - Where is the “I am” beyond the body?

- Assess for personal values
  - by listening for areas of loss and behavioral narrowing due to preoccupation with body image
  - With direct assessment of values and goals (non weight/body image related)
Clinical Intervention using ACT core processes

- Identify current commitment to valued living (everyone has even a little).
  - Broaden this with specific goals in valued life domains.
  - Balance weight loss/body shape change goals with other goals.
  - Identify the value behind body change goals: Is it a value (such as weight loss for health), or is it avoidance?
    - “I tried everything to pretend this (cancer) wasn't happening to me.”
      - (Pearson et al., 2010, p. 75)

- Continuation of the therapeutic work:
  - *There will come a time when you believe everything is finished. That will be the beginning.* -Louis L’ Amor
    - (Pearson et al., 2010, p. 179)
  - Consider addressing body image concerns as a life long process. Living within the contextual demands of “attractiveness”, one must continue to connect to personal values, outside and within.
References


References


