

## A Comparison of Effectiveness of Acceptance and Commitment Therapy (ACT) and Emotional Focused Therapy (EFT) on Physical-social anxiety in Obese Individuals

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### Abstract

**Objective:** The present study was conducted to make a comparison between the effectiveness of acceptance and commitment therapy and emotion-focused therapy on Physical-social anxiety in obese individuals.

**Materials and Methods:** The research method was a quasi-experimental design with a pre-test/post-test design and follow-up with a control group. 45 women aged 20 to 30 were selected through convenience sampling and randomly assigned to two experimental groups and a control group (15 people in each group). Then, the experimental groups were treated for 8 treatment sessions, 90 minutes each week.

**Results:** The results showed, there was a significant difference between the effectiveness of acceptance and commitment therapy and emotion- focused therapy on Physical-social anxiety in obese women. Accordingly, acceptance and commitment therapy was more effective than emotion-focused therapy in reducing Physical-social anxiety in obese individuals.

**Conclusion:** Acceptance and commitment therapy and emotion-focused therapy can be effective strategies for reducing socio-physical anxiety in overweight women.

**Keywords:** Acceptance and commitment therapy, Emotion-focused therapy, Physical-social anxiety

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## Introduction

Overweight and obesity, as excessive accumulation of fat in the body, are one of the most important challenges facing public health services in the 21st century (1). Obesity and overweight, can have a significant impact on cause physical and social anxiety in people with obesity in social situations. Physical- social anxiety is a specific form of anxiety that is defined as the fear of being negatively evaluated or rejected by others because of one's physical appearance. Fear of being exposed to negative and unkind social perceptions about weight, size, and body shape causes many people with obesity to feel anxious and ashamed about their appearance and how others perceive them (2). Research findings show that anxiety disorders, including physical- social anxiety, are one of the most common mental health problems and eating disorders are increasing in the obese female population (3).

Acceptance and Commitment Therapy (ACT) helps individuals focus on the present moment, accept thoughts and emotions beyond their control without judgment, and commit to predetermined positive goals. In this kind of therapy, the therapist teaches clients how not to suppress negative emotions, how to detach from unwanted and intrusive thoughts, and how to accept and experience negative emotions rather than avoiding or reacting thoughtlessly (4).

In Emotion-Focused Therapy (EFT), emotions that have key significance are known as the driving force. This therapeutic approach provides a unique framework for dealing with emotional processes and, in this regard, uses targeted techniques to stimulate and facilitate changes in clients' emotional experiences. During treatment, clients can learn to regulate and express their emotional experiences more optimally by learning to label emotions properly, to regulate and moderate intense emotions, and to transform the main maladaptive and painful emotions (5). The main question of the present study is how different the effects of acceptance and

commitment therapy and emotion-focused therapy on Physical- social anxiety in People with obesity can be.

## Material and methods

The present quasi-experimental study includes two experimental groups and a control group, and its statistical population consists of all women (20-30 years) who referred to nutrition clinics in Tehran in 2022. Among the women who referred to a nutrition clinic in District 4 of Tehran, 45 were selected through convenience sampling according. Then, the first experimental group received acceptance and commitment therapy, whereas the second group received emotion-focused therapy. The groups were assessed in three time phases: pre-test, post-test, and follow-up. Repeated-measures analysis of Variance and Bonferroni post hoc tests were used to analyze the data. Data were gathered using the following tools.

### Social physique anxiety Scale (SPAS)

This scale, developed by Hart et al., (6) has 12 questions and is scored on a five-point Likert, with a score of 12 indicating the minimum and a score of 60 indicating the maximum level of anxiety. The reliability of the test by Yousefi, Hassani, and Shokri, (7), and was obtained as 0.88 using Cronbach's alpha.. In the present study, the reliability of this scale was obtained by Cronbach's alpha method as 0.89.

### Treatment protocol

In this study, the protocols of acceptance and commitment therapy were taught based on Hayes approach, (8), and emotion-focused therapy was taught based on the Greenberg approach, (5), to the experimental groups during eight 90' sessions, one session per week, along with the assigned homework.

### Ethical considerations

The study was approved by the ethics committee of Islamic Azad University, Chalus

Branch, (IR.IAU.CHALUS.EC.1401. 025)

## Results

The mean and standard deviation of Physical-social anxiety for the research groups in the three stages of the study indicated that in two groups of acceptance and commitment therapy and emotion-focused therapy, more significant changes occurred in Physical-social anxiety from pre- test to post-test and follow- up stages than the control group (Table 1). The normality of data distribution was checked using the Shapiro-Wilk test, the homogeneity of variances was checked using the Levine test, and the sphericity test was checked using the Mauchly's test. As well as, the significance levels of all four multivariate statistics, including Pillai's Trace, Wilks' Lambda, Hotelling's Trace, and Roy's Largest Root, are significant at the level of 0.001 ( $P < 0.01$ ), indicating that the intervention had a general effect on the dependent variables (Table 2).

The results of repeated measures analysis of variance showed the significance of , the test factor ( $F = 230.1$ ,  $P < 0.001$ ), group ( $F = 460.2$ ,  $P < 0.001$ ) and the test  $\times$  group interaction ( $F = 52.97$ ,  $P < 0.001$ ) in the Physical-social anxiety variable indicating the fact that there is a significant difference between at least two of

the three research groups in the post-test and follow-up stages in the Physical-social anxiety variable (Table 3).

Bonferroni's post hoc test was performed to examine pairwise comparisons of changes in the somato-social anxiety variable in the acceptance and commitment therapy, emotion-focused therapy, and control groups, respectively. As shown in Table 4, the effectiveness of the Acceptance and commitment therapy was higher in both the post-test and follow-up stages on the variable of Physical-social anxiety.

## Discussion

The study aimed to compare the effectiveness of acceptance and commitment therapy and emotion-focused therapy on Physical-social anxiety in people with obesity. Although the statistical results showed significant effectiveness for both treatments, acceptance and commitment therapy was more effective on these variables. This result is consistent with the studies of Asadi , et al., (9); Ariapooran et al., (10); Caletti et al., (3); and Shepherd et al., (11).

In explaining the results, it can be said, that, when people experience social anxiety, they worry of fear being judged by others or embarrassing themselves in front of people.

**Table 1. Mean and standard deviation of physical-social anxiety in research groups**

| Variable                | Group                             | Stage     | Mean  | standard deviation |
|-------------------------|-----------------------------------|-----------|-------|--------------------|
| Physical-social anxiety | Acceptance and commitment therapy | Pre-test  | 44.11 | 4.12               |
|                         |                                   | Post-test | 26.38 | 3.51               |
|                         |                                   | Follow-up | 26.77 | 3.87               |
|                         | Emotion-focused therapy           | Pre-test  | 45.83 | 2.47               |
|                         |                                   | Post-test | 32.77 | 3.88               |
|                         |                                   | Follow-up | 33.27 | 3.56               |
|                         | Control                           | Pre-test  | 43.18 | 3.15               |
|                         |                                   | Post-test | 43.61 | 4.88               |
|                         |                                   | Follow-up | 43.88 | 5.12               |

**Table 2. Results of Pillai's Trace, Wilks' Lambda, Hotelling's Trace, and Roy's Largest Root**

| Variable                |                     | value | F      | Hypothesis <i>df</i> | Error <i>df</i> | <i>P</i> -value |
|-------------------------|---------------------|-------|--------|----------------------|-----------------|-----------------|
| Physical-social anxiety | Pillai's trace      | 0.889 | 200.07 | 2                    | 50              | 0.0001          |
|                         | Wilk's lambda       | 0.111 | 200.07 | 2                    | 50              | 0.0001          |
|                         | Hotelling's trace   | 8.003 | 200.07 | 2                    | 50              | 0.0001          |
|                         | Roy's greatest root | 8.003 | 200.07 | 2                    | 50              | 0.0001          |

**Table 3. Results of repeated measures analysis of variance on Physical-social anxiety in three research groups**

| Variable                | Source of changes | Sum of squares | Degrees of freedom | Mean squares | F     | P-value | Eta square |
|-------------------------|-------------------|----------------|--------------------|--------------|-------|---------|------------|
| Physical-social anxiety | Test              | 3157.92        | 1                  | 3157.92      | 230.1 | 0.0001  | 52.97      |
|                         | Group             | 7894.8         | 1                  | 6315.84      | 460.2 | 0.0001  | 50.12      |
|                         | test * Group      | 1453.4         | 2                  | 726.7        | 52.97 | 0.0001  | 0.524      |

**Table 4. Bonferroni test to compare three groups in research variables**

| Variables               | Group                             | pre-test-post-test Mean difference | Sig.  | pre-test-Follow-up Mean difference | Sig.  | post-tes-Follow-up Mean difference | Sig.  |
|-------------------------|-----------------------------------|------------------------------------|-------|------------------------------------|-------|------------------------------------|-------|
| Physical-social anxiety | Emotion-focused therapy           | 13.05                              | 0.001 | 12.55                              | 0.001 | -0.5                               | 0.564 |
|                         | Acceptance and commitment therapy | 17.72                              | 0.001 | 17.33                              | 0.001 | -0.38                              | 0.202 |

Over time, these self-judgments lead to avoidance behaviors such as not engaging in social interactions or avoiding social situations altogether. Through acceptance-related techniques, the therapist helps clients reduce anxiety-related avoidance behaviors and fear by accepting those catastrophic thoughts, instead of viewing anxiety as a "fearful emotion that must be avoided at all costs". Acceptance as an emotion regulation strategy does not mean changing the emotions experienced, but rather receiving them without trying to control them. Acceptance-based guidelines emphasize the lack of need to control, modify, or intervene in emotional processes (12).

## Conclusion

Given that acceptance and commitment therapy and emotion-focused therapy can be effective strategies for reducing physical and social anxiety in overweight women, it is suggested that these approaches be used as adjunctive therapy alongside pharmacological treatments.

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## Conflict of Interest

The authors declare no conflict of interest.

## Authors' contributions

Conceptulization and study design: N.Sh. and J.A. Data Collection: N.Sh. Data analysis: J.Sh. and J.A. Manuscript Writing: J.Sh. All the Authors read and approved the final manuscript.

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