

Acceptance and Commitment Therapy and Weight-Related Difficulties in Overweight and Obese Adults: A Systematic Review

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Patricia Pawa Pitil 

Faculty of Medicine & Health Sciences, Universiti Malaysia Sarawak, Kota Samarahan, Malaysia

Faculty of Sports Science & Recreation, Universiti Teknologi MARA Sarawak Branch, Kota Samarahan, Malaysia

Siti Raudzah Ghazali 

Faculty of Medicine & Health Sciences, Universiti Malaysia Sarawak, Kota Samarahan, Malaysia

Abstract

Multiple studies have investigated the efficacy of acceptance and commitment therapy (ACT) in improving psychological flexibility among overweight and obese individuals. However, to date, no specific reviews have focused on ACT and weight-related difficulties in this population. This systematic review of the literature aims to identify and assemble all ACT interventions in randomized controlled trials (RCT) that address weight-related difficulties in the treatment of overweight and obese adults. The PRISMA 2020 framework was used for the systematic review, includes manual and computerized database searches. Five databases (Medline, PubMed, Scopus, PsycInfo, and Google) were utilized to gather all articles that: (a) published in English; (b) adopted the RCT design; (c) used ACT as an intervention; (d) included adult participants aged over 18 years with BMI of over 25 kg/m², and (e) included weight-related difficulties and weight as outcome measures. The review identified seven studies comprising 698 overweight or obese participants of both genders. Improvements were reported in weight-related difficulties and percentage of weight loss in the ACT group and the non-

Corresponding Author:

Siti Raudzah Ghazali, Faculty of Medicine & Health Sciences, Universiti Malaysia Sarawak, Jalan Datuk Mohammad Musa, Kota Samarahan 94300, Malaysia.

Email: graudzah@unimas.my

ACT group. The present review supports ACT as an effective intervention that can help adults with weight-related difficulties and excess body weight. Further studies should be conducted in various overweight or obese populations with a more systematic RCT research design to establish the effectiveness of ACT in this area.

Keywords

acceptance and commitment therapy, overweight, psychological flexibility, systematic review, weight-related difficulties

Introduction

Overweight and obesity are conditions that are described as having an abnormal or excessive accumulation of fat, which poses a health risk. Overweight is defined as a body mass index (BMI) greater than 25, while obesity is defined as a BMI greater than 30. Over four million annual deaths from being overweight or obese, as per the global burden of illness (WHO, 2017). This problem has increased dramatically in recent decades (OECD, 2019; Vardell, 2020). Due to the severity of the situation, there has been increased attention on body weight. There was a three-fold dramatic growth in obesity prevalence globally from 1975 to 2016. In 2016, over 650 million adults aged 18 and above were reported as obese, which made up 13% of the total adult population worldwide (11% of men and 15% of women (WHO, 2017)).

Numerous non-communicable diseases, such as cardiovascular diseases, diabetes, musculoskeletal disorders, and several cancers, are connected with excessive body weight, and these conditions would greatly impact the quality of life (WHO, 2022). Numerous psychological factors contribute to weight gain. For example, emotional eating, impulsive eating, and rigid control over one's eating habits may be signs of experiential avoidance linked to weight, which would affect one's quality of life (Lillis et al., 2014; Palmeira et al., 2018). Weight-related experiential avoidance is a psychological condition when a person tries to avoid, control, or change unpleasant internal experiences related to weight and eating, such as food cravings, tiredness, and feeling bad about their own weight (Lillis et al., 2009).

Several factors can contribute to body weight struggles. A combination of biological, genetic, social, environmental, and behavioral factors contribute to obesity (Allison et al., 2008). The environment (such as obesogenic surroundings and chemicals) and behaviors of an individual can alter the genetic factor, which influences biological processes (e.g., caloric patterns and sedentary lifestyle habits). Therefore, it increases the susceptibility of individuals toward obesity (Kadouh & Acosta, 2017; Lee et al., 2000).

The approaches to address overweight or obesity issue have been established. Three strategies exist for successfully maintaining body weight or losing weight: a nutritious diet, physical exercise, and behavioral changes (Ruiz, 2010). These strategies often

combine food and physical activity recommendations with proven approaches for behavioral change, such as goal planning, self-observation, problem-solving, and scheduled social support. There are also medical interventions for weight loss including prescription drugs (Tchang et al., 2021) and bariatric surgery (Wolfe et al., 2016). However, these approaches are mostly used among very high-risk populations and under the clinical supervision of physicians; thus, they are not covered in this review.

As weight loss is regarded as the primary objective, psychological effects are rarely addressed. An emerging and potentially effective behavioral method for a range of psychological concerns associated with body weight issues is the third wave of Cognitive Behavioral Therapy (CBT), specifically Acceptance Commitment Therapy (ACT). Compared to other kinds of CBT, this intervention treatment provided the most consistent evidence of efficacy for weight management (Hayes et al., 2001). To date, CBT has been recommended for treating obesity in weight management behavior (Byrne et al., 2004; Cooper et al., 2010; Moffitt et al., 2015). Contradictory findings regarding CBT's ability to maintain weight loss (Castellnuovo et al., 2017) and also ineffective in targeting the emotional issues of individuals struggling with body weight (Comşa et al., 2020) however, have also been reported.

ACT is a therapeutic approach to developing psychological flexibility, and it focuses on negative human language and cognition. It is rooted in a functional contextual philosophy (Biglan & Hayes, 1996; Hayes et al., 1993) and hypothetically ingrained in the framework of the relational frame theory (RFT) (Ruiz, 2010). RFT is a vigorous and comprehensive experimental analysis of human language and cognition (Hayes et al., 2001). It emphasizes context, distinguishing between contexts that establish cognitive networks, and those that determine the functions of these networks. ACT aims to modify cognition, emotions, memories, and bodily sensations to a level that increases their functional importance. By encouraging acceptance and mindfulness, ACT seeks to improve healthy behavioral patterns that are congruent with personal values in the context of treating obesity (Lillis & Kendra, 2014; Wilson, 2020).

There has been an increasing interest in acceptance-based interventions to endorse flexible behaviors in dealing with body weight, as well as the maintenance of healthy body weight via physical activity and the commitment towards it. The use of ACT is based on empirical research implying that psychological flexibility has a significant relationship with a reduction in body weight (Forman et al., 2009; Katterman & et al., 2014; Tapper et al., 2009). Weight-related psychological flexibility should be the expected change in the ACT intervention for weight management among overweight and obese people. To further validate the effects of ACT on weight-related psychological flexibility (which will be referred to as weight-related difficulties) and obesity, it is critical to synthesize the findings of the previous studies' findings.

Previous studies have suggested that experiential avoidance of individuals with excess body weight can lead to several health behaviors: eating disorder behaviors, body image dissatisfaction, and psychological stress (Lillis et al., 2011; Lillis & Hayes, 2008; Weineland et al., 2013). As reported in several studies, ACT intervention had its limitations but produced some successful outcomes in helping overweight and obese