

# How to Better Feel: Using Acceptance and Commitment Therapy in the Treatment of Eating Disorders

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## Objectives

- Attendees will learn about the formation of body image, ways to improve body image at all ages, and practical approaches to improving body image for both clinicians and clients.
- Attendees will learn benefits of using Acceptance and Commitment Therapy (ACT) in treating individuals with eating disorders.
- Attendees will learn how to incorporate tenets of ACT into their professional practice to address desire to suppress or avoid emotions.

## Who Am I



Center for Change Boise



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**BODY IMAGE**

## What is body image?

- The mental representation an individual creates of themselves.
  - → Emotional response
- Influenced by:
  - Upbringing
  - Appearance
  - Trauma
  - Etc....



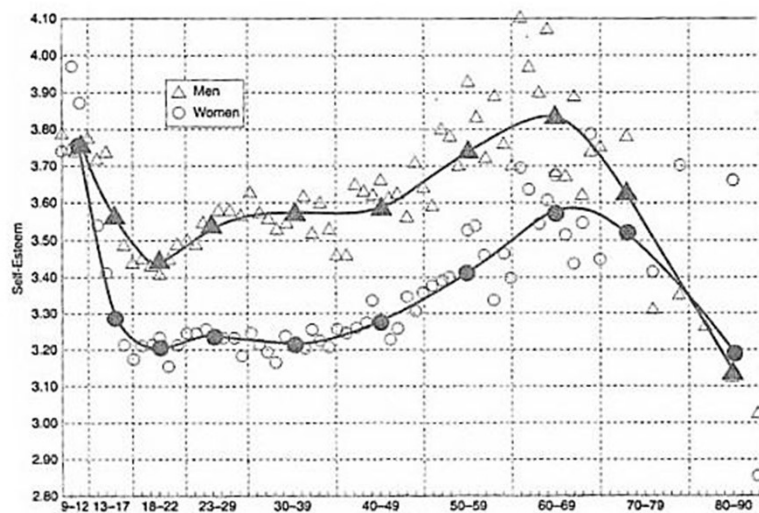
## Body Image in the Lifespan

- Self-system begins in infancy
- “Looking glass self”-Charles Horton Cooley
- Preschoolers- concrete, physical terms: “little, strong,” older children more abstract, “good soccer player.”
- Girls report more dissatisfaction with their appearance than boys starting in early adolescence.



## Body Image in the Lifespan

- Social comparison
- Late childhood = self-esteem drop (13-22), more for girls
  - Growth spurt, avg. boy gains 42lbs, girls 38lbs, over 4 years
- Body image declines in later life
  - Can be linked to feeling purposeless and aging processes



Robins, R.W., Trzesniewski, K. H., Tracy, J. L., Gosling, S. D., & Potter, J. (2002). Global self-esteem across the life span. *Psychology and Aging, 17*, 238.

## Ways to improve body image

- **Kids:** Identify things that are important to child and encourage process vs. content. Model positive relationship with body.
- **Teens:** Increase media literacy; identify messages and expectations. Increase connection vs. screen time. Normalize weight gain and changing body shape/size due to puberty.
- **Adults:** Function vs. size. What can your body do for you? What are your values? Do your actions align with them?
- **Older adults:** Identify meaning beyond achievements. What does it mean to be human? Can I be all these things and no longer be in a youthful/able body?

ACCEPTANCE AND COMMITMENT THERAPY

## Approaches to Body Image and Eating Disorders

### HISTORICAL

- Early tx
- CBT
- DBT
- Group therapy
- Family therapy

### EMERGING

- ACT
- HAES®
- Body movement
- Mirror exposure vs. Avoidance
- Art
- Etc....

## What is ACT?

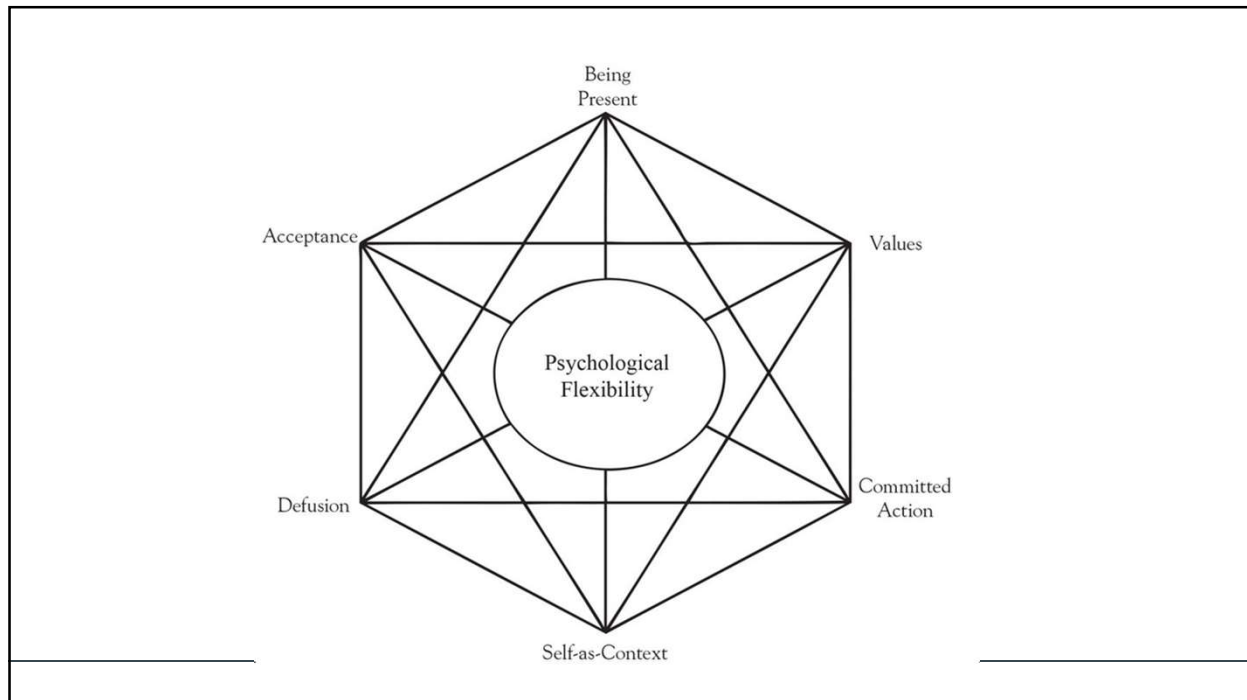
- Founded by Steven Hayes in 1982
  - “...the primary source of human unhappiness is the way language and cognition interact with the circumstances of our lives to produce an inability to persist or make changes that are in the service of long-term valued ends.” -Luoma, Hayes, and Walser, 2007, p. 9
- Inflexibility happens when we use language and tools in ways that are ineffective or problematic.
- The point of ACT is not to feel **BETTER** but to better **FEEL**.

## Why ACT?

- Clients that attended ACT groups while in residential treatment showed lower rates of rehospitalization after 6 months compared to those that did not attend ACT groups (Juarascio, et al., 2013).
- For adolescents with AN or subthreshold AN, a family-based approach based on ACT has shown to reduce ED pathology (Timko, Zucker, Herbert, Rodriguez, & Merwin, 2015).
- In an ED sample, an ACT group intervention focusing on body image was effective in reducing residual ED symptoms and body image problems (Fogelkvist, Gustafsson, Kjellin, Parling, 2020).

## Use of Language in ACT

1. “And” instead of “but”
  - a. “I want to go to the store and I am afraid.”
2. Verbally defuse
  - a. “I notice that I am having the thought that I am stupid.”
3. “Willing” instead of “Want”
  - a. “I’m afraid and I am willing to eat this meal for my recovery.”
4. Speak to your mind as if it were a separate entity
  - a. “Thank you Mind, for doing your job and helping me be aware of that thought or feeling.”



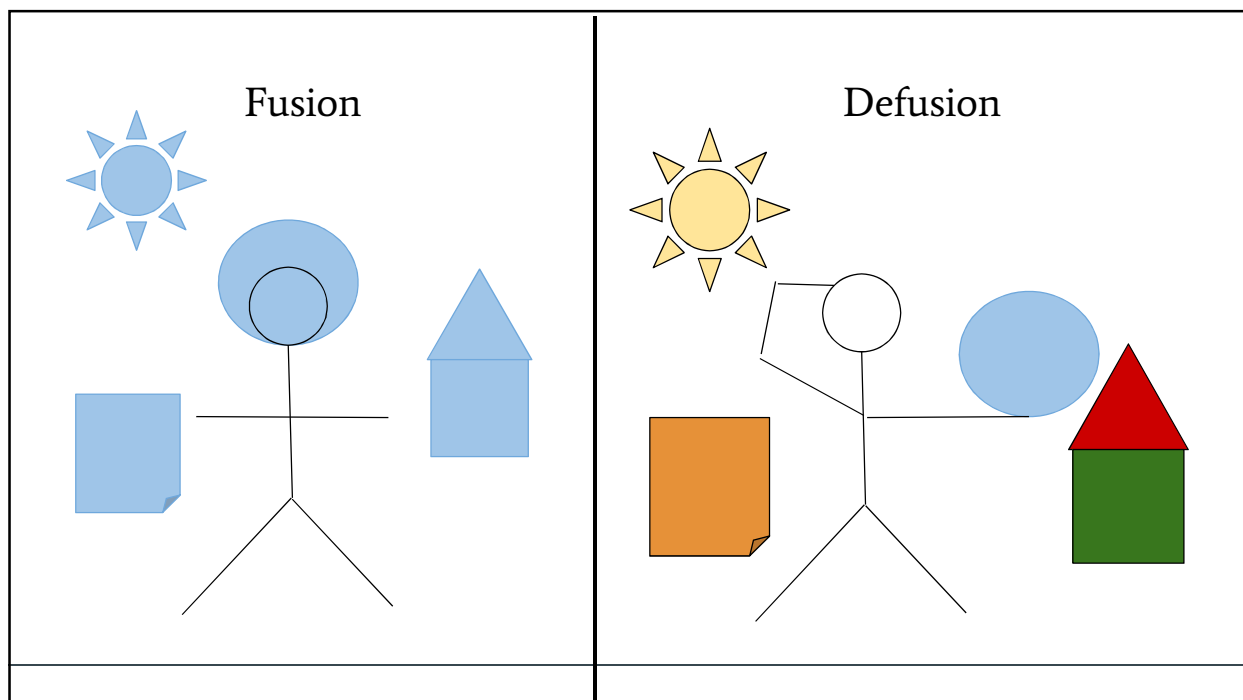
## Self as context

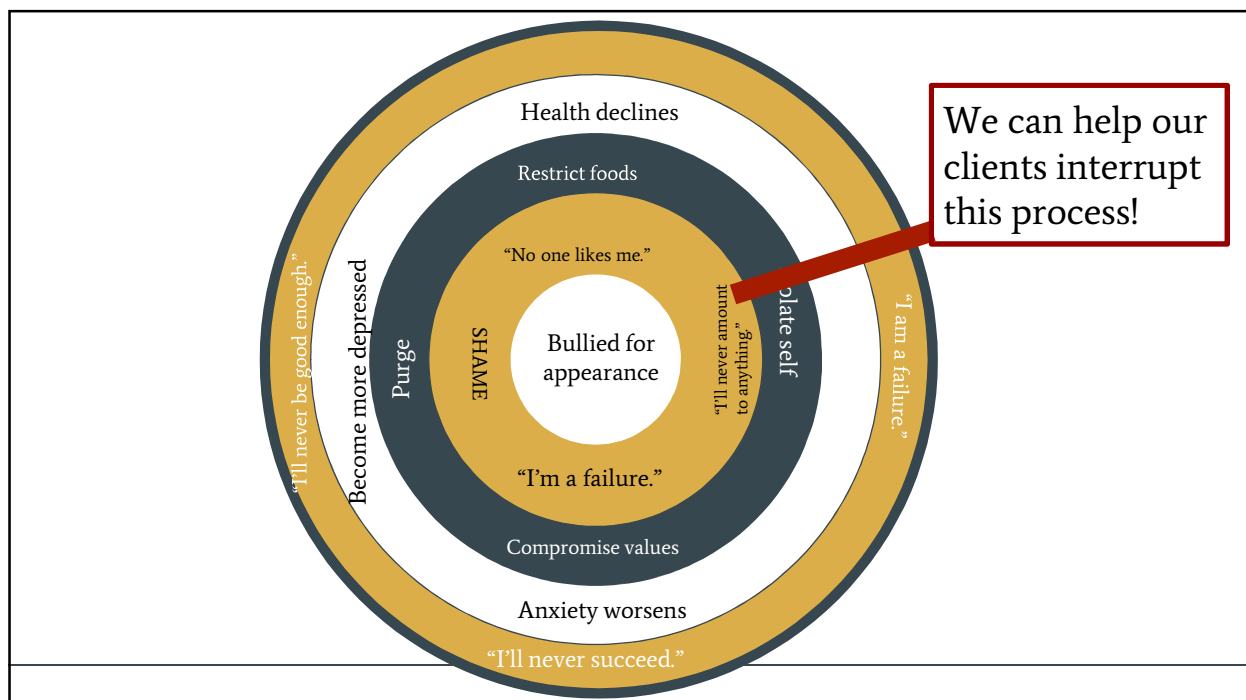
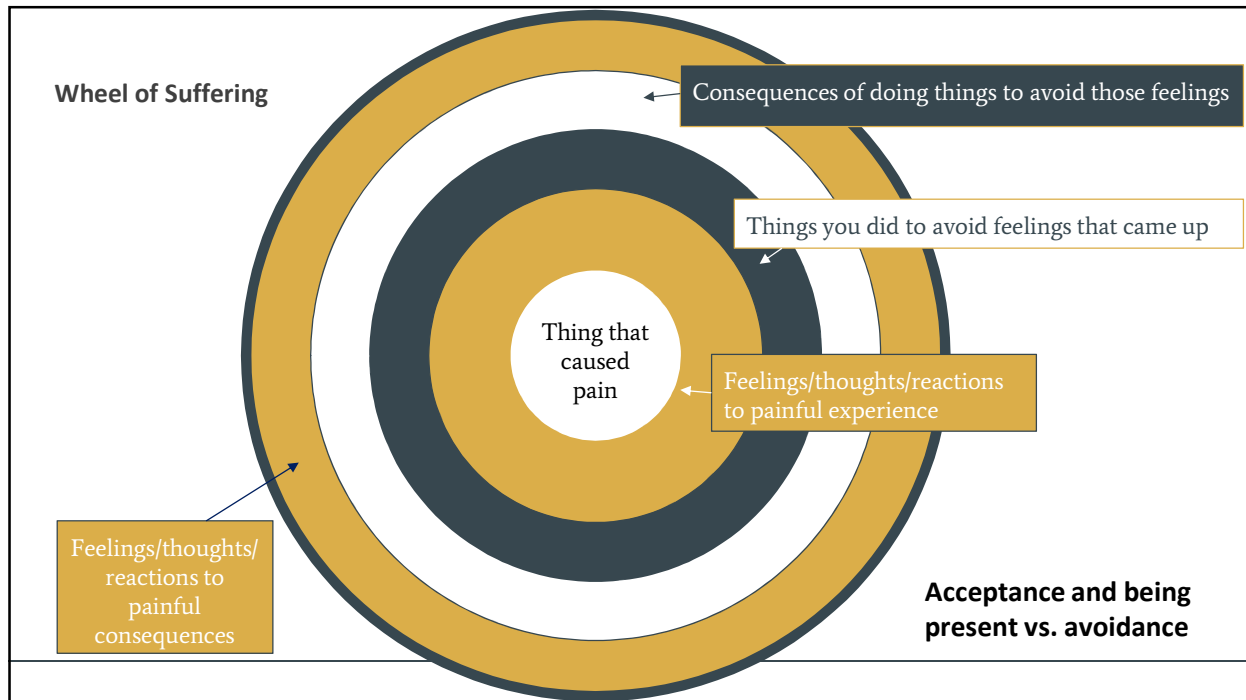
- The **OBSERVER** self
- The **YOU** that is able to notice that you are noticing,
  - *“Now I’m feeling this.”*
- Best connected with through experience rather than intellectual understanding.
- Decreases attachment to a conceptualized self
- Creates context where acceptance and de-fusion are not threatening
- Fosters greater flexibility.



## Defusion

- Getting some distance or unhooking from the literal meaning of words.
- **Fusion:** when thoughts, feelings, emotions, and body sensations run our lives.
- **Defusion:** when you are able to separate your thoughts, feelings, emotions, and body sensations as separate from you.
  - Does not deny or suppress the presence of pain but rather, notices it in a way that does not change your direction.
  - This increases flexibility and leads to growth.





## Passengers on a Bus

- Thoughts, feelings, emotions, and body sensations are like passengers on a bus we are driving.
- Passengers can try to make the bus turn certain ways, but they are never in the driver's seat.
  - We can be “hooked” by these passengers and allow them to steer our lives, instead of our values.
- Another example: “Emotions are like weather and you are the sky. The weather can never hurt the sky.”



## Values and Committed Action

- According to ACT:
  - Values cannot be right or wrong.
  - Values are not goals. Values are never finally completed accomplished.
  - Values are about PROCESS, not outcome.
- **Take action:**
  - Monitor current bx, create goals aligned with values, examine: “Does this align with my values or am I being fused with thoughts, feelings, or emotions?”

## Family Therapy Using ACT

- Introduce concepts of ACT including defusion, passengers on a bus, etc., to reduce blame and invalidation of pain.
- Family activity involving identifying values and examining areas of growth
- Family activity of identifying passengers on a bus.
  - “These are my passengers to look out for!”
- Avoid punishment for feelings and encourage families to process the experience.
  - “Tell me more about what was happening when \_\_\_\_\_ occurred?”

## Barriers to Using ACT & Recommendations

- Lack of self-compassion
  - Have clients rate how much compassion they feel for others struggling vs. themselves
  - Identify what it would take to overcome those barriers. How many have to do with becoming fused with evaluations? Could you find a way of defusing from these evaluations?
- Focusing on right and wrong instead of workability
  - Take time to think about where you feel most invested about being right. Write down the situation, the cost of attachment, and the cost of letting go.

## Barriers to Using ACT & Recommendations continued...

- Being stuck on blame vs. response-ability
  - Think about painful events that have affected you. Write down the painful event, your ability to respond to the impact, and barriers to responding.
  - Think about who you could be right now if you let go of the struggle with judgement, blame, being right or wrong, or the passengers. What if you could begin to have acceptance for yourself?

## Walk the Walk & How to Avoid Burnout

- ACT can be used to address underlying anxiety and emotions fused into formation of body image and other eating disorder related issues.
- It's important to do our own work so that our emotions, thoughts, and feelings are not running our sessions and to ensure that we are valuing every client experience with dignity and respect.
- **Remember:** We are passengers on the busses of our clients and have an important role in their lives. We can say “all the things” and “do all the things,” AND ultimately our clients are in charge of the direction they choose to take.

## Resources

### Books:

- *Life After Trauma: Using Acceptance and Commitment Therapy to Heal From Trauma and PTSD* by Follette and Pistorello
- *Acceptance and Commitment Therapy for Eating Disorders* by Sandoz, Wilson, and Dufrene

### Videos:

- ACT Auntie (Youtube!)

### Trainings:

- Association for Contextual Behavioral Science (ACBS): [www.contextualpsychology.org](http://www.contextualpsychology.org)

# Questions

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