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The Effectiveness of Group-Based Acceptance and Commitment Therapy on Self-Worth and Resilience in Obese Women

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A B S T R A C T

Objective: This study aimed to examine the effectiveness of group-based Acceptance and Commitment Therapy (ACT) on enhancing self-worth and resilience in obese women in Amol, Iran.

Methods and Materials: A quasi-experimental design with pre-test, post-test, and follow-up stages was used. Fifty obese women with a BMI between 30 and 39.9 were purposefully selected and randomly assigned to an experimental group (n = 25) and a waitlist control group (n = 25). Inclusion criteria included age between 25 and 60, residence in Amol, willingness to participate, and no interfering psychological or situational conditions. The experimental group received 12 weekly sessions of group-based ACT, while the control group received no intervention during the study period. Data were collected using the Self-Worth Questionnaire (SWQ) and the Connor-Davidson Resilience Scale (CD-RISC) at three time points. Data were analyzed using ANCOVA and MANCOVA with SPSS-24.

Findings: Results showed that ACT had a statistically significant effect on both self-worth ($F(1, 46) = 14.31$, $p < .0001$, $\eta^2 = .222$) and resilience ($F(1, 46) = 8.85$, $p < .0001$, $\eta^2 = .146$) at the post-test stage compared to the control group. However, at the follow-up stage, differences between the groups were no longer statistically significant for either self-worth ($F(1, 46) = 2.97$, $p = .092$) or resilience ($F(1, 46) = 0.115$, $p = .736$), indicating that the initial gains were not maintained over time without continued intervention.

Conclusion: Group-based Acceptance and Commitment Therapy significantly improved self-worth and resilience in obese women in the short term, though the effects diminished at follow-up. These findings highlight the potential of ACT as an effective psychological intervention for obese women, while underscoring the importance of ongoing support to sustain therapeutic gains.

Keywords: *Acceptance and Commitment Therapy; Obesity; Self-Worth; Resilience; Group Therapy; Psychological Intervention.*

1. Introduction

Obesity in women is not merely a physical health issue; it intersects significantly with psychological challenges such as low self-worth and diminished resilience, both of which influence well-being and daily functioning. In the Iranian context, sociocultural pressures related to body image and gender-specific expectations exacerbate the psychological burden borne by obese women. The lived experiences of these women often include stigmatization, discrimination, and internalized shame, all of which contribute to a diminished sense of self-worth and reduced capacity for psychological coping. In recent years, increasing attention has been paid to the necessity of incorporating psychological interventions alongside medical treatments for obesity, particularly those that enhance individuals' self-perception and adaptive coping mechanisms (Sadeghian et al., 2019; Vatanpanah et al., 2024). Among the emerging therapeutic approaches, Acceptance and Commitment Therapy (ACT) has demonstrated promise in addressing the complex psychological dimensions of obesity, particularly through fostering psychological flexibility, enhancing self-worth, and building resilience (Al Yassin et al., 2020; Vahabi et al., 2022).

ACT, grounded in the principles of Relational Frame Theory, aims to promote mental health not by symptom reduction but through developing psychological flexibility—defined as the ability to stay in contact with the present moment while pursuing meaningful values despite the presence of difficult internal experiences (Fung et al., 2021). The application of ACT in populations experiencing chronic physical or emotional distress has shown encouraging results in improving emotional regulation, resilience, and self-perception (Faizikhah et al., 2021; Feizi Khah et al., 2021). In women struggling with obesity, this approach is particularly relevant, as it directly addresses the experiential avoidance and cognitive fusion that often underlie emotional eating and low self-worth (Jalali Farahani et al., 2021; Vatanpanah et al., 2024). Unlike traditional cognitive therapies that aim to change the content of distressing thoughts, ACT encourages individuals to alter their relationship with such thoughts, fostering acceptance and committed action toward value-based living.

A growing body of empirical research supports the effectiveness of ACT in enhancing self-esteem and psychological well-being in various female populations, including women with diabetes, cancer, and marital distress. For instance, ACT has been associated with significant improvements in psychological resilience and social adjustment among women with chronic illnesses (Aliakbar Dehkordi et al., 2020; Asadpour & Vaisi, 2018). Furthermore, ACT-based interventions have been shown to significantly enhance cognitive-emotional regulation and reduce psychological inflexibility in women experiencing interpersonal conflicts, such as those coping with infidelity or divorce (Ghorbani Amir et al., 2019; Hoseinzadeh Askouei et al., 2022). These findings underscore the adaptability and broad applicability of ACT across diverse psychosocial contexts, making it a compelling candidate for targeted psychological support in obese women.

In terms of resilience, which refers to the capacity to recover from stress or adversity, ACT has been found effective in enhancing adaptive psychological responses among individuals facing prolonged emotional strain. Psychological resilience is not a fixed trait but a dynamic process influenced by cognitive flexibility, emotional regulation, and one's orientation toward values (Moradi, 2022). Obese women often face chronic societal and self-imposed pressures that erode resilience over time. Studies have revealed that ACT can reinforce resilience by helping individuals disengage from self-critical thought patterns and adopt more compassionate and value-oriented perspectives (Al-Yasin et al., 2019; Nikkhah et al., 2019). In particular, ACT interventions promote mindfulness and self-awareness, enabling individuals to reinterpret adverse experiences in ways that reduce emotional reactivity and bolster internal strength (Hashemizadeh, 2023; Tilaki et al., 2018).

Low self-worth is another psychological variable intricately linked to obesity, particularly among women who internalize unrealistic societal beauty standards. Several studies have documented the detrimental impact of obesity on women's self-esteem, contributing to a cycle of negative body image, depressive symptoms, and disengagement from health-promoting behaviors (Abadi, 2018; Esmaeelpanah Amlashi et al., 2022). ACT addresses this issue by encouraging individuals to defuse from negative self-evaluations and commit to living in alignment with personally meaningful values, rather than societal norms or external judgments (Ghavami et al., 2019; Javaheri et al., 2019). Notably, in comparative studies, ACT has demonstrated greater efficacy than other cognitive-behavioral methods in improving self-esteem and psychological coherence, especially in populations with elevated vulnerability to social stigma (Faizikhah et al., 2021; Fung et al., 2021).

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The application of ACT in group settings has also shown particular benefit for women dealing with weight-related distress. Group formats offer a sense of shared experience and mutual validation, which are important in buffering against social isolation and internalized stigma. Group-based ACT interventions have been successfully implemented among women with obesity, yielding improvements in mindfulness, cognitive defusion, and emotional regulation (Jalali Farahani et al., 2024). These outcomes suggest that ACT, particularly when delivered in group formats, may be especially well-suited to address the complex psychosocial needs of obese women.

Despite the promising findings, much of the literature has focused on populations with medical comorbidities or relational distress, leaving a gap in empirical research specifically targeting psychologically healthy but emotionally distressed obese women. Moreover, many studies emphasize short-term outcomes, with limited exploration of the durability of ACT's effects over time (Al Yassin et al., 2020; Fung et al., 2021). This study aims to address these gaps by evaluating the effectiveness of a structured, group-based ACT program in improving self-worth and resilience in obese women from Amol. Unlike previous work that often merges ACT with other therapeutic elements or targets mixed populations, the present study adopts a focused and theory-driven approach grounded exclusively in ACT principles. Furthermore, it incorporates follow-up assessments to evaluate the sustainability of therapeutic outcomes, a methodological strength not always observed in previous interventions (Hashemizadeh, 2023; Vahabi et al., 2022).

By drawing on a robust body of theoretical and empirical literature, this study seeks to extend the application of ACT to a critical and underrepresented population—obese women in non-clinical settings. It hypothesizes that ACT will significantly enhance self-worth and resilience by promoting greater psychological flexibility, mindfulness, and value-based action.

2. Methods and Materials

2.1. Study design and Participant

The present study employed a quasi-experimental design with a control group and an experimental group. The statistical population consisted of all obese women in the city of Amol who responded to public advertisements via social media platforms and women's fitness clubs between April and July 2019. From the initial pool of approximately 200 respondents, 50 participants meeting the inclusion criteria were purposefully selected for the study. All participants had a Body Mass Index (BMI) ranging from 30 to 39.9, classifying them as obese. These individuals were randomly assigned to two equal groups: 25 participants in the experimental group who received group-based Acceptance and Commitment Therapy (ACT) and 25 in a waitlist control group.

Inclusion criteria for participation in the study included being a resident of Amol, identifying as female, being between 25 and 60 years of age, having a BMI between 30 and 39.9, expressing willingness (from both the individual and their family) to participate in the intervention and to receive psychological services, having no situational constraints such as academic or occupational conflict that would prevent consistent attendance, and completing all three study questionnaires in full. Exclusion criteria consisted of withdrawal from the study, family disapproval to continue participation, emergence of situational barriers preventing attendance, incomplete questionnaire responses, or missing more than two therapy sessions in the experimental group.

2.2. Measures

2.2.1. Self-Worth

To assess self-worth, the Self-Worth Questionnaire (SWQ), developed by Crocker, Luhtanen, Cooper, and Bouvrette (2003), was administered. This instrument comprises 35 items rated on a 7-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). The questionnaire is designed to evaluate individuals' perceptions of their value, significance, and self-regard across seven subscales: family support, competition and superiority, physical appearance, divine love, academic and educational competence, virtue and piety, and social approval. The original developers reported the internal consistency of the scale as 0.82 across a sample of 1,345 participants, with reliability coefficients of 0.79 for males and 0.84 for females (Crocker et al., 2003). Additional studies in the Iranian context have confirmed the reliability of the Persian version, with a Cronbach's alpha of 0.82 reported in research by Bahadori Khosroshahi and Habibi Kalibar (2016), and 0.79 reported by Zaki (2012).

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2.2.2. *Resilience*

To measure resilience, the Connor-Davidson Resilience Scale (CD-RISC), developed in 2003, was used. This 25-item questionnaire assesses resilience across five dimensions using a 5-point Likert scale from 0 (not true at all) to 4 (true nearly all the time), yielding a total score range from 0 to 100. Higher scores indicate greater resilience. The developers validated the scale across diverse samples, including the general population, primary care patients, psychiatric outpatients, individuals with generalized anxiety disorder, and individuals with post-traumatic stress disorder. The instrument is regarded as suitable for differentiating resilient from non-resilient individuals in both clinical and non-clinical contexts. The scale's overall reliability has been reported as high, with Cronbach's alpha values ranging from 0.87 to 0.90 across studies. Specifically, Kordmirza Nikouzadeh (2009) reported an alpha of 0.90 in the Iranian context. The construct validity of the scale has also been supported through exploratory factor analysis, confirming the presence of five latent factors: personal competence, trust in one's instincts and tolerance of negative affect, positive acceptance of change and secure relationships, control, and spirituality. However, given the lack of conclusive reliability data for the subscales, only the total resilience score is considered valid for research purposes at this time.

2.3. *Intervention*

The intervention consisted of a 12-session group-based Acceptance and Commitment Therapy (ACT) protocol specifically designed for obese women, implemented over approximately three months. The first session introduced the group members, established ground rules, and initiated the therapeutic relationship. Participants completed the pre-test assessments, engaged in value clarification exercises, and were introduced to the concept of emotional tracking. In the second session, clients' core goals were explored through mindfulness exercises and metaphors such as the "pit metaphor" and "monster struggle," helping them recognize past ineffective coping strategies and the role of experiential control as a problem. Behavioral activation was introduced to redirect efforts toward value-based actions. Homework included daily experience recording and value-oriented attentional tasks. The third session focused on identifying internal and external barriers to value-driven behavior using metaphors such as "the passengers on the bus" and "leaves on a stream." Participants practiced mindful breathing and identified thought ruminations and self-defeating schemas. Homework emphasized awareness of obstacles and consistent mindfulness practice. The fourth session continued value-oriented defusion techniques, teaching participants how to notice thoughts and emotions nonjudgmentally. They revisited earlier metaphors and were encouraged to identify avoidant coping strategies, emphasizing the futility of experiential control through metaphors like "the lie detector" and "the person in the pit." In the fifth session, participants explored active acceptance versus experiential control, learning metaphors like the "tug-of-war with the monster" and the "balance scale" to promote value-aligned behavioral choices. The sixth session marked a mid-treatment review, reinforcing learned concepts with new metaphors including "the annoying neighbor" and "quicksand," focusing on thought suppression and emotional defusion. The seventh session introduced exercises like "tough shell" and emotional contextualization, encouraging participants to non-defensively engage with avoided emotions. In session eight, short-term mindfulness and acceptance-based exposures were used to address problematic emotions and bodily sensations, employing metaphors like "the giant robot." Long-form mindfulness exercises were assigned as homework. Session nine introduced advanced defusion practices such as "milk, milk, milk" and "the chatterbox mind," cultivating a non-judgmental stance toward internal experiences. Session ten included formal meditation practices focusing on bodily awareness, emotional tracking, and environmental mindfulness. In the eleventh session, participants learned to align daily behavior with internal values using a "value compass," designing specific value-based goals and committed actions. The final session was dedicated to summarizing key concepts, resolving remaining ambiguities, preparing for maintenance of therapeutic gains, conducting a Q&A, and administering the post-test assessments, thereby formally concluding the group intervention.

2.4. *Data Analysis*

The data collected through the questionnaires at three measurement points—pre-test, post-test, and follow-up—were analyzed using SPSS version 24. Statistical procedures included univariate and multivariate analysis of covariance (ANCOVA and MANCOVA) to determine the intervention's effectiveness while controlling for pre-test scores. These methods enabled the researchers to assess both

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individual and joint effects of the ACT-based intervention on self-worth and resilience, accounting for the intercorrelation among dependent variables.

3. Findings and Results

The demographic characteristics of participants in both the experimental (ACT) and control groups were generally comparable across age, education, marital status, and economic status. In terms of age distribution, the majority of participants in both groups were between 25 and 30 years old, with 40% in the experimental group and 44% in the control group, followed by those aged 31–35 (20% in both groups), 36–40 (12% in both), and 40–60 (28% in the experimental and 24% in the control group). Regarding educational attainment, the largest proportion of participants in both groups held an associate degree (32%), followed by those with a high school diploma (20% in the experimental and 24% in the control group), a bachelor's degree (20% and 24%, respectively), and a graduate degree or higher (20% in the experimental and 8% in the control group), while a smaller portion had less than a high school education (8% and 12%, respectively). Marital status was similarly distributed, with single women comprising 40% of both groups, married women 40% in the experimental and 44% in the control group, and divorced or widowed women 20% and 16%, respectively. In terms of economic status, 16% of participants in the experimental group and 20% in the control group reported poor economic conditions; the majority in both groups reported average economic conditions (40%), followed by good (24% and 20%, respectively) and excellent status (20% in both groups). These distributions indicate a relatively balanced demographic composition across both groups, supporting the comparability required for quasi-experimental design.

The descriptive statistics for self-worth and resilience scores across the three measurement phases—pre-test, post-test, and follow-up—are presented in Table 1 for both the experimental group (ACT) and the waitlist control group. These results illustrate changes in the mean scores and standard deviations over time within each group.

Table 1

Descriptive Statistics of Participants' Scores at Pre-test, Post-test, and Follow-up Phases

Variable	Test Phase	ACT Group – Mean	ACT Group – SD	Control Group – Mean	Control Group – SD
Self-Worth	Pre-test	138.00	4.45	137.80	4.55
	Post-test	149.56	5.33	139.32	4.53
	Follow-up	149.92	4.81	139.24	4.35
Resilience	Pre-test	65.76	4.79	65.80	4.64
	Post-test	74.76	4.98	67.76	4.69
	Follow-up	74.44	5.09	67.88	4.74

In the ACT group, the mean self-worth score increased from 138.00 (SD = 4.45) at pre-test to 149.56 (SD = 5.33) at post-test, and remained stable at follow-up with a mean of 149.92 (SD = 4.81). In contrast, the control group showed only a minor increase in self-worth scores from 137.80 (SD = 4.55) at pre-test to 139.32 (SD = 4.53) at post-test, with a virtually unchanged score of 139.24 (SD = 4.35) at follow-up. Regarding resilience, the ACT group improved from a mean of 65.76 (SD = 4.79) at pre-test to 74.76 (SD = 4.98) at post-test, and maintained this improvement at follow-up with a mean of 74.44 (SD = 5.09). Meanwhile, the control group's resilience scores showed only a marginal increase from 65.80 (SD = 4.64) to 67.76 (SD = 4.69) post-intervention, and a negligible gain to 67.88 (SD = 4.74) at follow-up. These findings suggest notable improvements in both self-worth and resilience for participants who underwent ACT, with effects sustained over time, unlike the relatively stable scores observed in the waitlist control group.

Before conducting the main analyses, the necessary statistical assumptions for using analysis of covariance (ANCOVA) and multivariate analysis of covariance (MANCOVA) were thoroughly examined and confirmed. Normality of the distribution for the dependent variables was assessed using the Shapiro-Wilk test and confirmed by visual inspection of Q-Q plots, which showed no significant deviations from normality. Homogeneity of variances was verified through Levene's test, indicating that the error variances were equal across groups. Additionally, the assumption of homogeneity of regression slopes was tested and upheld, ensuring that the relationship between covariates and dependent variables was consistent across groups. Finally, multicollinearity among the dependent variables was assessed and found to be within acceptable limits,

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allowing for the reliable application of MANCOVA. These checks confirmed the suitability of the data for proceeding with parametric covariance-based analyses.

Table 2

ANCOVA Results Between Groups at Post-Test (Controlling for Pre-Test Scores)

Variable	Source	Sum of Squares	df	Mean Square	F	Sig.	Effect Size (Partial Eta Squared)
Self-Worth	Between Groups	21.44	1	21.44	14.31	.0001	.222
	Error	68.93	46	0.498			
Resilience	Between Groups	6.661	1	6.661	8.85	.0001	.146
	Error	34.64	46	0.753			

As shown in Table 2, there was a statistically significant difference between the experimental and control groups in both self-worth and resilience immediately after the intervention. For self-worth, the ACT group significantly outperformed the control group, $F(1, 46) = 14.31$, $p < .0001$, with a large effect size of .222. Similarly, for resilience, the ACT group showed a significantly higher mean score than the control group, $F(1, 46) = 8.85$, $p < .0001$, with a moderate effect size of .146. These findings indicate that ACT was effective in improving both psychological outcomes in the short term.

Table 3

ANCOVA Results Between Groups at Follow-Up (Controlling for Post-Test Scores)

Variable	Source	Sum of Squares	df	Mean Square	F	Sig.	Effect Size (Partial Eta Squared)
Self-Worth	Between Groups	1.212	1	1.212	2.97	.092	.061
	Error	18.79	46	0.408			
Resilience	Between Groups	0.004	1	0.004	0.115	.736	.003
	Error	15.97	46	0.347			

However, as Table 3 shows, these effects were not maintained at follow-up. The difference in self-worth scores between the two groups was not statistically significant, $F(1, 46) = 2.97$, $p = .092$, and the effect size dropped to .061, indicating a small, non-significant effect. Similarly, for resilience, the results showed no significant group difference, $F(1, 46) = 0.115$, $p = .736$, with a trivial effect size of .003. These findings suggest that while ACT led to immediate improvements in both self-worth and resilience, these effects diminished over time without continued therapeutic support.

Overall, the inferential findings demonstrate that ACT is effective in the short term for enhancing psychological resources such as self-worth and resilience in obese women, but its long-term efficacy may require maintenance strategies or booster sessions to sustain these benefits.

4. Discussion and Conclusion

The findings of the present study support the hypothesis that group-based Acceptance and Commitment Therapy (ACT) has a significant effect on enhancing self-worth and resilience among obese women. Results showed that participants in the ACT group experienced statistically significant improvements in both variables at the post-test stage compared to those in the control group. Specifically, the self-worth scores increased markedly following the intervention, reflecting a strengthened sense of personal value and self-regard. Similarly, resilience scores rose significantly, indicating improved psychological adaptability and stress coping capacities. However, follow-up assessments revealed that the significant gains in both self-worth and resilience were not maintained over time, pointing to a lack of sustained impact without ongoing therapeutic reinforcement.

The observed improvement in self-worth among participants who received ACT aligns with findings from previous studies that emphasize the utility of this therapeutic model in addressing negative self-perceptions and emotional dysregulation. For example, ACT has been shown to significantly improve self-esteem in women coping with chronic illness, marital dissatisfaction, or body image concerns (Abadi, 2018; Esmaeelpanah Amlashi et al., 2022; Javaheri et al., 2019). In the present study, the ACT

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intervention focused heavily on defusion from negative self-evaluations and fostering engagement in value-driven actions, which likely contributed to the increase in self-worth. These mechanisms are consistent with previous studies where acceptance-based techniques enabled women to shift away from external standards and develop an internally anchored sense of identity (Asadpour & Vaisi, 2018; Hashemizadeh, 2023). Furthermore, the group setting may have amplified the intervention's effectiveness by offering participants social validation and reducing feelings of isolation often experienced by obese individuals (Ghavami et al., 2019).

In terms of resilience, the current findings resonate with earlier work that has highlighted ACT's potential to foster adaptive psychological responses, particularly among women dealing with long-term stressors such as illness, divorce, or obesity. ACT enhances resilience by increasing cognitive flexibility, mindfulness, and acceptance of internal experiences, thus enabling individuals to face adversity with greater emotional balance (Moradi, 2022; Tilaki et al., 2018). This was evident in our study, where the ACT group demonstrated significantly higher resilience post-intervention. These results mirror those of (Aliakbar Dehkordi et al., 2020) and (Nikkhah et al., 2019), both of whom reported that ACT significantly improved resilience in women experiencing health and relational challenges. Additionally, the findings are congruent with (Ghorbani Amir et al., 2019) who observed improved cognitive-emotional regulation and resilience following ACT among divorced women, suggesting the therapy's versatility across emotionally vulnerable groups.

Nevertheless, the lack of sustained effect in the follow-up assessments warrants further analysis. Although the immediate gains were statistically and clinically meaningful, the absence of long-term maintenance suggests that ACT interventions—particularly in group formats—may require booster sessions or continued engagement to prevent regression. This is consistent with the findings of (Vahabi et al., 2022) and (Fung et al., 2021), who emphasized the necessity of long-term therapeutic contact to sustain ACT-related benefits in vulnerable populations. The relatively short duration of the intervention and absence of post-treatment reinforcement strategies may have contributed to the decline in scores over time. These findings highlight the importance of designing interventions with built-in maintenance components, especially when targeting deep-rooted psychological issues in stigmatized populations such as obese women.

Another relevant interpretation of the follow-up findings pertains to the chronic and multidimensional nature of obesity-related distress. Women facing persistent societal stigma, body dissatisfaction, and internalized shame may require more intensive or prolonged interventions to consolidate initial therapeutic gains. As demonstrated by (Jalali Farahani et al., 2024), cognitive fusion and negative body image are deeply embedded experiences in women with obesity, necessitating sustained therapeutic efforts for lasting transformation. While the present ACT protocol succeeded in producing immediate improvements in self-worth and resilience, it may have been insufficient in reshaping the entrenched thought patterns and environmental pressures that continue to challenge obese women after the cessation of therapy.

The results also contribute to the growing literature advocating the use of ACT in culturally specific populations. The effectiveness of ACT in this study confirms its relevance in Iranian cultural settings where collectivist norms, gender roles, and appearance-based judgments can strongly influence self-worth and emotional stability. Previous studies, such as those by (Hoseinzadeh Askouei et al., 2022) and (Al-Yasin et al., 2019), have emphasized the adaptability of ACT to Iranian women experiencing marital and psychological distress. The present findings extend this evidence to the domain of obesity-related challenges, showing that ACT not only resonates with participants' lived experiences but also facilitates cognitive and emotional restructuring in alignment with culturally grounded values.

Moreover, this study underscores the value of ACT as a preventive and health-promoting tool, beyond its traditional use in clinical populations. Participants in the current study were not selected based on clinical diagnoses but on psychosocial vulnerability stemming from obesity. The intervention's success in enhancing resilience and self-worth reinforces the argument that ACT can function as a general psychological empowerment tool. This position is supported by (Sadeghian et al., 2019), who found that ACT enhanced self-worth and psychological capital even among children of divorce, suggesting its broader applicability across various risk groups.

5. Limitations and Suggestions

Despite the promising findings, this study has several limitations that should be acknowledged. First, the sample size was relatively small and limited to women in a specific city, which may affect the generalizability of the results.

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Second, the follow-up period was limited to a short duration, restricting the ability to assess long-term sustainability of the therapeutic gains. Third, all measures relied on self-report questionnaires, which may be subject to social desirability bias or inaccurate self-assessment. Fourth, the control group was a waitlist rather than an active comparison group, so placebo effects or non-specific factors cannot be ruled out as explanations for the observed improvements. Lastly, while efforts were made to ensure demographic equivalence across groups, unmeasured variables such as participant motivation, comorbid mental health conditions, or social support systems may have influenced the outcomes.

Future studies should expand upon this research by using larger, more diverse samples and extending the follow-up period to assess long-term effects. Comparative studies that include other evidence-based therapeutic models, such as cognitive-behavioral therapy or mindfulness-based stress reduction, would also clarify the unique contributions of ACT. Additionally, future interventions could benefit from incorporating booster sessions or digital tools to reinforce the therapeutic process beyond the initial group meetings. Exploring qualitative data, such as participant narratives, could also enrich understanding of the nuanced psychological shifts and lived experiences resulting from ACT in obese women. Finally, further research could examine the mediating mechanisms—such as cognitive fusion, mindfulness, or value alignment—that drive improvements in self-worth and resilience.

Given the results, practitioners are encouraged to consider group-based ACT as a valuable intervention for improving psychological well-being in obese women, particularly in community or health center settings. Facilitators should ensure that interventions are culturally tailored and include components for ongoing support to maximize sustainability. Integrating ACT within multi-disciplinary obesity management programs—alongside nutritional, medical, and physical activity guidance—could enhance overall outcomes. Moreover, professionals should pay attention to the emotional and identity-based challenges of obese women and address these through value-based and acceptance-oriented dialogue. Training mental health professionals in ACT can broaden access to this effective approach and promote psychological empowerment among women at risk of emotional distress due to obesity.

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

References

Abadi, B. R. A. (2018). Based on Acceptance and Commitment Therapy on Depression, Self-Esteem and Body Image Concerns, After the First Birth, Women in Kashan City. *Sci J Hamadan Nurs Midwifery Fac*, *26*(2), 103-112. https://doi.org/10.30699/sjhnmf.26.2.103

Al-Yasin, S. A., Davoudi, H., & Nematollahi, M. (2019). The effectiveness of Acceptance and Commitment Therapy (ACT) on psychological well-being and resilience in women with type 2 diabetes. *Mashhad University of Medical Sciences Journal*, *62*(Special Issue: Psychology). https://mjms.mums.ac.ir/article_18950.html?lang=en

Al Yassin, S. A., Davoodi, H., & Nematollahi, M. (2020). The Effectiveness of Acceptance and Commitment-Based Therapy on the Psychological Well-Being and Resilience of Type 2 Diabetic Women. *medical journal of mashhad university of medical sciences*, *62*(5.1).

Aliakbar Dehkordi, M., Ramazani Shirin, M., & Mehraban, S. (2020). The effectiveness of acceptance and commitment therapy (ACT) on social adjustment and resilience in women with breast cancer. *Journal of Disability Studies*, *10*, 224. https://jdisabilstud.org/browse.php?a_id=1555&sid=1&slc_lang=en

Asadpour, A., & Vaisi, S. (2018). The Effectiveness of Acceptance and Commitment Therapy on Marital Satisfaction, Sexual Self-esteem, and Marital Boredom in Women with Type 2 Diabetes. *Arak University of Medical Sciences Journal*, *21*(7), 8-17.

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Psychology of Woman Journal
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http://jams.arakmu.ac.ir/browse.php?a_id=5710&sid=1&slc_lang=en

Esmaeelpanah Amlashi, Z., Hosseinkhanzadeh, A. A., Akbari, B., & Moghtader, L. (2022). Comparison of the Effectiveness of Cognitive Behavioral Training with Acceptance and Commitment Therapy on the Self-esteem of Mothers of Children with Autism Spectrum Disorder. *childmh*, *9*(2), 50-64. https://doi.org/10.52547/jcmh.9.2.5

Faizikhah, F., Hasanzadeh, R., & Abbasi, G. (2021). Comparing the effectiveness of acceptance and commitment therapy with resilience training on individual coherence and emotional divorce in women seeking divorce. *Social Health*, *8*(2), 152-166. https://journals.sbmu.ac.ir/ch/index.php/ch/article/view/identifiers

Feizi Khah, F., Hassanzadeh, R., & Abbasi, G. (2021). Comparing the effectiveness of acceptance and commitment therapy with resilience training on the sense of individual coherence and emotional divorce in women seeking divorce. *Social Health*, *8*(2), 155-166. https://www.sid.ir/paper/510616/en

Fung, K. P.-L., Vahabi, M., Moosapoor, M., Akbarian, A., Jing-Wen Liu, J., & Wong, J. P.-H. (2021). Implementation of an Internet-Based Acceptance and Commitment Therapy for Promoting Mental Health Among Migrant Live-in Caregivers in Canada: Protocol [Protocol]. *JMIR Res Protoc*, *10*(9), e31211. https://doi.org/10.2196/31211

Ghavami, M., Hokmabadi, M. E., & Monirpoor, N. (2019). The effectiveness of commitment-based group therapy and acceptance on improving self-esteem and reducing the loneliness of adolescent girls living in orphanages. *medical journal of mashhad university of medical sciences*, *61*(6), -. https://doi.org/10.22038/mjms.2020.18251

Ghorbani Amir, H. A., Moradi, O., Arefi, M., & Ahmadian, H. (2019). The Effectiveness of Acceptance and Commitment Therapy on Cognitive-Emotional Regulation, Resilience, and Self-control Strategies in Divorced Women. *umsha-ajnpp*, *6*(4), 195-202. https://doi.org/10.32598/ajnpp.6.4.5

Hashemizadeh, F. s. (2023). Comparison of the Effectiveness of Paradoxical Timetable Cure (PTC), Acceptance and Commitment Therapy Matrix (ACTM), and Emotion-Focused Therapy (EFT) on Self-Esteem and Marital Boredom in Women With Marital Conflict. *PWJ*, *4*(4), 27-38. https://doi.org/10.61838/kman.pwj.4.4.4

Hoseinzadeh Askouei, A., Samadi Kashan, S., Zamani Zarchi, M. S., Asadi Asadabad, R., & Bakhtiari, M. (2022). The effectiveness of group-based Acceptance and Commitment Therapy on cognitive flexibility and self-esteem in women affected by marital infidelity. *Applied Psychological Research Quarterly*, *13*(4), 203-216. https://japr.ut.ac.ir/article_91194.html?lang=en

Jalali Farahani, M., Jadidi, M., & Mirzaeian, B. (2021). Comparing the Effectiveness of Group Therapy Based on Acceptance and Commitment and Emotion Regulation Training on Emotion Regulation, Mindfulness, and Cognitive Fusion in Women with Obesity. *New Trends in Cognitive Sciences*, *23*(1), 62-72. https://icssjournal.ir/article-1-1202-fa.html

Jalali Farahani, M., Jadidi, M., & Mirzaian, B. (2024). The Effectiveness of Acceptance and Commitment Group Therapy on Cognitive Fusion, Mindfulness, and Body Mass Index in Women with Obesity. *Journal of Adolescent and Youth Psychological Studies (JAYPS)*, *5*(9), 34-41. https://doi.org/10.61838/kman.jayps.5.9.5

Javaheri, M. H., Shoghi, B., & Babakhanlou, A. (2019). The effectiveness of acceptance and commitment therapy on sexual self-esteem and marital commitment in couples with conflicted relationships. *Quarterly of Modern Psychology*, *2*(6), 1-10. https://jnip.ir/article-1-156-fa.html

Moradi, S. (2022). The effectiveness of realistic acceptance and commitment therapy (RACT) on distress tolerance and resilience of divorced women. *Applied Family Therapy Journal (AFTJ)*, *3*(5), 581-596. https://doi.org/10.61838/kman.aftj.3.5.34

Nikkhah, S., Behboodi, M., & Vakili, P. (2019). The comparison of the effectiveness of acceptance and commitment therapy (ACT) and imagotherapy on the resilience of married women referring to consulting centers in the city of Tehran. *Journal-of-Psychological-Science*, *18*(77), 597-607. http://psychologicalscience.ir/article-1-317-en.html

Sadeghian, A., Fakhri, M., & Hassanzadeh, R. (2019). Effectiveness of Acceptance and Commitment Training on Self-Worth and the Psychological Capital among Children of Divorce. *Journal of Community Health*, *6*(3), 294-304. https://www.magiran.com/paper/2000415

Tilaki, M., Taher, M., Mojarrad, A., & Jafari Sani, B. (2018). Efficacy of Acceptance and Commitment Therapy on Psychological Flexibility and Alexithymia of Women with Chronic Pain. *Journal of Psychological Studies*, *14*(3), 163-178. https://doi.org/10.22051/psy.2018.15798.1433

Vahabi, M., Pui-Hing Wong, J., Moosapoor, M., Akbarian, A., & Fung, K. (2022). Effects of Acceptance and Commitment Therapy (ACT) on Mental Health and Resiliency of Migrant Live-in Caregivers in Canada: Pilot Randomized Wait List Controlled Trial [Original Paper]. *JMIR Form Res*, *6*(1), e32136. https://doi.org/10.2196/32136

Vatanpanah, S., Khalatbari, J., Tayyebi, A., & Sabet, M. (2024). Effectiveness of Acceptance and Commitment Therapy on Emotional Eating Behavior, Emotion dysregulation, Perceived Stress, and Rumination in Women with Chronic Obesity. *Journal of Adolescent and Youth Psychological Studies (JAYPS)*, *5*(1), 8-18. https://doi.org/10.61838/kman.jayps.5.1.2