



*Derleme • Review*

**Effectiveness of Acceptance and Commitment Therapy in Body Dysmorphic Disorder:  
A Systematic Review**

Murat Genç\*, Özden Yalçınkaya Alkar\*\*

**Abstract:** Body dysmorphic disorder (BDD) is a serious mental health disorder that has recently increased in incidence and is co-diagnosed with problems such as suicide and depression. Acceptance and commitment therapy (ACT) has recently been frequently mentioned in the treatment of BDD. In this systematic review, it is aimed to examine the effectiveness of ACT in the treatment of BDD and to present a general clinical picture according to the results of the studies conducted in the relevant field. All studies in English language until June 2024 were systematically searched in Pubmed, Scopus and Web of Science databases using the PRISMA guideline, and a total of 7 articles that met the research criteria were included in the study. The reviewed studies were conducted in four different countries (USA, Iran, Sweden, Australia) with a total of 155 people (134 women; 21 men) with different sessions (3 sessions-3 years). In conclusion, ACT techniques were found to reduce the negative symptoms of BDD and increase life satisfaction. Additionally, ACTs were found to be effective in gaining psychological flexibility, less self-stigmatisation, coping with suicidal thoughts, reducing symptoms of depression and body dissatisfaction. A number of recommendations for future researchers and clinicians are also given.

**Keywords:** Body Dysmorphic Disorder, Acceptance and Commitment Therapy, ACT, BDD, Systematic Review

***Beden Dismorfik Bozukluğunda Kabul ve Kararlılık Terapisi Etkililiği: Sistematik Bir İnceleme***

**Abstract:** Beden dismorfik bozukluğu (BDD), son zamanlarda görülme sıklığı artan intihar ve depresyon gibi problemlerle eş tanımlı ciddi bir akıl sağlığı bozukluğudur. Kabul ve kararlılık terapisi (ACT) alan çalışmaları incelendiğinde BDD tedavisinde kendisinden son zamanlarda sıklıkla söz ettirmektedir. Bu sistematik derlemede, BDD tedavisinde ACT etkililiğinin incelenmesi ve ilgili alanda yapılan çalışmaların sonuçlarına göre genel bir klinik tablo sunulması amaçlanmaktadır. İngilizce dilindeki ve Haziran 2024'e kadar olan tüm çalışmalar PRISMA kılavuzu kullanılarak Pubmed, Scopus ve Web of Science veritabanlarında sistematik olarak tarandı ve araştırma kriterlerine uyan toplamda 7 makale çalışmaya alınmıştır. İncelenen çalışmalar dört farklı ülkede (ABD, İran, İsveç, Avustralya) toplam 155 kişi (134 kadın; 21 erkek) ile farklı seanslarla (3 seans-3 yıl) gerçekleştirilmiştir. Sonuç olarak ACT tekniklerinin BDD'nin olumsuz belirtilerini azalttığı ve yaşam doyumunu artırdığı bulunmuştur. Buna ek olarak ACT'lerin psikolojik esneklik kazanılmasında, daha az kendini damgalamada, intihar düşünceleriyle baş etmede, depresyon belirtilerinin ve vücut memnuniyetsizliğinin azaltılmasında etkili olduğu bulunmuştur. Gelecekteki araştırmacı ve klinisyenlere bir takım öneriler de verilmiştir.

**Anahtar Kelimeler:** Beden Dismorfik Bozukluğu, Kabul ve Kararlılık Terapisi, ACT, BDD, Sistemantik Derleme

\*Araştırma Görevlisi, Muş Alparslan Üniversitesi, Sağlık Bilimleri Fakültesi, Dil ve Konuşma Terapisi Bölümü, ORCID: 0000-0002-8486-2905, [m.genc@alparslan.edu.tr](mailto:m.genc@alparslan.edu.tr)

\*\*Profesör Doktor, Ankara Yıldırım Beyazıt Üniversitesi, İnsan ve Toplum Bilimleri Fakültesi, Psikoloji Bölümü, ORCID: 0000-0001-8484-9199, [ozdenalkar@yahoo.com](mailto:ozdenalkar@yahoo.com)

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## **Introduction**

As human beings, we have been in constant social interaction with nature and between individuals since the first moments we stepped on the stage of history. Thanks to the increasing human population and our curiosity about the outside world, this interaction process has contributed to our laelig as 'social beings' (Leeds-Hurwitz, 1987). Although being a social being sounds good at first, this situation also has problematic aspects for people. As a matter of fact, the socialization process may have brought with it the thoughts of being evaluated, interpreted, and constantly observed by the outside world (Bakıroğlu, 2013; Hartman, 1983; Leigh et al., 2021). Recent studies in psychology have defined some problems experienced by individuals who think that they are constantly interpreted by the outside world (Vriends et al., 2017; Zsido et al., 2021). These problems, sometimes combined with uncontrolled thought patterns and behavioral patterns, have resulted in clinical pictures that we can describe as some 'disorders'. Body Dysmorphic Disorder (BDD) is seen as a disorder that has an individual and social background and causes losses in daily functionality (Wilhelm et al., 2022). It is a disorder characterized by individuals preoccupying and spending more time with their appearance than they should, by numerous control reactions that follow these behaviors (spending too much time in front of the mirror, frequent weight control, etc.), and by negatively affecting their daily functionality (APA, 2013; Bjornsson, Didie & Phillips, 2022; Tamam & Demirkol, 2019). Epidemiological research on BDD, whose clinical symptoms have existed even in ancient times, seems to have increased significantly in recent years (de Souza et al., 2021; Singh & Veale, 2019; Krebs et al., 2025). Likewise, these studies show that the prevalence of BDD has recently increased further, ranging from 1.77% to 3.4% in the general young population (Schieber et al., 2015). Undoubtedly, one of the most important triggers of this situation is the incredible increase in the use of social media, which enriches interpersonal communication both verbally and visually. The increasing use of social media has paved the way for perfect body perception, ideal body models, fashion trends, and more attention to people's appearance, and individuals to see themselves as commodities. These mediatic currents, which turn into a race for perfection in bodily perception, can cause people to be more interested in their bodies than they should and eventually find many flaws (Alsaidan et al., 2020; Ryding & Kuss, 2020; Sulistyo, Sukamto & Ibrahim, 2022). The attitude of excessive attention to bodily defects caused by all these processes results in social withdrawal, self-confidence problems, or uncontrolled plastic surgery (Perkins, 2015; Schut et al., 2022). Psychotherapies seem to be a very crucial fulcrum for the management of processes in which daily functionality is so significantly impaired.

After these processes, which cause people to control their bodies so intensely, the incidence of BDD has increased to a level to worry field experts (Sun & Rieder, 2022). While some studies on this problem (Kuck et al., 2022) focus on increasing awareness skills and prevention, some studies (Pickard et al., 2021; Sadri Damirch et al., 2019) focus on the treatment of diagnosed individuals. In recent years, 'Acceptance and Commitment Therapy' (ACT), which is one of the therapies called the third-wave therapy school, is frequently used in the treatment of BDD and has been mentioned more and more frequently (Griffiths et al., 2018; Linde et al., 2023). Unlike relatively older psychodynamic and behavioral therapies, ACT has established a philosophical basis on the need for individuals to get used to accepting and living with their existing problems rather than changing them (Harris, 2006). As a matter of fact, the frequency of promising studies on the use of ACT in the BDD treatment process has increased in the last 10 years, contributing to clinicians' interest in this technique (Dehbaneh, 2019; Gloster et al., 2020). The increasing frequency of use of acceptance and commitment therapy in body dysmorphic disorder reveals the need to review the studies done so far and make an evaluation in terms of efficiency.

### **Body Dysmorphic Disorder**

Body dysmorphic disorder is a disorder associated with uncontrollable dealing with non-existent or difficult bodily defects related to the body of the person (APA, 2013; Pickard et al., 2021). Individuals diagnosed with BDD often go to plastic surgeons, cosmetologists, and dermatologists to seek solutions to their unrealistic or exaggerated thoughts about their bodily perceptions. As an expression of their

distorted body perceptions, these individuals who are in search of surgery or serious aesthetic operations are referred to the psychiatry clinic for support.

The Diagnostic and Statistical Manual of Mental Diseases-5 (American Psychiatric Association, 2013), which is the most frequently referenced by clinicians during diagnosis in psychiatry clinics, has determined 4 different clinical diagnostic criteria in the BDD diagnosis process. These criteria are respectively; intense attention to details that are not noticeable at first or not noticed by other people in the person's external appearance, reinforcing this interest with behaviors such as skin picking and looking in the mirror after a certain period; The main factor in the perception of bodily defects is that thoughts distract the person from daily functionality and that all these symptoms cannot be explained by any eating disorder (APA, 2013).

The most common age of onset is 12-13 and the mean age is 15. While the prevalence rate of this disorder varies between 1-3% according to some sources (Weingarden & Renshaw, 2016); some sources determined it as 2.4% (APA, 2013). Although there are concrete outputs regarding prevalence rates, serious diagnostic difficulties are experienced due to shame, concealment, dissatisfaction, social isolation, and avoidance reflexes of individuals in the diagnosis process of BDD (Selvi et al., 2021; Weingarden & Renshaw, 2016).

When literature studies are compared with individuals who have not been diagnosed with BDD, it has been found that individuals with this disorder exhibit high comorbidity with suicidal thoughts and suicidal behaviors (Buhlmann et al., 2010). In addition to this situation, it is stated that BDD is directly related to anxiety, depression, perfectionism, social anxiety, and insufficient self-esteem (APA, 2013). It has been emphasized in some studies that BDD is closely related to early emotional and sexual abuse (Didie et al., 2006). It is stated that in addition to such neglect in early childhood, parental rejection also contributes to the development of extreme rejection sensitivity. As it is known, rejection sensitivity can cause a person to seek acceptance behaviors and in this case, a perfect body image or negative affect (Farrell et al., 2016; Pickard et al., 2021; Rowe et al., 2015). An efficient treatment procedure for the treatment of BDD has not been developed due to its causal factors, its incidence and multidimensional infrastructure for co-diagnosis, and its clinical picture that has not yet been clarified. Cognitive Behavioral Therapies (CBT), which focus on detecting and modifying faulty cognitive thoughts and dysfunctional behaviors, are the relatively oldest and most widely used technique in the treatment of BDD. However, due to the inadequacy of long-term results and the limited number of studies with large samples, the need for different treatment techniques is increasing day by day (Crerand et al., 2005; Harrison et al., 2016). In this context, Acceptance and Commitment Therapy (ACT), which is one of the current therapies that give great importance to awareness and insight such as dialectical behavior therapy, metacognitive therapy, and mindfulness-based cognitive therapy, has shown a promising breakthrough in the treatment of BDD. Literature results are indicating that this technique, which has been used more frequently in empirical studies in the last decade, is effective in the treatment of BDD and should be used more frequently in future studies (Callaghan et al., 2012; Dehbaneh, 2019). The few studies conducted in this field report that ACT should be used more frequently in the treatment of some disorders such as BDD, unlike psychodynamic, behavioral and classical cognitive behavioral therapies, and that it gives promising results due to both time and high efficiency (Daneshi et al., 2021; Hartmann et al., 2015; Linde et al., 2015).

### **Acceptance And Commitment Therapy**

Acceptance and commitment therapy (ACT) is one of the third-wave cognitive behavioral therapies that focus on the processes of accepting oneself and the outside world by gaining internal awareness in solving the problems that individuals encounter in daily life (Hayes, 2004; Kul & Türk, 2020). This therapy technique showed a critical attitude to the principle of eliminating negative thought and behavior patterns of cognitive behavioral therapies and formed its theoretical philosophy. As its name suggests, [acceptance of feelings and thoughts (a), commitment to values (c), action (t)] ACT

focuses on accepting individuals and taking action based on values, not changing thoughts and behaviors (Hayes et al., 1999; Işık et al., 2021). All these stages are a technique beyond diagnosis that ultimately serves individuals to gain psychological flexibility (Bai et al., 2020). ACT generally uses 6 components in its interventions, the ultimate goal of which is individuals' gaining psychological flexibility (Hayes, 2004; Luoma et al., 2007). These components can be listed as 'Defusion, which includes making us realize that the thoughts passing through our minds at that moment are not absolute reality but momentary thoughts; Acceptance, which aims to make people stop their avoidance behaviors and accept all kinds of problems that cause discomfort; Present Moment, which aims to stay in the moment and increase awareness; Self as Context, which focuses on a broad perspective different from the current situation; Values, which represents every detail that represents the meaning and importance of life; Committed Action, which includes the process of acting and maintaining in harmony with all important values' (Hayes, 2004). By including cognitive dissociation, acceptance and awareness skills in these processes, it is aimed that individuals can gain self-efficacy by accepting all of their emotions, thoughts and behaviors (Grégoire et al., 2017; Hayes et al., 1999; Levin et al., 2014).

ACT, which can be considered relatively more recent than other therapy techniques, has been observed in different studies where it has started to be used more frequently in the treatment of both physiological and psychological disorders (Baş & Dirik, 2019; Moghanloo et al., 2015; Swain et al., 2013). In this context, there is evidence in the psychology literature that ACT is effective in the treatment of depression, anxiety and obsessive-compulsive disorders (OCD), and its frequency is increasing (Jiménez, 2012; Twohig & Levin, 2017; Twohig et al., 2010; Zettle, 2015). Apart from depression and anxiety, there several studies proving the effectiveness of ACT in areas such as reducing chronic pain, emotion regulation, life satisfaction, and well-being (Blackledge & Hayes, 2001; Feros et al., 2013; Hughes et al., 2017). Another disorder frequently preferred in the treatment of ACT in recent years is body dysmorphic disorder. We see that ACT, which is being used at an increasing rate, is frequently tried for body dysmorphic disorder and has received promising results in randomized controlled studies (Dehbaneh, 2019; Linde et al., 2023; Pickard et al., 2021). ACT mainly focuses on the correction of bodily parts of individuals diagnosed with BDD with partial operations, cognitive restructuring by objectively interpreting somatic symptoms, or the acceptance of their bodily features in the context of private vital values rather than extinguishing avoidant behaviors for safety purposes (Harris, 2019). These therapeutic techniques aim to help people gain psychological flexibility so that they do not complain about their physical appearance and accept them unconditionally. Different studies in the literature confirmed these aims and presented reports proving the efficiency of ACT in BDD treatment (Daneshi et al., 2021; Hartmann et al., 2015; Linde et al., 2015).

When the relevant literature is examined, different clinical interventions in the treatment of BDD have been experimentally tested and reported. For example, alternative methods such as Cognitive Behavioural Therapies, Pharmacotherapies, Inference-based therapy, schema therapy, Mindfulness, and Exposure-response prevention therapies have been tried in the treatment of BDD (Folke et al., 2012; Gu & Zhu, 2023; Harrison et al., 2016; Hong et al., 2019; Sarıgül & Karaaziz, 2024; Taillon et al., 2013). It has been observed that different meta-analyses, systematic reviews, randomized controlled trials have been conducted in the literature regarding the experimental studies of all these different approaches. For example, a considerable number of meta-analyses examined the effectiveness of CBT techniques in the treatment of BDD (Harrison et al., 2016; Zhao et al., 2024). On the other hand, it is possible to see that exposure and response prevention therapy has been tested with various case presentations (Folke et al., 2012; Linde et al., 2015). Similarly, randomized controlled trials have been conducted to test the effectiveness of mindfulness-based therapies in the treatment of BDD (Bahreini, Kahrazezi & Nikmanesh, 2022). These meta-analyses and systematic reviews, which examine the strengths and weaknesses of these therapeutic approaches used in the treatment of BDD, undoubtedly have very valuable gains. When the relevant literature is examined, it is seen that although there are systematic studies on different approaches, no systematic review or meta-analysis study has been conducted in terms of ACT. Our study fills the gap in this field and offers a valuable contribution to the field. Although meta-analyses have not yet been conducted due to insufficient clinical numbers, this systematic review

is valuable in terms of drawing a general concrete framework on the strengths and weaknesses of ACT techniques in the treatment of BDD.

Within the scope of this review, we hypothesize that ACT is an effective method in the treatment of Body Dysmorphic Disorder. In addition to this, another aim of our study is to examine the components of ACT, which is frequently used in the treatment of BDD. In line with the relevant target, it is planned to determine the strengths and weaknesses of this technique by systematically scanning the quantitative studies that have used ACT techniques in the treatment of BDD so far. Other goals of this study are to determine the areas where this therapy technique is effective in the treatment of BDD, how many sessions should be planned on average, and in what formats it can be applied. Thus, besides determining whether ACT techniques will be efficient in BDD treatment, it is aimed to shed light on future studies by making directions according to scientifically based results.

## **Method**

### **Criteria for Selection of Studies**

Within the scope of this review, experimental studies using ACT techniques in the treatment of individuals diagnosed with BDD in the Psychology or Psychiatry literature were examined and studies that met predetermined criteria were included in the study. The Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) method was used when determining the studies to be included in our study. All these systematic review processes were managed by adhering to the guidelines specified in the Cochrane Handbook for Systematic Reviews of Interventions (Higgins et al., 2019). This method is a method that provides convenience to researchers in the process of examining and reporting many studies in a specific field according to research criteria.

### **Study Selection**

Several inclusion criteria have been identified for the studies to be covered in this systematic review. Studies meeting the following criteria were included in our review during the research: "Experimental studies published in Web of Science (WOS), Scopus and Pubmed databases until March 21, 2024; Studies using Acceptance and Commitment Therapy in the treatment of Body Dysmorphic Disorder; Studies conducted by quantitative research methods; Studies published in the English language; Studies whose full text can be accessed." Detailed data of all studies included in the study are shown in Table 1.

### **Data Extraction**

MeSH (Medical Subjects Headings) content was used when determining the keywords to be used in the scanning process of relevant articles. All screening processes were searched in English language in relevant databases. Related keywords are: "Acceptance and Commitment Therapy" OR "ACT" AND "Body Dysmorphic Disorder" OR "BDD" OR "Body Disorder." All listed keywords were cross-searched and scanned in 3 different databases (WOS, Pubmed, Scopus). The search strategies followed throughout our study were reviewed and approved by each of the corresponding authors. The obtained studies were checked by the responsible author to prevent possible conflicts (Data control: O.Y.A.; Data extraction: M.G.).

Experimental studies using acceptance and commitment therapy techniques in the treatment of individuals diagnosed with body dysmorphia or with symptoms were included in this systematic review. Studies written in a language other than English, whose full text was not available, and prepared as a

compilation/book chapter were excluded. When the relevant studies were examined, it was seen that the studies preferred different therapy durations and were conducted in 4 different countries (Australia, Iran, Sweden, USA).

### PRISMA Diagram

Within the scope of this review, a total of 189 articles were reached in the search using keywords in 4 different databases (Web of Science, Pubmed, Scopus). It was noticed that 66 of the obtained articles were duplicates and these articles were excluded from the study. The articles (97) that were suitable for the title but not found appropriate were eliminated and the remaining articles (26) were included in the review. Finally, a total of 7 articles were included in the study after they were eliminated from studies that were not written in English (3), whose full text was not available (2), and which were not made in the type of research article (19). The relevant screening strategy is given in the PRISMA diagram below (Figure 1).

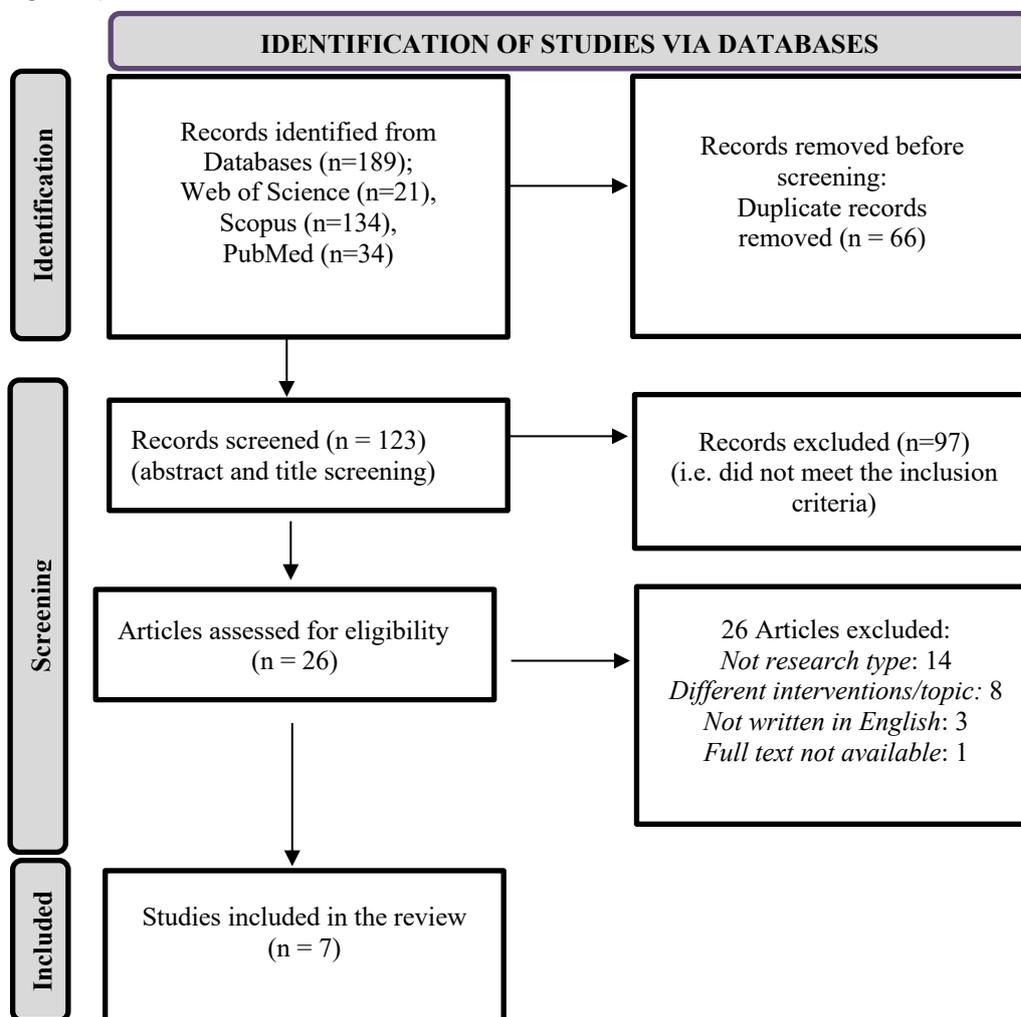


Figure 1. Flow Diagram For Examine The Relationship Between Body Dysmorphic Disorder And Acceptance And Commitment Therapy. PRISMA 2020 Flow Diagrams (Page et al., 2020)

### Study Characteristic

When the studies included in our study are examined, it is seen that all studies were conducted in the last 10 years. While four out of seven studies studied individuals diagnosed with BDD, 3 studies included individuals exhibiting BDD symptoms. While the majority of the people included in the study were female, some studies also included male individuals (e.g. Dehbaneh et al., 2019; Hartmann et al.,

2015). When the duration of the intervention program is examined, it is seen that it varies between 3 sessions and 16 sessions (Table 1). Finally, it appears that the average age of all studies included in our research is 30.74. More information about the studies is given in Table 1.

## **Results**

This section includes a detailed review of seven studies that met the inclusion criteria and used acceptance and commitment therapy in the treatment of body dysmorphic disorder, and a general discussion in the light of literature information. The first point that attracted attention in the articles we examined within the scope of our study was the session durations. In these studies where ACT techniques are used, a short-term approach such as 3 sessions is adopted, while a treatment plan of 8-12 sessions is generally made. Apart from these, there was also a longitudinal study in which ACT techniques were applied for 3 years. In parallel with this variability in session durations, there are also different preferences in the number of participants. For example, studies in which large workgroups of 71 people are preferred in addition to work groups of 1-5-6 people attract attention.

When the study designs of the examined studies are examined, it is seen that 2 studies have a case study design (Dehbaneh, 2019; Pickard et al., 2021), 3 studies have a single group experimental design (Linde et al., 2015; Linde et al., 2023; Hartmann et al., 2015), 1 study has a quasi-experimental design (Sadri Damirch et al., 2019) and 1 study has a randomized controlled study design (Selvi et al., 2021) (Experimental group: 48, Control group: 13). These studies, conducted in a total of 4 different countries (Sweden: 3; Iran: 2; USA: 1, Australia: 1), generally aimed to relieve negative thoughts about body image of individuals diagnosed with BDD, reduce suicidal thoughts, increase their life satisfaction and gain psychological flexibility (main goal). For these purposes, 'acceptance and contact present moment' techniques, which aim to make people unconditionally accept the situation they are in and stay in the moment during the treatment; In order for people to gain daily functionality, 'values' techniques and 'defusion' techniques, which aim to distinguish the person's ongoing beliefs and current cognition, were used. They reinforced these techniques with what we call 'committed action', which aims to ensure that the person continues his plans and goals determinedly. Detailed information such as the years of the studies, place where they were conducted, sample size, and age groups are given in Table 1 and the results are discussed below.

**Table 1.** Summary of All Studies: Author, Participants, Setting, Durations, Conclusion

Author	No. of participants	Setting	The average age and durations	Overall Conclusion
1) Sadri Damirch et al. (2019) (Iran)	30 (F:-M:)	Among the patients who applied to the hospital for cancer treatment, those who met the BDD criteria were included in the study.	33.13 8 session	Body dissatisfaction decreased in individuals who were diagnosed with breast cancer and had symptoms of Body Dysmorphic Disorder. Significant improvements were also observed in the areas of <b>stress and life satisfaction</b> .
2) Dehbaneh (2019) (Iran)	6 (F:5-M:1)	Customers who applied to the cosmetic center and met the BDD criteria were included in the study.	25.0 8 session	Effective results were observed in <b>anxiety, quality of life and interpersonal relations</b> of individuals with BDD. BDD symptoms decreased.
3) Hartmann et al. (2015) (USA)	21 (F:16-M:5)	Individuals selected from inpatients receiving outpatient treatment in a private hospital and individuals who wanted to participate in the study with flyers were included in the study.	28.86 3 session	ACT techniques are effective in <b>reducing thoughts</b> related to BDD, affective <b>difficulties</b> , acceptance of thoughts, and <b>thoughts about body image</b> .
4) Linde et al. (2023) (Sweden)	5 (F:3-M:2)	Persons who applied to the psychiatry clinic and met the criteria for BDD were recruited.	24,4 12 session	BDD symptoms were relieved in 4 of 5 patients. <b>Self-criticism</b> and <b>feelings of shame</b> were significantly reduced. While <b>depressive</b> symptoms decreased, <b>quality of life</b> increased. In general, <b>psychological flexibility</b> and <b>self-compassion</b> increased in patients.
5) Linde et al. (2015) (Sweden)	21 (F:13-M:8)	Persons who applied to the university hospital and agreed to participate in the study were recruited.	27.3 12 session	While the <b>severity</b> of BDD was <b>alleviated</b> , improvements in <b>life satisfaction</b> were observed. It was stated that BDD patients gained <b>psychological flexibility</b> .
6) Pickard et al. (2021) (Australia)	1 (F:1)	A patient who applied to the Community Mental Health Center was included in the study.	46.0 3 years	<b>Suicidal thoughts</b> and BDD symptoms <b>decreased</b> . By gaining <b>psychological flexibility</b> , destructive thoughts about bodily defects decreased. <b>Self-confidence</b> and <b>life satisfaction</b> increased.
7) Selvi et al. (2021) (Sweden)	71 (F:71)	People who responded to various advertisements and met the BDD criteria in the scans were included in the study.	30.5 12-16 session	Body dissatisfaction and <b>negative thoughts</b> about being overweight decreased. While the symptoms of <b>depression</b> decreased, there were improvements in <b>self-esteem</b> and quality of life.
<b>Total</b>	<b>155</b>		<b>30,74</b>	

## Discussion

The first of the studies reviewed in this review was Sadri Damirch et al. (2019) made by In this study, the revised OCD test for Yale-Brown BDD was applied to patients who applied to the hospital for breast cancer treatment and experienced physical dissatisfaction, and the participants meeting the BDD criteria were divided into two different groups. In this study, which was prepared in accordance with the quasi-experimental design, a total of 30 female patients were studied for 8 sessions. As a result of the sessions, it was observed that there was a significant improvement in body dissatisfaction levels of the patients in the experimental group compared to the patients in the control group (Sadri Damirch et al., 2019). In addition, it was found that the fear of obsessive thoughts and negative evaluation of the experimental group decreased significantly. These research results share similar results with some studies in the literature (e.g. Habibollahi & Soltanzadeh, 2016). All these studies emphasize that ACT is an effective technique for individuals diagnosed with BDD and comorbid with another disease at the same time to cope with these problems (Daneshi, Hafezi & Homaei, 2021; Habibollahi & Soltanzadeh, 2016; Sadri Damirch et al., 2019).

Dehbaneh (2019) recruited six individuals who met the inclusion criteria after a BDD diagnostic test administered to applicants at a cosmetic center in Tehran province between 2015 and 2016. A total of 8 sessions of ACT techniques were applied to this group, which consisted of five women and one man, and then a three-month follow-up. As a result of the research, it was emphasized that the ACT techniques applied were effective in reducing the anxiety experienced by individuals with BDD (Dehbaneh, 2019). These results are relatively consistent with other results in the literature (Arch et al., 2012; Codd et al., 2011). In addition to these findings, according to the post-test data obtained from the participants, it was reported that the quality of life of individuals with BDD and their ability to cope with interpersonal problems improved significantly. The results of this study by Dehbaneh (2019) are highly similar to other studies in the literature (Feros et al., 2013; Norouzi et al., 2017).

Another study evaluating the effectiveness of ACT in the treatment of BDD was conducted by Hartmann et al. (2015). In this study, individuals diagnosed with BDD along with Anorexia Nervosa (AN) patients were studied. The people who will participate in the study were selected from those who received treatment in a private hospital and responded to the prepared announcement texts. As a result of ACT interventions applied in a short time, it was concluded that negative somatic thoughts and positive emotions increased more in individuals with BDD compared to individuals with AN (Hartmann et al., 2015). The results that ACT techniques significantly reduce negative body image and increase positive emotions are also supported by different studies in the literature (Bonacquisti et al., 2017; Burckhardt et al., 2016). In addition to the processes of reconciliation with positive affect and body image, it was emphasized in this study that ACT contributes to less medication support for individuals with BDD (Hartmann et al., 2015).

Linde et al. (2023), published a series of results at the end of 12 sessions of ACT with 5 clients diagnosed with BDD, who applied to the psychiatry outpatient clinic. In four of the five clients participating in the study, it was stated that BDD symptoms were relieved the feeling of shame decreased, and the frequency of self-criticism returned to normal levels. Other findings of the study are that depressive symptoms commonly seen with BDD decrease, quality of life increases, and self-compassion is felt more widely (Linde et al., 2023). According to the basic philosophy of ACT practices, psychological flexibility is the most important point a client can reach (Hayes, 1999). In this study, it was stated that individuals with BDD who received ACT therapy gained psychological flexibility, which is very valuable for the literature. The results obtained in this study, in which BDD symptoms were reduced very successfully, show parallelism with other studies conducted with different groups (Luoma and Vilardaga, 2013; Wersebe et al., 2018).

Linde et al. (2015) planned a study that included a total of 21 people, 13 women and 8 men, who applied to the university hospital. After 12 sessions of ACT with individuals aged 18-44 years, overall significant reductions in BDD symptoms were observed for each participant. In this study, in which 2

people could not complete the study, it was reported that the complaints characterized by body dysmorphic disorder decreased and the quality of life increased. These results obtained by Linde et al. (2015) have a high similarity rate with the literature studies (Harrison et al., 2016; Wilhelm et al., 2014). Another result that this study has in common with the general literature results is that systematically applied ACT applications provide psychological flexibility in individuals with body dysmorphic disorder and make it easier to be more comfortable with their body image (Dehbaneh, 2019; Linde et al., 2023; Linde et al., 2015; Pickard et al., 2021).

Among the studies we reviewed in our review, the longest-term study was conducted by Pickard et al. (2021). A 46-year-old patient diagnosed with BDD, who applied to the community mental health service with negative evaluations of his body image, social withdrawals, and suicidal thoughts, was included in the study after the briefing. It has been observed that this client with bipolar and OCD comorbidity previously received CBT and psychodynamic-oriented treatment for a long time, and these did not provide a significant improvement. After a total of three years of ACT practices, a series of results have been published. Research results show that generalized ACT applications reduce the client's suicidal thoughts (Pickard et al., 2021). This result is similar to other results in the literature (Ducasse et al., 2018; Tighe et al., 2018). In addition to these results, it was reported that the participant's destructive thoughts about her own body decreased significantly, gained psychological flexibility, and regained their lost self-confidence. It is possible to reach some results that support these findings in studies conducted with individuals with different sample sizes, gender groups, and socio-economic levels (Daneshi et al., 2021; Norouzi et al., 2017; Pardede et al., 2020).

The last research we will examine in our study, in which we examined the effectiveness of ACT in the treatment of BDD, was conducted in Sweden by Selvi et al. (2021). A total of 71 women who responded to advertisements containing information about the study and agreed to participate in the study were included in the study. A total of 12-16 sessions were interviewed with individuals who met the screening criteria and stated that they wanted to receive treatment. During this period, the clients were given preliminary information about the process by giving handbooks containing ACT techniques. It was observed that these negative thoughts decreased in a large part of the participants after the sessions were conducted to reduce intensely expressed somatic complaints and negative thoughts about perceived weight (Selvi et al., 2021). It has been stated that the behaviors frequently exhibited by individuals with BDD, such as self-stigmatization, have also decreased. The results of decreased self-stigma, destructive thoughts about perceived weight, and biased thoughts in bodily self-evaluation processes are in line with other literature outputs (Dehbaneh, 2019; Harrison et al., 2016; Meuret et al., 2012; Wilhelm et al., 2014). In addition to these results, it was stated that the ACT techniques performed within the scope of the study contributed to reducing the symptoms of depression and increasing self-esteem and life satisfaction. These results obtained by Selvi et al. (2021) have similarities with the general literature results, just like other results (Bohlmeijer et al., 2011; Wang et al., 2017).

While planning this study, we determined a number of goals and examined the work done in the field in line with these goals. First of all, we planned to focus on the strengths and weaknesses of ACT techniques in the treatment of BDD. In this context, session durations can be given as an example of the strengths of ACT. Contrary to some traditional techniques (Enander et al., 2016; Pondehnezhadan & Fard, 2018; Rosen et al., 1995), in the studies examined, it was observed that there were serious improvements even though they were performed in relatively short periods of time (3-8 sessions). In recent years, it has been promising that there are studies showing that the short-term use of ACT is effective in the treatment of BDD, in contrast to the techniques of alternative psychotherapies (CBT, Schema Therapy, Exposure Therapy) that last 12-18 sessions or longer (Harrison et al., 2016; Hartmann et al., 2015; Linde et al., 2023). Although this situation is seen as a good development, it is not enough for us to conclude that ACT techniques can provide high efficiency in the short term in the treatment of BDD. Unlike short-term treatment, studies planned in the range of 8-16 sessions are more numerous and provide higher efficiency than other periods. This period provides us with concrete data regarding the session durations that ACT should be applied in the treatment of BDD. In light of these data, we can easily say that ACT planned between 8-16 sessions, is extremely efficient and can be a strong alternative

in the treatment of this disorder. Literature studies have shown that cognitive behavioral therapies have recently been preferred more frequently in the treatment of BDD (Wilhelm et al., 2019). Of course, we know that there are pros and cons for both CBT and ACT in the BDD treatment process. For example, a recent meta-analysis study has stated that the rate of clients dropping out of treatment is high during the CBT treatment process (Harrison et al., 2016). The studies we examined did not provide such significant details about dropping out of treatment. On the other hand, when we look at the session durations, it is seen that CBT treatment can often last 8-14 sessions, and in some cases, additional time is needed (Zhao et al., 2024). When compared to CBT, we believe that ACTs that will last 8-16 sessions will be much healthier for an efficient treatment plan. It is seen that there is no significant difference between the two approaches in terms of session durations. When examined in terms of symptom reduction, CBT is seen to be very successful in cognitive areas such as negative thoughts and erroneous beliefs inherent in BDD (Unbrin, Shazhadi & Jabeen, 2024); while ACT is seen to be significantly successful in the areas of interpersonal relationships, life satisfaction, and psychological flexibility (Dehbaneh, 2019; Linde et al., 2023). Finally, when an analysis is made in terms of group applications of both therapy techniques, it is observed that a considerable amount of research has been done on the existence of group psychotherapies for CBT (Omidian, Rafienia & Rahimian Booger, 2025; Prazeres, Nascimento & Fontenelle, 2013), while such a clear comment cannot be made for ACT. In this case, it prevents us from presenting literature output in terms of comparing the two techniques in terms of cost calculation.

We have known for a while that individuals diagnosed with BDD are closely associated with suicidal thoughts (Phillips, 2007). It is an important detail that in the studies examined, individuals with suicidal thoughts abandoned these thoughts with ACT treatment. In this context, although there is very limited data, ACT has been found to have a significant effect on reducing suicidal thoughts (Pickard et al., 2021). It is clear that, contrary to such strengths, there are weaknesses that attract our attention. For example, apart from one of the studies we reviewed, no long-term relapse prevention was prepared. In this study, where relapse follow-up was performed, the effectiveness of ACT techniques in reducing BDD complaints was shown to maintain its success despite a 12-month period (Linde et al., 2015). Regrettably, this limited data could not be supported by the results of another study. Unfortunately, this situation does not provide us researchers with a concrete discussion area in terms of relapse prevention and long-term benefit, both in terms of ACT and in the process of comparison with other psychotherapy approaches. While ACT techniques have proven to be beneficial in the short term, it is unfortunately still unclear what kind of protection this effect will provide in the long term. Another problematic situation is that when determining the research groups, control groups were not determined in addition to the intervention group and the time effect was not compared. The fact that it has been planned from relatively few different countries and that studies have not been conducted with individuals, especially in adolescence, which is determined as the initial period of BDD (Albertini & Phillips, 1999), prevents us from making clear comments in this field. In this context, not knowing whether ACT can be useful in adolescent groups is considered a serious shortcoming. ACT encourages people to stay in the moment and focus on individual problems during the solution of their problems (Hayes et al., 1999). This situation causes early negative experiences, which are frequently mentioned in the etiology of BDD (Buhlmann et al., 2012), and family members or other stressors that trigger negative symptoms during the treatment period, to be ignored and not included in the treatment. When compared to schema therapy, which focuses on early maladaptive schemas (Young et al., 2003), and family therapies, which include family members in solving problems (e.g., Colapinto, 2019; Minuchin & Fishman, 1981), the fact that it only stays in the moment and does not include other individuals contacted in the process can be given as an example of ACT's weaknesses in this area.

## **Conclusion**

This study aimed to review articles reporting the BDD application of ACT. As a result of the criteria determined in this context, seven articles were reached and these studies were reviewed. These findings will now be discussed in the section below and present a general literature output.

The studies reviewed suggest that ACT, although relatively new in the treatment of BDD, may have the potential to be an effective approach. This judgment supports the hypothesis that we created while planning our research. We observed that ACT made a valuable contribution in critical areas such as suicidal thoughts, low life satisfaction, low self-esteem, self-stigmatisation, and negative body image, which are frequently observed in individuals with BDD. It has been found that these processes positively affect people's social relationships and provide people with social functionality. One of our purposes for conducting this study was to provide an overall clinical picture of the strengths and weaknesses of ACT in the treatment of BDD. As a matter of fact, in this context, we could not reach any tangible conclusion that it provides high efficiency in the short term (except for one study). Again, since ACT is a new technique, it has some weaknesses, such as not being conducted with different age groups (especially the adolescent group), being tested only in limited studies in some countries, and the lack of full experimental studies including control groups. Another weakness that draws our attention is the lack of relapse control studies. Almost none of the studies that used ACT techniques and achieved relatively good results reported any findings about whether BDD symptoms would recur. In contrast to such weaknesses, ACT has some strengths in the treatment of BDD. For example, in the studies analyzed, it was observed that a person with suicidal thoughts gave up these thoughts after the treatment. Compared to commonly used techniques such as CBT and Schema Therapy, ACT has been shown to prevent suicidal and self-harming behaviors at promising rates. It is also relatively successful in building psychological resilience, which gives individuals a unique advantage in coping with many stressors in daily life. This gain is a detail that increases the preferability of ACT compared to other psychotherapy techniques. Another strength of ACT is that it focuses on unconditional acceptance of problems without addressing any negative emotions specifically. Thus, it allows problematic symptoms and behaviors such as anxiety, depression, low life satisfaction, and negative body perception to be alleviated in a short time and collectively.

In conclusion, we can say that ACT offers promising results in the treatment of BDD, although it was conducted with a small number of studies and few participants. In the studies examined, it was observed that ACT applied for 8-12 sessions was moderately effective, while the highest efficiency was observed in studies in which 12 or more sessions were applied. Apart from these details, we also have a number of suggestions for future studies. For example, we see that a very limited number of studies are planned as randomized controlled trials with long-term follow-up. Considering this detail, we believe that future studies should focus on randomized controlled trials with long-term follow-up. On the other hand, when we look at the age periods of the participant groups, the limitation of studies including critical groups such as the adolescent population stands out. We recommend that future studies should include adolescent groups, be examined in broader cultural contexts, implement relapse prevention measures, and emphasize studies in which control groups are included.

The most important limitation of our study is that it does not include articles written non-English. In addition, we did not include book chapters and book chapter reviews. Unfortunately, we could not examine the articles whose full text could not be reached because they were published in paid journals. Finally, the fact that Acceptance and Commitment Therapies have not been sufficiently studied in the field of psychotherapy and are only recently preferred in the treatment of body dysmorphic disorder has led us to reach a limited number of studies for our review. All these details stand out for the limitations of our systematic review.

## **Disclosure Statements**

### **1. Declaration of the contribution of the researchers:**

Murat Genç: Writing - Review & Editing, Writing – Original draft, Investigation, Data Curation, Methodology, Conceptualization

Özden Yalçinkaya Alkar: Writing – Editing & Original Draft, Supervision, Investigation, Conceptualization

**2. Conflict of interest:** There is no conflict of interest.

**3. Ethics Report:** Since this research is a systematic review study, no ethics committee is required.

**4. Research Model:** This research has been prepared as a systematic review study. Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) method has been determined as the research method in our study since it is one of the most preferred and reliable methods in systematic research in the field of social sciences.

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