



## Body Image Dissatisfaction among The Adolescents : What Can Psychologists Do?

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*Most adolescents become greatly concerned about body image. Two factors that may influence the adolescents' concern about their bodies are the media and the persuasion from significant persons, such as family members and peer groups. A number of researchers had found that females were more likely to judge themselves overweight than males and this tendency was strongest in adolescent and young adult women (Prevos, 2005). The most common body image problem is body image dissatisfaction. Some studies indicate that body image dissatisfaction can lead to some serious problems, such as eating disorders, smoking behaviour, low self-esteem, and depression; therefore, psychologists need to find some solutions to cope with this problem. The studies of body image dissatisfaction and its intervention in Indonesia, especially in Surabaya, are increasing lately. Some researchers tried to apply alternatives of therapies to deal with adolescence body image dissatisfaction, such as bibliotherapy (Sukamto, 2005; Hidayat, 2008), hypnotherapy (Sumali, 2007), and cognitive therapy (Indria, 2007). The purpose of this article is to discuss the results of those studies integrated with theoretical reviews. Furthermore, the author hopes this article will inspire other psychologists to think of other solutions to cope with body image problems.*

**Keywords:** *body image dissatisfaction, adolescence, bibliotherapy, hypnotherapy, cognitive therapy*

### INTRODUCTION

Most adolescents become greatly concerned about body image. Koff, Rierdan, and Stubbs (as cited in Rice & Dolgin, 2002) stated that physical attractiveness and body image have an important relationship to the adolescent's positive self-evaluation, popularity, and peer acceptance. According to Rice (1995), body image is an individual's experience of his/her body and developed through interactions with people and the social world, changing across life span in response to changing feedback from the environment.

In a study of 20,000 adolescents, it was concluded that girls had far more negative feelings about their bodies than boys (Offer, Ostrov, & Howard, as cited in Rice, 1995). There are at least two factors that cause the adolescents' dissatisfaction over their bodies. The first factor is the media and the second one is the persuasion or comment from significant persons, such as family members and friends.

Most of mass media persuade the adolescent girls to have great concern over their bodies by presenting models with ultra-thin bodies. Garner, Garfinkel, Schwartz, and Thompson (as cited in Dittrich, 2003) have found that the average size of idealized woman (as portrayed by models) has become progressively thinner and has stabilized at 1319% below





physically expected weight. Besides, Levine, Smolak, and Hayden; Moreno and Thelen; Pike and Rodin (as cited in Vincent & McCabe, 2000) concluded that teasing and criticism about body weight or shape by family members had been found to predict ideal-body internalization, body dissatisfaction, dieting, and eating problems among girls. Furthermore, Levine et al; Wertheim, Paxton, Schultz, and Muir (as cited in Vincent & McCabe, 2000) found that peer teasing was also related to body dissatisfaction among girls.

## LITERATURE REVIEW

### Body Image Dissatisfaction and Its Interventions

Body image is the mental picture a person has of his/her body as well as the individual's associated thoughts, feelings, judgments, sensations, awareness, and behaviour (Rice, 1995). According to Rosen (as cited in Blechman & Brownell, 1998), body image is a subjective psychological construct, so it can change even when physical appearance does not change.

Rice (1995) stated that the current reality of widespread body image problems among women has been linked to cultural pressures to conform to an unrealistic ideal of female beauty, one that is young, able-bodied, flawless, tubular, light-skinned, athletic, and above all, thin. According to Rice (1995), body image dissatisfaction is indicated by dissatisfaction and distortion. Dissatisfaction simply means not liking one's body or specific body parts, whereas distortion is the inability to accurately judge the size of one's body.

Dissatisfaction with how one looks begins during puberty and is linked to rapid and normal weight gain that is part of growing up (Attie & Brooks-Gunn, as cited in Crawford & Unger, 2000). Boys perceived their bodies significantly more positively than girls in terms of overall body image (Tobin-Richards, Boxer, & Petersen, as cited in Crawford & Unger, 2000). Pubertal girls were less proud of their bodies than boys, felt more poorly developed, and wished they were thinner. According to Crawford and Unger (2000), many adolescent girls and women develop distorted perceptions of their bodies. They may believe themselves to be wider or fatter than they really are, exaggerating descriptions of their "huge" thighs, breasts, or stomachs.

Most researchers agree that the media is largely responsible for girls' desire to be slender (Myers & Biocca, as cited in Rice & Dolgin, 2002). The women portrayed as desirable in movies, television programs, television commercials, and magazines are uniformly tall, narrow, and small waisted. According to Tannen (as cited in Crawford & Unger, 2000), photographs of women and girls are usually subjected to computer retouching, leaving readers with the impression that such flawlessness is real and attainable. Gonzales-Lavin and Smolak (as cited in Thompson & Heinberg, 1999) found that girls who watched more than 8 hours of television per week reported significantly greater body image dissatisfaction than girls with less television exposure.

Parents, peers, and dating partners may play a somewhat more important role than the mass media because feedback from these sources about body size is more personal. Family had also a greater role than peer group in giving persuasion about body shape to high school girls, whereas, for high school boys, peer group and family had an equal role. According to Crawford and Unger (2000), teasing and/or criticism usually began in late childhood or early adolescence and lasted for an average of 6.6 years. Cash (as cited in Crawford & Unger, 2000) showed that peers were named as the most frequent teasers although one-third of the women with brothers named them as the worst offenders. In addition, Cash (as cited in Blechman & Brownell, 1998) emphasized that recurrent teasing or criticism about appearance during one's





youth can have an enduring effect on body image. In fact, more frequent and upsetting teasing and criticism were significantly associated with greater body discontent and distress later on, in young adulthood.

Some researchers tried to apply alternatives of therapies to deal with adolescence body image dissatisfaction, such as bibliotherapy (Sukamto, 2005; Hidayat, 2008), hypnotherapy, and cognitive therapy (Indria, 2007).

Bibliotherapy is a kind of therapy using an activity of reading selected literatures to promote mental health (Herink, 1980; Hynes and Hynes-Berry, 1994). Therapeutic reading, in particular, promotes the conscious recognition of clients' ways of knowing and experiencing so that both emotional and cognitive understanding of problems are enhanced (Cohen; Hynes & Wedl, as cited in Myers, 1998).

Hypnotherapy is a combination of hypnosis and therapeutic intervention. In hypnotherapy, the therapist guides his/her patient to experience a positive change when he/she is in deep relaxation and has a high level of suggestibility called trance. To conduct a successful hypnotherapy, there are five conditions essentially needed, such as: a skilled hypnotist, a good rapport between the therapist and the subject, a comfort and 'free from disturbance' environment, willingness of the subject to be hypnotized, and subject's conviction of the therapeutic result.

According to Burns (as cited in Indria, 2007), the goal of cognitive therapy is to freed someone from emotional pressure and reduce symptoms of depression by changing the client's perspective through automatic thinking and giving ideas to restructure the negative feelings. In addition, this kind of therapy is also used as a process of checking the cognitive distortions related to problems.

## RESULTS AND DISCUSSION

### Results and Discussion of Studies on Body Image Dissatisfaction

#### 3.1 *The study of bibliotherapy on body image dissatisfaction*

The author (Sukamto, 2005) evaluated the effectiveness of bibliotherapy in reducing body image dissatisfaction among high school girls. Participants were 45 girls from three different high schools, whose BMI were normal (18.5 – 22.9) and experienced moderate to very high body image dissatisfaction.

This study was Pre-test Post-test Control Group Design, so the participants from each high school ( $n=15$ ) were assigned to one of three conditions: interactive bibliotherapy as experimental group 1, reading bibliotherapy as experimental group 2, or as waiting-list control group. The body image dissatisfaction scores of each participant were assessed at pre-treatment, post-treatment, and 1-month follow-up using One-Way ANOVA and General Linear Model Univariate from SPSS 12.0 for Windows.

In the interactive bibliotherapy, the participants had a chance to dialogue with the facilitator and friends regarding their responses. The sessions for interactive bibliotherapy were conducted in 4 weeks subsequently, each session lasted for 90 minutes. In reading bibliotherapy, the therapy process was focused on reading the booklet independently and there was no group discussion. The bibliotherapy materials were the same as the ones in the interactive bibliotherapy. This therapy lasted for four weeks; the session was once a week. The duration of each session was planned about 30 minutes.

One of the limitations of this study was related to the time spent for reading





bibliotherapy session. The duration of some sessions in reading bibliotherapy groups were more than 30 minutes because the participants would not go back to their classroom and stayed to talk with the facilitator and their friends. The author thought that it could influence the bibliotherapy process and might change the reading into semi-interactive bibliotherapy. Another limitation was due to the author's difficulties to arrange the pre-treatment, post-treatment, and 1-month follow-up measurements between the three schools at the same time.

The result indicated that there was no significant mean difference of body image dissatisfaction changes between pre-test post-test from the group that received the interactive bibliotherapy and the one that got reading bibliotherapy ( $\text{sig.} = 0.054 > \alpha = 0.05$ ). The author assumed that it could be the effect of the limitation mentioned above because the examination of the means plot of pre-test post-test changes revealed that there was a difference in body image dissatisfaction changes between the interactive and reading bibliotherapy groups. The results had demonstrated that either interactive bibliotherapy ( $\text{sig.} = 0.000 < \alpha = 0.05$ ) or reading bibliotherapy ( $\text{sig.} = 0.012 < \alpha = 0.05$ ) was effective in reducing the body image dissatisfaction among high school girls. The result also proved that the effectiveness of the interactive and reading bibliotherapy in reducing body image dissatisfaction could maintain up to a month long.

Based on the Sukanto's research (2005), Hidayat (2008) was interested in performing replication study to examine whether bibliotherapy was really effective in reducing body dissatisfaction among adolescent girls if she used different reading material and questionnaire. The participants were senior high school students ( $N=15$ ), aged 14-17 years, with BMI (Body Mass Index) "thin" to "normal", and with "average" to "high" body dissatisfaction. These subjects were divided into three groups, i.e. the interactive bibliotherapy group and the reading bibliotherapy as experimental groups, and the waiting list control group. The result shows there were no differences of body dissatisfaction in the pre-test post-test and post-test follow-up between three groups ( $\text{sig.} > 0.05$ ). It meant that neither interactive nor reading bibliotherapy was effective in reducing body dissatisfaction.

According to Hidayat (2008), some factors that caused the application of bibliotherapy ineffective were the reading material, the facilitator, and the participant. Some participants evaluated that some parts of the reading material were not quite 'up to date' and useful for them. Besides, some participants also assumed that the reading materials and exercises given to them were so many that they did not have enough time to internalize each of them. Another limitation of this study was related to the role of the facilitator. Some participants in interactive bibliotherapy group evaluated that the facilitator talked too much and asked too many personal questions. The researcher also found out some participants felt uncomfortable when being asked to share about their personal areas. The participants might have already trusted the facilitator, but not the other group members. In interactive bibliotherapy group, some participants did not like reading and felt overloaded with the amount of reading materials and exercises.

### *3.2 The study of hypnotherapy on body image dissatisfaction*

Sumali (2007) carried out an experimental study to evaluate the effectiveness of hypnotherapy in reducing body dissatisfaction among late adolescents. The participants of this pre-test post-test control group experiment were 18-22 years old students from the Faculty of Psychology, University of Surabaya, whose BMI's were ideal and experienced "average" to "high" body dissatisfaction. The participants ( $N=4$ ) were divided into two groups i.e. the experiment ( $n=2$ ) and the control ( $n=2$ ) (placebo) group. Data were collected





using questionnaire. The result showed a considerable mean difference of body dissatisfaction reduction between the experiment (17.5 points) and the control (2.5 points) group, even though the statistic tests fail to reach the significance level ( $\text{sig.} > 0.05$ ).

The difference of body dissatisfaction reduction between the subjects might be due to the differences in the environment (comfort of the subjects' chair) and subject's conviction of the therapeutic result. The boy subject in experimental group once complained that the chair used for hypnotherapy was not high enough. He also felt doubtful when being interviewed before the hypnotherapy sessions, but after the first session, he felt more convinced. In the control group, the girl subject also experienced 7 points reduction of body dissatisfaction. It was due to retroactive history, i.e. an event that suddenly happened during the experiment. In a week before post-test, her weight was decreased drastically. Therefore, the researcher assumed that her body dissatisfaction reduction was caused more by the weight reduction than the placebo. In effect, this reduction was unstable because it depended on the fluctuation of her weight.

There were some limitations of this study, for instance: (a) a small number of subjects; (b) the researcher did not apply random assignment or matching because not every subject was willing to get hypnotherapy; (c) the short duration of hypnotherapy that was just three sessions for three weeks; (d) the placebo which was not as interesting as hypnotherapy, (e) follow-up measurement was not completed so that the researcher could not examine the endurance of hypnotherapy, and (f) the retroactive history experienced by one subject in the control group.

### *3.3 The study of cognitive therapy on body image dissatisfaction*

Indria (2007) was interested in examining the effectiveness of cognitive therapy in reducing body image dissatisfaction among female students in Faculty of Psychology, University of Surabaya. The participants were female students ( $N=6$ ) aged 18-25 years with normal BMI (18.5-22.9) and experienced moderate body image dissatisfaction.

This experimental study was using Two Group Pre-test Post-test Design, so the participants were divided into two groups, i.e. the experimental and the control groups. The sessions of cognitive therapy were accomplished for four days, each session lasted for two hours. The body image dissatisfaction scores of each participant were assessed at pre-treatment, post-treatment, and 1-month follow-up using analysis of two independent samples, Mann-Whitney-U-Test. The result showed that there was a moderately significant difference between the group that got cognitive therapy and the control group ( $\text{sig.} = 0.05$ ,  $z = -1.964$ ).

There were some limitations of this study. Firstly, the researcher did not perform a preliminary survey to analyze the subjects' needs so that some therapy sessions were not applicable enough for the participants. Secondly, the very short duration of cognitive therapy, that was just approximately one week. In fact, the cognitive therapy usually needs a reasonable length of time, i.e. about 2-3 months. Finally, the cognitive therapy was handled by the researcher herself, who was not a skilled therapist, so that the researcher felt incompetent in performing the therapy sessions.

## **CONCLUSION AND IMPLICATION**

The effectiveness of bibliotherapy, hypnotherapy, and cognitive therapy in overcoming body image dissatisfaction still need evaluating. Based on the results and limitations of the



previous studies, the next researchers should consider carefully about the characteristic and needs of the participants, the technique and duration of the therapy, and the one who carry out the therapy.

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## FOREWORD

The Faculty of Psychology Widya Mandala Catholic University conducts an International Convention with the theme “**Exploring The Role of Psychology in Creating Healthy Society**” from June 25 – 26, 2008 in Mercure Grand Mirama Hotel Surabaya. The theme of this convention is chosen to reflect the vision of Indonesian Government “Healthy Indonesia 2010”. The convention consists of seminar, paper presentations and workshops which discuss the role of psychology in creating Indonesian healthy society both theoretically and practically. Refer to the importance of ideas and opinions in all papers presented in this convention, this volume of proceedings is published to give us insights about the implementation of psychology to develop healthy Indonesian society.

This volume of proceedings contains 4 keynote speakers' papers and 33 presented papers in the parallel sessions. The keynote speakers' papers discuss the issues of community art and health promotion; promoting maternal health; mental health & road safety; and prospect of Engineering Psychology in Indonesia where as presented papers discuss issues related to healthy community and healthy behaviour. Refer to the similar in setting, subject and theme of all presented papers, the paper presentations are categorized in six issues, namely : child and adolescent safety (e.g. the role of parents and teachers in child safety), mental health in industrial settings (e.g. the coping strategy applied by bag-entrepreneurs in Tanggulangin during the time of uncertainty), quality of life of the Indonesian community (e.g. quality of life and sense of community of people who lives in flooding area in Jakarta, Indonesia), mental health in school settings (e.g. a study of teacher's self efficacy in inclusive school in Jakarta), parenting & child mental health (e.g. parenting education program to overcome child abuse in Indonesia) and addiction behaviour (e.g. creating healthier society in Jakarta : rehabilitation centers from drug user's perspective). These presented papers show us various ideas of psychology that have been implemented in Indonesian context.

We appreciate the contribution of all keynote speakers and all paper presenters to this volume of proceedings. Hopefully, the discussion of ideas to develop Indonesian healthy society during the plenary sessions, parallel sessions and workshop during this convention will continue to the real implementation to achieve the vision of “Healthy Indonesia 2010”. We hope that this volume of proceedings will contribute to the development of mental health in Indonesia.

Surabaya, June 2008

Ermida Simanjuntak  
F. Dessi Christanti

Editors





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