ผลของกลุ่มการปรึกษาเชิงจิตวิทยาแนวปัญญาพฤติกรรมนิยมต่อความพึงพอใจในภาพลักษณ์ทางร่างกาย การประเมินตนเองเสมือนวัตถุ และความเมตตากรุณาต่อตนเองในสตรีวัยรุ่นไทย

นางสาวประภาพิมพ์ ลิปตพัลลภ

วิทยานิพนธ์นี้เป็นส่วนหนึ่งของการศึกษาตามหลักสูตรปริญญาศิลปศาสตรมหาบัณฑิต
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THE EFFECT OF COGNITIVE BEHAVIOR GROUP THERAPY ON BODY IMAGE SATISFACTION, SELF-OBJECTIFICATION AND SELF-COMPASSION IN THAI FEMALE ADOLESCENTS

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A Thesis Submitted in Partial Fulfillment of the Requirements
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ประภาพิมพ์ ลิปตพัลลภ : ผลของกลุ่มการปรึกษาเชิงจิตวิทยาแนวปัญญาพฤติกรรมนิยมต่อความพึงพอใจในภาพลักษณ์ทางร่างกาย การประเมินตนเองเสมือนวัตถุ และความเมตตากรุณาต่อตนเองในสตรีวัยรุ่นไทย (THE EFFECT OF COGNITIVE BEHAVIOR GROUP THERAPY ON BODY IMAGE SATISFACTION, SELF-OBJECTIFICATION AND SELF-COMPASSION IN THAI FEMALE ADOLESCENTS) อ.ที่ปรึกษาวิทยานิพนธ์หลัก: ผศ. ดร. กุลยา พิสิษฐ์สังฆการ, 120 หน้า.

การวิจัยครั้งนี้มีวัตถุประสงค์เพื่อศึกษาผลของกลุ่มการปรึกษาเชิงจิตวิทยาแนวปัญญาพฤติกรรมนิยมต่อความพึงพอใจในภาพลักษณ์ทางร่างกาย การประเมินตนเองเสมือนวัตถุ และความมีเมตตากรุณาต่อตนเองในสตรีวัยรุ่นไทย การวิจัยครั้งนี้เป็นการวิจัยกึ่งทดลอง มีการทดสอบก่อนและหลังแบบมีกลุ่มควบคุม นักเรียนหญิงอายุ 15-18 ปีที่มีคุณลักษณะตามเกณฑ์คัดเข้าและได้รับอนุญาตจากผู้ปกครองจำนวน 49 คนเข้าร่วมการศึกษาครั้งนี้ โดยแบ่งเป็นกลุ่มทดลอง 24 คน และกลุ่มควบคุม 25 คน กลุ่มทดลองเข้าร่วมกลุ่มการปรึกษาเชิงจิตวิทยาโดยกลุ่มดำเนินรายสัปดาห์ รวมทั้งหมด 6 ครั้ง ครั้งละ 2 ชั่วโมง กลุ่มตัวอย่างตอบมาตรวัดความพึงพอใจในภาพลักษณ์ทางร่างกาย การเปรียบเทียบตนเองเสมือนวัตถุ และความเมตตากรุณาต่อตนเอง ในช่วงก่อนและหลังการทดลอง และนำข้อมูลที่ได้รับมาวิเคราะห์ข้อมูลด้วยสถิติวิเคราะห์ความแปรปรวนพหุนาม Multivariate Analysis of Variance (MANOVA) ผลการศึกษาพบว่าในช่วงหลังการทดลอง กลุ่มทดลองมีคะแนนความพึงพอใจในภาพลักษณ์ทางร่างกายและความเมตตากรุณาต่อตนเองเพิ่มขึ้นอย่างมีนัยสำคัญทางสถิติ และมีคะแนนการเปรียบเทียบตนเองเสมือนวัตถุลดลงอย่างมีนัยสำคัญทางสถิติ และเมื่อเปรียบเทียบคะแนนตัวแปรที่ศึกษาระหว่างกลุ่มทดลองและกลุ่มควบคุมหลังการทดลอง พบว่ามีความแตกต่างกันอย่างมีนัยสำคัญทางสถิติ กลุ่มทดลองมีคะแนนความพึงพอใจในภาพลักษณ์ทางร่างกายและความเมตตากรุณาต่อตนเองเพิ่มขึ้นอย่างมีนัยสำคัญทางสถิติ โดยคะแนนนี้สูงกว่ากลุ่มควบคุมซึ่งไม่พบการเปลี่ยนแปลงของคะแนนนี้ และพบคะแนนการเปรียบเทียบตนเองเสมือนวัตถุลดลงอย่างมีนัยสำคัญทางสถิติ โดยคะแนนนี้ต่ำกว่ากลุ่มควบคุมซึ่งไม่พบการเปลี่ยนแปลงของคะแนนนี้

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PRAPAPHIM LIPTAPANLOP: THE EFFECT OF COGNITIVE BEHAVIOR GROUP THERAPY ON BODY IMAGE SATISFACTION, SELF-OBJECTIFICATION AND SELF-COMPASSION IN THAI FEMALE ADOLESCENTS. ADVISOR: ASST. PROF. KULLAYA PISITSUNGKAGARN, Ph.D., 120 pp.

The aim of this research study was to examine the effects of Cognitive Behavior Group Therapy (CBGT) on body image satisfaction, self-objectification, and self-compassion. A quasi-experimental research design with pre-posttest treatment-control group was employed. Forty-nine Thai female adolescents, age 15-18, who met selection criteria voluntarily participated in the study with parental permission. They were assigned to either a 2-hour 6-session program (n = 24) or a control group (n = 25). The program was conducted weekly for a period of 6 weeks. At pre- and post-study participation, participants' body image satisfaction, self-objectification, and self-compassion were assessed. Data obtained were analyzed using between-group and repeated-measure Multivariate Analysis of Variance (MANOVA). Findings supported the hypotheses. The scores on body image satisfaction and self-compassion of the treatment group increased significantly and were significantly higher than those of the control group where no significant changes were observed. The scores on self-objectification of the treatment group were also found to be decreased significantly and was significant lower than that of the control group where no significant changes were observed.

Field of Study: Psychology Student's Signature .....

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Chapter 1
Introduction

Rationale and statement of the problem

Adolescence brings about major changes in how individual deal with the world (Feldman, Cauffman, Jensen, & Arnett, 2000). For females, it is the developmental period in which they are particularly vulnerable to body image concerns (Rosenblum & Lewis, 1999). With the media showing pictures of unattainable beauty ideals via media, adolescent females receive the societal messages that their physical appearance is of high significance. The degree to which female adolescents internalize these messages can become stringent and impact them in various aspects. Some adolescent females perceive their physical appearance, and themselves, an object being viewed and evaluated by others. The evaluation could become so stringent that these females overlook their psychological needs and internal qualities. Hence, these female adolescents may engage in various behavioral patterns that lead them to measure up to the external beauty standards (e.g., constantly checking their physical appearance, comparing their appearance to others and societal model, engaging in body image enhancement strategies). Unfortunately, these lead them to experience compromised body image satisfaction.

Body image satisfaction generally refers to positive evaluation of an individual's body or physical (Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999). When this satisfaction becomes compromised, the individuals are likely to experience anxiety, stress, shame as well social anxiety which can lead to inhibition (Muris, Meesters, van de Blom, & Mayer, 2005). Attempts are made for the alteration of weight and shape. These, in turn, are associated with emotional distress, disordered eating, cosmetic surgery or steroid use (Bearman, Presnell, Martinez, & Stice, 2006). Furthermore, body image disturbance is associated with psychological symptoms such as depression and clinical eating disorders such as anorexia nervosa, bulimia nervosa, and body dysmorphic disorder (Wertheim, Paxton, & Blaney, 2004).

When compared to their male counterparts, female adolescents are more likely to experience body image satisfaction both due to dramatic changes during puberty (Rosenblum & Lewis, 1999)and the aforementioned societal expectations. When compared with more matured females, female adolescents are more vulnerable to compromised body image satisfaction (1986). The sources of self-esteem are more limited in female adolescents, when compared with male adolescents (Thompson, van den Berg, Roehrig, Guarda, & Heinberg, 2004) For this reason, body image dissatisfaction is so common and occurs at such a high rate in female adolescents that it becomes labeled "normative discontent" (Rodin, Silberstein, & Striegel-Moore, 1984).

According to Price (1990), body image should be viewed as being developed through a social process and as being subjected to ongoing negotiation and interpretation. Price (1990) suggest that body image is constructed through the comparison of one perception of their own physical appearance with that of others. Therefore, with different cultural expectations of beauty, which change according to time, and relevant feedbacks, body image can be transformed through the process of socialization.

The aforementioned socialization has been explained by Objectification Theory proposed by Fredrickson and Roberts (1997). This theory is rooted in a feminist perspective. The theory explained that female adolescents are likely to become conscious of their body shape and weights and seek external influence (e.g., media and others' feedback) for self-evaluation. Female adolescents strive so hard to fit into the society that value thinness that they place their main attention on their shape and weight and try to attain to ideal body image. With this perspective, female adolescents tend to focus on their own observable body characteristics rather their non-observable body characteristics (e.g., feeling and values) (Aubrey, 2006). They engage in body surveillance to reassure of her physical appearance. During their social interaction, females who are self-objectified have been reported to feel that their bodies are being 'looked at'' (Fredrickson & Roberts, 1997). Once they check and learn that their body shapes do not measure up to the ideal, they

experience body shame (Thompson & Smolak, 2001). They obligated to improve their physical appearance for they tend to believe that they should be in a complete control over their bodies (McKinley & Hyde, 1996).

Self-objectification is developed in part and maintained by social comparison. According to van den Berg et al. (2007), social comparison represents "the evaluative process that involves both seeking information and making judgments about the self relative to others". Frequency of body comparison in female adolescents has been associated with compromised body image satisfaction (Keery, Van den Berg, & Thompson, 2004).

In addition to social comparison, internalization of thin ideal could play a role in instigating and perpetuating self-objectification. Internalization refers to a psychological process that female adolescents cognitively absorb cultural ideals of beauty (Stice & Shaw, 1994). Upon internalizing the thin ideals, female adolescents generally attempt behaviorally to adjust themselves to attain the qualities closest to these ideals (Thompson, Coovert, & Stormer, 1999).

Despite sociocultural influence on body image, it is important to note that, whereas female adolescents are exposed to sociocultural ideals of beauty, not all are equally affected. Examples of female adolescents who maintain positive body image satisfaction remain despite the stringent sociocultural message exist (e.g., Wood-Barcalow, Tylka, and Augustus-Horvath (2010). Indeed, individual characteristics, particularly the cognitive process has been shown to play a significant role in maintaining body image satisfaction in adolescents, despite the pressuring sociocultural influences that made them vulnerable to compromised body images.

Other than the cognitive process, another personal characteristic that is likely to influence the degree of body image satisfaction is self-compassion. This psychological construct reflects the manner in which the individuals respond to their recognition of their flaws and imperfection: the degree to which they treat themselves gently after seeing these flaws; their degree to which they recognize that all human beings are subjected to these flaws realizing that imperfection is a part of

common human experience; and the degree that they mindfully perceive their flaws, without being caught up with them (Neff, 2003). These positive characteristics should assist female adolescents who perceive flaws and imperfection in their body image deal with the perception more effectively. It should assist female adolescents to treat their physical imperfections with kindness and mindfulness and to recognize the imperfections are a part of human experiences.

Therefore, the current study is proposed to examine the effectiveness of the use of Cognitive Behavioral Group Therapy (CBGT) in enhancing body image satisfaction and reducing self-objectification which predispose female adolescents to vulnerability to compromised body image satisfaction. CBT is a short-term and goal-oriented psychotherapy targeting reconstructing and introducing more adaptive cognitive and behavioral patterns. CBT operates based on the tenet that psychological distress results from individuals' worldviews and interpretation of their life events. One major goal of CBT is then to change the manner in which clients interpret life events. Addressing this interpretation, CBT practitioners also aim at changes clients' core schemata, or their worldviews regarding themselves, the world and the future. Major cognitive strategies employed to instigating these changes involve psychoeducation, cognitive restructuring and behavioral strategies (e.g. self-monitoring, behavioral experiments) (Corey, 2009).

Cognitive Behavioral Group Therapy in the current study will be integrated with the component of self-compassion. As outlined, the construct has been proposed by Neff (2003) with the aim to enhance awareness for the significance of addressing ones' limitations and inadequacies with kindness and mindfulness and recognizing that these limitations and inadequacies is a part of the larger human experience (Neff, 2003). Other than its proposed relevance to body image satisfaction, self-compassion has been identified as particularly relevant to the Thai culture. As shown in a cross-cultural study by Neff, Hsieh, and Dejitterat (2005) the Thai are particularly oriented to this psychological construct. It is anticipated that the integration of the this cultural orientation into the group CBT will bring about the

desired outcomes in enhancing female adolescent's body image satisfaction and reducing their self-objectification.

Study Objectives

The current study aims to examine the effectiveness of cognitive behavioral group therapy in increasing body image satisfaction and self-compassion and in decreasing self-objectification in female adolescents.

Research Questions

1. Will the scores of the treatment group on body image satisfaction increase after their participation in the cognitive behavioral group therapy?

2. Will the scores of the treatment group on self-objectification decrease after their participation in the cognitive behavioral group therapy?

3. Will the scores of the treatment group on self-compassion increase after their participation in the cognitive behavioral group therapy?

4. When compared with the control group, will the score of the treatment group on body image satisfaction become higher than that of the control group after the study participation?

5. When compared with the control group, will the score of the treatment group on self-objectification become lower than that of the control group after the study participation?

6. When compared with the control group, will the score of the treatment group on self-compassion become higher than that of the control group after the study participation?

Hypotheses

A total of six hypotheses proposed in this study.

1. The scores of the treatment group on body image satisfaction will increase after their participation in the cognitive behavioral group therapy.

2. The scores of the treatment group on self-objectification will decrease after their participation in the cognitive behavioral group therapy.

3. The scores of the treatment group on self-compassion will increase after their participation in the cognitive behavioral group therapy.

4. When compared with the control group, the score of the treatment group on body image satisfaction, after their group participation, will become higher than that of the control group.

5. When compared with the control group, the score of the treatment group on self-objectification, after their group participation, will become lower than that of the control group.

6. When compared with the control group, the score of the treatment group on self-compassion, after their group participation, will become higher than that of the control group.

Scope of the Study

This study employs a quasi-experimental research design, with a pretest-posttest treatment- control group design. The aim of the study is to examine the effects of cognitive behavioral group therapy on body image satisfaction, self-objectification, and self-compassion in female adolescents whose score on body image satisfaction is lower than average.

Variables

1. An independent variable is Cognitive Behavioral Group Therapy (CBGT) Participation which can be further classified as:

- CBGT participation
- Absence of CBGT participation

2. Dependent variables are:

- Body image satisfaction
- Self-objectification
- Self-compassion

Participants

Participants are female adolescents from Thai high schools who voluntarily participate in this research study and obtain their parental permission in doing so. They also fulfill the selection criteria outlined in Chapter 2.

Instruments

- Demographic Information Sheet
- Measurement scales used to assess related variables of:
- Body Appreciation Scale developed by Avalos, Tylka, and Wood-Barcalow (2005)
- Self-objectification Scale developed by McKinley and Hyde (1996)
- Self-Compassion Short Form developed by (Raes, Pommier, Neff, & Van Gucht, 2011)
- Cognitive behavioral group therapy focusing on body image satisfaction, self-objectification and self-compassion to be conducted by the researcher as the group leader and a co-group leader. Both have had over 250 hours of training in group counseling. Both are closely supervised by the thesis supervisors.

Operational definitions

- Body image satisfaction refers to individuals' positive perception towards their physical appearance, particularly, body shape and weight (Thompson, Coovert, et al., 1999). In the current study, the construct is measured by the Body Appreciation Scale (BAS: (Avalos et al., 2005))
- Self-objectification refers to the adoption of the cultural ideals of beauty into oneself to the extent that the individuals objectify themselves and become preoccupied with their physical appearance, feel responsible in controlling their appearance, and experience shame upon failing to do so (Frederick & Roberts, 1997). In the current study, the construct is measured by the Objectified Body Consciousness Scale (OBC; (McKinley & Hyde, 1996))
- Self-compassion refers to the manner in which the individual treat oneself with kindness and mindfulness upon recognizing one's pain, inadequacies, and failures and recognizing these experiences as a part of the larger human experience (Neff, 2003b). In the current study, the construct is measured by the Self-Compassion Scale- Short Form (SCS-SF (Raes et al., 2011))
- Cognitive behavioral group therapy is based on the theoretical model that the way the individuals feel and behave is determined by how they view and process their experience cognitively. Various techniques were employed in the group, with the key components of cognitive and behavioral techniques (Corey, 2009). In the current study, the CBT group therapy will be devised to enhance group members' body image satisfaction and self-compassion while reducing their self-objectification.

Anticipated Benefits

1. To obtain an empirically-based a Cognitive Behavioral Group Therapy that helps enhance body image satisfaction and self-compassion and reduce self-objectification in female adolescents.

2. To gain practical benefits in assisting female adolescents to enhance body image satisfaction and self-compassion and reduce their self-objectification

Chapter 2
Literature Review

In this chapter, key study variables will be reviewed with relevant conceptual ground and empirical support. The review will begin with the concepts of body image, compromised body image satisfaction, Body Mass Index, body image and its significant in female adolescents, sociocultural influences, self-objectification, cognitive process involved, self-compassion, related research, and role of cognition on body image satisfaction.

1. Body Image

Body image has long captured the interest of psychologists and attempts have been made to define the concept in various ways. The concept was first introduced in Schilder (1950). Schilder (1950) described body image as the picture of one's own body which is formed in his mind or to appear to himself. According to him, this picture results from experiences and perceptions that one has accumulated through their social interaction. Similarly, Thompson, Heinberg, et al. (1999) emphasize the role of perception in body image. According to these researchers, body image was viewed as an internal representation that the individuals have regarding their outer appearance.

Subsequent researcher has also elaborated on the consequents of body image, particularly its emotional outcomes. For instance, Cash and Pruzinsky (1990) states that body image reflects the perspective that the individual have regarding their body's shape and these perspectives result in their emotion and behavior.

The dimension of body image model becomes more complex when (Slade, 1994) outlines details of components that constitute body image. According to him, the body image entails the picture that the individuals have in their minds regarding the size, shape or forms of their bodies. Similar to Cash and Pruzinsky (1990), Slade reiterates the impact of body image and outlines that the perception of these

aforementioned components, results in the individuals' feelings concern for these components and constituent body parts.

Cusack (2000) presented a related view of body image as a multidimensional self-attitude towards one's body and reiterate the components that contribute to body image as body size, shape, and aesthetics. He elaborated that the attitude formed is influenced by the individual's historical, cultural and social, individual, and biological factors.

From the aforementioned definition, the term 'body image' as defined in the current study entails the individuals' perception regarding their outer appearance, particularly, body shape and weight. This perception results in emotion and behavioral outcomes.

1.1 Compromised body image satisfaction

Studies have outlined the impact of body image. The individuals' perception of their outer appearance has been shown to have positive and negative on the individual (Rice, 1987) through self-evaluation. Individuals who have a positive body image generally feel satisfied with their bodies. On the other hand, individuals with a negative body image experience lack of body satisfaction with their bodies.

The level of satisfaction is not the only implications of body image. Endorsing the multidimensional aspects of body image, (Cash & Pruzinsky, 1990) propose that the implications of body image entail body-related self-perceptions and self-attitudes, including thoughts, beliefs, feelings and behaviors. The multi-dimension aspect of body image is also supported by Williamson (1990) who posits that body image involves perceptual, attitudinal and behavioral features. Similarly, Tantleff-Dunn and Gokee (2002) supported that the individuals' body image has a strong impact on their beliefs, social values, and behaviors.

The extent to which the individuals feel satisfied or dissatisfied with their body image has significant impact on individuals. With the aforementioned multidimensional aspects of body image, lack of body image satisfaction has strong implications. Individuals with low body image experience compromised body image

satisfaction resulting in lower confidence, pride and self-esteem (Thompson, Coovert, et al., 1999). When the dissatisfaction intensifies, it leads to experiences of anxiety, stress and shame as well social anxiety and inhibition (Lewinsohn et al., 1994). This statement is also supported by a research study conducted by Muris et al. (2005). Additionally, a lack of body image satisfaction could lead one to attempt to modify their body shape. As shown in a study by Neumark-Sztainer, Butler, and Palti (1995), the majority of Grade 10 students who participated in their study reported reduced body image satisfaction. Seventy-four percent of them reportedly endeavored to increase this satisfaction through weight loss attempts. At times, these attempts became maladaptive, leading some female adolescents to engage in health risk behaviors; namely, starvation, binge eating and compensatory behavior (Neumark-Sztainer et al., 1995).

Various factors have been proposed to be related to body image satisfaction. Some of the factors are discussed discretely whereas others are integrated to relevant factors.

1.2 Body Mass Index (BMI)

In generally, body shape and size have been considered as relevant to body image satisfaction, particularly for females. Additionally, many of the theories for body image refer to body shape and size. For this reason, in this section, this construct will be first reviewed.

Body Mass Index (BMI) is a generic measure, which considers the individuals' weight and height to give a suggested body shape classification. BMI is calculated based on individual's weight and height, the ratio of the weight to height measured in kilograms/meter^2. Whereas the initial use of BMI was in research in obesity, its usage has been expanded into various fields. In this proposal, BMI is reviewed in relation to the thin-deal that modern cultures generally consider as the epitome for females' body shape and weight to clarify if the lack of body image satisfaction is a direct outcome of BMI. Based on the International Classification of Body Mass Index based on World Health Organization, BMI can be calculated as follows:

$$\text{Body mass index} = \frac{\text{Weight (kg)}}{\text{Height}^2 \text{ (m)}}$$

Table 1: *Classification Based on BMI for European Population (Bray & Gray, 1988)*

BMI	Classification
<18.5	Underweight
18.5- 24.9	Normal weight range
25.0 – 29.9	Overweight
30.0 – 34.9	Obesity 1
35.0 – 39.9	Obesity 2
>40.0	Severe obesity

Whereas the interpretation of BMI is age- and gender-independent, research studies have indicated that the interpretation should be taken into consideration race and ethnicity. Therefore, classification of BMI specifically outlined for Asians population has been proposed (Bray & Gray, 1988). The interpretation is as follows:

Table 2: *Classification Based on BMI for Southeast Asian Population (Bray & Gray, 1988)*

BMI (Kg/m^2)	Classification
< 14.9	Severe underweight
15 – 18.4	Underweight
18.5 – 22.9	Normal weight
23.0 – 27.5	Overweight
27.6 – 40	Obesity
>40.0	Severe obesity

Empirical studies have shown the physical and psychological impact of BMI. In terms of physical impact, higher BMI has been shown to be a risk factor for various health risks [e.g., Hypertension, Hyperlipidemia, Obstructive sleep apnea (OSP), Diabetes mellitus, Coronary heart disease, Arthritis and cancer (Siramput, 2014).

Whereas findings regarding the correlation of BMI on physical outcomes are relatively consistent, its impact of psychological outcomes is not as rigorous. Whereas BMI has been shown to be positively correlated with anxiety in social situation as well as vulnerability to eating disorders and adjustment difficulties (Stice & Shaw, 1994), the association between BMI and lack of body image satisfaction is not as straightforward.

Findings regarding the association between BMI and lack of body image satisfaction are not consistent. Whereas some studies outline positive correlation between the female adolescents' BMI and their body satisfaction suggesting that the higher the BMI female adolescents have, the lower body image satisfaction they experience (Field, Wolf, Herzog, Cheung, & Colditz, 1993; Wadden, Foster, Letizia, & Stunkard, 1992). Still, reports have been made regarding the experience of lacking body image satisfaction of female adolescents despite low or normal BMI. Various studies conducted within the Thai cultural context reported the attempts of weight loss of Thai female adolescent (i.e., diet pill usage) despite their normal BMI (Yuktanonda & Pisitsungkagarn, 2009)and the absence of body image dissatisfaction of the adolescents whose BMI is beyond the normal weight.

With inconsistent research findings regarding the aforementioned association between BMI and lack of body image satisfaction, it is presumptuous to conclude that the lack of satisfaction results mainly from the BMI. Lately, socio-cultural influences have been shown to play a significant role on compromised body image satisfaction. As shown in a recent study by (Mumford & Choudry, 2000), the cultural ideal of beauty and attractiveness plays a role in this body image evaluation. According to the researchers, females from cultures that encourage slimness are more frequently reportedly dissatisfied with their weight and engage in more attempts to conform to the thin cultural ideal. Similarly, Holmqvist and Frisén (2012) who studied adolescents identified as being satisfied with their body image reported no association between the participants' BMI and this satisfaction. Rather, the researcher pointed out that it was the participants' attitude and recognition that the thin ideal and slimness portrayed by media was unrealistic. Additionally, for those adolescents, they use their own aesthetic standards for physical attractiveness.

1.3 Body image and its significance in female adolescents

Adolescence brings about major changes in how individual must deal with the world Feldman et al. (2000) and is the developmental period in which females are particularly vulnerable to body image concerns (Rosenblum & Lewis, 1999). Other than physical changes and sexual maturation (e.g., growth of breasts, acne due to hormonal changes), socio-cultural factors play a role in placing a high value on physical attractiveness for females. With females' physical development reaching its maturity, the society places a higher expectation that female adolescents would fulfill the feminine stereotypic gender role (Knauss, Paxton, & Alsaker, 2007). Body image also plays a role in various developmental tasks in adolescents [e.g., identity development and development of intimate relationship (Santrock, 2003)]. When compared, aesthetic quality is emphasized more for female adolescents than their male counterparts, particularly female body shapes. Unger and Crawford (1992) reported that normally in the media industries, images of faces and heads of males are presented more than other parts of their bodies. In contrast, for female adolescents, bodies are shown more frequently.

Age and vulnerability show a positive correlation with body image dissatisfaction, with increasing instances of more value placed upon their outer appearance. Given their tender age, female adolescents are yet to obtain as many diverse sources of self-worth as older females (e.g., who might obtain this sense of self-worth through their success in career, their roles in care takers of their family members). A research study by Cash (1994), when compared with female adolescents, more mature women are likely to be less concerned with their body-image (Tiggemann, 2004). This finding corresponds to that reported by Thompson and Stice (2001), who also elaborated that more mature females pay less attention to their physical appearance as they try to mentally adapt to physical changes and deterioration. This adaptation is well recognized and labeled, a 'secondary control'. Tiggemann (2004) further explained that when mature females can no longer maintain physical qualities of their younger self, they would shift their focus from body image to other aspects of their lives to maintain their self-worth. As previously

outlined, with their maturity, these sources expand. Finally, mature females are frequently reported to obtain a better understanding that their physical appearance is not the only factor that determines their attractiveness or contributes to a healthy relationship (Pliner, Chaiken, & Flett, 1990; Tiggemann, 2004).

Particularly, the vulnerability of female adolescence to the significance of body image and compromised body image satisfaction is supported by studies by Fredrickson and Roberts (1997). According to these researchers, women in different age groups vary in the degree to which they experience and respond to the cultural demands of an ideal body image, whereby female adolescents evaluate themselves based on their aesthetic external attributes and forgo their internal attributes as if they were objects (Tiggemann, 2004), as will be outlined subsequently.

2. Self-objectification

The epitome of female beauty has changed through the centuries. Historically, females who were considered attractive were voluptuous and fleshy. Curvaceous and round figures were seen as embodying female maternal and nurturing nature Gilbert and Thompson (1996). Cultural perceptions have changed, however. In the 1960s, thinness became popular. Since then, females have strived to achieve a thin ideal, which is perceived in major cultures as being equivalent with independence and success (Thompson, Coovert, et al., 1999). Failing to do so, females are perceived as being associated with the negative stereotype of being lazy and ugly Rothblum (1994) and are subjected to unfair treatment Thinness has become a source of self-esteem for many females and leads them to focus on their body weight and shape (Knauss et al., 2007). In short, many females have been socialized to the cultural ideal of beauty.

The aforementioned socialization has been explained by Objectification Theory proposed by Fredrickson and Roberts (1997). The theory helps outline how the seemingly random cultural standards of beauty exert drastic impacts on females' sense of self and well-being. Rooted in feminist's perspectives, the theory posits that adolescence is the time when female beauty has reached its prime. Hence, at this

stage of development, society places a significant value on physical beauty of female adolescents to the extent that their other internal attributes (e.g., emotion and feelings as well as personal needs, values and beliefs) are overlooked. Only the external aspects of female adolescents are appreciated and these adolescents are perceived and treated as if they were objects, rather than as human beings. Some researchers exert that when female adolescents internalize this perception, they themselves are likely to be self-objectified (Thompson et al., 2004).

Self-objectification affects various aspects of female adolescents' functioning. Believing that their physical attractiveness is the source of their worth as a person, female adolescents are likely to become conscious of their body shapes and weights and use external influence in evaluating them (Miner-Rubino, Twenge, & Fredrickson, 2002; Tiggemann & Lynch, 2001). They are likely to adopt the cultural ideals of beauty [e.g., media has been shown as the primary source of objectification by presenting stereotypic views of cultural aesthetic ideals (Miner-Rubino et al., 2002)] and use these as the standard to develop their body shape and weight. Additionally, they are likely to rely on external feedback (e.g., ot(Myers & Crowther, 2007; Stice & Shaw, 1994)hers' perspectives about their own body shapes and weights) in evaluating their body image. In short, these female adolescents are more vulnerable to treating themselves in the manner in which they believe will lead their body shapes and weights to please others. Living in a society that values thinness and attractiveness, female adolescents strive to fit in with these values.

The striving to fit in with the cultural ideals of beauty and attractiveness could be so strong that females who experience self-objectification place tremendous amount of awareness of their bodies and overlook other aspects of themselves. Fredrickson and Roberts (1997) reported that female adolescents take an observer's perspective of their own bodies as commonly happening in the case of objectification. With this perspective, female adolescents tend to focus on their own observable body characteristics (e.g., body shapes and weights) rather than their non-observable body characteristics (e.g., feelings and values) (Lindner, Tantleff-Dunn, & Jentsch, 2012). With this focus, female adolescents may overlook the functions of

their body and sacrifice their internal cues (e.g., appetite and hunger) for physical attractiveness (Oehlhof, Musher-Eizenman, Neufeld, & Hauser, 2009).

Other than their intrapersonal characteristics, self-objectification affects female adolescents in the interpersonal relationship as well. During their social interaction, females who are self-objectified have been reported to feel that their bodies are being 'looked at' (Fredrickson & Roberts, 1997). Typically, the objectifying gazes are perceived as coming from males. However, female adolescents are also reported to objectify other females (Lindner et al., 2012). Strelan and Hargreaves (2005) studied this phenomenon of females being objectified by other females based on the evidence that those females who self-objectify and focus on body shapes and weights in their own self-evaluation are particularly perceptive and sensitive of other female's appearance.

Gender differences are also significant in other aspects. A stronger association has been reported in females between self-objectification and objectification of others, when compared with males. Surprisingly, despite males objectifying females, significantly more females were reported as objectifying their own gender.

Strelan and Hargreaves (2005) suggest that females' objectification of other female act as a fuel for further self-objectification. This can be implied that there could be a cycle of objectification, with appearance-focused comparison process going on. It may be the cause of females to engage in social comparison. The comparison does not only escalate the objectification but it also leads to negative consequences for females. The stake of achieving cultural ideal of beauty could become so strong that some female adolescents dehumanize themselves, overlook their health consequences and engage in maladaptive behaviors in attempting to obtain cultural ideals of beauty. Some may become preoccupied with monitoring their caloric input, restrict this input to the extreme, or attempt to eliminate it by exercising, using diuretics or laxatives. Upon perceiving that they fail to keep up with the cultural standards, these adolescents are likely to experience negative emotional experiences, such as feeling anxious, ashamed, and embarrassed about their body shape and weight.

2.1 Cognitive Processes Involved in the Negative Emotion Resulted from Self-objectification

The negative emotional experience that female adolescents encounter upon engaging in self-objectification results from the cognitive process upon which they have regarding their body shapes and weights. Body shame occurs after they evaluate themselves negatively upon making unfavorable social comparisons of themselves and the cultural ideal. The evaluation becomes significant when these adolescents place high value on achieving the cultural ideal of beauty and attractiveness (Tylka & Hill, 2004). Also, they tend to make negative speculation about how society would evaluate their bodies negatively (Fredrickson, Roberts, Noll, Quinn, & Twenge, 1998). With this cognitive process, female adolescents experience the shame and relevant behavioral outcomes (e.g., engaging starvation to modify their body shape and weight, concealing their body parts that they deem unattractive and avoiding social interaction (Fredrickson et al., 1998).

Other than shame, anxiety is another type of emotion generally reported in association with objectification. If they fail to achieve the cultural ideals, female adolescents are generally reported to experience high level of anxiety (Fredrickson & Roberts, 1997). Theoretically, anxiety results from female adolescents' perception of threats from others' evaluation of their body shape and weight (Fredrickson & Roberts, 1997). The threat perception has been reported to increase with the adolescents' placing high value on other people's opinions. Hence, the more female adolescents endorse objectification, the more likely they would experience anxiety. In general, the anxiety can cause female adolescents to take on behavioral change by becoming more vigilant about their body and weight and engaging in monitoring behavior of their body shape and weight. Unfortunately, the more frequently female adolescents engage in checking behavior, the less satisfied they would be of their body image (i.e., the more limitations they are likely to see) and the higher risk factor they would experience for disordered eating (Fairburn & Harrison, 2003; Williamson, Muller, Reas, & Thaw, 1999)

2.2 Measurement of Self-objectification

Given the aforementioned complicated nature of self-objectification, (McKinley & Hyde, 1996) developed Objectified Body Consciousness Scale (OBC) to measure the construct. The measurement is composed of three core components: body surveillance, body shame and control belief (McKinley & Hyde, 1996).

Body surveillance entails the degree to which an individual adopts the habit of being an observer of their own body shapes and weights and engage in monitoring these external attribute so as to ascertain that they are satisfactory. Body shame results from, as previously outlined, an individual's perception that their body shape and weight do not measure up to the thin-ideal (Brown & Dittmar, 2005). Finally, control-beliefs refers to females feelings of responsibility of their body shapes and weights as well as their refusal to accept the possibility that cultural ideal of beauty might be unrealistic (McKinley & Hyde, 1996).

2.3 The Development of Self-objectification

Attempts have been made to understand the development of self-objectification and this could be viewed from two perspectives: thin ideal internalization and social comparison.

2.3.1 Thin-ideal internalization

Female adolescents are at risk of developing self-objectification when they internalize the cultural epitome of beauty attractiveness, which is thinness or thin-ideal. (Stice & Shaw, 1994) defines this internalization as a psychological process that females cognitively internalize the ideal of attractiveness prescribed by society as well as its associated values. In addition to this internalization, they attempt to adjust their behavior to attain the qualities closest to these ideals (Thompson, Coovert, et al., 1999). Generally, it is through the media that this qualities are defined (Jones, 2004). Some females endorse these qualities as their ideals of attractiveness to the degree that these ideals become guiding principles in their living (Thompson et al., 2004).

Females who have internalized the thin ideal will develop a cognitive schema that equates thinness to positive qualities; namely, happiness, desirability, and status (Tiggemann & Lynch, 2001). This schema as well as the thin-ideal internalization has been identified as a main risk factor for reduced body satisfaction (Stice & Shaw, 2002; Thompson & Stice, 2001). Another research study also supports this identification. A meta-analysis by Cafri, Yamamiya, Brannick, and Thompson (2005) has shown that thin-ideal internalization is significantly related to the lack of body image satisfaction and serves as a mediation between the pressure to conform to the thin ideal and body image dissatisfaction (Myers & Crowther, 2007; Stice, 1994).

It is important to point out, however, that not all of those exposed to messages and images from the media regarding thin-ideal are vulnerable to the internalization. (Benedikt, Wertheim, & Love, 1998) suggested that messages from sub-cultural influences (e.g., parents, peers, and romantic partners) play an important role in determine females' internalization of this ideal and their body image satisfaction and relevant eating behavior (Thompson, Coovert, et al., 1999). Variations occur in terms of the significance of these influences across developmental span. Familial messages about cultural ideals of beauty and attractiveness and relevant eating behavior are particularly significant during childhood (Thompson, Coovert, et al., 1999). During adolescence, relationships outside the family play an important role in this. Early adolescents have been reported to interact with peers in so many appearance-related activities (e.g., fat talking, exercising, comparing their body shapes and weights) that the adolescents concluded that being thin makes themselves more likable (Thompson, Coovert, et al., 1999). Indeed, female adolescents have been shown to be more likely than their male counterpart to come up with this conclusion, which has been identified as a significant predictor for body image concerns (Levine, Smolak, Moodey, Shuman, & Hessen, 1994). Subsequently, romantic partners have been identified as another source where female adolescents internalize the thin cultural ideal (Srisornchor, 2014). The stake of achieving the ideal and could lead to compromised confidence

and become an obstacle to initiate and maintain social relationships (Thompson, Coovert, et al., 1999) for these adolescents.

2.3.2 Social Comparison

As previously outlined in the cycle of objectification proposed by (Strelan & Hargreaves, 2005), another manner in which self-objectification is generated could be viewed as relevant to social comparison. The original concept of the comparison was proposed by (Festinger, 1954), who posited that human beings have an innate desire to know themselves and evaluate their abilities, attitudes, status or other dimensions. The comparison has extended to physical beauty and attractiveness (Thompson, Coovert, et al., 1999).

There are various reasons that female adolescents engage in social comparison. According to (Taylor, Wayment, & Carrillo, 1996), there are various functions of social comparison: self-evaluation, self-improvement and self-enhancement. Self-evaluation entails the gathering of information from the social environment to know one's own stance. For example, the information obtained could inform female adolescents about how well they look compared to other females. Self-improvement involves obtaining information to improve oneself, as in what one could do to obtain the beauty and attractiveness seen in others. Additionally, social comparison could be done for self-enhancement, in protecting females' esteem and self-worth or to gain positive views about themselves and to feel superior.

Unfortunately, for all of the above functions, when outcome of the social comparison is unfavorable, female adolescents experience reduced body image satisfaction (Tantleff-Dunn & Gokee, 2002). Additionally, past findings have reported that females who make physical appearance comparison tend to experience more self-objectification and a higher risk of disordered eating (Durkin & Paxton, 2002; Fisher, Dunn, & Thompson, 2002).

Various reports have been made suggesting that female adolescents generally carry out appearance-focused social comparison. The selection of comparison target

is not random. Females choose how and who would be their comparison targets. According to Miller, Turnbull, and McFarland (1988), the comparison could be either universalistic or particularistic or both. The first type of comparison, a universalistic comparison, could be illustrated as when female adolescents compare themselves with a common world-wide target on certain attributes. Conversely, particularistic comparison happens when female adolescents compare themselves with others with related identities. For example, a female adolescent may compare her weight with that of one of peer group. The comparison that leads to objectification could occur at both levels. At the universalistic level, female adolescents compare their body shapes and weights with the models in the media. Also, female adolescents have been reported to commonly compare their beauty and attractiveness to their peers.

Similar to choosing a target of comparison, female adolescents could engage in social comparison of beauty and attractiveness in various directions: upward or downward comparisons. An upward comparison occurs when the individuals compare themselves to someone they believe to be better than them or more accomplished in a particular way (Festinger, 1954). Unfortunately, this is the manner in which female adolescents generally engage in social comparison in terms of their beauty and attractiveness. (J. V. Wood, 1989) posits that those females often make upward comparison of their body shapes and weights to magazine models or actresses to improve themselves (Strahan, Wilson, Cressman, & Buote, 2006). In short, female adolescents generally compare themselves with those deemed as superior.

Upward social comparison (e.g., comparing one's own body with that of models and actresses) leads to the experience of compromised body image satisfaction and it is very difficult for female adolescents to measure up to these reference target groups (Thompson, Coovert, et al., 1999). Negative consequences may ensure they may adopt dangerous compensatory behaviors; namely, disordered eating, plastic surgery, or excessive exercise (Groesz, Levine, & Murnen, 2002; Strelan & Hargreaves, 2005) to enhance their body image. The negative outcomes of upward

comparisons are not evident only in universalistic comparison, within the context of particularistic, the negative outcomes ensue as well. As shown in a study by Major, Testa, and Blysma (1991), an upward comparison to a close friend or those similar to oneself also increases emotional distress and reduces self-esteem in female adolescents (Major et al., 1991)

J. V. Wood (1989) elaborated that upward social comparison can be especially threatening when the more superior females is close or similar to the females who make the comparison. (Lindner, Hughes, & Fahy, 2008) conducted a related study in a naturalistic university context and reported that female adolescents gather information for social comparison about their beauty and attractiveness from that context. The comparison was done through the interaction, that they have directly (e.g., with their classmates) and indirectly (e.g., while walking pass one another in campus) on daily basis.

In contrast, downward comparison has been shown to be more beneficial than upward social comparison. This type of comparison serves as a mechanism for self-enhancement (J. V. Wood, 1989)and occurs when females compare themselves to others whom they believe to be less attractive and worse off than them. Doing so can serve as a mean to cope with inferiority experienced by the individual. Festinger (1954) proposed that downward comparison is likely to generate positive consequences, such as increased self-esteem.

2.4 Cognitive-Behavioral Perspectives on Body Image

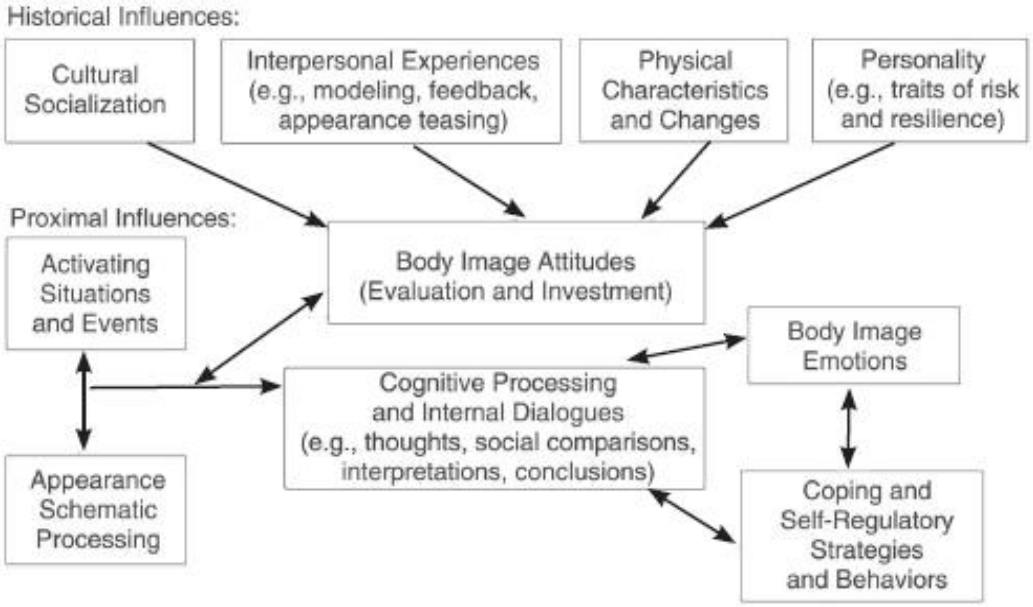


Figure 1. Body image: Dimension, determinants and processes (Cash & Smolak, 2011)

Other than the specific theory of self-objectification that helps explain body image satisfaction, the incident has been described by a mainstream theory of counseling and psychotherapy. As shown in the diagram (Cash, 2002), key concepts and processes inherent in cognitive and behavioral conceptions of body image can be outlined below.

Body image development and functioning is shaped by historical factors and proximal (concurrent) factors. Historical factors refer to past events that influence how females come to think, feel, and act in relation to their bodies. From the diagram above, historical factors include cultural socialization, interpersonal experience, physical characteristics, and personality variables. These factors set body image fundamental attitudes: body image evaluation and body image investment degrees. Body image evaluation refers to females' body image satisfaction or dissatisfaction and beliefs about their bodies. Body image investment refers females determining their self-worth based on their physical appearance and the degree to which they place the importance to their body image.

While historical factors are past experiences that contribute to body image, proximal factors put their focus on current life situations that precipitate and maintain body image. These include information processing and internal dialogues, body image emotions, and self-regulatory actions.

2.4.1 Historical Influences

Cultural Socialization

Other than internal factors outlined above, proximal factors also include meaning and interpretation of human appearance passing on through cultures. Cultural messages express "standards" about experience such as what physical characteristics are and are not socially accepted and what it means to have or be lack of these characteristics. Cultural values direct expectation on males and females in terms of attributions and also state what physical appearance considered attractive or unattractive. To live up to social expectation, messages are sent, sometimes individuals engage in weight loss attempts, such as dieting, exercising, using beauty products, and undergo surgical procedures. Therefore, gender-related cultural messages and norms maintain the existence of body image evaluation and investment which have an influence on how females interpret and react to their own appearance and appearance-related life events.

Interpersonal Experiences

Unfortunately, norms for body image evaluation do not only involve exposure to media messages. Expectation, opinions, and verbal and non-verbal communications of the norms mentioned are placed in interaction with family members, and peers. Parents play a significant role in communicating the importance of physical appearance valued within the family. The communication acts as foundation in which females compare their body image to. In addition, the comparison of body image occurs in siblings sometimes which leads to an establishment for social-comparison. Somehow, comparison among peers is not as common. In summary, body image and its values experienced in the family affect females' body image satisfaction level.

2.4.2 Physical Characteristics and Physical Changes

Body image development is affected by physical characteristics and physical changes. Physical appearance entails how female is perceived and treated by others. It seems that females with physical appearances that suit with societal standards are appeared to be more appreciated. Such appreciation include positive feedback and social acceptance. Still, physical characteristics occur through development phrases. Hence, body image development is affected by these changes.

2.4.3 Personality Factors

Acquisition of body image attributes are influenced by individual personality attributes. Some personality traits have been recognized as potentially fostering resilience and enhancing positive attitude towards body image. These are, for example, high self-esteem has been identified to act as a body image satisfaction buffer against treats. In contrast, low self-esteem has been shown to increase females' concerns about their body image. Besides self-esteem, perfectionism and public self-consciousness has also been an indicated personality that lead body image investment in trying to reach exacting physical ideals and engaging in excess body monitoring and concerning about information given from surrounding that relates to their appearances.

2.4.4 Body Image Attitudes

Finally, attitudes are core in constructs that determind cognitive, emotional, and behavioral processes regarding body image. As previously mentioned, two basics attitudinal elements are body image investment and evaluation. Investment refers to cognitive behavioral importance female place in their appearance. Evaluation refers to their positive and negative beliefs about their appearance. All together, body image attitude is consisted of one's body image schema. Markus (1977) defines self-schema as "cognitive generalizations about the self, derived from past experience, that organize and guide the processing of self-related information contained in an individual's social experience" (p.64). Therefore, body image

schematic females are appear to be more sensitive to incoming information regarding body and appearance compared to non-schematic females.

2.4.5 Proximal events and processes

Activating events and cognitive processing

Females with appearance-schematic have been shown to pay more attention to information that relate to their appearance. Appearance-schematic females usually have certain ensuing internal dialogues or personal body talks which involve automatic thoughts, interpretations, and conclusions about their appearances. These automatic thoughts can be maladaptive and irrational.

Adjustive and self-regulatory processes

When distressing body image cognitions and emotions occur, females generally try to cope with them by performing ranges of actions. The adjustive reactions include behaviors that conceal their concerned body parts, engaging in body-checking habits, and compensatory strategies (Thompson, Coovert, et al., 1999). These reactions are linked with less adaptive body image attitudes, for instance, negative evaluation towards body image and excessive body investment, an increased in body image dysphoria, and poorer psychosocial functioning such as more eating pathology and lower self-esteem. Hence, the manner in which female adolescent handle responses toward limitations in their body image has an impact of their attitude toward their body image and the degree of their body image satisfaction.

Besides the important role that cognition plays in the lack of body image satisfaction in female adolescents, it is undeniable that socio-cultural influence is also a major factor that can shape perception female adolescents have towards their body image.

2.5 Body image and socio-cultural influence

With the detrimental outcomes of compromised body image satisfaction, attempts have been made to clarify the source of body image. Thompson and

Smolak (2001) reiterate the significance of factors contributing to body image and state that the individuals' body image is shaped by perspectives that others or the society have on their body. The individuals absorb what others think of their body and generate feelings and attitudes about their body accordingly. This view highlights the role of social influence on body image is comparable to the one given by Schilder (1950) and Cash (2002). Cash (2002) considers body image as being influenced by information that the individuals receive from others both directly and indirectly.

The role of socio-cultural influence on body image has been reiterated by (Quick & Byrd-Bredbenner, 2014). Researchers explained that body image is constructed through the comparison of one perception of their own physical appearance and that of others, mostly the idealized body embedded in socio-cultural norms. Price (1990)'s are concurrent with this perspective. According to Price (1990), body image should be viewed as a social process, subject to ongoing negotiation and interpretation. Body image continues to transform throughout the individuals' lifespan depending on developmental phases and environment. The transformation occurs through feedback the individuals receive from their surroundings (Thompson, Heinberg, et al., 1999)

2.6 Media Literacy

Female adolescents are exposed to media in a variety forms on a daily basis intentionally and unintentionally and it can affect their body image. According to Scheibe and Rogow (2004), media literacy refers to an ability to access, analyze, evaluate and produce communication in a variety of forms which also include an ability to explore potential influence media has on viewers. In the past, media used to come from newspaper or television channels, today information about the world appears in powerful images and sounds of multi-media culture (Thoman & Jolls, 2005) Media has become inevitably pervasive part of our lives, as we have adjusted our lives to depend on it for communication and information we want about our surroundings. However, media can convey inaccurate and unhealthy messages.

Media literacy and body image

Media has produced the perception of beauty in this society and that affect females' body image. All viewers are impacted by the media, females have been found to be more dissatisfied with their physical appearance compared with males in general Heinberg and Thompson (1992). Van Vonderen and Kinnally (2012) also agree that thin-ideal media exposure have significant on female viewers. They also stated that the media's focus on thin-ideal has increased over the years. Exposure to such ideal has a central role in eating pathology. (Grogan, 2007). Meta-analysis of Cafri et al. (2005) have studied the three main constructs: awareness of a thin ideal, thin-ideal internalization, and perceived pressures to be thin. Researchers found that all three sociocultural factors had statistically significant relationships with body image. In addition, Heinberg and Thompson (1992), high profile persons shown in media messages are a prime target women like to compare themselves to. As a result they feel inferior for not able to meet the social standard of attractiveness.

Media literacy interventions have been a found to be effective for reducing internalization. Center for Media Literacy (CML), 2005 provided that media literacy consisted of 5 core concepts. 1. All media messages are created. 2. Messages were constructed using its own rules. 3. Different people view the same messages differently. 4. All media messages were embedded with its point of view. And 5. The messages are created to gain profit. CML suggested that these five concepts will help viewers to understand how and why media messages are constructed by asking questions that involve critical thinking which may guide viewers to be more skeptical about the images and voices they see or hear around them. Some of the questions raised are who creates these images? What message did you get from this media?, or Do people in the real world look as perfect as portrayed in the media?.

Media literacy including critical analyses of the media messages have been introduced to prevent internalization and the process of social comparison ((Levine & Piran, 2004). Posavac, Posavac, and Weigel (2001) have given two types of psychoeducation about media literacy to their treatment group. The first psychoeducation was about the artificial beauty which argued that the images from

the media are unrealistic standards because they are flawless. The fact that those images are perfect because they were created by various techniques such as make-up and air-brushing. The second psychoeducation given was about genetic realities which entailed how womens' shapes are predisposed by genetics. For example, some women are biologically predisposed to be heavier than another. Results from the study indicated that both of the psychoeducation were successfully prevented the effect.

3. Self-Compassion

Based on Neff (2003), self-compassion is defined as 'being touched by and open to one's suffering, not avoiding or disconnecting from it, and generating the desire to alleviate one's suffering and to heal oneself with kindness' (p.87). Self-compassion will be integrated into the therapeutic intervention provide in the proposed study as well as measured as another dependent variable. As shown in its definition, self-compassion involves engaging with kindness and mindfulness upon recognizing one's pain, inadequacies, and failures and recognizing one's experience as a part of the larger human experience (Neff, 2003).

Most of the research studies involved in the investigation of self-compassion has been conducted using the Self-compassion Scale proposed by (Neff, 2003). The measure captures three main elements of self-compassion as will be outlined below.

Self-kindness entails the extension of kindness and understanding to oneself rather than treating oneself with harsh judgment or self-criticism upon encountering one's inadequacies and failures. This kindness stems from the recognition that challenges in life are common and human beings are far from perfection. For example, when female adolescents notice some imperfects of their bodies, they treat themselves kindly and emotionally comfort themselves with kind words which express support and gentle care towards themselves. Instead of blaming themselves for having the imperfections or viewing themselves as being inadequate, individuals with self-compassion provide themselves with warmth and security. Rather than being carried away with the challenges and treating themselves harshly, they deal

with the challenges with acceptance and understanding leading them to experience emotional balance (Neff, 2008).

Similar to self-kindness, common humanity assists individuals to deal with their limitations with equanimity. Seeing one's experiences as part of the larger human experiences rather than seeing them as separating and isolating allows the individuals to take their suffering into perspective and are less likely to fall into the trap of being carried away by them. So, when individuals are in pain they can recognize that there are times in life that others would experience pain as well. Hence, the individuals experience the sense of connectedness with others and put their suffering into perspective. Likewise, when female adolescents feel that they are not satisfied with their body image or feel inferior when comparing themselves to social ideal, they can recognize that such an inferiority could be experienced by others as well. The recognition is likely to take away the attempt to control and to leave room for the perspective that the circumstances of our lives are not totally of our choosing. Rather, they stem from innumerable interconnecting factors that we have little control over. Doing so is likely to reduce the risk of self-judgment and the engagement of social comparison with others (Neff, 2003, 2008).

Finally, mindfulness entails holding painful thoughts and feelings in balanced awareness rather than over-identifying with them. Mindfulness allows individual to observe their thoughts and emotions as they exist, without attempting to suppress, change or deny them. In this way, mindfulness allows the individual to be non-judgmental toward themselves (Neff, 2003, 2008). Mindfulness also helps reduce the risk that the individuals would become resistance to negative emotions and feelings or to being submerged in them (Bishop et al., 2004).

There is abundant research revealing the linkage between self-compassion and mental health. (Neff, 2003) found that the higher the level of self-compassion the greater feelings of social connectedness and life satisfaction is experienced. Greater self-compassion was also related to less depression, anxiety, and self-criticism. Self-compassion is also found to have a negative correlation with rumination and thought suppression. Hence, it leads to a better balance in emotional

experience. Furthermore, self-compassion has been shown to be positively associated with positive psychological outcomes such as happiness, wisdom, optimism, and personal initiative (Neff, Kirkpatrick, & Rude, 2007). These findings make self-compassion a promising key to assist female adolescents to become better adjusted in general.

Other than general mental health and well-being, self-compassion has been shown to be associated with characteristics supportive of body image satisfaction. These characteristics will be first reviewed before literature relevant to self-compassion and body image is subsequently outlined.

First of all, self-compassion assists the individuals to be oriented toward intrinsic motivation, or the motivation that reflect the individual's own desire (Atkinson & Feather, 1966). This type of motivation is important for body image satisfaction because it helps orient female adolescents toward being motivated from within, and perhaps reducing their internationalization of social influence on body image evaluation. With a higher orientation toward intrinsic motivation, female adolescents are more likely to develop autonomy and tend more to their inner cues. Finding has shown an association between self-compassion and intrinsic motivation, as shown in Neff et al. (2005) study where self-compassion was examined in relation to the type of achievement goals in a sample size of 222 college students. Researchers found that self-compassion was associated with mastery, which reflects intrinsic motivation, rather than performance goals, which reflects extrinsic motivation. Students who are intrinsically oriented are motivated by desire to learn and see mistakes as a part of learning while students who are motivated externally see success as a means to enhance their self-worth. Neff et al. (2005) validated that self-compassion is positively associated mastery orientation and negatively associated with performance orientation. From this perspective, self-compassion appears to facilitate people to learn and grow from their failures since they do not view failures accountable for their self-worth. Whereas there is yet to be any literature examining an association between achievement goal orientation and body image satisfaction but conceptually there is likely to be some similarities between

the need to impress others, as reflected in performance goal orientation, and the desire to maintain body image ideal to impress others and enhance own self-worth.

Other than their motivation orientation, individuals with self-compassion are also reported to engage in healthy behaviors. (Magnus, Kowalski, & McHugh, 2010) studied females' goals for exercising and found that females with higher levels of self-compassion had greater intrinsic motivation to exercise than the extrinsic one. Females with higher levels of self-compassion also reported feeling more comfortable with their bodies, and experienced less anxiety when it comes to social evaluation about their physical appearance. This finding brings about possibilities that self-compassion can assist females with compromised body image satisfaction to become more comfortable with their own bodies and become less vulnerable to social evaluation. Self-compassion also serves as a buffer for embarrassment and failure life scenarios. Self-compassion can act as a shield or cushion against experience of body shame when females with self-objectification fail to measure up to the societal standards. (Leary, Tate, Adams, Batts Allen, & Hancock, 2007) recorded participants' introduction of themselves on a video. Subsequently, these participants were provided with feedback, either positive or negative, from an observer. Then, the participants' reactions to the feedback and their attributions for the feedback were analyzed. Findings revealed that participants with low self-compassion gave defensive attribution, associating the feedback to their own personality only when the feedback was positive, rather than negative. In contrast, regardless of the feedback valence, participants with high self-compassion similarly attributed the feedback to their personality. This finding suggests that individuals with high self-compassion accept both negative and positive features of their personality. It will be interesting to see if the acceptance applies to their physical features.

In their studies where attitude to physical feature was examined, Berry, Kowalski, Ferguson, and McHugh (2010) suggested that females who have high self-compassion tend to appreciate more their body uniqueness, took ownership of their body, and perform less social comparison. In detail, those with high self-compassion show greater recognition of their physical characteristics and are reportedly flexible in

defining beauty (e.g., considering that beauty could stem from various sizes and shape variation). Additionally, they take into consideration other characteristics; namely, confidence, the ability to accomplish challenging goals in defining attractiveness. Additionally, those high in self-compassion also reportedly learnt to respect their bodies' limitations (i.e., not engaging in physical activities that are beyond their body limit.

Females with high self-compassion were also found to expressed desire to take ownership of their bodies by becoming knowledgeable about their bodies and be responsible for both their physical and psychological well-being (Berry et al., 2010). Taking this ownership allows females to better understand the connection between their body and mind and take into consideration from both. Also, they recognized that their physical and psychological well-being is determined by the decision they make about themselves.

The aforementioned sense of ownership and the attention to the body cues are likely to reduce the degree to which these female would be influenced by the societal message of beauty. As Berry et al. (2010), female with high self-compassion disapprove of the beauty ideal dictated by the society and set their own standard of beauty. This in turn leads them to engage in less social comparison for they feel that they do not have to be better than others in order to feel good about themselves. Females with high self-compassion place less emphasis on comparing with others and focus more on accepting themselves as who they are. They are aware of uniqueness of their bodies and make choices that are appropriate for their bodies, even though these choices might not be censured by others.

Whereas the aforementioned literature show association that self-compassion has with factors relevant to body image satisfaction, the role of self-compassion in body image has been supported by ample studies. Wasylkiw, MacKinnon, and MacLellan (2012) examined this relationship reported that self-compassion negatively predicted body image concerns, independently of self-esteem. Moreover, when both self-compassion and self-esteem were included as predictors of body image concerns, only self-compassion accounted for the unique variance in body image

concerns. The researchers also found that self-compassion negatively predicted guilt in overeating and partially mediated the relationship between body preoccupation and depressive symptoms. Similarly, Mosewich, Kowalski, Sabiston, Sedgwick, and Tracy (2011) found that self-compassion was negatively associated with self-evaluation which includes body surveillance and body shame. Additionally, findings from (Dijkstra & Barelds, 2011)suggested the mindfulness aspect of self-compassion was positively associated with body image satisfaction among females. According to Ferreira, Pinto-Gouveia, and Duarte (2013), the examination of the role of self-compassion in the face of shame and body image dissatisfaction in females reveals that that self-compassion was negatively associated with external shame, general psychopathology, and symptomatology of eating disorders.

Based on the characteristics of self-compassion outlined above, the construct is selected to be integrated into CBT intervention for gaining body image satisfaction for two main reasons. First, self-compassion will be able to help females with lack of body image satisfaction to be awareness about their physical flaws with mindfulness and treat themselves with gentleness and kindness upon experiencing these flaws. Additionally, they are likely to reduce the risk of exercising control over their body image, in their attempts to eliminate these flaws, as they recognize that such flaws are inevitable and are a part of common human experience. Similarly, the recognition should help reduce social comparison which, as shown previously, has been identified as a source of self-objectification and lacking body image satisfaction. The second reason that self-compassion is selected to be incorporated into the current study is because the construct has been shown to be prominent and fit with the ways of living of the Thai. As shown in a cross-cultural study by (Neff et al., 2005), an orientation toward self-compassion in Thailand has been identified, in comparison to that in the United States and Taiwan, another Asian collectivistic country. For these reasons, the element of self-compassion is included in the intervention in the current study.

4. Cognitive behavioral therapy (CBT)

Given the role of cognition in lack of body image satisfaction and its related emotional and behavioral outcomes, the counseling and therapeutic approach that focuses on cognitive component will be employed to increase female adolescents' body image satisfaction. Cognitive-behavioral Therapy (CBT), one of such approaches, will be reviewed here.

Proposed by Beck (1967) based on relevant theoretical and philosophical grounds, CBT operates on the tenet that psychological distress results from individuals' worldviews and interpretation of their life events. Hence, to improve their psychological well-being, the change in cognition is promising. Doing so will impact their behavior and emotion as well.

CBT, hence, is based on the theoretical model that the way the individuals feel and behave is determined by how they view and process their experience. The model is developed from the A-B-C framework proposed in the Rational Emotive Behavior Therapy by Corey (2009). A-B-C framework provides an understanding for client's feelings, thoughts, events, and behavior.

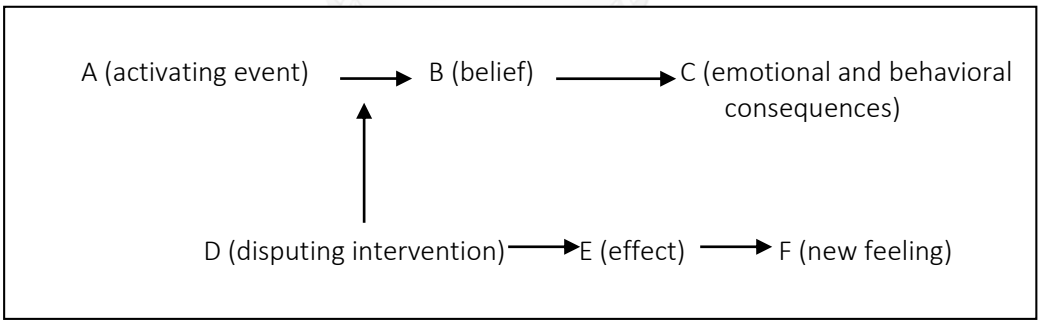


Figure 2. *ABC and DEF framework. (Corey, 2009)*

This model helps illustrate how the individual's beliefs cause emotional and behavioral response. A represents an activating event. B represents beliefs, thoughts, or interpretation of the event. Finally, C represents the emotional and behavioral consequences following such interpretation.

An illustration relevant to reduced body image satisfaction of a female adolescent can be viewed as follows:

A. An event: Someone suggests to a female adolescent that she has gained some weight.

B. The suggestion triggers the adolescent's belief and interpretation regarding weight gain: Gaining weight means that I am a failure.

C. The interpretation leads to emotional reactions: The adolescent is likely to feel depressed and refrain from engaging in worthwhile activities.

If providing psychological support to the aforementioned female adolescents, counselors may focus on assisting the client with ways to reinterpret the event, or changing her belief about weight gain. With the new interpretation, she is likely to experience a different emotional response.

A. An event happens – Someone suggests to a female adolescent that she has gained some weight.

B. A female has a belief about the event – putting on weight means lack of exercises.

C. A female has an emotional reaction to the belief – A female gets back to her exercise routine.

The ABC model shows that A does not cause C. It is B that causes C.

When C (emotional and behavioral consequences) occurs REBT provides a variety of methods to help individuals reformulate their dysfunctional beliefs into a more sensible, realistic and helpful ones by using technique called 'disputing (D)'. Disputing irrational belief is the most important therapeutic intervention and places an emphasis on the work of the therapist to ask questions that will dispute the client's irrational beliefs. For example, 'Where is it written that other people must treat you fairly?' 'Can you rationally support this belief?' 'What are the evidence exist to support this belief?' Effect (E) represents the development of affective

philosophy in which irrational beliefs have been replaced by rational beliefs. New feeling (F) generated and result in a more productive and healthy behavior.

As shown above, the manner in which CBT operates is not to change the activating event; rather the psychotherapy focuses on introducing new ways of interpreting the event. In doing so, CBT theorist imply that there are 'logical errors' that bend objective reality in the direction of self-depreciation and leave the individuals with emotional difficulties (Corey, 2009). This systematic error often occurs in the form of automatic thoughts which has the effect on the individuals' emotional response. Some of these thoughts lead to unhelpful thinking patterns. Examples of this distortion are 'arbitrary inferences' which happens when one makes a conclusion without supporting and relevant evidence, 'catastrophizing thinking' of adhering to the worst scenarios and outcomes without considering other optimistic prospects and 'selective abstraction' which leads the individuals to concentrate on the negativity while ignoring the possibilities of the positivity (Corey, 2009).

The most effective methods to change dysfunctional emotion and behavior, is to amend thinking patterns and core beliefs that underpin them. One major goal of CBT is to change the manner in which clients interpret life events. Addressing this interpretation, CBT practitioners also aim to address clients' core schemata, or their worldviews regarding themselves, the world and the future. In addressing these, CBT uses both cognitive and behavioral strategies.

Major cognitive strategies employed in CBT involve psycho education, the expansion of clients' understanding regarding the role of their thoughts and believe. Cognitive restructuring is often the next process, in which therapists assist clients to recognize their unhelpful thinking patterns and learn to challenge them and replace them with the helpful ones. Various techniques could be employed to achieve these effects. They are for instance, Socratic dialogue in which questioning techniques were employed to assist clients to identify maladaptive thoughts, cognitive challenges in which therapists engage clients in the examination and evaluation of the probability and validity of their unhelpful thinking patterns as well as evidences for and against them.

Behavioral strategies are also employed in support for cognitive restructuring. Frequently, clients are encouraged to engage in behavioral experiments to test their automatic thoughts against reality. Self-monitoring and behavioral recording are used to increase clients' awareness regarding their targeted thinking patterns and relevant behavior. Additionally, clients are generally asked to engage in behavioral patterns that help consolidate their newly acquired helpful thinking patterns outside therapy session through homework assignment. An example is when a client who adopts a new perspective that their self-worth is not necessarily based on their weight and body shape is assisted to engage in activities that could be the source of their self-worth in reinforcing the new perspective. All together, CBT intervention seeks to reduce psychological distress and turn negative automatic thought into healthier ones and provide new skills to deal with difficulties in life (Hollon & Beck, 1994).

The therapeutic relationship between therapist and client in CBT is collaboration. Whereas such relationships, embedded with empathy and sensitivity, is recognized and deem as essential for the engagement of cognitive challenge, therapeutic relationships alone are viewed as insufficient for therapeutic gain in CBT. Technical competence is recognized as another factor that contributes to this gain. CBT therapists are required to form a conceptualization of clients' presenting concerns, to be creative and active in working with clients to set appropriate goals and select effective strategies to address this concerns. Also, the therapists need to be able to engage clients through a process of Socratic questioning and skills, in using cognitive and behavioral strategies both with the counseling session and outside through homework assignment. Additionally, the therapist also needs to be able to assist clients to develop into their own therapist and generalize the skills learned through the therapy session to their new challenges. This is because CBT is short-term in nature and entails the goal in providing clients with resources to deal with future difficulties by their own (Corey, 2009).

5. Empirical support

Below is empirical findings relevant to key study variables in the current study.

In their meta-analysis, Jarry and Ip (2005) examine the effectiveness of a stand-alone cognitive behavioral therapy for enhancing body image satisfaction. The researcher concluded that the stand-alone body image cognitive behavioral therapy (CBT) was effective with the behavioral dimension of the program which refers to appearance related behavior such as grooming, concealing, and avoiding sight of one's body improving most significantly. The investment dimension or the degree of importance one places on appearance; however, improved the least. Researches explained the findings that the interventions were not generally designed to target processes that underlie overinvestment in body image. Thus, while participants might have received effective strategies that help reduce negative effects of overinvestment, they may still be invested by the virtue of the overinvestment. Participants with clinical body image disturbances benefited significantly more from intervention than did participants with nonclinical body image disturbance. The pre-post analysis also revealed that therapist-assisted interventions were more effective than self-directed treatments. Intervention addressing the attitudinal, behavioral, and perceptual component such as accuracy of body size estimation of body image was found to be more effective than treatments addressing attitude and behavior only.

In a recent study by van den Berg et al. (2007), the role of media body comparison (body comparison with media images) as a mediator of the relationships between socio-cultural pressures to be thin and body image dissatisfaction was examined in both females and males. Participants in the study were 1,386 females (average age = 19.37) and 1,130 males (average age = 19.46) from different backgrounds in the U.S. Participants responded to a set of questionnaires, including the Body Shape Satisfaction Scale (Pingitore, Spring, & Garfieldt, 1997) and the Sociaocultural Attitudes Toward Appearance Questionnaire-III (Thompson et al., 2004). Path analysis results revealed that in females, media body comparison is

negatively associated with body image satisfaction, and play a role as a mediator between this construct and self-esteem, depressive mood, friend dieting, magazine message exposure, and BMI. The mediating effect was not found in male participants, however.

(Thompson, Coovert, et al., 1999) conducted a study to evaluate the role of appearance-based social comparison serves as a possible medium between developmental and psychosocial factors and body image satisfaction levels, eating disturbance, and psychological functioning. One-hundred and seventy-three undergraduate females participated in the study. They indicated the time their menstruation began as well as the completed the measurement for teasing, physical appearance comparison, disordered eating tendencies, and body image dissatisfaction. Results were that body image dissatisfaction mediated the relationship between teasing and eating disturbance, which affected directly on overall psychological functioning.

In a qualitative study, Holmqvist and Frisén (2012) examined appearance ideals from the perspective of 14-year-old adolescents with positive body image. Twenty-nine participants were asked to complete a Body Esteem Scale for Adolescents and Adults (BESAA) to rate positive body image level at time of interview. A significant differences were shown in the results. Adolescents with a positive body image were found to have be against cultural ideals of beauty. They also describing those ideals as unnatural and unrealistic. Instead of internalizing the ideals, they complained the media for publicizing those ideals and were skeptic about their underlying intentions in doing so. The individuals had a broadened definition of beauty, putting their focus on looking like their own self, and that good looking can be accessorized by good personality. Another key findings were that participants perceived as subjective. These results were expected be helpful when planning for preventions targeting individuals who are at risk for developing negative body image, adding support for media literacy based prevention. Additionally, the researchers stressed the significance of providing adolescents with alternative ways of thinking about beauty, ideals, and attractiveness.

This qualitative study, Wood-Barcalow et al. (2010) used Grounded Theory to analyze interviews from 15 college women classified as having positive body image and five body image experts. Participants were interviewed. Findings revealed characteristics of positive body image. These include appreciating the unique beauty and functionality of own body, filtering information publicized by the media, defining beauty broadly, and highlighting their body's assets while minimizing perceived imperfections. The researchers concluded that, by substituting these positive characteristics into the absence of the negative features, positive body image could be promoted. The role of self-compassion and body image satisfaction Wasylkiw et al. (2012) conducted a research study to examine the relationships between self-compassion and women's body image in a set of two studies. In study 142 female undergraduates completed measures of body image and measures of self-esteem and self-compassion. Results showed that high self-compassion predicted fewer body concerns independently of self-esteem. Moreover, when both self-compassion and self-esteem were included as predictors, self-compassion accounted for unique variance in body preoccupation and weight concerns whereas self-esteem did not. In study 2, this finding was partially replicated with one component (self-judgment) of self-compassion uniquely predicting body preoccupation in 187 undergraduate women. High scores on self-compassion also predicted less eating guilt independent of self-esteem. Additionally, self-compassion was shown to partially mediate the relationship between body preoccupation and depressive symptoms. The findings highlight the possibility that a consideration of self-compassion for body image promotion may contribute supporting individuals with body image concerns.

The effectiveness of cognitive behavioral therapy for body image promotion was also examined (Jarry & Ip, 2005). This meta-analysis study examined the effectiveness of stand-alone body image cognitive-behavioral therapy. Nineteen studies met inclusion criteria and were included in the study. Overall, findings attest the benefits of attitudinal, behavioral, and perceptual intervention. When compared, addressing all three components are more effective than addressing attitude and behavior only. When compared, the behavioral component (e.g., reducing appearance related behavior such as grooming, concealing, and avoiding the sight of

one's body) was found to be most effective whereas attitudinal components such as reducing the importance placed on physical appearance was the least helpful. The intervention was shown to be more effective in participants with clinical body image disturbances than with community samples. Still, Therapist-assisted therapy is more effective than is self-directed therapy. Finally, treatment gains are maintained at follow-up.

In this study, hence, the effectiveness of Cognitive Behavior Group Therapy (CBGT) would be examined in increasing body image satisfaction and self-compassion, and in reducing self-objectification in Thai female adolescents. A comparison would be made between those attending the group program and those who would not. Comparisons of scores on these variables would be made for prior- and post-group participation.

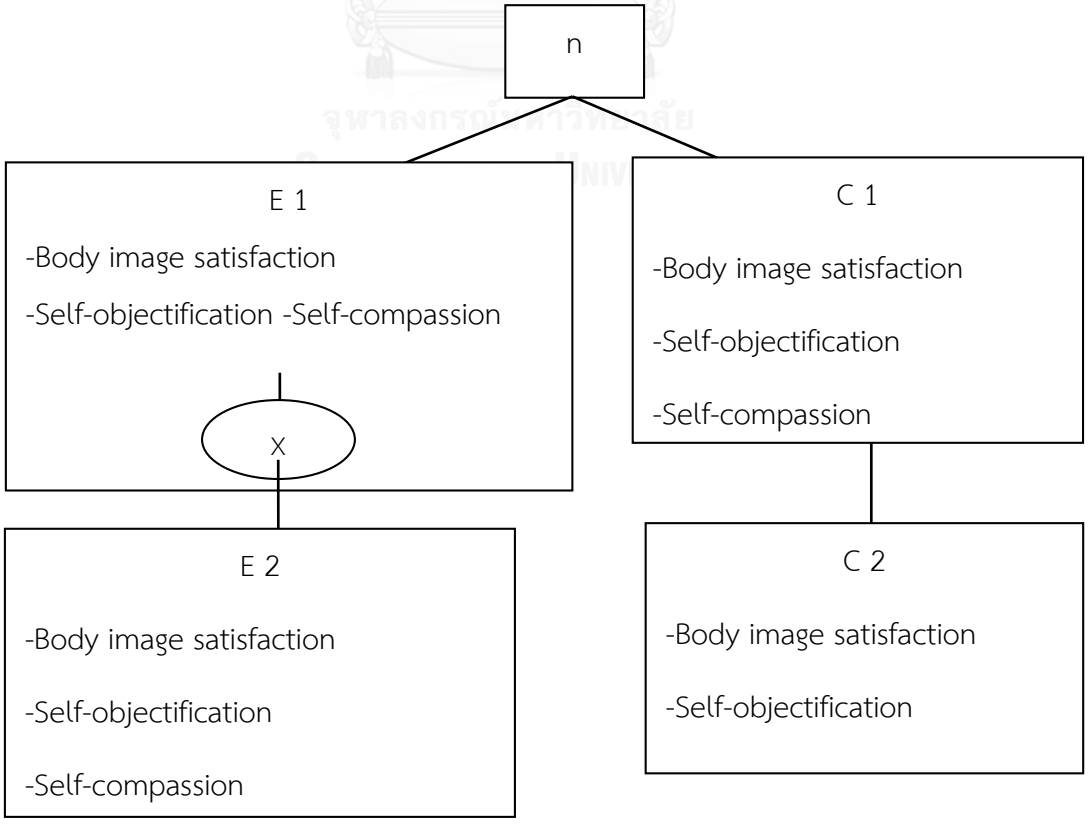
Chapter 3

Methodology

This chapter presents a description of the research design of the current study. Information regarding participants, research instruments, human rights protection, data collection procedures, and data analysis will be outlined.

Research methodology

This study employed a quasi-experimental research design, with a pretest-posttest treatment- control group design to examine the effects of Cognitive Behavioral Group Therapy with self-compassion on body image satisfaction and self-objectification in female adolescents. Scores from participants' response to relevant measures at pre- and post-group attendance were compared. Additionally, the post-group attendance scores of the treatment group were compared with those of the control group.



E 1 = Scores on body image satisfaction, self-objectification, and self-compassion of the experimental group prior to study participation

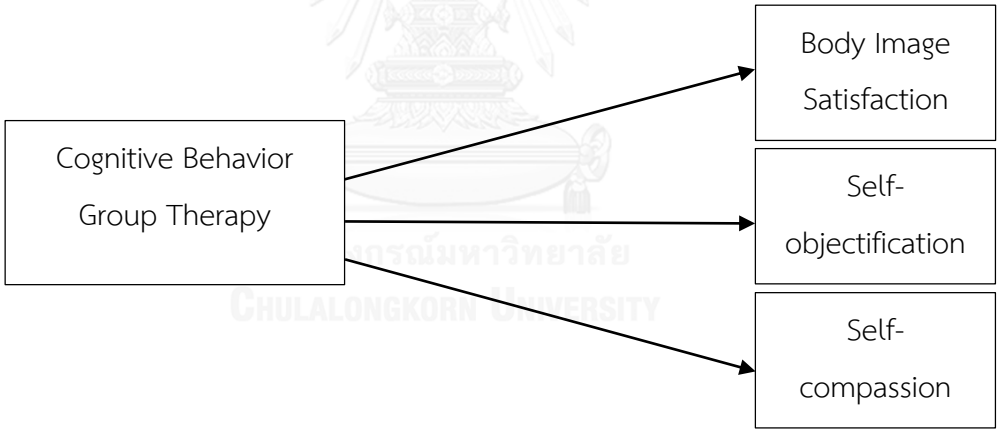
C 1 = Scores on body image satisfaction, self-objectification, and self-compassion of the control group prior to study participation

X = Cognitive behavioral group therapy with self-compassion

E 2 = Scores on body image satisfaction, self-objectification, and self-compassion of the experimental group after study participation

C 2 = Scores on body image satisfaction, self-objectification, and self-compassion of the control group after study participation.

Conceptual framework



Participants

Forty-nine female adolescents from two middle size co-ed vocational schools in Bangkok participated in the current study. Both schools located offered multi-disciplinary teaching. One school was a public school with practical-focused program such as business and service providers. Another school was a private school with career-focused programs on business management and disciplines. Sample sizes were estimated based on the recommendation of (Hair, Black, & Babin, 2010) that

there should be at least 20 participants for the Multivariate Analysis of Variance (MANOVA) and the sample size must be larger than the total numbers of the dependent variables. Participants fulfilled the inclusion criteria outlined below.

Inclusion criteria

1) Participants were female high school students from a Thai school whose score on body image satisfaction was lower than average (M = 44.1, SD = 8.043).

2) Participants were willing to participate in the current study and attained their parental permission to do so.

3) Participants were not diagnosed with psychological disorders or receiving any psychological intervention relevant to body image satisfaction during group participation.

Exclusion criteria

1) While they would be allowed to continue with the group, scores of participants who attend *fewer than 5 sessions* of the group would not be included in the data analysis.

2) Participants who expressed their wish to withdraw from the study.

Research instruments

Instruments for the current study consisted of Body Appreciation Scale (BAS), Objectified Body Consciousness Scale (OBC), Self-Compassion Scale- Short Form (SCS-SF) and Cognitive Behavioral Therapy (CBT) group program. Details regarding each instrument will be presented together with its psychometric properties in the next section as follows.

1) Body Image Satisfaction

The Body Appreciation Scale by Avalos, Tylka and Wood-Barcalow (2005) was used to determine the participants' levels of body image satisfaction. The measure contains 13 items. Participants responded to 5-point Likert-type scale ranging from,

Never (1) to *Always* (5). Higher scores suggest higher levels of body image satisfaction, whereas lower scores suggest the opposite. Total scores for the measure range from 13 to 65, with the scoring direction as follows:

Table 3*: Scoring Direction for Body Appreciation Scale*

Response	Scoring
Never	1
Hardly ever	2
Sometimes	3
Often	4
Always	5

Satisfactory psychometric properties have been reported for Body Appreciation Scale (Attasaranya, 2012) when used with Thai female undergraduates. The Chronbach's alpha estimate of .93 and Corrected Item-Total Correlation coefficients (CITC) ranging from .41 and .88 were reported. In the current study, the Chronbach's alpha estimate was .848.

2) Self-objectification

Objectified Body Consciousness Scale (OBC) by McKinley and Hyde (1996) was used to determine the participants' levels of self-objectification. The scale contains 24 items. Participants responded to the scale ranging from, *Least Agree (1)* to *Most Agree (6)*. Higher scores reflect greater self-objectification, whereas lower scores suggest the opposite. This scale captured three components of: 1) Body surveillance (e.g., "I often worry about whether the clothes I am wearing make me look good" and "I think more about how my body feels than how my body looks"), 2) Body shame (e.g., "When I'm not the size I think I should be, I feel ashamed" and "I feel ashamed of myself when I haven't made the effort to look my best"), and) Control belief (e.g., "I think a person is pretty much stuck with the looks they are born with" and " I think a person can look pretty much how they want to if they are willing to work at it").

Recommendation was made that scoring reversal be conducted prior to the scoring calculation. According to McKinley and Hyde (1996), positive statements which entail normal scoring include items 1, 3, 4, 6, 7, 9, 12, 13, 15, 18, 19, 21, and 24. Negative statements which entail scoring reversal include items 2, 5, 8, 10, 11, 14, 16, 17, 22, and 23.

Table 4: *Normal scoring and reversed scoring of Objectified Body Consciousness Scale*

Response	Normal Scoring	Reversed Scoring
Least disagree	1	6
Quite disagree	2	5
Sometimes disagree	3	4
Sometimes agree	4	3
Quite agree	5	2
Most agree	6	1

Satisfactory psychometric properties have been reported for the Objectified Body Consciousness Scale (OBC; (McKinley & Hyde, 1996)). The Chronbach's alpha estimate are .69-.83.

3) Self-compassion

The Self-compassion Scale- Short Form (SCS-SF) (Raes et al., 2011) was used to determine the participants' levels of self-compassion. The measure contains 12 items. Participants responded to a 5-point Likert-type scale ranging from *Almost Never 1* to *Almost Always 5*. Higher scores suggest higher levels of self-compassion whereas lower scores suggest the opposite. The scale is comprised of 6 subscales that are used in combination to reflect self-compassion. These are: 1) Self-Kindness (e.g., "I try to be understanding and patient towards those aspects of my personality I don't like" and "When I'm going through a very hard time, I give myself the caring and tenderness I need"), 2) Self-Judgment (e.g., "I'*m disapproving and judgm*ental about my own flaws and inadequacies" and "I'm intolerant and impatient towards those aspects of my personality I don't like"), 3) Common Humanity (e.g., "I try to

see my failings as part of the human condition" and "When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people"), 4) Isolation (e.g., "When I'm feeling down, I tend to feel like most other people are probably happier than I am" and "When I fail at something that's important to me, I tend to feel alone in my failure"), 5) Mindfulness (e.g., "When something painful happens I try to take a balanced view of the situation" and "When something upsets me I try to keep my emotions in balance"), and 6) Over-identified (e.g., "When I fail at something important to me I become consumed by feelings of inadequacy" and "When I'm feeling down I tend to obsess and fixate on everything that's wrong").

Positive statements which entail normal scoring include items 2, 3, 5, 6, 7, and 10 whereas negative statements which entail scoring reversal include items 1, 4, 8, 9, 11and 12.

Table 5*: Normal scoring and reverse scoring of Self-Compassion Scale –Short Form (SCS-SF)*

Following	Normal Scoring	Reversed Scoring
Almost never	1	5
Hardly never	2	4
Sometimes	3	3
Often	4	2
Almost always	5	1

According to Raes et al. (2011), either the total scores or the scores of the six subscales can be used. In the current study, the total self-compassion scores was calculated. The scores range from 12-60, with higher scores indicating higher degree of self-compassion. In contrast, lower scores suggest the opposite.

Satisfactory psychometric properties have been reported for Self-Compassion Scale- Short Form (SCS-SF; (Raes et al., 2011)). Scores on this short form was highly correlated with the full Self-compassion Scale, with $r = 0.91$.

Measurements Development

Prior to data collection, the Body Appreciation Scale (BAS) and Objectified Body Consciousness Scale (OBC), which has been translated into Thai and used with undergraduate females, were reviewed and adjusted so as to become appropriate for usage with high school students. The adjustment was evaluated for face validity by a panel of three experts. The first pilot testing was completed by 69 female adolescents and the second pilot testing was completed by 109 female adolescents who share characteristics of the participants prior to being used for data collection. Item discrimination for high- and low-score groups, as well as Corrected Item-Total Correlation, and the Chronbach's alpha were calculated.

Satisfactory psychometric properties have been reported for Body Appreciation Scale when used with Thai female undergraduates. *T*-test revealed significant differences in body appreciation score between low group and high groups for all items. The Chronbach's alpha estimate of .91 and Corrected Item-Total Correlation coefficients (CITC) ranging from .4 and .8 were reported. Similar findings were found for the Objectified Body Consciousness Scale (OBC), with the Chronbach's alpha of .848 and the Corrected Item-Total Correlation ranging from .43 to .74.

As for the Self-Compassion Scale –Short Form (SCSF) (Raes et al., 2011) the measure was translated into Thai. Then, the translated items were evaluated for their face validity by a panel of three experts. Subsequently, the items were pilot twice, tested in 69 and 109 female adolescents who shared characteristics of the participants. The psychometric properties of the measure were satisfactory. *T*-test revealed significant differences in body appreciation score between low group and high groups for 10 items. The Chronbach's alpha estimate of .797 and Corrected Item-Total Correlation coefficients (CITC) ranging from .1 and .7 were reported.

Upon ascertaining that all the measures were pilot tested and satisfactory psychometric properties were attained, the instruments were used for data collection. The Chronbach's alpha of the final measures used for data collection

were .848, .656, and .797 for the Body Appreciation Scale (BAS), Objectified Body Consciousness Scale (OBC), and Self-Compassion Scale –Short Form (SCS), respectively.

Protection of Human Rights

Data collection commenced only after the study was approved by the Institutional Ethical Review Board. Informed consent was obtained from the participants before data collection. Prior to that, the researchers gave a comprehensive explanation and written description about the objectives and procedure of the study, methods, potential risks and benefits of participation and the protection of participants' confidentiality Also, the participants were informed that, should they feel any psychological distress, they could withdraw from the study at any time. Finally, the participants were informed that they had the freedom to withdraw from the study anytime they wished.

Data collection

Data collection began after the approval of the study by an Institutional Ethical Review Board had been attained.

Participants were assigned into the two groups. Caution was exercised to ascertain that participants in the experimental and control groups were similar in terms of key study variables. Participants in the experimental group were divided into three groups, with 6-8 participants in each group. They attended the Cognitive Behavioral Group Therapy with compassion for 2-hour session for a period of 6 weeks (see more details about treatment plan in appendix E). Prior to and after the group attendance, participants responded to the measures of body image satisfaction, self-objectification, and self-compassion.

As for the control group, they completed the pre-assessment questionnaires. They waited for a 6-week period before completing the post-assessment questionnaires. They were invited to attend the same Cognitive Behavioral Group Therapy afterward. For those who declined the invitation, a tipsheet for enhancing

body image satisfaction and self-compassion as well as reducing self-objectification were provided.

Procedures

To conduct this research, the steps listed below were followed:

Pre-intervention phrase

1) The researcher thoroughly reviewed literature related to key study variables: female adolescents, body image satisfaction, self-objectification, Cognitive Behavioral Therapy, and self-compassion.

2) The researcher designed the cognitive behavior group therapy program to enhance female adolescents' body image satisfaction and self-compassion and reduce self-objectification. Then, a request was made for a review of the program by an expert on Cognitive Behavioral Therapy.

3) A request for approval from an Institutional Ethical Review Board was sought.

4) The group program and research instruments were piloted in female adolescents who shared characteristics with the participants.

5) Participants recruitment were made. Those meeting the inclusion criteria were invited to participate in the study. Assignment of participants into the treatment and control group was made with consideration of similarities between the two groups. Signed consent forms were received from the participants' parents.

6) Participants in the two group participated in the study following in procedure outlined in the data collection section.

Group counseling process

1) A Cognitive Behavioral Group Therapy was conducted for female adolescents with compromised body image satisfaction. Those in the experimental group divided into three groups were assigned into the therapy. Each group consisted of 8 members and met for 2-hour weekly sessions for a period of 6 weeks.

2) The group was designed to enhance body image satisfaction and self-compassion and to reduce self-objectification of the participants.

3) Upon the program completion, participants completed the post-assessment questionnaires.

4) To avoid contamination between control and experimental group, researcher has asked participants for their cooperation in keeping information obtained from the group to themselves.

Post intervention process

1) Participants in the control group were asked to complete post-assessment questionnaire.

2) Participants in the control group were invited to participate in the Cognitive Behavioral Group Therapy similar to those in the treatment group. For those who declined the participation, a tipsheet for enhancing body image satisfaction and self-compassion as well as reducing self-objectification was provided to them.

Statistical Analysis

Data obtained were analyzed using SPSS/PC (Statistical Package for Social Science/Personal Computer) as follows:

1) Descriptive statistics were used to describe demographic information about the group participants and key study variables.

2) Inferential statistics were used to test study hypotheses using between-group and repeated-measure Multivariate Analysis of Variances (MANOVAs).

Chapter 4

Results

Data analysis of the study of the effect of Cognitive Behavior Group Therapy on body image satisfaction, self-objectification, and self-compassion in Thai female adolescents was performed using descriptive statistics to portray demographic information about the participants and key study variables. Repeated-measure Multivariate Analysis of Variance (MANOVA) was then used to compare scores of body image satisfaction, self-objectification, and self-compassion from participants' response at pre- and post- group attendance. Subsequently, post-group attendance scores of the treatment group were compared with those of the control group using between-group MANOVA.

Results obtained from statistical analyses were divided into 3 sections:

1) Descriptive statistics for demographical information of the participants and study variables

2) Inferential statistics for hypothesis testing

3) Summary of hypothesis testing outcomes

1. Descriptive statistics for participants' demographical information and study variables

Participants' demographical information

Participants in this research study were Thai female adolescents from Thai high schools whose scores on body image satisfaction were lower than average (M = 44.1, SD = 8.034). All voluntarily attended the study and attained parental permission to do so. Following selection criteria, participants received neither psychological diagnoses nor psychological intervention relevant to body image during the time of study participation.

A total of forty-nine female adolescents participated in the study with twenty-five being assigned into the treatment group and 24 students into the control one. As shown in Table 6 data analyses suggested that both treatment and control

group had similar demographical information. Both were between 15-20 years of age, with the average age of those in the treatment group being 16.20 years old (*SD* = .50) and those in the control group being 16.29 years old (*SD* = .85). In terms of their body dimension, on average, participants in the treatment group had a Body Mass Index (BMI) of 22.71 (*SD* = 6.117). Control group members had the BMI of 22.11 (*SD* = 3.365). *T*-Test was performed and indicated no statistically significant differences in age (*t* = .454, *n.s.*) and BMI (*t* = .425, *n.s.*) between the two groups.

Additionally, a chi-square test of goodness-of-fit was performed to determine whether there were differences in participants' diet status between the treatment and control groups. Most participants from both groups were on diet. Results revealed that there were no statistical significant differences on this variable. Details are displayed in Table 6.

Table 6*: Participants' Demographical Information*

	Variables	Treatment Group	Control Group
Age			
	15	1	5
	16	18	8
	17	6	10
	18	-	1
	Total	25	24
	t-test = .454 , *df* = 36.68 , *p* = .652		
Treatment group *M* = 16.20 , *SD* = .50 Control group *M* = 16.29 , *SD* = .85			
Height			
	140-150	3	3
	151-160	12	11
	161-170	9	10
	More than 171	1	-
	Total	25	24
	t-test = .828 , *df* = 47 , *p* = .412		
Treatment group *M* =160.04 , *SD* = 8.806 Control group *M* = 158.27, *SD* = 5.762			

Weight			
	31-40	4	1
	41-50	5	7
	51-60	8	9
	61-70	3	6
	71-80	2	-
	81-90	2	1
	91-100	-	-
	More than 101	1	-
	Total	25	24
	t-test = .768 , *df* = 37.276 , *p* =.447		
Treatment group *M* = 58.80 , *SD* = 18.326		Control group *M* = 55.58 , *SD* = 9.925	
Dieting Status			
	Yes	11	16
	No	14	8
	Total	25	24
	X^2 (1, N = 45) = 1.090, *p* = .296		

Descriptive analysis of key variables

Three psychological variables were of the main focus of the current study. Body image satisfaction was measured by the Body Appreciation Scale (BAS) containing 13 items. Self-objectification was measured by the Objectified Consciousness Scale (OBC) containing 24 items. Self-compassion was measured by the Self-Compassion Scale Short-Form (SCS-SF) containing 10 items. Higher scores indicated higher level of the quality measured by each measure.

Descriptive statistics of these variables were presented here in terms of the Mean (*M*), Standard Deviation (*SD*), Minimum Scores (MIN), Maximum Scores (MAX), and Range. To aid result interpretation, the statistics were displayed for each variable separately for the treatment and control group with pre-test and post-test scores presented separately, as shown below.

Table 7: *Body Image Satisfaction Pre- and Post- CBT Group Scores by Control and Treatment Groups*

Variable	Period	Group	*M*	*SD*	Actual range	Possible range
Body Image Satisfaction	Pre-Test	Control	36.71	4.298	30 - 44	13 - 65
		Treatment	38.36	4.480	28 - 43	13 - 65
	Post-Test	Control	37.416	3.966	32 - 47	13 – 65
		Treatment	47.36	8.77	27 - 62	13 - 65

Table 8: *Self-Objectification Pre- and Post- CBT Group Scores by Control and Treatment Groups*

Variable	Period	Group	*M*	*SD*	Actual Range	Possible range
Self-objectification	Pre-test	Control	90.92	8.667	79 - 107	24 - 144
		Treatment	93.60	10.206	77 – 113	24 – 144
	Post-test	Control	86.28	6.93	73 – 101	24 – 144
		Treatment	78.81	9.25	62 - 92	24 - 144

Table 9*: Self-Compassion Pre- and Post- CBT Group Scores by Control and Treatment Groups*

Variables	Period	Group	*M*	*SD*	Actual Range	Possible range
Self-Compassion	Pre-test	Control	29	4	23 – 35	12 – 66
		Treatment	31.72	4.88	24 – 40	12 – 66
	Post-test	Control	29.33	5.087	15 – 37	12 – 66
		Treatment	39.69	6.10	22 - 47	12 – 66

2. Data Analyses for Hypotheses Testing

Data analyses for hypotheses testing in this research study was performed using Repeated-measure Multivariate Analysis of Variance (MANOVA) to compare scores of body satisfaction, self-objectification, and self-compassion reported by the participants at pre- and post- Cognitive Behavioral Group Therapy attendance. Additionally, the post-Cognitive Behavioral Group Therapy attendance scores of the

treatment group were compared with those of the control group using the Between-group MANOVA. Prior to proceeding to these analyses, MANOVA assumptions were examined.

Examination of MANOVA assumptions

Data analysis using MANOVA requires three core assumptions. These include: 1) dependent variables are normally distributed within each group of the independent variables (i.e., normal distribution); 2) the population covariance matrices of each group are equal (i.e., homogeneity of covariance matrix); and 3) while dependent study variables are independent to one another, they are related to some degree (i.e., correlation of dependent variables) (Hair, Black, Babin, & Anderson, 2010). Overall, all of these aforementioned assumptions were confirmed.

According to Hair, Black, Babin, and Anderson (2010), normal distribution of dependent study variables can be examined through the values of their skewness and Kurtosis. Additionally, Kolmogorov-Smirnov test can be conducted. Data is assumed to be normally distributed when Skewness and Kurtosis values are within the range of 3 and -3. The non-statistically significant Kolmogorov-Smirnov test can be used in support for these results.

Findings confirmed these assumptions (Table 10). Results from normal distribution test revealed that the skewness and kurtosis values of the scores of dependent study variables fell within the range of 3 and -3. Kolmogorov-Smirnov test provided support for these normal distribution except for the scores of self-compassion in the treatment group at pre-test and the control group at post-test. Despite these exceptions, according to Leech, Barrett, and Morgan (2005) with the sample size of 15-20 per group, MANOVA has been indicated to be sufficiently robust, especially when Pillais' Trace, a very stringent statistic procedure, was selected.

Table 10: *MANOVA Assumption Test: Normal Distribution*

Variables	Period	Group	Skewness	SE.	Kurtosis	SE.	Kolmogonov-Smirnov
Body Appreciation (BAS)	Pre-Test	Controlled Group	.043	.472	-1.372	.918	.141
		CBT Group	-.995	.464	.048	.902	.089
	Post-Test	Controlled Group	.369	.472	-.258	.918	.200
		CBT Group	-.493	.464	-.254	.902	.200
Objectification (OBC)	Pre-Test	Controlled Group	.318	.472	-1.075	.918	.200
		CBT Group	.097	.464	-.845	.902	.200
	Post-Test	Controlled Group	-.225	.464	-.161	.902	.200
		CBT Group	-.407	.472	-1.024	.918	.126
Self-Compassion (SCS-SF)	Pre-Test	Controlled Group	-.116	.472	-1.189	.918	.200
		CBT Group	.166	.464	-1.268	.902	.001**
	Post-Test	Controlled Group	-.949	.472	1.452	.918	.038*
		CBT Group	-.352	.454	.032	.902	.200

Note. **p <.01, *p <.05

The next assumption of Multivariate Analysis of Variance (MANOVA) was that homogeneity of covariance matrices of the dependent variables are not significantly different across levels of the dependent variables. Additionally, based on Mayers (2013)'s guideline, the Box's M value for pre- and post-test were examined and found to be non-significant ($p > 0.1$). Results from Box's M illustrated in Table 11.

Table 11: Box's M Test of Equality of Covariance Matrices of group samples

Time	**Box's M**	**F**	**df1**	**df2**	**Sig.**
Pre-test	9.488	1.471	6	15927.499	.184
Post-test	16.683	2.5847	6	15927.499	.170

The last assumption was correlation of dependent variables which can be tested by finding (*r*) of each pair of dependent variables for each group of the independent variables. The analyses were conducted for both treatment and control groups. For the treatment group, two pairs of the dependent variables were statistically significant correlated during the post-test; body image satisfaction, self-objectification, and self-compassion as shown in Table 12.

Table 12: *Correlation (r) between dependent variables during pre and post-test of the treatment group*

Group	Dependent Variables	Pre-Test			Post-Test		
		BA	SO	SC	BA	SO	SC
CBT Group	Body Satisfaction (BA)	1.00			1.00		
	Self-Objectification (SO)	-.380*	1.00		-.529**	1.00	
	Self-Compassion (SC)	.374*	.091	1.00	.526**	-.282	1.00

Note. **p <.01, *p <.05

Findings from the control group was found to have two pairs of the dependent variables that are statistically significant correlated during pre-test; Body

Appreciation Scale (BAS) and Objectified Body Consciousness Scale (OBC), and Body Appreciation Scale (BAS) and Self-Compassion Scale Short-From (SCSF) as seen in table 13.

Table 13: *Correlation (r) between dependent variables during pre- and post-test of the control group*

Group	Dependent Variables	Pre-Test			Post-Test		
		BA	SO	SC	BA	SO	SC
Control Group	Body Satisfaction (BA)	1.00			1.00		
	Self-Objectification (SO)	-515**	1.00		-.319	1.00	
	Self-Compassion (SC)	-.384*	.335	1.00	-.087	.072	1.00

Note. **p <.01, *p <.05

Results from MANOVA assumption testing suggested that most of the basic assumptions of Multivariate Analysis of Variance (MANOVA) were met. According to Hair, Black, and Babin (2010), though some data may have violated some of the MANOVA is assumed to be relatively robust method for data analysis. Therefore, researcher has selected MANOVA along with Pillais' Trace, a very rigorous statistic procedure and has accepted to be an appropriate choice to use for data analysis when there are cases of assumption violation (Hair, Black, & Babin, 2010).

Hypotheses testing

A total of six hypotheses were proposed in this study as shown below:

Hypothesis 1: The scores of the treatment group on body image satisfaction will increase after their participation in the cognitive behavioral group therapy.

Hypothesis 2: The scores of the treatment group on self-objectification, as shown in the three subscales, will decrease after their participation in the cognitive behavioral group therapy.

Hypothesis 3: The scores of the treatment group on self-compassion will increase after their participation in the cognitive behavioral group therapy.

Hypothesis 4: When compared with the control group, the score of the treatment group on body image satisfaction, after their group participation, will become higher than that of the control group.

Hypothesis 5: When compared with the control group, the score of the treatment group on self-objectification, as shown in the three subscales, after their group participation, will become lower than that of the control group.

Hypothesis 6: When compared with the control group, the score of the treatment group on self-compassion, after their group participation, will become higher than that of the control group.

Group Differences on Key Study Variables

A preliminary testing was conducted to see whether the scores of variables studied were different between pre- study participation between the treatment and control groups using between-group MANOVA. There was non-significant multivariate effect of the combined of three variables F (3,45) = 2.45, p = .076. Considering each variable, the pre-treatment scores of body satisfaction and self-objectification were non-significant between the two groups (F (1,47) = 1.732 , p = .195 and F (1,47) = .980 , p = .327, respectively). However, self-compassion was found to be significantly different at pre- treatment between the treatment and control group; F (1,47) = 4.525 , p = .039, as shown in Tables 14 and 15.

Table 14*: MANOVA results between the Treatment and Control Groups at Pre-treatment*

Effect	Source	Pillai's Trace	F	Hypothesis df	Error df	Partial Eta Squared	Sig.
Between Subject	Intercept	.99	4793.96	3	45	.99	.000
	Group	.14	2.45	3	45	.14	.076

Note. ***p <.001

Table 15: *Body Image Satisfaction, Self-objectification, and Self-compassion Scores of Treatment and Control Groups at Pre-treatment*

Source	Variables	Type III Sum of Square	df	Mean Square	F	Partial Eta Squared	Sig
Conditions	Body Satisfaction	33.404	1	33.404	1.732	.036	.195
	Self-Objectification	88.167	1	88.167	.980	.020	.327
	Self-Compassion	90.593	1	90.593	4.525	.088	.039*

Note. *p <.05

Table 16: *MANOVA Results Between the Treatment and Control Groups at Post-treatment*

Effect	**Source**	**Pillai's Trace**	**F**	**Hypothesis df**	**Error df**	**Partial Eta Squared**	**Sig.**
Between Subject	Intercept	.85	8503	3	44	.85	.000***
	Group	.46	12.64	3	44	.46	.000***

Note ***p < .001

Between-group MANOVA was performed to test hypothesis 4, 5, and 6 with introduction of self-compassion scores as a covariate in order to examine whether

the scores of the study variables were statistically significant different between the treatment and control groups at post-treatment (table 16). Findings indicated a multivariate difference of combined dependent variables between treatment and control group, F (3, 44) = 12.64, $p < .001$, at post-treatment.

Univariate tests were then conducted to examine whether there was a significant difference for each of the dependent variables between the two groups at post treatment (table 17). Results indicated that body image satisfaction (F (1, 46) = 23.752, $p < .001$) and self-compassion (F (1,46) = 27.67 , $p < .001$) were significantly higher in the treatment group when compared with the control group. In contrast, at post-treatment, self-objectification was significantly lower in the treatment group than in the control group, F (1, 46) = 10.528, $p < .01$.

Table 17: *Body Image Satisfaction, Self-objectification, and Self-compassion Scores of Treatment and Control Groups at Post-treatment*

Source	Variables	Type III Sum of Square	df	Mean Square	F	Partial Eta Squared	Sig
Condition	Body Satisfaction	1140.246	1	1140.246	23.752	.355	.000***
	Self-Objectification	715.025	1	715.025	10.528	.187	.009**
	Self-Compassion	801.006	1	801.006	27.666	.381	.000***

Note. ***$p < .001$, **$p < .01$

Pre- and Post-test Differences on Key Study Variables

To determine the differences between pre- and post-test of treatment and control group Repeated-measure MANOVA was conducted to test Hypotheses 1, 2, and 3 in both group in order to examine whether there were score differences at pre- and post-treatment in each group regarding body image satisfaction, self-

objectification, and self-compassion. Findings were all variables scores were significantly different as illustrated in Table 18 and 19.

Table 18: *Repeated-measure MANOVA for Pre-and Post-treatment Scores in the Treatment Group*

Effect	Source	Pillai's Trace	F	Hypothesis df	Error df	Partial Eta Squared	Sig.
Between Subject	Intercept	.99	3417.87	3	22	.99	.000***
	Time	.69	16.38	3	22	.69	.000***

Note ***$p < .001$

Table 19: *Repeated-measure Univariate Tests for each Study Variables at Pre-and Post-treatment for the Treatment Group*

Source	**Variables**	**Type III Sum of Square**	**df**	**Mean Square**	**F**	**Partial Eta Squared**	**Sig**
Conditions	Body Satisfaction	1012.500	1	1012.500	20.506	.461	.000***
	Self-Objectification	2730.992	1	2730.992	46.835	.661	.000***
	Self-Compassion	308.968	1	308.968	7.034	.227	.014*

Note. ***$p < .001$, *$p < .01$

As for the control group, Repeated-measure MANOVA indicated no overall changes in the scores of study variables at pre- and post-treatment ass shown in table 20**.**

Table 20*: Repeated-measure MANOVA for Pre-and Post-treatment Scores in the Control Group*

Effect	**Source**	**Pillai's Trace**	**F**	**Hypothesis df**	**Error df**	**Partial Eta Squared**	**Sig.**
Between Subject	Intercept	.99	4882.09	3	21	.999	.000***
	Time	.25	2.33	3	21	.25	.104

Note. ***$p < .001$

3. Study Summary

Based on the data analyses, all of the hypotheses were supported. Findings obtained could be summarized as followed.

Hypotheses	Results
1. The scores of the treatment group on body image satisfaction will increase after their participation in the Cognitive Behavioral Group Therapy	Confirmed
2. The scores of the treatment group on self-objectification, as shown in the three subscales, will decrease after their participation in the Cognitive Behavioral Group Therapy.	Confirmed
3. The scores of the treatment group on self-compassion will increase after their participation in the Cognitive Behavioral Group Therapy.	Confirmed
4. When compared with the control group, the score of the treatment group on body image satisfaction, after their group participation, will become higher than that of the control group.	Confirmed
5. When compared with the control group, the score of the treatment group on self-objectification, as shown in the three subscales, after their group participation, will become lower than that of the control group.	Confirmed
6. When compared with the control group, the score of the treatment group on self-compassion, after their group participation, will become higher than that of the control group.	Confirmed

Chapter 5

Discussion

The current study was conducted to examine the effectiveness of Cognitive Behavior Group Therapy (CBGT) in increasing body image satisfaction and self-compassion as well as reducing self-objectification in female adolescents.

Forty-nine female adolescents, whose scores on body image satisfaction were below the average, participated in the current study voluntarily with parental consents. Participants were divided into the treatment and control groups with the former attending a weekly two-hour CBGT session for a period of 6 weeks. Prior to and after the group participation, the participants were administered the measures of body image satisfaction, objectification, and self-compassion. Then, their scores on these key variables were analyzed using Multivariate Analyses of Variance (MANOVAs). Repeated-measure MANOVAs were conducted to compare the scores of body image satisfaction, self-objectification, and self-compassion of the participants at pre- and post- group attendance--- the comparisons were made separately for the treatment and control groups. Between-group MANOVAs were conducted to compare the post-group attendance scores of the treatment and control groups.

As hypothesized, after completing the 6-week CBGT participation, the scores on body satisfaction and self-compassion of the treatment group increased significantly (F (1,24) = 20.506 , p < 001 and F(1,24) = 7.034 , p = .039, respectively) and were significantly higher (F (1,46) = 23.752, p < .001 and F (1,46) = 27.67 , p < .001, respectively) than those of the control group where no significant changes were observed. Additionally, as hypothesized, after the participation, the score on self-objectification of the treatment group also decreased significantly F (1,24) = 46.835, p < .001) and was significantly lower F(1,46) = 10.528, p < .01) than that of the control group where no significant change was observed. These findings suggested that CBGT was effective in increasing body image satisfaction and self-compassion and reducing self-objectification.

1. Finding Discussion

Findings from the current study will be discussed in relation to Cognitive Behavior Therapy (CBT), the treatment of choice in the current study. First, key components of CBGT will be outlined. Then, how these components help bring about changes in body image satisfaction, self-objectification, and self-compassion will be addressed.

1.1 Cognitive Behavior Group Therapy (CBGT)

Cognitive Behavior Therapy is operated with the underlying assumption that emotions and behaviors are influenced by the way in which the individuals view a situation. Beck (1967) explains that it is not the situation per se that influences the individuals' emotions. Rather, it is the ways the individuals interpret the situation that leaves them with various emotions. Hence, CBT aims to bring about changes in individuals' behavior and emotion through introducing changes in their cognition. The changes really start to occurs when individuals contemplate on consider making some changes towards particular problems. These changes are engaged through a structured, short-term and goal-oriented therapy, whereby the manner in which the individuals' interpretation of life events are change through the reconstruction and introduction of the more adaptive cognitive and behavioral patterns (Beck, 1967).

Various cognitive strategies are employed in CBT. Commonly used strategies are, for example, psychoeducation, self-monitoring, problem-solving and cognitive restructuring. Psychoeucation involves providing clients with useful information that help broaden their views and perspectives. This provision can be done through tools such as handouts or worksheets. Problem-solving helps individuals manage and cope with life difficulties more effectively. Individual can learn to make rational decisions and take charge of their lives. Through these tools, the individuals could obtain a better understanding or reconceptualize their presenting concern. Additionally, the tools could help equip them with alternative solutions and skills that help them overcome factors perpetuating their concerns (Cash, 2002).

Other CBT strategies employed in the current study are self-monitoring and cognitive restructuring. Self-monitoring involves observing and recording one's behaviors on occasions over a period of time (Maas, Hietbrink, Rinck, & Keijsers, 2013). The main purposes of self-monitoring are to assess and keep tract of thoughts, emotions, and behaviors that the individuals engage in responding to activating events. Recording helps the individuals to identify and recognize the link between their thoughts and emotions. In addition, self-monitoring is a critical element of a homework plan that the therapists implement with clients (Tee & Kazantzis, 2011). Lastly, cognitive restructuring is performed to assist the individuals to recognize their unhelpful thinking patterns and to learn to replace them with more helpful alternatives. The aforementioned cognitive strategies are used in combination with behavioral strategies to consolidate the newly acquired helpful thinking patterns both inside and outside therapy sessions. All together, CBT intervention seeks to turn unhelpful thinking patterns into the more productive ones which will lead a healthier way in dealing with life difficulties.

Cognitive Behavior therapy components have been applied to the 3 key variables: body image satisfaction, self-objectification, and self-compassion. Sessions were conducted including activities and homework that reinforced the change in cognition. Sessions' goals and brief description of activities are demonstrated below.

Session 1 Goal of the first session was to expand participants' awareness of body shape diversity. The session began with participants were asked to observe their own body type and then their friends'. On the board, they were asked to draw different body types that they have seen in their group. They realized that the body types were diverse. For example, triangle shape, hour glass shape, or pear shape. Participants were also asked where do these types of body came from. By answering to this question themselves they have gained an awareness that there is very little they can do to change their body types trying to look like another type since a lot of them were genetically from their parents. Towards the end of the session, participants have learnt to appreciate the diversity of body types and able to see the difference of the bodies and not the beauty.

Session 2 Goal of the second session was to introduce an unsteady standard of beauty and disassociate beauty to only positive attributes. In this session, group leader prepared a set of women who were thought to be beautiful from different era to show participants. Participants were asked to discuss about what they see in terms of the differences of each women and whether or not they looked beautiful to them. Pictures of beautiful women from different countries were also shown to the participants with the same question asked. With this visual aid, participants were able to really see that different period of time and places what considered being beauty changed all the time. To dissociate the beauty to positive attributes such as happiness, success, and desirability

Session 3 Goal of the third session was to illustrate participant see how their thoughts influence their emotions and behaviors. ABC model was introduced in this session. Group leader has drawn a diagram on the board and a situation was given to demonstrate the link of thoughts, emotions, and behavior with the stress on the influence of the cognition. ABC worksheet was given in class and group members were asked to come up with situation that triggered them to objectify themselves. Then, negative thoughts towards the situations, emotion and behaviors were explored. Participants were assigned to replace those negative thoughts with more positive ones for their homework. With the aid of the worksheet, participants were able to recognize the influence how the thought changing have on their emotion and behaviors.

Session 4 Goal of the fourth session was to train participants to perform problem-solving skills on body image related situations. Participants have faced many situations that triggered self-objectification on a daily basis. The sessions focused on brainstorming possibilities responses to such situations that would direct them away from self-objectification. Each member would come up with the situation that caused them body image concerns. The rest of the group would came up with a way of thought (practiced in previous session) in respond to the concerned event. The person then selected the thought that was most practical to her and she would be asked to explain her emotion and behaviors accompanying the selected

thoughts. All the member would take turn so everyone got their concerned situation solved as well as getting to explore healthier thinking patterns.

Session 5 Goal of the fifth session was to reduce thin-ideal internalization. Media literacy was introduced in this session to reduce thin-ideal internalization. Psychoeduation about unrealistic images in the media along with a visual aid of vdo clips demonstrating techniques used to perfect the digital images were provided to participants. More of the vdo clips about body transformation of models seen in ad advertisements were shown to compare the image before and after being photoshopped. Beauty product advertisement featured with the ideal woman were presented to the participants with a set of questions asked. The set of questions aimed guide participants to become more skeptic about what they see. Recognizing that what they see was not real from the start and how the advertisements' intentions were to mainly sell the products made them less likely to internalize the images.

Session 6 Goal of the last session was to prepare participants healthier ways of living for relapse prevention. Psychoeducation about balanced healthy living was brought into the session. Participants learnt about food choices that were good for them. Different types of exercises were discussed. Possible future objectifying situations were assessed. Participants' have learnt to focus more on the healthy lifestyles rather only trying to comply with the cultural norms. Participants were also equipped with healthier food choices and a good amount of exercise to in order to maintain healthy lifestyles.

Below outlines the manner in which Cognitive Behavior Therapy is engaged in introducing changes in each of the outcome variables in the current study.

1.2 Body Image Satisfaction

Body image reflects the individuals' perception of their physical appearance, particularly, their body shapes and weights. Adolescence has been shown to be a critical period in which the development of body image occurs for females (Heinberg & Thompson, 1992). Generally, those who have a positive body image feel satisfied

with their physical appearance. In reverse, those with negative body image experience a lack of body image satisfaction. Such a lack becomes particularly significant when female adolescents place high value on their body image and could lead to a host of negative outcomes, both psychologically (e.g., body shame, body image preoccupation) (Fredrickson et al., 1998) and physically (e.g., disordered eating) (Thompson & Stice, 2001).

With the significance of body image satisfaction, attempts have been made to identify sources of this satisfaction. Calculated based on the ratio of weight to height measured in kilograms/meter² (Bray & Grey, 1988), Body Mass Index (BMI) is generally referred to as a possible explanation of such explanation. While some studies support the role of BMI, with female adolescents with higher BMI experiencing lower body image satisfaction (Field et al., 1993; Wadden et al., 1992), consensus is yet to be obtained regarding its role. Findings reports the lack of female adolescents' body image satisfaction despite their normal BMI (Yuktanonda & Pisitsungkagarn, 2009). Apparently, the role of cognition, particularly individuals' expectations regarding body shape and weight, come into play.

That cognition play a role in body image satisfaction could be illustrated in the current study. While the majority of the participants have BMIs within a normal range (*M* = 22.49, *SD=4.77*) (Bray & Grey, 1988), they remained dissatisfied with their body shapes and weights. This is illustrated in at the beginning of the therapy session where the lack of body image satisfaction was expressed from group members with normal BMI as follows:

Group leader : Okay. Who would like to start sharing your thoughts about your body or is there any particular body parts that you feel happy or unhappy about? And why is that?

Member1 : Oh this is easy. I have the biggest legs.

Group leader : You think your legs are big.

Member1 : Yes, very big. They are much bigger than normal people.

Member2 : For me, I just wish I weigh less. I am way too fat.

The role of cognition in body image satisfaction observed in the current study resonated past findings Holmqvist and Frisen (2012). Yuktanond's recent study (2009) reported the attempts of weight loss among Thai female adolescents despite their normal BMIs. Similar to the current findings, it was discussed in the study that, BMI alone cannot predict body image satisfaction. Rather, cognitive process, particularly the internalization of socio-cultural influences of beauty standards plays a significant role of the lack of body image satisfaction among female adolescents. The role was found in the current study, where female adolescents internalize the socio-cultural messages, from the media as well as their significant others, and engage in negative evaluation about their body shapes and weights and experience compromised body image satisfaction accordingly.

Group leader : How or where do you think the feeling of not liking your bodies originate from? Or is it just like one day you wake up and decided not to like your bodies. Right?

Member2,5,7,8 : Media!

Group leader : ok media.. anything else?

Member 3 : My mom always says that I am too fat and that I should eat less and lose some weights.

Member 1 : I have a sister who looks prettier than me and my mom would always say how I should be like her. She practically says that every day.

Group leader : So... some of you say media and some of you say that your parents give you the idea that you should look like someone else.

Member 3 : Yes. I am so sick of that.

Member 4 : That happens to me too during breakfast she would tell me not to eat too much otherwise I will get fat and that makes me just want to leave the table.

Member 6 : Sometimes my parents says stuff like being this fat no one would wanna marry me. I don't know if they were just kidding, but that felt kind true.

Group leader : So… some of you say media and some of you says that your parents gives you the idea that you should look like someone else.

Member 4 : Plus my sister always calls me by names like pig, fat, or elephant. She has very slim legs and good skin. I know her intention was just probably to tease me but you know it is not that funny once I hear it over and over again. I really need to lose some weights so I can be like her.

Group leader : For those who says media makes you dislike your bodies. Can you explain a bit more please?

Member 7 : Hmmm it is just for the fact that I don't look like them. Everything about them is so beautiful. Their faces, bodies, all the figures… and I have all the opposite.

Group leader : So being the opposite for you means you are not beautiful?

Member 7 : Yes, pretty much.. I try to lose weight but it is just so hard.

The above excerpt demonstrated that information from the media and family members could set up aesthetic standards against which female adolescents compare their physical appearance. The comparison brought about compromised body image satisfaction and led them to feel that changes needed to be made to their appearance so as to live up to these standards to be acceptable physically.

With the recognition of the role of aesthetic standards in leading female adolescents to feel compromised satisfaction about their physical appearance, psychoeducation was engaged to increase cognitive flexibility regarding these standards. Under the cognition that only a prescribed type of body shapes could measure up to the ideal standard, female adolescents are likely to engage in an attempt to modify their body shapes. In Session 4, psychoeducation was given, hence, to illustrate to the participants about various types of body shapes. The activity was aimed to cultivate awareness to the participants about the diversity of body shapes.

The session began with the researcher drawing different shapes on the board. These shapes included straight, pear, hourglass, and triangle ones. Then, researcher

described each body shape, with straight body type entailing bust and hips of about the same size while the waist being slightly smaller and pear body type entailing smaller bust than hips while the waist sloping out to the hip as well as the advantages and limitations of each body shapes, for instance. Then, group members were asked to identify their own body shape. Being able to identifying own body type helped cultivate the acceptance that each body shape is unique and removed the sense of obligation and control that the members had in ascertaining that their shapes measuring up to the ideal standards. Rather, learning about the advantages and disadvantages of different body types made the members view their body shapes beyond aesthetic valance and become less objectified about their weights and shapes (Tiggemann, 2004). Members became more appreciative the diversity of body shapes rather than striving for its perfection based on only one prescribed standard.

In addition to psychoeducation, self-monitoring was engaged. As mentioned above, the cognitive process had a significance influence on body image satisfaction, as reported from group members with compromised satisfaction despite their low or normal BMIs. This research study, therefore, was aimed to broaden participants' perspectives in the role of their cognition on body image satisfaction. To recognize this role, a self-monitoring activity using an ABC model of how different believes led to different consequents (e.g., emotion and behavior relevant to body image satisfaction) of a given activating event was introduced in Session 3.

The aforementioned monitoring was captured in the Worksheet in Figure 3. The worksheet requires group members to observe events activating their body image experiences, relevant cognitive processes or beliefs, and their consequences relevant to emotions and behaviors. This method of self-monitoring helped illustrate to group members how the thoughts they had in a given situation could affect their emotion and behaviors. For illustration, the group researcher guided the members through the first event. Then, they were asked to complete the second event by their own. Afterward, they were asked to complete the remaining two

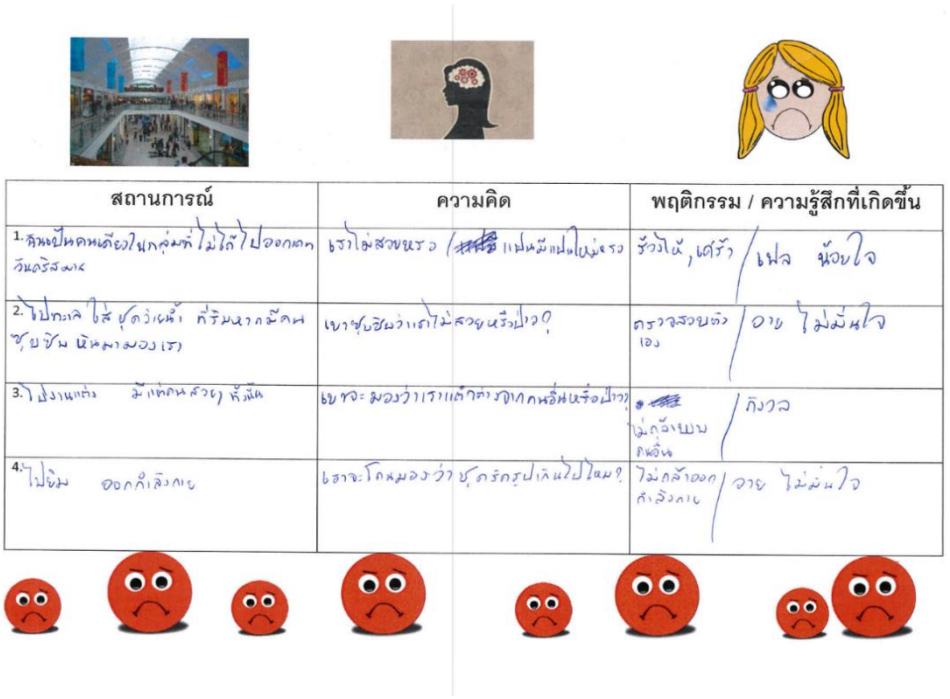


Figure 3*: An A-B-C Monitoring Worksheet*

events as their homework. The worksheet successfully elucidated to the members how their cognition can influence their feelings and behaviors, as shown in an example worksheet of a group member.

Following self-monitoring, cognitive restructuring was conducted. The same ABC model mentioned above was used to perform cognitive restructuring. In this activity, group members were invited to find an alternative view of the same activating events that used to leave them with compromised body image satisfaction and negative emotions.

The worksheet completion began with researcher demonstrating guiding the member through identifying the new and more adaptive view. Then, the participants were assisted to work as a whole group in brainstorming the alternative view. After receiving the feedback from researcher, to ensure that they understood the task, the participants were advised to work in pairs on coming up with an alternative view. Individual work was engaged for the third part in the session. Finally, the last part was assigned to be completed by the participants by their own at home and to be returned in the next session for revision. The process of starting from group to an individual work in order to facilitate the learning is adopted following Bruner's Scaffolding Theory (D. Wood, Bruner, & Ross, 1976). The theory emphasized on enhancing learning by providing more support to learner initially. Then, over time, less support is provided.

The introduction of cognitive restructuring in first part of the worksheet was conducted as a whole group work as the task was still new to the participants; therefore, support was elicited among group members. As they started to get the grip, support is gradually reduced. Finally, participants were able to perform the tasks by themselves. With the new way of thinking, group members were assisted to observe how their emotion and behavior had improved. In sum, group members were able to understand the role of their cognitive on their body image satisfaction as well as relevant emotion and behavior. When new body-image-threatening situations emerged, the participants should be able to adopt the method in considering alternative view in engaging in the situation and should maintain a more balanced stance in dealing with the situation.

Figure 4: An A-B-C Monitoring Worksheet (Cognitive Restructuring)

1.3 Body Objectification



สถานการณ์	ความคิดอันใหม่	พฤติกรรม / ความรู้สึกอันใหม่
1.	ไปกับพ่อแม่, เพื่อน	กินขนม อยู่บ้าน / เฉยๆ
2.	เห็นเขาสวย, หุ่นดี ใช่มั้ย พูดถึงคนอื่นหรือป่าว	อายแกก, เล่นน้ำ / มั่นใจ
3.	คนอื่นสวย เขาก็สวย	พบปะผู้คน / มั่นใจ
4.	เราสามารถกำลังกายเพื่อร่างกาย ไม่ต้องสวยไซนรอก	กล้ามออกกำลังกาย / มั่นใจ กล้า



Lacking of satisfaction of one's body image has close association with the experience of self-objectification. Based on Objectification Theory (Fredrickson & Roberts, 1997), self-objectification could be viewed as a common behavior strategy for females who live in a culture that objectifies female body. Self-objectification occurs through psychological process by which women internalize observers' objectifying view of their bodies and adopt a habit of self-monitoring of their own outward physical appearance, to the point of overlooking their internal attribute. The three core components of self-objectification are body surveillance, body shame, and control belief. Self-objectification could result in anxiety, stress, social anxiety, and inhibition. All together, these lead to compromised body image satisfaction (Muris et al., 2005).

The three components of self-objectification are interrelated. Body surveillance involves an individual habitually observing their own body shape and weight and engaging in monitoring them to ascertain that they live up to prescribed

standards. Body shame occurs when an individual perceive that their body shape and weight do not live up to the standards (Brown & Dittmar, 2005). Finally, control-beliefs refer to the feelings of responsibility for their body shapes and weights (McKinley & Hyde, 1996). Hence, when female adolescents experience compromised body image satisfaction, they might experience body shame and engage in behavioral surveillance and try to control their body shapes and weights, such as becoming more vigilant about their body shapes and weights. The control could become debilitating, such as adopting unhealthy weight loss behaviors, concealing body parts deemed unattractive, or avoiding social interaction. Participants in the current study reported such experiences. Self-objectification and debilitating outcomes could pursue from daily experiences; namely, when they had to walk pass a group of male adolescents, having to weigh in for school health check, and giving presentation in front of the class.

Self-objectification is developed from the internalization of the socio-cultural aesthetic standards, which often idealize thinness. Thin ideal internalization is a psychological process that female adolescents cognitively absorb the ideal of beauty prescribed by the society and its associated values. Media is generally the main source in cultivating this ideal. Female adolescents develop a schema that equates thinness to positive qualities such as happiness and desirability. The more females internalize this thin ideal, the more likely they would experience compromised body image satisfaction. Thompson and Smolak (2001) identified thin-ideal internalization as a main risk factor for reduced body image satisfaction.

In addition to thin ideal internalization, social comparison contributes to the process of self-objectification. With the ideals clearly portrayed through the media, female adolescents socially compare themselves to these ideals as well as others, based on these ideals, for self-evaluation, self-improvement, and self-enhancement. Social comparison causes them to be more self-objectified by predisposing them to overlooking their inner attributes, simply focusing on the external ones. (Tantleff-Dunn & Gokee, 2002) found that social comparison produces unfavorable outcomes which female adolescents experience compromised body image satisfaction.

Female adolescents who become self-objectified are likely to use their physical attractiveness as the source of their worth as a person. This, in turn, makes them more conscious of their body shapes and weights (Miner-Rubino et al., 2002). These females rely on external feedback in evaluating self-worth. Such feedback and evaluation cause them to focus on their own observable body characteristics rather than their non-observable body characteristics such as feelings and values. Negative emotions occur as a result of self-objectification. Body shame occurs after they evaluate themselves negatively. They make negative speculation about how others would evaluate their bodies in a negative way. With this cognitive process, these female adolescents experience shame and experience the need to take control in modifying their body shapes and weights and habitually check on the concerned body parts.

Female adolescents participated in the program expressing that certain situations trigger to objectify themselves. As outlined above, at times, they experience body shame, engage in body surveillance, and feel as if they have to control their body shapes and weights to attain the cultural ideal of beauty and their self-worth. Part of the conversation from Session 2 demonstrates these points.

Group leader : When you guys are just sitting around doing nothing, playing with your phone, or just chill out with your girlfriends.. in your daily life routines, do you feel less satisfied with your body? Or there has to be in certain situations that trigger this feeling?

Member5 : I'm not quite sure but if I don't think about it, the feeling of not being happy about my body will not pop up.. so I guess some situations do provoke the dissatisfaction.

Group leader : ok... so if you don't think about it.. then it is out of your mind. Then.. what kind of situation makes you feel unhappy about your

Member1 body image?

: I don't know about others, but for me whenever I have to walk pass a group of guys I usually get very nervous.

Member4 : Hahaha. Me too! That happens to me a lot.

Member3 : I think all of us feel that way.

Group leader : What are you worried about having to walk past those guys? Are they strangers or your friends?

Member1 : Our friends. They are from our class.

Group leader : Let's say you guys were going somewhere and you saw these guys in the hallway...

Member6 : I could spot them from far away hahaha.

Group leader : Then.. what happened? What's in your head?

Member 4 : I feel like oh no, I wish there were other ways to go. Do you guys get that?

Member 5 : Yes, I would have taken a detour if there was one.

Group leader : So you really don't wanna walk past those guys?

Member 6 : Yes. It is embarrassing.

Group leader : Embarrassing?

Member 4 : Yes, P'. They will look at us and god knows what would they be thinking.

Group leader : they will look at you...

Member 2 : You know? Like if we see them they may see us too and they might have already be talking about us.

Group leader : if that is the case, what might they be talking about in relation to you guys?

Member 6 : and that we are fat and everything. Some of them tease us.

Group leader ; Have any of you actually overheard their conversation that they were really talking about you guys being fat?

Member 3 : not really.

Member 4 : not really, but we know they do.

Group leader : Okay.. so you think they were thinking you are fat..

Member 6 : Which is extremely embarrassing.

Group leader : What did you do then? You were embarrassed and you had no detour .. so you had to walk pass them, right?

Member 5 : Yes.. we had to make sure that we were ready. We look at each other asking if we looked ok. We made sure that we look our best. We checked if our hair was in the right place. We pulled down our shirt and stuff.

Member 3 : and we walked pass them very fast. Haha!

Group leader : hahaha ok you had to make sure you were a flash! .. okay, any other situations that make you feel embarrassing and doing the checking or yourself making sure you look fine?

Member 1 : There is a health check day in this school meaning in the morning teacher will announce the schedule for each class to go up and have their weight and height measured.

Member 2 : OMG that is the worst nightmare.

Member 4 : When that happens, we usually skip lunch knowing that it may not make any differences.. but it might.. I don't know we do it still. It might help with a gram or 2. And I hate it when person in charge has to yell out my weight.

Member 6 : very loud. And that make me feel so bad. I tried to make myself as little as I could.

The excerpt above helps illustrate how female adolescent participants were concerned about how others evaluated their body shapes and weights. Additionally, they placed high significance on this evaluation to the point that they engaged in anticipation of others' evaluation. Unfortunately, the evaluation was assessed as being negative. This is consistent with findings from (Fredrickson et al., 1998) that female adolescents make speculation that others would evaluate their bodies negatively. This assumption makes them feel ill at ease and become more concern about their appearance. As a result, they objectified themselves as they tried to ascertain that their appearance was satisfactory to the socio-cultural standards. However, as shown in the conversation, to do so could be very challenging that the needs to avoid social situation emerged.

Given the significance of self-objectification, psychoeducation was engaged to clarify this point. How compromised body image satisfaction results from body surveillance was explained in the session. Researcher began by asking members if

they engaged in constantly checking on body parts the members identified as unsatisfactory. Then, the research helped explain the cycle in which the routine checking increased the dissatisfaction. Furthermore, this surveillance caused discrepancy between what they saw and what they would like to look like. Body shame occurred when they realize that they did not measure up to the ideal standards of beauty. The more surveillance was engaged, the more flaws were observed. Hence, came increase body shame and the attempts to control own body shape and weight. Diagram was drawn to illustrate this vicious cycle to the participants.

Figure 5: Body Shame Cycle

In addition to the psychoeducation of the vicious cycle, techniques used to enhance body image in media were shown to group members to illustrate for them that the aesthetic standards to which they aspired were unrealistic. Through media literacy, group members had an opportunity to see the production of the images of females in the media. Psychoeducation along with demonstrative VDO was displayed about techniques used for the photo transformation in media production

namely magazine, television, and online advertisement. The digital techniques in Photoshop such as brushing to even out skin tone and to remove dark spots or wrinkles were discussed. That most of the times the image of an individual shown on the magazine cover did not resemble her real appearance was highlighted. All in all, this process helped group members becoming more aware of that the image and aesthetic standards they withheld result from artificial work and raised questions about how attainable an individual would achieve these standards in daily functions.

Media literacy was also revisited to group members in Session 5 so as to reduce self-objectification. The goal of this activity was to reinforce the group members' critical skills in viewing the aesthetic ideal presented in the media. Researchers prepared two aesthetic-related advertisements and a set of questions to present in the group. Questions were raised for the group members. The first advertisement was shown to the members and they were asked to answers questions; namely, "Do women in real life live a life like portrayed in the ad?," "Do you think woman in the advertisement having such a perfect life like in the story?." and "If you look like the woman in the advertisement, will your life be as perfect?." This process allows members to consider the implications of the aesthetic beauty they see in the media. The consideration should help female adolescents to be more critical regarding the implications of aesthetic beauty of their physical appearance and the degree to which this was associated with their self-worth.

1.4 Self-compassion

Self-compassion is defined as 'being touched by and open to one's suffering, not avoiding or disconnecting from it, and generating the desire to alleviate one's suffering and to heal oneself with kindness' (p. 87) (Neff, 2003). The three main elements of self-compassion are self-kindness, common humanity, and mindfulness.

The three components of self-compassion could be viewed in relation to body image satisfaction. Self-kindness stems from the recognition that it is common for every human to be imperfect. Therefore, one should treat oneself with kindness and understanding rather than judging oneself or be criticism towards one's outward

appearance when facing inadequacies or flaws. Common humanity assists individual to view one's experiences as a larger part or human experience and that others can also share the same experiences instead of seeing them as separation and isolation. This view will allow individuals to connect with others with an understanding that circumstances of our lives are not entirely for us to choose. Such perspective can likely reduce the risk of self-judgment and the engagement of social comparison with others (Neff, 2003a; Neff, 2008). Lastly, Mindfulness entails keeping a balance of the painful thoughts, avoid over-identifying, and observing thoughts and emotions as they exist. With mindfulness, individual will not be submerged into the negative emotions and feelings.

In this research study, self-compassion is selected to be integrated into the intervention for its construct which are self-kindness, mindfulness, and common human experience which can serve as a buffer for body image dissatisfaction. Numerous studies suggest that females high in self-compassion experience higher body image satisfaction because compassion helps female adolescents to take ownership of their bodies and focuses more on its well-being (Berry et al., 2010). Additionally, empirical findings strongly associated self-compassion to psychological well-being (Neff, 2009). Individuals who are high in self-compassion are linked to more happiness, optimism, connectedness, while anxiety, depression, and rumination are lessened. Self-compassion involves desire for health and well-being. Due to its benefit, recent research of (Gilbert and Thompson (1996)) introduced Self-compassion Focused in Cognitive Behavior Therapy. The main idea of the study was that when individuals encounter a threatening situation it is easy for individuals to be trapped in the cycles of negative thinking, feeling and being anxious or angry. Using this analogy to the vicious cycle of self-objectification and compromised body image satisfaction, self-compassion, particularly mindfulness, was engaged in the current study to help group members to minimize the negative thinking cycle. The recognition that flaws and imperfection in body shapes is common should also help female adolescents to treat themselves with kindness.

That the feeling of alienation upon the perception of their physical flaws and imperfection is plaguing for female adolescents with compromised body image satisfaction could be observed in the current study. Group members often mentioned the perception of perfection in physical appearance and blaming of themselves upon failing to meet to socio-cultural aesthetic standards. They become fixated in problem-solving, taking control in attempting to improve their physical appearance, and become less mindful and overlooked the negative emotion upon perceiving their shortcomings.

While self-compassion was included in the current study to illustrate the integrity of the treatment, where this psychological construct is used in support for Cognitive Behavioral Therapy, it is worth mentioning some of the factors that contributed to the increased self-compassion in the current study. These were, for instance, the practice of mindfulness in each session, the psychoeducation that encourage the participants to take care of themselves through engagement in nutrition and health-promoting life-style.

2. Summary and Conclusion

The Cognitive Behavior Group Therapy was found to be effecting in increasing body image satisfaction, reducing self-objectification, and enhancing self-compassion in Thai female adolescents participated in the six-session 2-hour weekly Cognitive Behavior Group Therapy. The therapy included cognitive strategies mainly focused on psychoeducation and cognitive restructuring. The former helped enhance group members' understanding about the influence of cognition on body image and media literary. Cognitive restructuring provided members to methods to consider alternative cognitions in situations relevant to body image. Homework was engaged to generalize participants' engagement of strategies introduced in the group to outside the session. As a result of the CBT group therapy, members was found to become less self-objectified, more compassionated, and finally become more satisfied about their body image. The scores of these key variables were significantly different from those of the control group at post treatment in the direction predicted.

Significant results obtained from the intervention with a promising effect size. Still, there are other factors contributed to body image satisfaction above and beyond those contributed by Cognitive Behavior Therapy such as socio-cultural which includes parents, peer pressure, and media. While there are yet to be the main focus here, it could be address in future studies.

3. Limitation

It is important to reflect on research with observation in order to identify and acknowledge the limitations. These are as follows:

1) The samples were female adolescent students selected from co-ed vocational school. Although they reflected the research target sample adequately. The degree to which findings from these participants could be generalized to other female adolescents should be done with consideration with the unique characteristics of the current participants.

2) Information obtained from the current study was mainly drawn from self-reported measures. While the overall psychometric properties of the measures were quite satisfactory, it is undeniable to social desirability commonly associated with self-reported measure remain.

4. Study Implications

4.1 Research Implications

Future studies could address the aforementioned limitations. Generalization of the findings to female adolescents could be tests and behavioral measures of key study variables, particularly body image satisfaction and self-objectification. Additionally, to ascertain, the effectiveness of the current study, follow-up assessments of key study variables could be performed to ensure the sustainment of the treatment outcomes.

4.2 Practical Implications

The significant benefits of Cognitive Behavioral Group Therapy on body image satisfaction and self-objectification in the current study are highly encouraging. The

group program could be employed by professional counselors to increase body image satisfaction and reduce self-objectification in female adolescents. Additionally, components of the program, namely psychoeducation, could be employed in non-professional settings; namely, school or medical setting, by educators or health professionals to increase body image satisfaction in female adolescents.

REFERENCES

Atkinson, J. W., & Feather, N. T. (1966). *A theory of achievement motivation* (Vol. 66): Wiley New York.

Aubrey, J. S. (2006). Effects of sexually objectifying media on self-objectification and body surveillance in undergraduates: Results of a 2-year panel study. *Journal of Communication, 56*(2), 366-386.

Avalos, L., Tylka, T. L., & Wood-Barcalow, N. (2005). The Body Appreciation Scale: development and psychometric evaluation. *Body Image, 2*(3), 285-297.

Bearman, S. K., Presnell, K., Martinez, E., & Stice, E. (2006). The skinny on body dissatisfaction: A longitudinal study of adolescent girls and boys. *Journal of Youth and Adolescence, 35*(2), 217-229.

Beck, A. T. (1967). *Depression: Clinical, experimental, and theoretical aspects*: University of Pennsylvania Press.

Benedikt, R., Wertheim, E. H., & Love, A. (1998). Eating attitudes and weight-loss attempts in female adolescents and their mothers. *Journal of Youth and Adolescence, 27*(1), 43-57.

Berry, K. A., Kowalski, K. C., Ferguson, L. J., & McHugh, T. L. F. (2010). An empirical phenomenology of young adult women exercisers' body self-compassion. *Qualitative research in sport and exercise, 2*(3), 293-312.

Bishop, S. R., Lau, M., Shapiro, S., Carlson, L., Anderson, N. D., Carmody, J., . . . Velting, D. (2004). Mindfulness: A proposed operational definition. *Clinical Psychology: Science and Practice, 11*(3), 230-241.

Bray, G., & Gray, D. S. (1988). Obesity. Part 1- Pathogenesis. *Medicine, 149*(4), 429-441.

Brown, A., & Dittmar, H. (2005). Think" thin" and feel bad: The role of appearance schema activation, attention level, and thin-ideal internalization for young women's responses to ultra-thin media ideals. *Journal of social and clinical psychology, 24*(8), 1088.

Cafri, G., Yamamiya, Y., Brannick, M., & Thompson, J. K. (2005). The influence of sociocultural factors on body image: A meta-analysis. *Clinical Psychology: Science and Practice, 12*(4), 421-433.

Cash, T. F. (1994). Body-image attitudes: Evaluation, investment, and affect. *Perceptual and Motor skills, 78*(3c), 1168-1170.

Cash, T. F. (2002). Cognitive-behavioral perspectives on body image. *Body image: A handbook of theory, research, and clinical practice*, 38-46.

Cash, T. F., & Pruzinsky, T. E. (1990). *Body images: Development, deviance, and change*: Guilford Press.

Corey, G. (2009). *Theory and Practice of Counseling and Psychotherapy* (8th ed.). Belmont, CA: Brooks/Cole, Cengage Learning.

Cusack, L. (2000). Perceptions of body image: Implications for the workplace. *Employee Assistance Quarterly, 15*(3), 23-39.

Dijkstra, P., & Barelds, D. P. (2011). Examining a model of dispositional mindfulness, body comparison, and body satisfaction. *Body Image, 8*(4), 419-422.

Durkin, S. J., & Paxton, S. J. (2002). Predictors of vulnerability to reduced body image satisfaction and psychological wellbeing in response to exposure to idealized female media images in adolescent girls. *Journal of psychosomatic research, 53*(5), 995-1005.

Fairburn, C. G., & Harrison, P. J. (2003). Eating disorders. *The Lancet, 361*(9355), 407-416.

Feldman, S. S., Cauffman, E., Jensen, L. A., & Arnett, J. J. (2000). The (un) acceptability of betrayal: A study of college students' evaluations of sexual betrayal by a romantic partner and betrayal of a friend's confidence. *Journal of Youth and Adolescence, 29*(4), 499-523.

Ferreira, C., Pinto-Gouveia, J., & Duarte, C. (2013). Self-compassion in the face of shame and body image dissatisfaction: Implications for eating disorders. *Eating behaviors, 14*(2), 207-210.

Festinger, L. (1954). A theory of social comparison processes. *Human relations, 7*(2), 117-140.

Field, A. E., Wolf, A. M., Herzog, D. B., Cheung, L., & Colditz, G. A. (1993). The relationship of caloric intake to frequency of dieting among preadolescent and adolescent girls. *Journal of the American Academy of Child & Adolescent Psychiatry, 32*(6), 1246-1252.

Fisher, E., Dunn, M., & Thompson, J. K. (2002). Social comparison and body image: An investigation of body comparison processes using multidimensional scaling. *Journal of social and clinical psychology, 21*(5), 566-579.

Fredrickson, B. L., Roberts, T.-A., Noll, S. M., Quinn, D. M., & Twenge, J. M. (1998). That swimsuit becomes you: sex differences in self-objectification, restrained eating, and math performance. *Journal of personality and social psychology, 75*(1), 269.

Fredrickson, B. L., & Roberts, T. A. (1997). Objectification theory. *Psychology of women quarterly, 21*(2), 173-206.

Gilbert, S., & Thompson, J. K. (1996). Feminist explanations of the development of eating disorders: Common themes, research findings, and methodological issues. *Clinical Psychology: Science and Practice, 3*(3), 183-202.

Groesz, L. M., Levine, M. P., & Murnen, S. K. (2002). The effect of experimental presentation of thin media images on body satisfaction: A meta-analytic review. *International journal of eating disorders, 31*(1), 1-16.

Grogan, S. (2007). *Body image: Understanding body dissatisfaction in men, women and children*: Routledge.

Hair, J., Black, W., & Babin, B. (2010). RE Anderson Multivariate data analysis: A global perspective: New Jersey, Pearson Prentice Hall,).

Hair, J., Black, W., Babin, B., & Anderson, R. (2010). *Multivariate data analysis* (7th ed.). New York: Prentice Hall.

Heinberg, L. J., & Thompson, J. K. (1992). Social comparison: Gender, target importance ratings, and relation to body image disturbance. *Journal of Social Behavior and Personality, 7*(2), 335.

Hollon, S. D., & Beck, A. T. (1994). Cognitive and cognitive-behavioral therapies.

Holmqvist, K., & Frisén, A. (2012). "I bet they aren't that perfect in reality:" Appearance ideals viewed from the perspective of adolescents with a positive body image. *Body Image, 9*(3), 388-395.

Jarry, J. L., & Ip, K. (2005). The effectiveness of stand-alone cognitive-behavioural therapy for body image: A meta-analysis. *Body Image, 2*(4), 317-331.

Jones, D. A. (2004). Why Americans don't trust the media a preliminary analysis. *The Harvard International Journal of Press/Politics, 9*(2), 60-75.

Keery, H., Van den Berg, P., & Thompson, J. K. (2004). An evaluation of the Tripartite Influence Model of body dissatisfaction and eating disturbance with adolescent girls. *Body Image, 1*(3), 237-251.

Knauss, C., Paxton, S. J., & Alsaker, F. D. (2007). Relationships amongst body dissatisfaction, internalisation of the media body ideal and perceived pressure from media in adolescent girls and boys. *Body Image, 4*(4), 353-360.

Leary, M. R., Tate, E. B., Adams, C. E., Batts Allen, A., & Hancock, J. (2007). Self-compassion and reactions to unpleasant self-relevant events: the implications of treating oneself kindly. *Journal of personality and social psychology, 92*(5), 887.

Levine, M. P., & Piran, N. (2004). The role of body image in the prevention of eating disorders. *Body Image, 1*(1), 57-70.

Levine, M. P., Smolak, L., Moodey, A. F., Shuman, M. D., & Hessen, L. D. (1994). Normative developmental challenges and dieting and eating disturbances in middle school girls. *International journal of eating disorders, 15*(1), 11-20.

Lewinsohn, P. M., Roberts, R. E., Seeley, J. R., Rohde, P., Gotlib, I. H., & Hops, H. (1994). Adolescent psychopathology: II. Psychosocial risk factors for depression. *Journal of abnormal psychology, 103*(2), 302.

Lindner, D., Hughes, A., & Fahy, R. (2008). Eating Pathology and Social Comparison in College Females. *North American Journal of Psychology, 10*(3).

Lindner, D., Tantleff-Dunn, S., & Jentsch, F. (2012). Social comparison and the 'circle of objectification'. *Sex roles, 67*(3-4), 222-235.

Maas, J., Hietbrink, L., Rinck, M., & Keijsers, G. P. (2013). Changing automatic behavior through self-monitoring: Does overt change also imply implicit change? *Journal of behavior therapy and experimental psychiatry, 44*(3), 279-284.

Magnus, C. M., Kowalski, K. C., & McHugh, T.-L. F. (2010). The role of self-compassion in women's self-determined motives to exercise and exercise-related outcomes. *Self and identity, 9*(4), 363-382.

Major, B., Testa, M., & Blysma, W. H. (1991). Responses to upward and downward social comparisons: The impact of esteem-relevance and perceived control.

Markus, H. (1977). Self-schemata and processing information about the self. *Journal of personality and social psychology, 35*(2), 63.

Mayers, A. (2013). *ntroduction to statistics and SPSS in psychology* Retrieved from www.pearsonhighered.com/assets/hip/gb/uploads/Mayers_IntroStatsSPSS_Ch14.pdf

McKinley, N. M., & Hyde, J. S. (1996). The objectified body consciousness scale Development and Validation. *Psychology of women quarterly, 20*(2), 181-215.

Miller, D. T., Turnbull, W., & McFarland, C. (1988). Particularistic and universalistic evaluation in the social comparison process. *Journal of personality and social psychology, 55*(6), 908.

Miner-Rubino, K., Twenge, J. M., & Fredrickson, B. L. (2002). Trait self-objectification in women: Affective and personality correlates. *Journal of Research in Personality, 36*(2), 147-172.

Mosewich, A. D., Kowalski, K. C., Sabiston, C. M., Sedgwick, W. A., & Tracy, J. L. (2011). Self-compassion: A potential resource for young women athletes. *Journal of sport and exercise psychology, 33*(1), 103.

Mumford, D. B., & Choudry, I. Y. (2000). Body dissatisfaction and eating attitudes in slimming and fitness gyms in London and Lahore: A cross-cultural study. *European Eating Disorders Review, 8*(3), 217-224.

Muris, P., Meesters, C., van de Blom, W., & Mayer, B. (2005). Biological, psychological, and sociocultural correlates of body change strategies and eating problems in adolescent boys and girls. *Eating behaviors, 6*(1), 11-22.

Myers, T. A., & Crowther, J. H. (2007). Sociocultural pressures, thin-ideal internalization, self-objectification, and body dissatisfaction: Could feminist beliefs be a moderating factor? *Body Image, 4*(3), 296-308.

Neff, K. D. (2003). The development and validation of a scale to measure self-compassion. *Self and identity, 2*(3), 223-250.

Neff, K. D. (2008). Self-compassion: Moving beyond the pitfalls of a separate self-concept.

Neff, K. D., Hsieh, Y.-P., & Dejitterat, K. (2005). Self-compassion, achievement goals, and coping with academic failure. *Self and identity, 4*(3), 263-287.

Neff, K. D., Kirkpatrick, K. L., & Rude, S. S. (2007). Self-compassion and adaptive psychological functioning. *Journal of Research in Personality, 41*(1), 139-154.

Neumark-Sztainer, D., Butler, R., & Palti, H. (1995). Eating disturbances among adolescent girls: Evaluation of a school-based primary prevention program. *Journal of Nutrition Education, 27*(1), 24-31.

Oehlhof, M. E. W., Musher-Eizenman, D. R., Neufeld, J. M., & Hauser, J. C. (2009). Self-objectification and ideal body shape for men and women. *Body Image, 6*(4), 308-310.

Pingitore, R., Spring, B., & Garfieldt, D. (1997). Gender differences in body satisfaction. *Obesity Research, 5*(5), 402-409.

Pliner, P., Chaiken, S., & Flett, G. L. (1990). Gender differences in concern with body weight and physical appearance over the life span. *Personality and Social Psychology Bulletin, 16*(2), 263-273.

Price, B. (1990). *Body image: nursing concepts and care*: Prentice Hall.

Quick, V. M., & Byrd-Bredbenner, C. (2014). Disordered eating, socio-cultural media influencers, body image, and psychological factors among a racially/ethnically diverse population of college women. *Eating behaviors, 15*(1), 37-41.

Raes, F., Pommier, E., Neff, K. D., & Van Gucht, D. (2011). Construction and factorial validation of a short form of the self-compassion scale. *Clinical psychology & psychotherapy, 18*(3), 250-255.

Rice, J. (1987). Apparatus for the identification of individuals: Google Patents.

Rodin, J., Silberstein, L., & Striegel-Moore, R. (1984). *Women and weight: a normative discontent.* Paper presented at the Nebraska symposium on motivation.

Rosenblum, G. D., & Lewis, M. (1999). The relations among body image, physical attractiveness, and body mass in adolescence. *Child development, 70*(1), 50-64.

Rothblum, E. D. (1994). I'll die for the revolution but don't ask me not to diet": Feminism and the continuing stigmatization of obesity. *Feminist perspectives on eating disorders*, 53-76.

Santrock, J. W. (2003). *Psychology: Essentials*: McGraw-Hill Boston.

Scheibe, C., & Rogow, F. (2004). Incorporating Media Literacy and Critical Thinking into Any Curriculum: 12 Basic Principles. Project Look Sharp, 2004.

Schilder, P. (1950). The Image and Appearance of the Human Body New York: Int. *J. Univ. Press*.

Siramput, K. (2014). Obesity: How to stay away from Obesity. *Klai Mor*

Slade, P. D. (1994). What is body image? *Behaviour research and therapy, 32*(5), 497-502.

Srisornchor, K. (2014). *Personal and social factors predicting body image dissatisfaction of late-adolescent females* (Master's dissertation), Chulalongkorn Bangkok.

Stice, E., & Shaw, H. E. (1994). Adverse effects of the media portrayed thin-ideal on women and linkages to bulimic symptomatology. *Journal of social and clinical psychology, 13*(3), 288-308.

Stice, E., & Shaw, H. E. (2002). Role of body dissatisfaction in the onset and maintenance of eating pathology: A synthesis of research findings. *Journal of psychosomatic research, 53*(5), 985-993.

Strahan, E. J., Wilson, A. E., Cressman, K. E., & Buote, V. M. (2006). Comparing to perfection: How cultural norms for appearance affect social comparisons and self-image. *Body Image, 3*(3), 211-227.

Strelan, P., & Hargreaves, D. (2005). Women who objectify other women: The vicious circle of objectification? *Sex roles, 52*(9-10), 707-712.

Tantleff-Dunn, S., & Gokee, J. L. (2002). Interpersonal influences on body image development. *Body image: A handbook of theory, research, and clinical practice*, 108-116.

Taylor, S. E., Wayment, H. A., & Carrillo, M. (1996). Social comparison, self-regulation, and motivation.

Tee, J., & Kazantzis, N. (2011). Collaborative empiricism in cognitive therapy: A definition and theory for the relationship construct. *Clinical Psychology: Science and Practice, 18*(1), 47-61.

Thoman, E., & Jolls, T. (2005). 10. Media Literacy Education: Lessons from the Center for Media Literacy. *Yearbook of the National Society for the Study of Education, 104*(1), 180-205.

Thompson, J. K., Coovert, M. D., & Stormer, S. M. (1999). Body image, social comparison, and eating disturbance: A covariance structure modeling investigation. *International journal of eating disorders, 26*(1), 43-51.

Thompson, J. K., Heinberg, L. J., Altabe, M., & Tantleff-Dunn, S. (1999). *Exacting beauty: Theory, assessment, and treatment of body image disturbance*: American Psychological Association.

Thompson, J. K., & Smolak, L. (2001). *Body image, eating disorders, and obesity in youth: Assessment, prevention, and treatment*: Taylor & Francis.

Thompson, J. K., & Stice, E. (2001). Thin-ideal internalization: Mounting evidence for a new risk factor for body-image disturbance and eating pathology. *Current directions in psychological science, 10*(5), 181-183.

Thompson, J. K., van den Berg, P., Roehrig, M., Guarda, A. S., & Heinberg, L. J. (2004). The sociocultural attitudes towards appearance scale-3 (SATAQ-3): Development and validation. *International journal of eating disorders, 35*(3), 293-304.

Tiggemann, M. (2004). Body image across the adult life span: Stability and change. *Body Image, 1*(1), 29-41.

Tiggemann, M., & Lynch, J. E. (2001). Body image across the life span in adult women: the role of self-objectification. *Developmental psychology, 37*(2), 243.

Tylka, T. L., & Hill, M. S. (2004). Objectification theory as it relates to disordered eating among college women. *Sex roles, 51*(11-12), 719-730.

Unger, R. K., & Crawford, M. E. (1992). *Women and gender: A feminist psychology*: Temple University Press.

van den Berg, P., Paxton, S. J., Keery, H., Wall, M., Guo, J., & Neumark-Sztainer, D. (2007). Body dissatisfaction and body comparison with media images in males and females. *Body Image, 4*(3), 257-268.

Van Vonderen, K. E., & Kinnally, W. (2012). Media effects on body image: Examining media exposure in the broader context of internal and other social factors. *American Communication Journal, 14*(2), 41-57.

Wadden, T. A., Foster, G. D., Letizia, K. A., & Stunkard, A. J. (1992). A multicenter evaluation of a proprietary weight reduction program for the treatment of marked obesity. *Archives of Internal Medicine, 152*(5), 961-966.

Wasylkiw, L., MacKinnon, A. L., & MacLellan, A. M. (2012). Exploring the link between self-compassion and body image in university women. *Body Image, 9*(2), 236-245.

Wertheim, E., Paxton, S., & Blaney, S. M. (2004). Risk factors for the development of body image disturbances.

Williamson, D. A., Muller, S. L., Reas, D. L., & Thaw, J. M. (1999). Cognitive bias in eating disorders: Implications for theory and treatment. *Behavior Modification, 23*(4), 556-577.

Wood-Barcalow, N. L., Tylka, T. L., & Augustus-Horvath, C. L. (2010). "But I like my body": Positive body image characteristics and a holistic model for young-adult women. *Body Image, 7*(2), 106-116.

Wood, D., Bruner, J. S., & Ross, G. (1976). The role of tutoring in problem solving. *Journal of child psychology and psychiatry, 17*(2), 89-100.

Wood, J. V. (1989). Theory and research concerning social comparisons of personal attributes. *Psychological bulletin, 106*(2), 231.

Yuktanonda, P., & Pisitsungkagarn, K. (2009). Selected factors related to diet pill usage in late adolescent females. *J Health Res, 23*(4), 191-196.

APPENDIX

Appendix A

Expert committees : Instrument Development

Asst. Prof. Kullaya Pisitsungkagarn, Ph.D. (Thesis supervisor)

Assoc. Prof. Supapan Kotrajaras

Assoc. Prof. Arunya Tuicomepee, Ph.D.

Asst. Prof. Rungnapa Panitrat, Ph.D.

Somboon Jarukasemthawee, Ph.D.

Pichai Sangchanchai, M.D.

Wantipa Wattayasai, M.D.

Appendix B

IRB document

บันทึกข้อความ

ส่วนงาน คณะกรรมการพิจารณาจริยธรรมการวิจัยในคน กลุ่มสหสถาบัน ชุดที่ 1 โทร.0-2218-3202

ที่ จว 867/58 **วันที่** 13 พฤศจิกายน 2558

เรื่อง แจ้งผลผ่านการพิจารณาจริยธรรมการวิจัย

เรียน คณบดีคณะจิตวิทยา

สิ่งที่ส่งมาด้วย เอกสารแจ้งผ่านการรับรองผลการพิจารณา

ตามที่นิสิต/บุคลากรในสังกัดของท่านได้เสนอโครงการวิจัยเพื่อขอรับการพิจารณาจริยธรรมการวิจัย กลุ่มสหสถาบัน ชุดที่ 1 จุฬาลงกรณ์มหาวิทยาลัย นั้น ในการนี้ กรรมการผู้ทบทวนหลักได้เห็นสมควรให้ผ่านการพิจารณาจริยธรรมการวิจัยได้ ดังนี้

โครงการวิจัยที่ 093.1/57 เรื่อง ผลของกลุ่มการปรึกษาเชิงจิตวิทยาแนวปัญญาพฤติกรรมนิยมต่อความพึงพอใจในภาพลักษณ์ทางร่างกาย การประเมินตนเองเสมือนวัตถุ และความเมตตากรุณาต่อตนเองในสตรีวัยรุ่นไทย (EFFECTS OF COGNITIVE BEHAVIOR THERAPY GROUP COUNSELING ON BODY IMAGE SATISFACTION, SELF-OBJECTIFICATION, AND SELF-COMPASSION IN THAI FEMALE ADOLESCENTS) **ของ นางสาวประภาพิมพ์ ลิปตพัลลภ**

จึงเรียนมาเพื่อโปรดทราบ

(ผู้ช่วยศาสตราจารย์ ดร.นันทรี ชัยชนะวงศ์โรจน์)
กรรมการและเลขานุการ
คณะกรรมการพิจารณาจริยธรรมการวิจัยในคน
กลุ่มสหสถาบัน ชุดที่ 1 จุฬาลงกรณ์มหาวิทยาลัย

เรียน ผู้ช่วยอธิการ (ฝ่ายวิจัย)
เพื่อโปรดทราบ
17 พ.ย. 58

คณะกรรมการพิจารณาจริยธรรมการวิจัยในคน กลุ่มสหสถาบัน ชุดที่ 1 จุฬาลงกรณ์มหาวิทยาลัย
254 อาคารจามจุรี 1 ชั้น 2 ถนนพญาไท เขตปทุมวัน กรุงเทพฯ 10330
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COA No. 199/2558

ใบรับรองโครงการวิจัย

โครงการวิจัยที่ 093.1/57 : ผลของกลุ่มการปรึกษาเชิงจิตวิทยาแนวปัญญาพฤติกรรมนิยมต่อความพึงพอใจในภาพลักษณ์ทางร่างกาย การประเมินตนเองเสมือนวัตถุ และความเมตตากรุณาต่อตนเองในสตรีวัยรุ่นไทย

ผู้วิจัยหลัก : นางสาวประภาพิมพ์ ลิปตพัลลภ

หน่วยงาน : คณะจิตวิทยา จุฬาลงกรณ์มหาวิทยาลัย

คณะกรรมการพิจารณาจริยธรรมการวิจัยในคน กลุ่มสหสถาบัน ชุดที่ 1 จุฬาลงกรณ์มหาวิทยาลัย ได้พิจารณา โดยใช้หลัก ของ The International Conference on Harmonization – Good Clinical Practice (ICH-GCP) อนุมัติให้ดำเนินการศึกษาวิจัยเรื่องดังกล่าวได้

ลงนาม.....
(รองศาสตราจารย์ นายแพทย์ปรีดา ทัศนประดิษฐ)
ประธาน

ลงนาม.....
(ผู้ช่วยศาสตราจารย์ ดร.นันทรี ชัยชนะวงศาโรจน์)
กรรมการและเลขานุการ

วันที่รับรอง : 30 ตุลาคม 2558 **วันหมดอายุ** : 29 ตุลาคม 2559

เอกสารที่คณะกรรมการรับรอง

1) โครงการวิจัย
2) ข้อมูลสำหรับกลุ่มประชากรหรือผู้มีส่วนร่วมในการวิจัยและใบยินยอมของกลุ่มประชากรหรือผู้มีส่วนร่วมในการวิจัย
3) ผู้วิจัย
4) แบบสอบถาม

เลขที่โครงการวิจัย 093.1/57
วันที่รับรอง 30 ต.ค. 2558
วันหมดอายุ 29 ต.ค. 2559

เงื่อนไข

1. *ข้าพเจ้ารับทราบว่าเป็นการผิดจริยธรรม หากดำเนินการเก็บข้อมูลการวิจัยก่อนได้รับการอนุมัติจากคณะกรรมการพิจารณาจริยธรรมการวิจัยฯ*
2. *หากใบรับรองโครงการวิจัยหมดอายุ การดำเนินการวิจัยต้องยุติ เมื่อต้องการต่ออายุต้องขออนุมัติใหม่ล่วงหน้าไม่ต่ำกว่า 1 เดือน พร้อมส่งรายงานความก้าวหน้าการวิจัย*
3. *ต้องดำเนินการวิจัยตามที่ระบุไว้ในโครงการวิจัยอย่างเคร่งครัด*
4. *ใช้เอกสารข้อมูลสำหรับกลุ่มประชากรหรือผู้มีส่วนร่วมในการวิจัย ใบยินยอมของกลุ่มประชากรหรือผู้มีส่วนร่วมในการวิจัย และเอกสารเชิญเข้าร่วมวิจัย (ถ้ามี) **เฉพาะที่ประทับตราคณะกรรมการเท่านั้น***
5. *หากเกิดเหตุการณ์ไม่พึงประสงค์ร้ายแรงในสถานที่เก็บข้อมูลที่ขออนุมัติจากคณะกรรมการ ต้องรายงานคณะกรรมการภายใน 5 วันทำการ*
6. *หากมีการเปลี่ยนแปลงการดำเนินการวิจัย ให้ส่งคณะกรรมการพิจารณารับรองก่อนดำเนินการ*
7. *โครงการวิจัยไม่เกิน 1 ปี ส่งแบบรายงานสิ้นสุดโครงการวิจัย (AF 03-12) และบทคัดย่อผลการวิจัยภายใน 30 วัน เมื่อโครงการวิจัยเสร็จสิ้น สำหรับโครงการวิจัยที่เป็นวิทยานิพนธ์ให้ส่งบทคัดย่อผลการวิจัย ภายใน 30 วัน เมื่อโครงการวิจัยเสร็จสิ้น*

Appendix C

Instruments

Body Appreciation Scale

คำชี้แจง ขอให้ท่านวงกลม ○ ในช่องที่ตรงกับความรู้สึกของท่านมากที่สุดเพียงคำตอบเดียว และคำตอบที่ท่านเลือกตอบในแต่ละข้อนั้นไม่มีข้อถูกและผิด ขอความกรุณาให้ท่านตอบคำถามให้ครบทุกข้อ

ข้อคำถาม	ไม่เคยเลย 1	นานๆครั้ง 2	เป็นบางครั้ง 3	บ่อยครั้ง 4	เสมอ 5
1.ฉันให้ความสำคัญกับร่างกายของฉัน	1	2	3	4	5
2.ฉันรู้สึกดีกับร่างกายของฉัน	1	2	3	4	5
3.โดยรวมแล้วฉันพึงพอใจกับรูปร่างของฉัน	1	2	3	4	5
4.ฉันยอมรับร่างกายของฉันตามที่เป็น แม้จะมีข้อบกพร่องใดๆก็ตาม	1	2	3	4	5
5.ฉันรู้สึกว่าอย่างน้อยร่างกายของฉันก็มีข้อดีหลายอย่าง	1	2	3	4	5
6.ฉันมีทัศนคติทางบวกต่อร่างกายของฉัน	1	2	3	4	5
7.ฉันใส่ใจต่อความต้องการของร่างกายตนเอง	1	2	3	4	5
8.คุณค่าของฉันไม่ได้ขึ้นอยู่กับรูปร่างหรือน้ำหนักตัว	1	2	3	4	5
9.ฉันไม่ได้ใช้เวลาหมกมุ่นครุ่นคิดถึงรูปร่างหรือน้ำหนักของฉัน	1	2	3	4	5
10.โดยภาพรวมแล้ว ฉันรู้สึกดีต่อร่างกายของฉัน	1	2	3	4	5
1.ฉันทำพฤติกรรมที่ส่งเสริมสุขภาพเพื่อดูแลร่างกายของฉัน	1	2	3	4	5
12.ฉันไม่ปล่อยให้ภาพลักษณ์ความผอมที่เกินความเป็นจริงของผู้หญิงจากสื่อต่างๆ ครอบงำความคิดของฉันที่มีต่อร่างกายของตนเอง	1	2	3	4	5
13.แม้ว่ารูปร่างของฉันจะไม่สมบูรณ์แบบ แต่ฉันก็พอใจในร่างกายของฉัน	1	2	3	4	5

Objectified Body Consciousness Scale

คำชี้แจง ขอให้ท่าน ทำเครื่องหมาย ○ ในช่องที่ตรงกับความรู้สึกของท่านมากที่สุดเพียงคำตอบเดียว และคำตอบที่ท่านเลือกตอบในแต่ละข้อนั้นไม่มีข้อถูกและผิด ขอความกรุณาให้ท่านตอบคำถามให้ครบทุกข้อ (จำนวน 24 ข้อ)

ข้อคำถาม	ไม่เห็นด้วยที่สุด 1	ไม่เห็นด้วย 2	ไม่เห็นด้วยบ้าง 3	เห็นด้วยบ้าง 4	เห็นด้วย 5	เห็นด้วยที่สุด 6
1. ฉันไม่ค่อยใส่ใจกับรูปลักษณ์ของตัวเอง	1	2	3	4	5	6
2. ฉันมักจะกังวลว่าเสื้อผ้าที่สวมใส่อยู่จะทำให้ฉันดูดีหรือไม่	1	2	3	4	5	6
3. ฉันสนใจว่าร่างกายของฉันแข็งแรงหรือไม่มากกว่าว่าดูดีเพียงไร	1	2	3	4	5	6
4. ฉันไม่คิดว่าฉันจะควบคุมได้ว่าตัวเองจะมีรูปร่างเช่นไร	1	2	3	4	5	6
5. ฉันไม่พอใจตัวเอง เวลาที่ฉันไม่สามารถควบคุมน้ำหนักตัวได้	1	2	3	4	5	6
6. ฉันอาย เวลาที่รูปร่างไม่ดูดีอย่างที่ควรจะเป็น	1	2	3	4	5	6
7. ฉันรู้สึกผิดเวลาที่ดูแลรูปร่างตัวเองได้ไม่ดีเท่าที่ควร	1	2	3	4	5	6
8. ฉันไม่ค่อยเปรียบเทียบรูปลักษณ์ของตัวเองกับคนอื่น	1	2	3	4	5	6
9. เวลาที่ไม่ได้ออกกำลังกายมากพอ ฉันจะเริ่มสงสัยว่าตัวเองยังเป็นคนที่ใช้ได้อยู่หรือไม่	1	2	3	4	5	6
10. ฉันให้ความสำคัญกับความสบายของเสื้อผ้าที่สวมใส่ มากกว่าความสวยงาม	1	2	3	4	5	6
11. ต่อให้ฉันไม่อาจควบคุมน้ำหนักตัวเองได้ ฉันก็ยังมองว่าตัวเองเป็นคนที่ใช้ได้	1	2	3	4	5	6
12. ฉันคิดว่าคนเราเกิดมาดูดีแค่ไหน ก็ดูดีได้แค่นั้น	1	2	3	4	5	6

ข้อคำถาม	ไม่เห็นด้วยที่สุด 1	ไม่เห็นด้วย 2	ไม่เห็นด้วยบ้าง 3	เห็นด้วยบ้าง 4	เห็นด้วย 5	เห็นด้วยที่สุด 6
13. ฉันไม่ค่อยสนใจว่า คนอื่นจะประเมินรูปลักษณ์ของฉันอย่างไร	1	2	3	4	5	6
14. น้ำหนักตัวของคนเราถูกกำหนดมาด้วยกรรมพันธุ์ตั้งแต่เกิด	1	2	3	4	5	6
15. ฉันเชื่อว่าคนเราจะมีรูปร่างอย่างที่ต้องการได้ หากพยายามมากพอ	1	2	3	4	5	6
16. ฉันมีน้ำหนักตัวที่ต้องการได้ ถ้าพยายามมากพอ	1	2	3	4	5	6
17. หลายครั้งในแต่ละวัน ฉันจะคิดกังวลว่าตัวเองดูดีหรือไม่	1	2	3	4	5	6
18. ฉันรู้สึกละอายใจ ถ้าไม่ได้ดูแลรูปลักษณ์ที่มีให้ดูดีที่สุด	1	2	3	4	5	6
19. ส่วนใหญ่แล้ว คนเราจะรูปร่างดีหรือไม่ ขึ้นอยู่กับว่าเกิดมามีรูปร่างเช่นไร	1	2	3	4	5	6
20. ฉันใส่ใจว่าร่างกายของฉันทำอะไรได้บ้างมากกว่าว่าดูดีเพียงไร	1	2	3	4	5	6
21. ฉันอาย เวลาที่มีคนรู้ว่าจริงๆแล้วฉันหนักเท่าไร	1	2	3	4	5	6
รูปร่างของคนเราขึ้นอยู่กับกรรมพันธุ์	1	2	3	4	5	6
23. ฉันไม่รู้สึกไม่ดี เวลาที่ไม่ได้ออกกำลังกายมากพอ	1	2	3	4	5	6
24. ต่อให้พยายามเพียงไร หนักตัวของฉันก็คงไม่เปลี่ยนแปลง	1	2	3	4	5	6

เลขที่โครงการวิจัย 093.1/57
วันที่รับรอง 30 ต.ค. 2558
วันหมดอายุ 29 ต.ค. 2559

Self-compassion Short Form Scale

คำชี้แจง ขอให้ท่าน ทำเครื่องหมาย ○ ในช่องที่ตรงกับความรู้สึกของท่านมากที่สุดเพียงคำตอบเดียว และคำตอบที่ท่านเลือกตอบในแต่ละข้อนั้นไม่มีข้อถูกและผิด ขอความกรุณาให้ท่านตอบคำถามให้ครบทุกข้อ (10 ข้อ)

ข้อคำถาม	ไม่เคยเลย 1	นานๆครั้ง 2	เป็นบางครั้ง 3	บ่อยครั้ง 4	เสมอ 5
1. เมื่อฉันทำเรื่องสำคัญๆ ผิดพลาด ฉันจะจมอยู่กับความรู้สึกว่าตนเองไม่ดีพอ	1	2	3	4	5
2. เวลาฉันรู้สึกท้อ ใครๆก็ดูมีความสุขมากกว่าฉัน	1	2	3	4	5
3. เวลาที่ฉันไม่สบายใจ ฉันจะดูแลและใส่ใจตัวเองเป็นพิเศษ	1	2	3	4	5
4. เมื่อมีอะไรมาทำให้ฉันหงุดหงิด ฉันจะพยายามทำใจให้สงบ	1	2	3	4	5
5. เมื่อทำอะไรสำคัญๆ ผิดพลาด ฉันมักจะรู้สึกเหมือนเป็นคนเดียวในโลกที่ทำผิด	1	2	3	4	5
6. เมื่อฉันรู้สึกเศร้า ฉันมักจะคิดวนเวียนและจมอยู่กับสิ่งที่ฉันเคยทำผิดพลาด	1	2	3	4	5
7. เวลาที่ฉันรู้สึกบกพร่องในเรื่องใดเรื่องหนึ่ง ฉันจะบอกกับตัวเองว่าคนอื่นก็มีเรื่องที่บกพร่องทั้งนั้น	1	2	3	4	5
8. เวลาที่ฉันรู้สึกแย่กับตัวเอง ฉันจะพยายามเตือนตัวเองว่าคนอื่นก็มีความรู้สึกแย่เช่นนั้นเหมือนกัน	1	2	3	4	5
9. ฉันพยายามไม่คิดฟุ้งซ่าน เวลาที่ไม่สบายใจ	1	2	3	4	5
10. เวลาที่ฉันเจอเรื่องหนักๆ ฉันจะพยายามกลับมาดูแลจิตใจตัวเอง	1	2	3	4	5

สิทธิ์โครงการวิจัย 093.1/57
วันที่รับรอง 30 ต.ค. 2558
วันหมดอายุ 29 ต.ค. 2559

Demographic Information

ข้อมูลส่วนบุคคล

<u>คำชี้แจง</u> โปรดระบุข้อมูลที่ตรงกับตัวคุณ โดยเติมคำหรือเลือกตัวเลือกที่เหมาะสม โดยทำเครื่องหมาย X ลงในช่องว่าง

1) เพศ _____ ชาย _____ หญิง

2) อายุ _____ ปี

3) ส่วนสูง _____ เซ็นติเมตร

4) น้ำหนักตัว _____ กิโลกรัม

5) คุณมองว่าตนเองมีรูปร่างที่

_____ผอมเกินไป _____กำลังพอดี _____อ้วนเกินไป

6) คุณกำลังลดน้ำหนักตัวอยู่

_____ไม่ใช่ _____ใช่

7) โดยรวมแล้วคุณพอใจกับรูปร่างตนเองมากน้อยเพียงใด

_____ไม่พอใจ _____ไม่ค่อยพอใจ _____ กลางๆ
_____ค่อนข้างพอใจ _____พอใจ

เบอร์โทรศัพท์.....

Appendix D

Instrument development

Table 21: *Body Appreciation Scale and its psychometric properties (N=69)*

Items	Testing for 13 items		
	Discrimination	CITC	Chosen items
1	✓	.434	✓
2	✓	.729	✓
3	✓	.524	✓
4	✓	.470	✓
5	✓	.586	✓
6	✓	.705	✓
7	✓	.437	✓
8	✓	.423	✓
9	✓	.203	✓
10	✓	.717	✓
11	✓	.367	✓
12	✓	.333	✓
13	✓	.740	✓
α		.848	.848

Table 22: *Objectified Consciousness Scale and its psychometric properties (2nd pilot) N = 109*

Items	1st testing (39 items; 24 original + 15 parallel)		2nd testing (n = 24)		
	Discrimination	CITC	Chosen items	Discrimination	CITC
1	✓	.555	✓	✓	.521
2	✓	.343	✓	✓	.298
3	✓	.204	✓	✓	.195
4	✓	.423	✓	✓	.441
5	✓	.435	✓	✓	.402
6	✓	.088			
7	✓	.395	✓	✓	.353
8	✓	.323			
9	✓	.369	✓	✓	.354
10	✓	.299	✓	✓	.248
11	✓	.211			
12	✓	-.047			
13	✓	.229	✓	✓	.208
14	✓	.170			
15	✓	.245			
16	✓	.441	✓	✓	.385
17	✓	.354	✓	✓	.322
18	✓	.575	✓	✓	.549
19	✓	.205			
20	✓	.447	✓	✓	.411
21	✓	.366	✓	✓	.337
22	✓	.629	✓	✓	.487
23	✓	.225	✓	✓	.243
24	✓	.291	✓	✓	.318
25	✓	-.304			

27	✓	.529	✓	✓	.499
28	✓	.196	✓	✓	.180
31	✓	.478	✓	✓	.441
34	✓	.604	✓	✓	.544
36	✓	.588	✓	✓	.492
37	✓	.674	✓	✓	.617
39	✓	.659	✓	✓	.594
α	.711				.656

Table 23: *Self-Compassion Short-From Scale and its psychometric properties (2nd pilot) N = 109*

Items	1st testing (17 items)		2nd testing (10 items)		
	Discrimination	CITC	Chosen items	Discrimination	CITC
1	✓	.055	✓	✓	.176
2		-.034			
3	✓	.182			
4	✓	.373			
5	✓	.267	✓	✓	.585
6	✓	.158			
7	✓	.390	✓	✓	.565
8	✓	.260	✓	✓	.602
9	✓	.091	✓	✓	.607
10	✓	.145	✓	✓	.612
11	✓	.396	✓	✓	.593
12	✓	.209	✓	✓	.617
13	✓	.116			
14		-.103			
15	✓	.218			
16	✓	.375	✓	✓	.584
17	✓	.604	✓	✓	.517
α	.592				.797

Appendix E

Group program

Session No	Goals	Activities
1	Group formation To establish therapeutic relationship and the sense of trust and safety To clarify the purpose, nature, and propose of the group. To assess the degree to which clients lack body image satisfaction To establish therapeutic goal setting	Group introduction/Warming up activities/Self-introduction/establish group rules. (10 mins) Breathing exercise Activity to assess body dissatisfaction in individual. bodies. Discuss: common human experience where it is totally common for woman to feel dissatisfied towards their bodies. Discuss: what makes/ causes them to dislike their own bodies? (internalization) + Media (point out that they are tricky) Keep a diary of the good thing you do to yourself.
2	Self-objectification component: Body shame and surveillance To introduce member to self-objectification. To introduce body shame and navigate members to appreciate other attributes beside external appearance.	Breathing exercise Cognitive restructuring: Identifying sociocultural voices of beauty (media, peer, family. Help member look at someone regardless to their appearance. In their own words, give them a few minutes to think about words to describe themselves avoiding

	To create an awareness how surveillance increases (the more they look, the more they see)	the word relating to external appearance. Ask member if they have ever experienced body shame and if body shame has ever prevent or stop them from doing something in their lives.
3	CBT component: ABC model & unhelpful thinking patterns To unhelpful thinking patterns Introduce abc model	Breathing excercise Refer back to the previous session about disassociate beauty with happiness and success Introduce unhelpful thinking patterns (with handouts) and stress how our own way of thinking is crucial and how it can affect our feelings and behavior. There is more than meets the eye. Homework: ABC monitoring
4	CBT: Cognitive Challenge with a touch self-compassion component- common human experience Media Literacy Create an awareness of thin-ideal internalization	Breathing exercise Recap from previous session Ask members if they have any ideas where their standard of beauty comes from? Social comparison Cognitive restructuring and challenge the standard of

		appearance by performing Media Literacy Questions: Do women in the real world look like the one in the ad? If you look like this, would your left become like the life portrayed in the ad? What are the consequences of the messages from this ads to women? Encourage members to promote a broader definition of beauty by making poster (art tools provided) Confronting body image issues: parents and peer influence? Who taught them to dislike or thinking negatively towards your body. Homework: Media literacy. Find an ad and make analysis.
5	Self-objectification component: body control CBT: Behavior and stress on Internal quality Self-compassion: self-kindness	Breathing exercise Psychoeducation-predetermined genetic, body type, ethnicity and making the see that certain things are out of their control. Encourage them to feel comfortable in their own skin. Psychoeducation about healthy eating and extracurricular activities

		(non appearance-related) Bring up the journal they have kept. Homework: My Heroine (non-appearance related). Bring picture.
6	Relapse prevention Prepare members for future unfortunate situation that may cause them to objectify themselves.	Breathing exercise What happens if situations that trigger objectification come up? What will you do to get away? Discussion: what do u do or say to yourself when you meet difficulty? What do you remind yourself? Personalized scripts to respond to objectifying comments In 5 years “The woman I want to be”- Bring up the journal they have kept about good things they have done every day. “I am not beautiful like you, I am beautiful like me”

VITA

Ms. Prapaphim Liptapanlop was born on 20th February, 1986 in Bangkok. She has received her BSc in Biomedical Science program from Mahidol University International College in 2010. She has pursued her study in Master of Arts Program in Psychology from Chulalongkorn University in 2012. She has completed more than 200 hours of internship in counseling.

Notes: For those who are interested in this research and would like to use the developed questionnaires conducted in this research please do not hesitate to contact me at pppbow@hotmail.com