

Body Dissatisfaction Among Adolescents Receiving Health Services at Payaman Community Health Center

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ABSTRACT

The phenomenon of body dissatisfaction has increasingly appeared among adolescents, especially in the era of social media that emphasizes certain beauty standards. This study aims to understand the psychological dynamics of body dissatisfaction in an adolescent receiving health services at Payaman Community Health Center and to describe effective psychological interventions to help the client overcome this issue. The research employed a qualitative single-case study approach, with data collected through interviews, observations, and psychological assessments, including graphic tests (HTP and DAP) and the Depression Anxiety Stress Scale (DASS-42). The assessment results indicated recurring negative thought patterns regarding body image, feelings of inferiority, and a tendency toward social withdrawal. The intervention was conducted using a Cognitive Behavioral Therapy (CBT) approach, through stages of identifying negative thoughts, cognitive restructuring, developing positive self-talk, and implementing more adaptive behaviors. The intervention results showed increased self-awareness and more realistic thinking patterns. The client began to distinguish between facts and assumptions, develop positive alternative thoughts, and demonstrated improvements in self-confidence and self-acceptance. This study concludes that CBT-based interventions are effective in reducing body dissatisfaction among adolescents, particularly when accompanied by social and family support.

Keywords: *Body Dissatisfaction, Adolescence, Cognitive Behavioral Therapy, Body Image, Psychological Intervention*

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INTRODUCTION

Adolescence is a transitional period marked by various physical, emotional, and social changes. During this stage, individuals begin to form a strong self-concept and body image. Physical changes such as rapid growth and the development of secondary sexual characteristics often create discomfort and lead adolescents to evaluate themselves based on the appearance standards prevailing in their social environment. One of the psychological phenomena that arises from negative evaluations of the body is body dissatisfaction.

Body dissatisfaction is a condition in which individuals feel unhappy with their body shape or physical appearance and frequently compare themselves with ideal standards shaped by social, cultural, and media influences. According to Cooper et al. (in Pietro & Silveira, 2008), body dissatisfaction consists of four aspects: self-perception of body shape, which refers to one's own perception of body form often accompanied by feelings of shame or disappointment; comparative perception of body image, which refers to the tendency to compare one's body with others; attitude concerning body image alteration, which refers to one's focus on changing body image; and severe alteration in body perception, which indicates drastic changes in one's perception of their own body.

This phenomenon is also observed among adolescents who seek health services at the Payaman Community Health Center. Based on a case record, a 13-year-old female adolescent (initials A.I.) showed symptoms of dissatisfaction with her body shape. She perceived her face as unattractive and her body as overweight, often compared herself with her peers, and avoided social interactions for fear of being ridiculed. The client also reported physical complaints such as headaches, nausea, and fever while living in her boarding school environment, although medical examinations indicated normal physical health. These symptoms suggest a possible psychological disturbance triggered by feelings of low self-worth and body dissatisfaction.

Developmental history revealed that the client was raised by her grandparents since early childhood because both parents were working and her father was away for employment. This indirect parenting pattern led to a lack of emotional warmth in her relationship with her parents, leaving her psychological needs for safety and acceptance unmet. Additionally, negative comments from her surroundings regarding her body shape reinforced her negative thought patterns about herself. This situation illustrates that body dissatisfaction in adolescents can be influenced by both internal factors, such as self-concept and emotional attachment, and external factors, such as social support and environmental evaluation.

This condition is important to study because body dissatisfaction in adolescence has the potential to cause various psychological impacts, including low self-esteem, social anxiety, eating disorders, and depression. Through this study, it is expected that a clearer understanding of body dissatisfaction among adolescents who receive health services at Payaman Community Health Center can be obtained, thereby providing a foundation for schools, families, and health professionals to offer appropriate psychological support for adolescents.

METHOD

This study employed a qualitative case study approach aimed at gaining an in-depth understanding of the psychological condition of an adolescent exhibiting symptoms of body dissatisfaction and the factors influencing it. This approach was chosen because it allows the researcher to explore subjective experiences, emotional dynamics, and the social context related to body image dissatisfaction among adolescents.

The subject of this study was a 13-year-old female adolescent (initials A.I.), a student at a *Madrasah Tsanawiyah* (Islamic junior high school) who lived in a boarding school in the Lamongan area. The subject was referred to Payaman Community Health Center by the boarding school authorities after displaying psychological symptoms such as negative self-evaluation regarding physical appearance, feelings of inferiority, and a tendency to withdraw from social interactions.

The assessment was conducted to comprehensively understand the subject's psychological condition, particularly regarding suspected body dissatisfaction that affected her social adjustment. A multi-method assessment approach was used, consisting of interviews, observation, graphic tests, and the Depression Anxiety Stress Scales (DASS-42).

First, interviews were conducted to obtain a subjective overview of the subject's social experiences, interpersonal relationships, and emotional responses in various social situations. The interviews employed a semi-structured clinical technique, allowing flexibility and in-depth exploration of the subject's emotional and cognitive aspects (Hersen & Thomas, 2003). The interviews were conducted not only with the subject but also with her parents, school counselor, and attending physician to gain a more comprehensive understanding.

Second, observation was carried out in natural settings, both during the interview process and throughout the assessment sessions. Observations focused on nonverbal behaviors such as facial expressions, eye contact, body language, and the subject's ability to maintain conversation. This method was used to identify indications of social inhibition and emotional tension that emerged during interactions (Kazdin, 1980).

Third, graphic tests were used as projective tools to evaluate the subject's affective state and self-perception. Through the Draw-A-Person (DAP), Tree Drawing (BAUM), and House-Tree-Person (HTP) tests, insights were obtained regarding self-image, sense of security, and interpersonal dynamics experienced by the client in an indirect manner. These tests helped reveal unconscious expressions related to feelings of isolation, emotional tension, or the need for social acceptance (Machover, 1949; Buck, 1948).

Fourth, the Depression Anxiety Stress Scales (DASS-42) were administered to quantitatively measure the levels of depression, anxiety, and stress. This instrument consists of 42 items divided into three subscales—depression, anxiety, and stress. The use of DASS-42 provided an overview of the intensity of emotional symptoms experienced by the subject (Lovibond & Lovibond, 1995).

The assessment process was conducted on-site at Payaman Community Health Center and the school environment. Observations took place on May 22, 2025, for approximately 30 minutes, followed by interviews with the client, parents, school counselor, and physician on May 22–23, 2025, with durations ranging from 20 to 120 minutes. The psychological tests (DASS-42 and graphic tests) were conducted on May 23, 2025, lasting around 60 minutes.

Throughout the implementation, the entire assessment process proceeded smoothly without significant obstacles. The client demonstrated satisfactory cooperation, although she appeared nervous and cautious at the beginning of the session. The

assessment process was supported by the client’s family, school, and health professionals, ensuring that the data obtained reflected a comprehensive understanding of the subject’s psychological and social condition.

RESEARCH RESULT

Based on the assessment conducted at Payaman Community Health Center, a general overview revealed that the client exhibited symptoms of body dissatisfaction, characterized by dissatisfaction with her body shape, low self-esteem, and a tendency to withdraw from social interactions. The following are the detailed findings from each assessment tool used:

1. Interview Results

The interview with the client revealed the presence of negative thoughts about her own body. The client expressed that her body shape was not ideal and that she often compared herself with her peers. This perception led to feelings of shame and decreased self-confidence, particularly in social settings. Interviews with the parents and school counselor supported these findings, as the client was observed to avoid group activities and preferred solitude. The parents also reported that the client frequently complained about her body shape and attempted to reduce food intake with the goal of losing weight.

2. Observation Results

During the assessment process, the client appeared nervous, avoided eye contact, and displayed tense facial expressions. Her body language was rigid, and she often exhibited nonverbal signs of discomfort such as looking down or clenching her hands. These observations suggest a tendency toward social withdrawal and significant discomfort when becoming the center of attention.

3. Graphic Test Results (DAP, BAUM, and HTP)

- Draw-A-Person (DAP):

General Impression

Section	Description	Indication
Position	Center	Adequate adaptation; egocentric, insecure, and rigid traits.
Image Size	Large, messy, empty	Anxiety, hypersensitivity, emotional disturbances, or signs of developmental issues.
Lines	Thick, with fluctuating pressure	Demanding, hostile, unstable; strong drive to fulfill personal desires; easily frustrated.

Specific Impression

Section	Description	Indication
Expression	Flat	Needs support or reassurance.

Parts

Section	Description	Indication
Head	Incomplete (no eyes, ears, etc.)	Difficulties in social relationships.
Neck	Very prominent	Conflict between thoughts and emotions; stress related to self-control.
Arms	Large and wide	Strong effort; desire to improve social relationships due to uncertainty.
Hands	Too long or outstretched	Feelings of dependency; strong need for affection.
Clothing	Minimal or not drawn	Physical idealization, focus on physical development, and tendency toward social fantasy.

The client shows a complex personality dynamic marked by emotional tension, a strong need for support, and a desire to feel valued by their environment. Although adaptation appears adequate, the client seems egocentric, easily insecure, and rigid in social responses. High anxiety and sensitivity influence emotional stability, making the client easily frustrated when things do not meet expectations. Socially, the client struggles to open up and strongly seeks emotional safety from others. There is a noticeable attempt to appear strong, yet underneath lies uncertainty and ongoing conflict between thoughts and emotions. Overall, the client seems to be trying to maintain self-control amid emotional tension and the need for social acceptance.

- Baum Tree Test:
General Impression

Section	Description	Indication
Position	Upper part of the page	Optimism and high aspirations; may also reflect weak energy as a defensive mechanism (compensation), increased fantasy, and idealism.
Image Size	Small, normal proportions; trunk larger than leaves	Weak ego, depressive tendencies, fear or hesitation; developmental obstacles; focus on physical/material aspects; limited awareness and intuition.
Lines	Strong	Impulsive, easily irritated, ambitious.
Line Direction	Directed	Strong self-control, good discipline.

Specific Impression

Section	Description	Indication
Leaves	Realistic leaf crown	Desire for recognition, tendency to please others.

Parts

Section	Description	Indication
Roots	Not clearly visible	Lack of sense of security, emotional instability, or weak connection to reality/self.
Trunk	Straight and thin	Sensitive, fragile personality with low self-confidence; if lines are hesitant → indicates anxiety.
Branches	Scattered	Lack of consistency in thinking, impulsive, prone to conflict.
	Tending to be closed	Limited social relationships, feelings of isolation.

The drawing reflects high aspirations and optimism, although these may serve as compensation for feelings of weakness or difficulty dealing with reality. The small size and proportions indicate a weak ego, self-doubt, and depressive tendencies. There is a focus on physical or material aspects with limited self-awareness. Strong but uncontrolled lines suggest impulsivity, irritability, and high ambition, though self-control remains present. A strong need for recognition is visible, accompanied by insecurity and emotional instability. The client appears sensitive, fragile, and lacking confidence. Their thinking pattern is inconsistent, impulsive, and conflict-prone, with social limitations and feelings of separation from others. Overall, the client struggles between a desire for recognition and unstable emotional conditions.

- House-Tree-Person (HTP):

General Impression

Section	Description	Indication
Person	Small	Feels unimportant or lacking a role within the family.
	Distancing/away from house and tree	Desire to withdraw from family-related activities.
Tree	Large and dominant	Father perceived as dominant; authoritative but less allowing.
House	Closed	Lack of acceptance from mother.
	Large	Mother's protective role is perceived as inadequate.

The client feels they play a limited role within the family and tends to withdraw from family-related activities. They appear more comfortable outside the home than participating in shared family interactions. The father figure is perceived as dominant and authoritative, providing little space for the client to express or develop themselves. Meanwhile, the relationship with the mother feels less warm, with low perceived acceptance and insufficient emotional protection. Overall, the family dynamics appear unsupportive. The client feels excluded, undervalued, and lacking emotional safety, which drives them to seek comfort outside the family environment.

4. DASS-42 Results

Based on the Depression Anxiety Stress Scales (DASS-42), the following scores were obtained:

Scale	Total Score	Level
Depression	22	Severe
Anxiety	25	Very severe
Stress	23	Moderate

These findings indicate that the client experiences anxiety and stress related to her negative body image perception. The anxiety primarily arises in social contexts, particularly when she feels that her body does not conform to the ideal standards expected by her environment.

DISCUSSION

Based on the results of psychological assessments—including interviews, observations, and the use of graphic tests as well as the *Depression Anxiety Stress Scales (DASS-42)*—it was found that the client exhibited primary symptoms of body dissatisfaction, characterized by feelings of insecurity, social withdrawal, and negative self-perception regarding physical appearance. Automatic thoughts such as “I’m ugly,” “I’m fat, no one will like me,” and “I’m different from my friends” appeared repeatedly and significantly influenced the client’s emotions and behaviors.

This dissatisfaction with the body was closely related to cognitive distortions and low self-concept, as well as social factors such as peer pressure that emphasize physical appearance as a standard for social acceptance. These conditions contributed to decreased self-esteem and the emergence of social anxiety, which, if left untreated, could potentially develop into more severe affective or body image disturbances.

The prognosis for the client was considered favorable, taking into account the presence of adequate social support, particularly from parents who provided positive reinforcement toward self-care efforts. In addition, the client demonstrated motivation for change and openness during the counseling process. Her reflective capacity was also relatively good, as shown by her willingness to evaluate her own thoughts and behaviors. These protective factors supported the potential for faster cognitive and behavioral change and for maintaining therapeutic outcomes over the long term.

The intervention was based on Cognitive Behavior Therapy (CBT) principles, focusing on identifying, evaluating, and modifying irrational negative thoughts related to body image. The intervention was conducted in six stages, as follows:

1. *Awareness of automatic negative thoughts* — The client was guided to identify recurring negative thinking patterns through *self-monitoring* and *thought journaling* to understand the relationship between thoughts, emotions, and behaviors.
2. *Evaluation of thought rationality* — The client was encouraged to differentiate between facts and assumptions by evaluating the accuracy of her negative thoughts through reflective questioning.
3. *Formation of adaptive alternative thoughts* — The client was trained to replace negative thoughts with more positive and realistic statements, for example, “My body may be big, but I can still be healthy and pleasant to be around.”
4. *Practice of positive self-talk* — The client learned to use self-affirmations to enhance self-esteem and reduce appearance-related anxiety.
5. *Behavioral experiments* — The client was asked to try new behaviors, such as joining group activities at the boarding school, to test the validity of her negative assumptions. She also began improving self-care routines and healthy eating habits with family support.
6. *Maintenance of change* — The client was encouraged to continue independent practice, record small progress, and generalize positive thinking patterns to various social situations.

The results of the intervention indicated significant positive changes both cognitively and behaviorally. The client became more capable of recognizing and labeling negative thoughts that previously triggered feelings of inferiority. She could differentiate between assumptions and facts, which reduced the strength of irrational beliefs such as “No one likes me.” Through self-talk exercises and positive affirmations, she showed improvements in self-confidence, particularly when interacting with peers. Her direct experiences in group activities reinforced *cognitive restructuring*, helping her realize that her negative self-perception was not entirely accurate.

Additionally, the client demonstrated better self-care behaviors, such as maintaining a healthy diet, improving hygiene, and displaying more stable emotional expressions. By the final stage, she was able to maintain positive changes, record small daily progress, and exhibit greater emotional resilience. Overall, CBT-based intervention proved effective in reducing body dissatisfaction, enhancing *self-esteem*, and fostering greater self-acceptance. These findings emphasize the importance of combining cognitive restructuring, positive behavioral reinforcement, and consistent social support from family and the environment in helping adolescents overcome *body dissatisfaction*.

CONCLUSION

This study originated from the growing phenomenon of body dissatisfaction among adolescents, which has increasingly emerged in social settings, including among those receiving health services at the Payaman Community Health Center (*Puskesmas*

Payaman). Dissatisfaction with one's body can lead to low self-esteem, social anxiety, and even emotional disturbances such as depression and stress. In this case, factors such as suboptimal parenting, the loss of a primary attachment figure (the grandfather), and peer teasing experiences served as major triggers for the development of body dissatisfaction and negative self-perception.

The method used was a comprehensive psychological assessment consisting of interviews, observations, and psychological tests, including graphic tests and the Depression Anxiety Stress Scales (DASS-42). The results revealed elevated levels of depression, anxiety, and stress, along with recurring negative thoughts regarding body shape. Based on these findings, the intervention employed a Cognitive Behavior Therapy (CBT) approach, focusing on the identification, evaluation, and modification of negative thoughts, as well as the formation of more adaptive positive behaviors.

The intervention outcomes demonstrated a significant reduction in negative thought patterns and an improvement in the client's ability to manage feelings of inferiority and body dissatisfaction. The client began to differentiate between facts and assumptions, develop more rational alternative thoughts, and engage in positive self-talk to strengthen self-concept. In addition, the client's participation in social and self-care activities indicated enhanced self-confidence and self-acceptance.

Overall, this study concludes that body dissatisfaction in adolescents can be effectively addressed through consistent and structured cognitive-behavioral interventions, particularly when supported by a positive social environment. This approach helps adolescents identify cognitive distortions, modify negative thinking patterns, and build a healthier and more realistic body image. Therefore, collaboration between counselors, families, and educational institutions or boarding schools plays a crucial role in maintaining the sustainability of positive psychological changes achieved through intervention.

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