The Relationship between Self-Compassion and Body Dissatisfaction among Early Adulthood Women

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Abstract

Beauty standards formed in society become the basis for individuals to assess the perfection of other people in terms of behavior, appearance, and body shape. This gap raises the problem of body dissatisfaction experienced by early adult women. This research aims to find empirical evidence of the relationship between self-compassion components and body dissatisfaction. This research involved 128 female participants aged 18-25 years in Semarang. Measurements used the Body Shape Questionnaire (BSQ-34; α = .966) and Self-Compassion Scales (SCS; α = .872). Data were analyzed by multiple regression using IBM SPSS 25.0 for Windows. The study's results showed a significant negative relationship between self-compassion and body dissatisfaction in early adult women. This means that the higher the self-compassion you have, the lower the body dissatisfaction you experience. The magnitude of the value of each aspect of self-compassion in influencing body dissatisfaction can be used as a basis for developing interventions that are most effective in reducing the problem of body dissatisfaction in early adult women.

Keywords: **Body Dissatisfaction, Early Adulthood, Self-Compassion**

1. Introduction

Women generally need to always look beautiful and attractive in front of others. They often want to be seen as beautiful by others by having a good-looking face, an ideal body shape, and smooth white skin. An ideal and proportional body shape, both physically and in terms of body proportions, is often identified as the standard of attractive appearance (Anam et.al, 2021). Beauty standards formed in society become the basis for individuals to assess the perfection of other people in terms of behavior, appearance, and body shape. Women believe having an ideal and attractive body appearance can facilitate romantic relationships. Physical attractiveness is an important and primary factor in romantic relationships (Suseno & Dewi, 2014). One of the developmental tasks of early adulthood is to form intimate relationships with the opposite sex (Santrock, 2018). Individuals in early adulthood believe that by having an ideal body, they will have a better romantic life and find it easier to engage in romantic relationships. Therefore, individuals in early adulthood strive to meet the ideal body standards according to societal views (Afiyanti & Pratiwi, 2016). These ideal body standards lead individuals to compare their bodies with society's ideals, creating a gap that results in body dissatisfaction experienced by early adult women.

Based on research by Hati & Soetjingsih (2022), which studied body dissatisfaction in early adulthood, 70.1% of subjects were categorized as having moderate body dissatisfaction, 17.9% were in the high category, and the remaining 11.9% were in the low category. Further research by Humaira

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& Aviani (2023) on early adult women aged 18-25 in West Sumatra showed that 75.2% of subjects had moderate body dissatisfaction, 15% had high dissatisfaction, and 9.9% had low dissatisfaction. These data indicate that most early adults are not satisfied with their body shape, which does not meet the desired standards. This feeling of dissatisfaction with body shape or proportions is referred to as body dissatisfaction. According to Rosen and Reiter (1996), body dissatisfaction is the negative thoughts individuals have about their body shape and physical appearance that do not match the ideal perception. Body dissatisfaction manifests in various forms, such as the discrepancy between an individual's perception of their body size and their actual body size, the difference between an individual's view of their actual body size and the ideal body size, or dissatisfaction with body size and shape (Ogden, 2019). The high rate of body dissatisfaction in early adult women raises concerns and leads to mental health issues.

Body dissatisfaction has the potential to threaten well-being and pose significant health risks (Grogan, 2021). Body dissatisfaction can predict eating disorder symptoms such as anorexia and bulimia (Palmeroni, et al., 2020). Besides its physical implications, body dissatisfaction has a substantial impact on psychological conditions. Research by Sharpe et al. (2018) found that body dissatisfaction in early adult women can predict the occurrence of depression symptoms five years later. Other risks include low self-esteem, negative self-evaluation, and social isolation (Dewi et al., 2020). Early adult women experiencing body dissatisfaction generally do so due to comparisons with more attractive women, leading to a decrease in quality of life, marked by feelings of unhappiness and dissatisfaction with life (Anjelas & Ambarwati, 2022). Therefore, body dissatisfaction issues in early adult women should not be ignored, and efforts should be made to reduce negative perceptions of body shape.

Self-compassion involves being open to one's suffering, which leads to caring and kindness towards oneself (Neff & Dahm, 2015). Individuals who practice self-compassion tend to be kind and understanding towards themselves and others, accepting human imperfections with empathy. Research by O'Loghlen & Galligan (2021) shows that self-compassion has a negative relationship with body dissatisfaction and reduces psychological stress. Self-compassion can moderate body dissatisfaction by enhancing body evaluation and helping to cope with issues related to body dissatisfaction (Han, 2023). This means that increasing self-compassion can reduce body dissatisfaction in early adult women. Moreover, self-compassion has been found to have a significant positive relationship with life satisfaction, reducing negative mood states and improving bodily responses, ultimately leading to increased life satisfaction (Sunbul & Ozcan, 2022).

Sugianto et al. (2020) found that the second-order CFA measurement model was not supported; however, the components within the measurement were correlated and considered to better represent the conceptualization of self-compassion. Therefore, this research aims to find empirical evidence of the relationship between the six components of self-compassion and body dissatisfaction. The research question is: What is the relationship between self-compassion and body dissatisfaction in early adult women in Semarang City and the magnitude of the correlation contribution of each aspect of self-compassion affecting body dissatisfaction?

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2. Literature Review

Body Dissatisfaction

Cooper,et. al (1987) define body dissatisfaction as a sense of dissatisfaction with body shape characterized by comparing body image perceptions with others, excessive orientation towards body image, self-perception of the body, and drastic changes to the body. Meanwhile, Grogran (2017) explains that body dissatisfaction is related to a negative subjective evaluation of oneself regarding body size, body shape, and muscle composition and usually there is a gap in these perceptions with reality. So body dissatisfaction can be concluded as a negative self-evaluation of body shape and size because there is a gap in perceptions held about themselves.

The four aspects of body dissatisfaction described by Cooper et al. (1987) serve as indicators to assess the level of body dissatisfaction in an individual. These indicators are self-perception of body shape, comparative perception of body shape, attitude concerning body image alteration, and severe alteration in body perception. Self-perception of body shape refers to negative thoughts or beliefs about one's overall body shape or parts of it, leading to feelings of shame in social settings. Comparative perception of body image involves individuals comparing their body image perceptions with others around them, including through the internet. Attitude concerning body image alteration refers to behavior focused on changing the body image, such as behaviors related to eating disorders and dieting. Severe alteration in body perception denotes drastic changes resulting from body perception affecting daily activities.

Self-Compassion

The concept of self-compassion originates from Buddhist teachings on how to develop kindness towards oneself and maintain strength in difficult situations. Gilbert and Procter (2006) describe self-compassion as the act of soothing oneself during unfavorable or undesirable situations. This self-treatment begins with taking a break from activities and providing oneself with a moment of emotional rest. Neff and Dahm (2015) explain that self-compassion involves being open to one's suffering, which results in care and kindness towards oneself. It encompasses understanding and rejecting excessive self-judgment, as well as viewing one's condition as a common human experience throughout life.

Neff (2011) describes six aspects of self-compassion: Self-kindness is an element that describes that individuals have the right to receive kindness and attention, not only from others but also from themselves. Self-judgment means that individuals will feel like failures and tend to hate themselves because they feel that the failures experienced are caused by themselves. Common humanity is the view that suffering or failure is an inevitable part of human life that cannot be avoided. Isolation, on the other hand, is when individuals feel isolated, feeling that they are the only ones suffering and separate from others. Mindfulness is accepting the thoughts and feelings that are currently felt without making judgments, magnifying the problem, or denying unwelcome aspects, be it in oneself or life. Overidentification refers to the tendency of individuals to focus excessively on problems or difficulties, making them reluctant to accept the actual situation. Individuals who overidentify with

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their problems or failures may find it difficult to view situations objectively for acceptance and personal growth.

3. Method

This study involved 128 early adult female participants (aged 18-25 years) who live in Semarang. Data was collected online in Google Forms. The measuring instrument used to measure body dissatisfaction is the body shape questionnaire which has been adopted by Sitepu et al (2020). To measure self-compassion using self-compassion scales (SCS; α = .872) which has been adopted by Sugianto et al (2020). The data that has been obtained, is then analyzed using SPSS 25.0 for Windows with data analysis techniques, namely multiple regression. Researchers also added post-hoc tests to compare demographics to measurements to enrich the data results.

4. Result and Discussion

Based on respondent data totaling 128 early adult women (Look **Appendix 1**), it was found that respondents were dominated by women who had a Bachelor's education (55.5%). Respondents were dominated by unmarried women (93.8%) and dominated by women aged 24 years (23.4%) Based on the Central Bureau of Statistics (BPS), the average age of marriage for women in Indonesia in 2022 is around 19-21 years of age (BPS, 2022), this means that there is a shift in the age of marriage for women in Indonesia. This can be caused by the majority of early adult women still pursuing higher education (48.4%) and having a career (47.7%). However, it does not rule out the possibility of early adult women who have a career and higher education and are married.

Table 2. *Descriptive Statistic*

N = 128	Mean	Std. Deviation	High	Moderate	Low
Body Dissatisfaction	107.82	37.56	54	49	25
Self-Kindness	20.33	3.9	19	86	15
Self Judgement	13.52	5.29	32	44	44
Common Humanity	15.21	4.02	49	51	28
Isolation	12.39	4.62	43	41	44
Mindfulness	15.85	3.41	17	93	18
Overidentification	11.66	4.39	41	38	49

Based on the data in **Table 2**, the average body dissatisfaction score in early adult women is in the high category. This indi Tabel 1. Demograficates that there are still many early adult women who are dissatisfied with their current body condition. Early adult women who are satisfied and accept the condition of their bodies are still relatively few.

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From each component of self-compassion, the most dominant component in the participants of this study is self-kindness (Mean = 20.33), that's means participants who can be kind to themselves when dealing with the condition of their body shape will have a big influence in dealing with body dissatisfaction. The kind attitude in question such as saying good affirmations and giving physical gestures such as patting shoulders gently to show care and support (Neff, 2023). In line with the results of research by Moffitt, et.al (2018) which explains that providing positive affirmations for oneself is effective in reducing body dissatisfaction and encouraging self-improvement motivation. While the lowest component is dominated by overidentification (Mean = 11.66), that means participants who overidentify themselves with negative thoughts or feelings related to exaggerating perspectives on their body shape have an influence on body dissatisfaction but the magnitude of the influence is the smallest compared to other components. Participants with the overidentification component tend to have a narrow view and focus on imperfections (Rahayu, 2019).

The components of self-kindness, common humanity, and mindfulness were predominantly in the moderate category. Most participants in the study showed a moderate level of these three positive components. Participants can be kind to themselves when experiencing suffering, understand that difficulties are a part of every human being, realize the pain experienced, and realize that they can think from another perspective to care for themselves (Neff, 2023). Self-compassion is considered a virtue that leads to improved well-being and functioning, which makes individuals happier and more likely to act better (Keller, 2021). Participants expected to increasingly be able to increase self-kindness and better action function rather than just focusing on dissatisfaction with their body shape.

The isolation and overidentification components are dominated in the low category. That means only a small number of participants still feel isolated or alienated from the surrounding environment and focused on the suffering experienced. Although the contribution of these two components is at a moderate level, increasing self-compassion can be provided by meditation training which has proven effective in reducing body dissatisfaction (Albertson, 2014). Individuals who continue to feel isolated will feel loneliness because the isolation component in self-compassion has the highest coefficient associated with loneliness (Marisa & Afriyeni, 2019).

Table 3. *Pearson Correlation*

	BD	SK	SJ	CH	Is	Mi	Ov
BD	1						
SK	-.313**	1					
SJ	.486**	-.366**	1				
CH	-.256**	.619**	-.093	1			
Is	.507**	-.252**	.554**	-.054	1		
Mi	-.257**	.789**	-.279	.699**	-.134	1	
Ov	.628**	-.270**	.622**	-.163	.779	-.173	1

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Note: BD = Body Dissatisfaction; SK = Self-Kindness; SJ = Self-Judgement; CH = Common Humanity; Is = Isolation; Mi = Mindfulness; Ov = Overidentification; **$p < .01$

Based on the data in **Table 3**, each component of self-compassion has a significant relationship with body dissatisfaction. Where the common humanity component with self-judgment, the mindfulness component with self-judgment, the isolation component with common humanity, overidentification with common humanity, isolation, and mindfulness, do not have a significant relationship. This is by the results of research on measuring instruments which state that the second-order model does not present the conceptualization of self-compassion, so that each component is a distinct construct (Neff et al., 2019; Sugianto et al., 2020).

The results show that there is a positive relationship between self-judgment, isolation, and overidentification on body dissatisfaction, where every time there is an increase in one or three of these components it can increase body dis Tabel 1. Demografisatisfaction. Meanwhile, the components of self-kindness, common humanity, and mindfulness have a negative relationship with body dissatisfaction, which if there is an increase in one or all three of these components will reduce body dissatisfaction.

Table 4. *Hierarchal Regression Analysis*

Model	R	R^2	ΔR^2	ΔF	df1	df2	Sig. ΔF
1	.313	.098	.098	13.721	1	126	.000[b]
2	.507	.257	.159	26.803	1	125	.000[c]
3	.530	.281	.024	4.104	1	124	.045[d]
4	.602	.362	.081	15.621	1	123	.000[e]
5	.602	.363	.000	.078	1	122	.781[f]
6	.667	.445	.073	15.550	1	121	.000[g]

a.   Dependent variable: Body Dissatisfaction
b.   Predictors: (Constant), Self-Kindness
c.   Predictors: (Constant), Self-Kindness, Self Judgement
d.   Predictors: (Constant), Self-Kindness, Self Judgement, Common Humanity
e.   Predictors: (Constant), Self-Kindness, Self Judgement, Common Humanity, Isolation
f.   Predictors: (Constant), Self-Kindness, Self Judgement, Common Humanity, Isolation, Mindfulness
g.   Predictors: (Constant), Self-Kindness, Self Judgement, Common Humanity, Isolation, Mindfulness, Overidentification

All components of self-compassion were analyzed in stages through hierarchical regression in six stages or models in Table 4. Model 1 only consists of the self-kindness component. Then add each component gradually until model 6 begins by including self-judgment, common humanity, isolation, mindfulness, and finally overidentification. In model 1, it can be seen that self-kindness contributed a significant variance (had been accounted for) to body dissatisfaction of 9.8% (p < .001). Model 2, with the addition of the self-judgment component, there was a significant increase in the contribution of variance by 25.7% to body dissatisfaction (p < .001), of which 15.9% was predicted by self-judgment.

In model 3, with the addition of common humanity to the model, it contributed 28.1% of the variance and this model was suitable for predicting body dissatisfaction (p < .05). As much as 2.4% of

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the total contribution of variance in this model is predicted by common humanity. Next, the researchers added an isolation component to the model (model 4). Based on model 4, it is known that simultaneously all predictors can predict body dissatisfaction ($p < .001$). The addition of isolation in the model makes the variance contribution of all predictors 36.2%, of which 8.1% is predicted by isolation itself.

In model 5, mindfulness was included in the analysis model, the results showed that mindfulness could not have a significant influence on body dissatisfaction ($p > .05$). Whereas in this model there is no increase in the R and $\Delta R2$ values. However, mindfulness still had a significant negative relationship with body dissatisfaction. Furthermore, in model 6 it was found that there was an influence of overidentification on body dissatisfaction ($p < .001$). Simultaneously the six components have a variance contribution of 44.5% to body dissatisfaction and 55.5% can be predicted by other predictors. Overidentification contributed 7.3% to the total contribution of variance in the model.

Tabel 5. *ANOVA*

Model		df	F	Sig.
1	Regression	1	13.721	.000
	Residual	126		
	Total	127		
2	Regression	2	21.667	.000
	Residual	125		
	Total	127		
3	Regression	3	16.171	.000
	Residual	124		
	Total	127		
4	Regression	4	17.464	.000
	Residual	123		
	Total	127		
5	Regression	5	13.882	.000
	Residual	122		
	Total	127		
6	Regression	6	15.539	.000
	Residual	121		
	Total	127		

The results of the ANOVA test showed that each model tested simultaneously had significant results and could predict body dissatisfaction (overall $p < .001$). Where in the F test it was found that model 2 (self-kindness and self-judgment) had the highest score 21,667 and model 1 (self-kindness) had the lowest F value 13,721.

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Tabel 6 *Post-Hoc Analysis*

Marriage Status (I)	Marriage Status (J)	Mean Difference (I-J)	Sig.
Unmarried	Married	-6.94167	.688
Unmarried	Have Child	4.32500	.845
Married	Have Child	11.2667	.684

Based on Table 5, it can be seen that there is no significant difference in average scores between unmarried women, married and have children. Where unmarried women have a higher mean score than women who have children but not higher than women who are married but do not have children. These results are related to previous research which explains that developmental task demands influence the emergence of body dissatisfaction in early adult women. Where one of the developmental tasks of early adult individuals is to form intimate relationships with the opposite sex (Santrock, 2018). Individuals in early adulthood assume that by having an ideal and attractive body, they will have a better love life and will find it easier to get involved in romantic relationships. So women who were married and had children in this study showed the lowest body dissatisfaction scores compared to those who were never married. Body image dissatisfaction is less important for married couples and can reduce the impact of unrealistic body image standards (Tom, 2005). However, many other factors can influence body dissatisfaction in early adult married women. Depressive symptoms, shame and guilt, self-compassion, and relationship satisfaction were significantly correlated with body image dissatisfaction (Dolejsova, 2018).

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Ethic Policies: The written source used in this research is listed in the bibliography and there is no conflict of research interest with any party.

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Appendix

Table 1. *Demographic*

N = 128	Frequency	%
Education Level		
High education	41	32
Diploma	14	10.9
Bachelor	71	55.5
Master Program	2	1.6
Marriage Status		
Unmarried	120	93.8
Married	5	3.9
Have child(s)	3	2.3
Work Status		
Student	62	48.4
Worker	61	47.7
Unemployment	5	3.9
Age		
18	3	2.3
19	7	5.5
20	10	7.8
21	14	10.9
22	22	17.2
23	20	15.6
24	30	23.4
25	22	17.2

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