

The Relationship Between Self-Compassion and Body Dissatisfaction Among Psychology Students at Bhayangkara University Jakarta Raya

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Abstract

*Feelings of inferiority represent a significant psycho-social issue for individuals, often leading to difficulties in decision-making, hesitancy, a lack of assertiveness, withdrawal, and heightened emotional sensitivity. These challenges are particularly prevalent among adolescents, who frequently compare themselves to others in their environment. Body dissatisfaction emerges when adolescents compare their actual body to an idealized version and struggle to accept their current appearance. One factor influencing body dissatisfaction is self-compassion, which can either mitigate or exacerbate these feelings. This study aims to investigate the relationship between self-compassion and body dissatisfaction among students of the Faculty of Psychology at Bhayangkara University Jakarta Raya. Using convenience sampling, 100 students participated in the study. The findings indicate a significant negative correlation between self-compassion and body dissatisfaction, with a correlation coefficient of $r = -0.803^{***}$ and $p = 0.000$ ($p < 0.05$).*

Keywords | Self-Compassion, Body Dissatisfaction, Adolescents, Inferiority Complex.

INTRODUCTION

Feelings of inferiority refer to a psychological state where an individual perceives themselves as consistently inferior or lesser compared to others (Akdo, 2017). Individuals who experience such feelings often have a diminished view of their abilities (Nurihsan, 2016). This negative self-assessment can lead to various psychosocial issues, including difficulties in decision-making, hesitation, indecisiveness, withdrawal, and emotional sensitivity, particularly in relation to anxiety (Kenchappanavar, 2012).

From a social perspective, feelings of inferiority can also have detrimental effects on an individual's behavior and interactions. Those affected may become withdrawn, overly sensitive, and resistant to any form of change (Ahmad & Karunia, 2017). Such individuals often develop a negative self-perception, leading to dissatisfaction with themselves, pessimism, and a tendency to blame their environment for any perceived shortcomings (Ahmad & Karunia, 2017).

These negative perceptions frequently begin with concerns about physical appearance, particularly body shape, which can extend to comparisons with others and the internalization of societal body standards, especially among women (Denich & Ilyas, 2017). According to Mukhlis (2013), dissatisfaction with one's physical appearance is a common issue among teenagers.

Adolescence, defined in Indonesia as ranging from ages 11 to 24 (Sarwono, in Lusita & Rori, 2015), is a particularly risky period during which many teenagers struggle to cope with the numerous changes in their lives. This period of instability and emotional volatility is especially pronounced among students who have recently entered college (Fitriani, 2019). Adolescents in the later stages of their teenage years experience significant changes, making them prone to emotional instability (Denich & Ilyas, 2017).



Emotional sensitivity during adolescence often manifests as discomfort with how others perceive them, leading to feelings of inferiority. According to Sari & Hidayati (2015), low self-esteem makes it challenging for individuals to accept themselves, often resulting in a tendency to compare themselves unfavorably with others. Adolescents who feel inferior may compare themselves to the societal ideals of physical appearance, which can exacerbate their dissatisfaction with their own bodies (Sari & Suarya, 2018).

Puberty, characterized by the development of secondary sexual characteristics, further complicates this issue. During this stage, some teenage girls may struggle with their diet and nutritional habits, leading to concerns about becoming overweight or underweight (Masitah & Pamungkasari, 2018). Adolescents of both genders are highly conscious of their physical appearance and frequently worry about how it compares to their peers.

The influence of mass media further reinforces these concerns. Many young people, both male and female, compare their physical appearance to the idealized images portrayed in the media and adopt various strategies, such as exercise and dieting, to achieve these standards. This preoccupation with conforming to societal beauty standards can lead to body dissatisfaction (Syauki & Amalia Avina, 2020).

LITERATURE REVIEW

Body Dissatisfaction

Body dissatisfaction refers to a negative assessment that an individual holds about their body or specific body parts, particularly those they consider important (Presnell, in Chen, He, Zhang, & Fan, 2019). According to Cash and Szymanski (in Albertson, Neff, & Dill-shackleford, 2014), body dissatisfaction arises from the perceived gap between an individual's actual body and their ideal body, leading to negative self-evaluation. Swami, Taylor, and Carvalho (2011) also define body dissatisfaction as the negative evaluation of one's body.

Rosen and Reiter (in Safarina & Rahayu, 2010) describe body dissatisfaction as an individual's fixation on negative thoughts and judgments about their physical appearance, which often leads to feelings of embarrassment in social situations. Collectively, these perspectives suggest that body dissatisfaction is a negative self-assessment arising from the discrepancy between one's actual body and their perception of the ideal body. This often results in feelings of shame and dissatisfaction, particularly in social environments.

Aspects of body dissatisfaction, according to Cooper, Taylor, Cooper, and Fairburn (in Amalia, Dewi, & Kusumastuti, 2018), include self-perception of body shape, comparative perception of body image, attitudes concerning body image alteration, and severe alteration in body perception.

Self-Compassion

Self-compassion, as defined by Neff (2011), is an attitude that allows individuals to reduce their suffering by accepting and being open to their thoughts and feelings, which helps them behave more kindly towards themselves. Gilbert (in Elices, 2017) describes self-compassion as an attitude of concern, sympathy, and tolerance towards one's shortcomings

without harsh judgment. Strauss (2016) adds that self-compassion involves feeling affection for oneself, allowing for tolerance of discomfort regarding personal shortcomings and enabling acceptance of these flaws.

In summary, self-compassion involves reducing personal suffering by adopting an attitude of care, sympathy, and tolerance, allowing individuals to accept their shortcomings. According to Neff (2011), self-compassion comprises three dimensions: Self-Kindness, Common Humanity, and Mindfulness.

Research by Neff (2011) also reveals that self-compassion can be influenced by factors such as gender and age. Individuals from collectivist cultures, for example, tend to have a higher interdependent sense of self, which may result in higher levels of self-compassion compared to those from individualist cultures (Neff & Vonk, 2009; Neff, 2003).

Adolescence

Harold Albery (in Lusita & Rori, 2015) describes adolescence as the developmental period between the end of childhood and the beginning of adulthood. Hurlock (in Istriyanti & Simarmata, 2014) identifies several key tasks that adolescents must accomplish, including accepting their physical condition, engaging with their social environment, and achieving emotional independence.

In Indonesia, students aged 18-22 years are generally considered to be in late adolescence (Meilia & Ardi, 2014). According to Hurlock (in Supriadi, Yudiernawati, & Rosdiana, 2017), adolescence is marked by "storm and stress," a period characterized by heightened emotional tension due to hormonal changes. These emotional upheavals are often influenced by the social environment, which plays a crucial role in adolescent development by requiring them to adapt effectively (Supriadi, 2017).

The social environment has a significant impact on adolescent development. Adolescents who lack strong social skills may withdraw from their environment (Hasanah & Hidayati, 2016). Germove (in Kurniawan, Briawan, & Caraka, 2015) notes that during adolescence, individuals tend to be less satisfied with their bodies and often develop negative perceptions of their physical appearance. When physical conditions are perceived as weaknesses, feelings of inferiority can emerge (Munawarah, 2017).

METHOD

The population for this study comprised students from the Faculty of Psychology at Bhayangkara University, Greater Jakarta, who were in the late teenage age category (18-22 years). The sample included 26 male and 74 female respondents, totaling 100 participants. The sampling technique used in this study was convenience sampling.

A Likert scale was employed to measure attitudes, opinions, and perceptions. The Body Dissatisfaction Scale, based on aspects identified by Cooper, Taylor, Cooper, and Fairburn (in Amalia, Dewi, & Kusumastuti, 2018), consisted of 24 items, with response categories ranging from "Always" (5) to "Never" (1). The reliability of this scale was $\alpha = 0.862$.



The Self-Compassion Scale, based on Neff's (2011) dimensions, consisted of 30 items, with response categories ranging from "Always" (5) to "Never" (1). The reliability of this scale was $\alpha = 0.793$. Data were analyzed using Pearson's product-moment correlation analysis with JASP Statistics 64 bit for Windows software.

RESULTS AND DISCUSSION

The hypothesis testing in this study utilized Pearson correlation analysis to examine the relationship between self-compassion and body dissatisfaction. The results revealed a correlation coefficient of -0.803^{***} , with a significance level (p) of 0.000, indicating that $p < 0.05$. This suggests a strong negative correlation between self-compassion and body dissatisfaction. The presence of three stars (***) denotes a highly significant correlation, suggesting that the relationship between the two variables is statistically significant at the 0.01 level, with the possibility of the correlation being one-tailed. The negative value of the coefficient further implies that as self-compassion increases, body dissatisfaction decreases significantly.

The significant relationship between self-compassion and body dissatisfaction indicates that these two variables are closely related, with self-compassion potentially serving as a mitigating factor against body dissatisfaction. This finding underscores the importance of self-compassion in helping individuals manage feelings of dissatisfaction with their physical appearance.

The categorization test results showed that 100% of the subjects had moderate levels of body dissatisfaction. Additionally, 59% of the participants exhibited moderate levels of self-compassion, while 49% displayed high levels of self-compassion. Thus, the average categorization for both variables falls within the medium range.

These findings suggest that self-compassion acts as an antecedent to body dissatisfaction, as supported by the research of Hui and Brown (2013). Individuals with low self-compassion are more likely to experience high levels of body dissatisfaction, and vice versa. In this study, participants with moderate levels of body dissatisfaction expressed a desire to achieve a more proportional body weight, motivated by the need to feel more comfortable with themselves (Yuanita & Sukanto, 2013).

Furthermore, individuals with moderate levels of self-compassion tend to resist behaviors that might exacerbate their feelings of discomfort or inadequacy, thereby mitigating the impact of body dissatisfaction (Anifah & Hutahaean, 2020).

The regression analysis results, with an R Square value of 0.645, indicate that self-compassion accounts for 64.5% of the variance in body dissatisfaction. This finding is consistent with previous research suggesting that self-compassion is a significant factor in the development and severity of body dissatisfaction (Hui & Brown, 2013). Additionally, the significance results showed a value of 0.000, confirming that $p < 0.05$, which supports the conclusion that self-compassion and body dissatisfaction have a reciprocal influence on one another. The regression coefficient of -0.803 suggests that for every decrease in one level of self-compassion, body dissatisfaction increases by 80.3%.

In terms of the magnitude of self-compassion's influence on body dissatisfaction, the results of the simple linear regression analysis indicate that every increase in one level of self-compassion results in a reduction in body dissatisfaction by approximately half. This demonstrates the substantial impact that self-compassion has on mitigating body dissatisfaction. Previous studies have similarly found that low levels of self-compassion are associated with increased body dissatisfaction, often due to a lack of self-kindness and heightened self-criticism, leading to greater dissatisfaction with oneself (Andini, 2020).

CONCLUSION

In conclusion, this study has demonstrated a significant negative relationship between self-compassion and body dissatisfaction among students at the Faculty of Psychology, Bhayangkara University, Jakarta Raya. The findings suggest that self-compassion serves as a protective factor against body dissatisfaction, highlighting the importance of fostering self-compassion in individuals, particularly during adolescence. While the study has its limitations, it provides a solid foundation for future research and practical applications aimed at improving body image and mental health.

By addressing the complex interplay between self-compassion, body dissatisfaction, and cultural and gender factors, this study contributes to a growing body of literature that seeks to understand and improve the well-being of young people in Indonesia and beyond.

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