



The effect of positive self talk on decreasing levels of body dissatisfaction in adolescent women at Sekolah Tinggi Ilmu Kesehatan Gunung Maria Tomohon

Brigita M. Karouw¹, Vione D.O Sumakul², Priscila E. Asa³, Eireine M. Pandoh⁴

^{1,2}Nursing, Sekolah Tinggi Ilmu Kesehatan Gunung Maria Tomohon, Tomohon, Sulawesi Utara, Indonesia

^{3,4}Hospital Administration, Sekolah Tinggi Ilmu Kesehatan Gunung Maria Tomohon, Tomohon, Sulawesi Utara, Indonesia

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ABSTRACT

Young women can experience body dissatisfaction due to high environmental beauty standards. Individuals should have a positive perception of everything in their lives, including their body shape. Analyzing the effect of positive self-talk on decreasing the level of body dissatisfaction in young women. The research design was a quasi experiment using a nonrandomized control group pre-post test design approach. Sampling used a non-probability sampling technique with a purposive sampling approach. The number of samples is 60 respondents which are divided into treatment and control groups. The instrument used was a body dissatisfaction questionnaire. Analysis using the Wilcoxon Test and Mann Whitney Test. The results of this study showed a significant difference between the treatment groups before and after the intervention. Positive self talk will stimulate the work of the ventromedial prefrontal ventricular cortex area, positive messages received will increase the nerve response in the VMPFC which can lead to cognitive changes and positive behavior. There is a positive effect of self-talk on decreasing the level of body-body reduction in young women.

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Corresponding Author:

Brigita Karouw,
Nursing,
Sekolah Tinggi Ilmu Kesehatan Gunung Maria Tomohon,
Jl. Wanua Atas, Kolongan Satu, Tomohon Tengah, Tomohon, Indonesia
Email: karouwbrigita@gmail.com

1. Introduction

Beauty standards have negatively impacted one's body image. As a result, many women perceive themselves as ugly, which can impact their psychological well-being. One of the problems that women and adolescent girls experience as a result of this is body dissatisfaction (El-Yana, 2021). Dissatisfaction occurs when someone dislikes their body or certain parts of it. The impact of body dissatisfaction affects physical and mental health. Physical ill-health can lead to excessive dieting, as evidenced by research conducted by Nirani Asih. The results of a study of 263 female students at the University of Muhammadiyah Malang who participated in this study showed a significant positive relationship between body dissatisfaction and dieting behavior in women, where the higher the level of body dissatisfaction, the higher the dieting behavior (N, 2017). Other impacts are eating disorders and excessive exercise habits. Eating behavior and exercise habits according to research conducted by Ayu Laksmi et al in 2018, the results of research on 34 female respondents aged 18-22 years old, Medical students at Diponegoro University who participated in this study showed that there was a significant

relationship between body image and eating behavior and exercise habits. Respondents who had body image dissatisfaction had a 27.6 times tendency to behave abnormally and 4.3 times to exercise with more frequency compared to respondents who had satisfaction with body image (Laksmi dkk., 2018). Mental health can give rise to negative effects including negative self-evaluation where teenagers will feel less confident as evidenced by the results of research according to research conducted by Zurisatia Ekaningtias in 2016, the results of research from 250 female students at the University of Muhammadiyah Malang who participated in this study showed that the higher the level of body dissatisfaction, the lower the self-confidence they have (Ekaningtias, 2016). Another impact, depression, is evidenced by research conducted by Brigita Primadona et al. in 2021. The results of a study conducted by 88 respondents at Duta Wacana Christian University who participated in this study showed a significant relationship between body image and the incidence of depression (Primadona, 2021). The final impact, body dysmorphic disorder, is evidenced by a study conducted by Adinda Wilistiyani et al. in 2022. The results of a study conducted by 94 women aged 18-21 at the University of Semarang who participated in this study showed a significant relationship between body image and the incidence of body dysmorphic disorder (Wilistiyani & Winta, 2022).

The novelty of this study lies in the use of psychological intervention in the form of positive self-talk to reduce body dissatisfaction, something that has not been done in previous studies. Previous research generally focused only on the relationship or correlation between body dissatisfaction or body image and various negative impacts, without providing solutions or interventions to address them. This study, however, offers a practical solution (positive self-talk) to address body dissatisfaction and integrates psychological and neurobiological aspects to explain behavioral changes. On the other hand, widely studied psychological interventions, such as Cognitive Behavioral Therapy (CBT) and professional counseling, generally require time, expense, and expertise that are not always available, especially in community or primary care settings. This highlights the need for simpler, more practical, and easier-to-implement psychological interventions. Although positive self-talk or affirmations are known as simple and potent techniques for changing negative thought patterns, experimental research examining their effectiveness is limited, particularly in the context of body dissatisfaction in adolescents.

A preliminary study conducted by researchers in July 2022 on 90 adolescent girls at Gunung Maria Tomohon College of Health Sciences (STIKES) aged 18-22 (late adolescence) found that 29 female students (32.22%) paid little attention to their bodies, 11 female students (12.22%) were overweight, and 8 female students (8.89%) were overweight.

According to Mueller, as quoted in (Nindita, 2018), adolescent girls generally feel less satisfied with their body shape and have a negative body image compared to adolescent boys. This is similar to what Nomate, Nur, & Toy stated, stating that adolescence experiences many physical and psychological changes. A clear psychological change is that adolescents frequently pay attention to their body shape and often develop perceptions about their own bodies. Many adolescent girls feel that their bodies are too fat or too thin, and not ideal. In reality, adolescents' bodies are considered ideal, and others who see them don't necessarily view them negatively. This negative perception of body shape can lead to body dissatisfaction. Individuals should have a positive perception of everything in their lives, including their body shape (Nindita, 2018). Perception or understanding will shift to a positive one if we make positive statements about what we perceive.

One way to address this dissatisfaction is through positive self-talk interventions, which involve talking or having a dialogue with oneself using positive statements. This approach has a positive impact on a person, including that each person will find it easier to understand themselves, be able to evaluate themselves, be able to think positively and have positive behavioral habits.

2. Methods

This research used an exploratory approach. Exploratory research is preliminary research aimed at gaining an overview of a research topic for further investigation (Morissan, 2019). This research was divided into two stages. The initial stage included: a) Conducting a literature review of research journals from the last five years and book sources discussing body dissatisfaction and positive self-talk interventions to determine the material to be explained in the module; b) Drafting a positive self-talk

intervention module (definition, benefits, targets, timeframe, tools and materials, methods, setting, steps) to address body dissatisfaction (definition, impact, influencing factors, aspects); c) Conducting an expert consultation. to discuss the positive self-talk intervention module for addressing body dissatisfaction; d) Developing a positive self-talk intervention module to address body dissatisfaction in adolescent girls based on the results of the expert consultation as one of the intervention standards.

The final stage continued with quantitative research using a quasi-experimental design using a non-randomized control group pre-post test design, which included: a) Conducting a pre-test to determine the level of body dissatisfaction among adolescent girls before the intervention; b) Dividing respondents into two groups: a treatment group of 30 respondents and a control group of 30 respondents; c) Providing an explanation of body dissatisfaction and positive self-talk to the treatment group; d) The researcher scheduled six meetings to implement positive self-talk, each meeting lasting approximately 60 minutes; e) Conducting a post-test to determine the level of body dissatisfaction among adolescent girls in the treatment and control groups; f) Identifying the level of body dissatisfaction among adolescents in the treatment group before and after the positive self-talk intervention; g) Identifying the level of body dissatisfaction among adolescents in the control group; h) Analyzing the effect of positive self-talk on the level of body dissatisfaction among adolescents before and after the intervention.

This study used a non-randomized control group to test the effectiveness of a positive self-talk intervention on reducing body dissatisfaction. This design was chosen based on several considerations, including the impossibility of randomizing subjects because the respondents were female students who had already joined a specific group or class. Therefore, random assignment could potentially disrupt academic activities and cause discomfort to the respondents. Furthermore, a quasi-experimental design was chosen because it allowed for a comparison group (control) that did not receive the intervention, allowing researchers to evaluate the changes that occurred more objectively through comparisons between the treatment and control groups, both before and after the intervention.

Sampling in this study was conducted using a non-probability sampling technique with a purposive sampling approach, which is a method of determining a sample by selecting a sample from the population according to the researcher's wishes and in accordance with inclusion and exclusion criteria. Based on calculations, the sample size was 60 participants, divided into two groups of 30 participants each. The first group was the treatment or intervention group, while the second group was the control group without treatment.

The tools used in this study were a pen and notebook for each respondent. The materials used in this study were a module on positive self-talk theory for addressing body dissatisfaction in adolescent girls and a questionnaire to measure body dissatisfaction. The instrument used in this study consisted of 27 items. Validity test results showed that all items had a calculated r value greater than the tabulated r value, namely 0.361, thus being declared valid. Reliability testing using Cronbach's Alpha yielded a value of 0.918, or greater than 0.6, thus confirming the reliability of the body dissatisfaction questionnaire.

3. Results and Discussion

Results

1) Distribution of Respondent Characteristics

Table 1.

Distribution of Respondent Characteristics by Age, Gender, and Education Level in the Control and Treatment Groups. Effect of Positive Self-Talk on Reducing Body Dissatisfaction Levels in Adolescent Girls

Respondent Characteristic	Ji	Treatment		Control	
		N	%	N	%
Age					
18 years	7	23,3	24	80	
19 years	16	53,3	5	16,7	
20 years	6	20	1	3,3	

Respondent Characteristic	Treatment		Control	
	Ji	Ju	Ji	Ju
N	%	N	%	N
21 years	1	3,3	0	0
Total	30	100	30	100
Gender				
Woman	30	100	30	100
Man	0	0	0	0
Total	30	100	30	100
Education				
Semester I	0	0	30	100
Semester III	30	100	0	0
Total	30	100	30	100

Based on table 1 in the treatment group through the results of the calculation of the frequency distribution of age, it can be seen that of the total of 30 respondents, the largest percentage is 19 years old, as many as 16 respondents (53.3%). The results of the calculation of the distribution of education can be seen that 30 respondents (100%) are third semester students. Meanwhile, in the control group through the results of the calculation of the frequency distribution of age, it can be seen that of the total of 30 respondents, the largest percentage is 18 years old, as many as 24 respondents (80%). The results of the calculation of the distribution of gender can be seen that 30 respondents (100%) are female. The results of the calculation of the distribution of education can be seen that 30 respondents (100%) are first semester students. Students of older age or older semesters tend to have greater emotional maturity and may have better body self-acceptance. Conversely, students in their early semesters tend to be more susceptible to social pressure and tend to show inconsistent changes during the intervention process because they are easily influenced by external factors such as their social environment.

- 2) Level of body dissatisfaction in adolescents in the treatment group before and after receiving positive self-talk

Table 2.
Conclusion of Body Dissatisfaction Scores in Adolescent Girls in the Treatment Group
After Receiving Positive Self-Talk

NO	Body Dissatisfaction Aspects	Treatment Group Values						
		Up		Down		Still		Total
		N	%	N	%	N	%	
1	Negative perception of body shape	1	3,33	27	90	2	6,67	30
2	Feeling embarrassed about body shape in social environments	5	16,67	24	80	1	3,33	30
3	Body checking	2	6,67	23	76,67	5	16,67	30
4	Body camouflage	3	10	18	60	9	30	30
5	Avoid social activities and physical contact with other people	8	26,67	17	56,67	5	16,67	30

Based on table 2, it shows that the change in value in each aspect of body dissatisfaction in the treatment group in the measurement before and after experiencing changes. The first aspect of body dissatisfaction, namely negative perceptions of body shape, the highest percentage is 90% where as many as 27 respondents experienced a decrease in value. The second aspect of body dissatisfaction, namely feeling embarrassed by body shape in social environments, the highest percentage is 80% where as many as 24 respondents experienced a decrease in value. The third aspect of body dissatisfaction, namely body checking, the highest percentage is 76.67% where as many as 23 respondents experienced a decrease in value. The fourth aspect of body dissatisfaction, namely body camouflage, the highest percentage is 60% where as many as 18 respondents experienced a decrease in value. In the fifth aspect of body dissatisfaction, namely avoiding social activities and physical contact with others, the highest percentage is 56.67% where as many as 17 respondents experienced a decrease in value.

Table 3.
Level of Body Dissatisfaction in Female Adolescents in the Treatment Group Before and After Being Given Positive Self-Talk

Descriptive	Pre	Post
Minimal	57	40
Maximal	89	87
Mean	71,3	56,5
Standard Deviasi	9	10,3
Negative Ranks	25 (83,33%)	
Positive Ranks	5 (16,67%)	
Ties	0 (0%)	

Table 3 shows that after being taught positive self-talk, body dissatisfaction levels decreased. The mean pre-measurement score was 71.3, and the post-measurement score dropped to 56.5. The minimum score was 57, and the post-measurement score dropped to 40. The maximum score was 89, and the post-measurement score dropped to 87. In a psychological context, the decline in scores indicates that adolescent girls are becoming more accepting of their bodies, with a decrease in the intensity of negative thoughts about their physical appearance. Clinically, this decline could potentially prevent more serious conditions such as depression or body dysmorphic disorder.

The SPSS analysis revealed that 25 respondents experienced a decrease (negative ranks) in body dissatisfaction scores from pre-to-post measurements, and 5 respondents experienced an increase (positive ranks) in body dissatisfaction scores from pre-to-post measurements.

Tabel 4.
Changes in the Level of Body Dissatisfaction in Female Adolescents in the Treatment Group Before and After Being Given Positive Self-Talk

Category	Treatment Group			
	Pre		Post	
	N	%	N	%
Low	0	0	17	56,67
Currently	26	86,67	12	40
High	4	13,33	1	3,33
Total	30	100	30	100

Based on table 5.4, it shows that the highest percentage of body dissatisfaction levels in the treatment group before being given positive self-talk intervention was in the medium category with 26 respondents (86.67%), while in the measurement after being given positive self-talk intervention, the highest percentage was in the low category with 17 respondents (56.67%).

3) Level of body dissatisfaction in adolescents in the control group

Table 5.
Conclusion of Body Dissatisfaction Scores in Adolescent Girls in the Control Group

NO	Body Dissatisfaction Aspects	Control Group Values						
		Up		Down		Still		Total
		N	%	N	%	N	%	
1	Negative perception of body shape	9	30	13	43,33	8	26,67	30
2	Feeling embarrassed about body shape in social environments	12	40	10	33,33	8	26,67	30
3	Body checking	8	26,67	12	40	10	33,33	30
4	Body camouflage	11	36,67	9	30	10	33,33	30
5	Avoid social activities and physical contact with other people	9	30	14	46,67	7	23,33	30

Based on table 5 shows that the change in value in each aspect of body dissatisfaction in the control group in the measurement before and after experiencing changes. The first aspect of body

dissatisfaction, namely negative perceptions of body shape, the highest percentage is 43.33% where as many as 13 respondents experienced a decrease in value. The second aspect of body dissatisfaction, namely feeling embarrassed by body shape in the social environment, the highest percentage is 40% where as many as 12 respondents experienced an increase in value. The third aspect of body dissatisfaction, namely body checking, the highest percentage is 40% where as many as 12 respondents experienced a decrease in value. The fourth aspect of body dissatisfaction, namely body camouflage, the highest percentage is 36.67% where as many as 11 respondents experienced an increase in value. In the fifth aspect of body dissatisfaction, namely avoiding social activities and physical contact with others, the highest percentage is 46.67% where as many as 14 respondents experienced a decrease in value.

Table 6.
Level of Body Dissatisfaction in Female Adolescents in the Control Group

Descriptive	Pre	Post
Minimal	56	51
Maximal	89	86
Mean	67,90	67,50
Standard Deviasi	9,2	11,1
Negative Ranks	16 (53,33%)	
Positive Ranks	13 (43,33%)	
Ties	(3,33%)	

Table 6 shows that the mean score for the pre-measurement was 67.90, and the post-measurement score decreased to 67.50. The minimum score for the pre-measurement was 56, and the post-measurement score decreased to 51. Meanwhile, the maximum score for the pre-measurement was 89, and the post-measurement score decreased to 86. The SPSS analysis revealed that 16 respondents experienced a decrease (negative ranks) from the pre-to-post measurement, 13 respondents experienced an increase (positive ranks) from the pre-to-post measurement, and 1 respondent had a tie between pre- and post-measurement scores.

Table 7.
Changes in Body Dissatisfaction Levels Among Female Adolescents in the Control Group

Category	Treatment Group			
	Pre		Post	
	N	%	N	%
Low	0	0	7	23,33
Currently	29	96,67	19	63,33
High	1	3,33	4	13,33
Total	30	100	30	100

Table 7 shows that the highest percentage of body dissatisfaction in the control group before the positive self-talk intervention was in the moderate category, with 29 respondents (96.67%), while after the positive self-talk intervention, the highest percentage was in the moderate category, with 17 respondents (63.33%).

4) The Effect of Positive Self-Talk on Body Dissatisfaction Levels in Adolescents Before and After the Intervention

This variable data relates to the effect of positive self-talk on reducing body dissatisfaction levels in the control and treatment groups.

Table 8.
Results of the Wilcoxon and Mann-Whitney Tests in the Treatment and Control Groups

Group	Wilcoxon Results	Mann Whitney Results	
		Pre	Post
Control	p = 0,435		
Treatment	P = 0,000	p = 0,111	p = 0,000

Based on Table 8, the Wilcoxon test results for the treatment group before and after receiving positive self-talk showed $p = 0.000$ ($p < 0.05$), indicating a significant difference in body dissatisfaction before and after receiving positive self-talk. In the control group, the results before and after receiving positive self-talk showed $p = 0.435$ ($p > 0.05$), indicating no significant difference in body dissatisfaction between the pre- and post-measurements.

The Mann-Whitney test results for the pre-measurement of body dissatisfaction showed $p = 0.111$ ($p > 0.05$), indicating no difference in body dissatisfaction between the treatment and control groups before receiving positive self-talk. The post-measurement of body dissatisfaction showed $p = 0.000$ ($p < 0.05$), indicating a difference in body dissatisfaction between the treatment and control groups after receiving positive self-talk. Therefore, it can be concluded that the alternative hypothesis is accepted, thus indicating that positive self-talk has an effect on reducing body dissatisfaction levels in adolescent girls.

Discussion

Research findings demonstrate the influence of positive self-talk on reducing body dissatisfaction in adolescent girls. According to research conducted by Haley & Melanie, during adolescence, external factors, specifically social factors, significantly influence body dissatisfaction, including social teasing and interpersonal interactions (Webb & Zimmer-Gembeck, 2013). These factors include peer comparisons between individuals' appearances and peer pressure to achieve a slim and ideal body. This finding is supported by research (Gonzaga dkk., 2021), which found that adolescents with less social support experience higher levels of body dissatisfaction. Therefore, it is necessary to address body dissatisfaction so that adolescents can feel confident in interacting with their environment.

These findings support previous research by Indraswari, which showed that self-talk training and evaluation significantly reduced body dissatisfaction. Adolescent girls frequently compare their height, weight, and body shape with those of their peers. Unsatisfactory comparisons can be a source of disappointment and ultimately lead to body dissatisfaction (Indraswari, 2017). Body dissatisfaction is not only experienced by obese adolescents, but also by adolescents with ideal or even below-average body weight. This is also supported by research results (Hart & Chow, 2020), which found that high levels of individual engagement in negative body dialogue are strongly associated with body dissatisfaction in adolescents. Conversely, high levels of individual engagement in positive body dialogue are strongly associated with low levels of body dissatisfaction.

Body dissatisfaction is a negative perception of one's body that can affect one's cognitive abilities. According to Falk in (Saleha, 2021), positive self-talk, often called affirmations, is defined as a defense mechanism (coping) against stress by incorporating positive phrases and thoughts repeatedly. This repetition has the effect of counteracting negative thoughts. The mechanism of action can be explained by how each individual uses their cognitive system to perceive phenomena occurring in their environment. These perceptions are interpreted as self-talk. Whether these words are interpreted well or poorly will affect the individual both physically and emotionally. The ventromedial prefrontal cortex (VMPFC) of the brain plays a role in processing positive stimuli. The VMPFC is crucial for self-processing and consistent behavioral changes in response to messages. Affirmations stimulate the VMPFC, which recognizes positive messages, which in turn increases neural responses in the VMPFC, leading to behavioral changes.

Wulaningsih states that positive self-talk can help create a positive mood when an individual is

tired by expressing positive words or sentences with positive connotations (Fakultas, t.t.). According to (Utami, 2022), choosing positive words tends to make a person more positive. Consistent use of positive words will foster positive adaptation. This statement is also supported by Calista Roy's theory, which explains that humans are adaptive systems capable of adapting to challenges throughout life (Dharma, 2018).

Self-talk is part of rational emotive behavior therapy (REBT). REBT focuses on thinking and acting. The goal of this therapeutic approach is to transform irrational attitudes, perceptions, ways of thinking, beliefs, and perspectives into rational ones, enabling self-development and optimal self-concept through positive cognitive and affective processes. This research involved adolescents in its implementation, where according to (Ali & Asrori, 2019) one effort to develop cognitive skills is by how adolescents learn inner dialogue as a way to face and overcome problems or strengthen their own behavior. The inner dialogue taught to adolescents is by having a positive dialogue with themselves. Providing this intervention is expected to make adolescents more confident in socializing with the environment and being able to have a positive perception of their bodies, so that this can meet the needs of adolescents where according to Melly Sulastri, 1984 in (Ali & Asrori, 2019) one of the needs of individuals in the adolescent stage is the need for warm acceptance by the environment, and the need to learn to understand themselves both physically and mentally.

4. Conclusion

Based on research and discussion on the effect of positive self-talk on body dissatisfaction in adolescent girls, it can be concluded that there was a significant difference in body dissatisfaction levels in the treatment group after receiving positive self-talk. Post-measurement scores decreased compared to pre-measurement scores. The positive self-talk intervention can influence body dissatisfaction in adolescent girls in the treatment group.

There was no significant difference in body dissatisfaction levels in the control group after receiving positive self-talk. Pre- and post-measurement scores did not change significantly. The positive self-talk intervention did not influence body dissatisfaction levels in adolescent girls in the control group. Positive self-talk has an impact on reducing body dissatisfaction in adolescent girls. Positive self-talk can change adolescents' perceptions of their bodies to be more positive, thus leading to feelings of satisfaction with their bodies.

Overall, this intervention provides a simple, evidence-based, and applicable psychological intervention that can be used by nurses to improve adolescent mental health, particularly in addressing body dissatisfaction in a preventive and promotive manner.

To ensure sustainable positive self-talk in educational institutions, this intervention can be incorporated into new student orientation and counseling sessions. Campus environments should provide affirming messages through posters and digital media, and foster a culture of non-judgmental communication. This approach helps reinforce the effects of internal self-talk with external support. Educational institutions can also collaborate with psychologists or community nurses to ensure interventions remain safe and targeted.

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