

The Application of Bibliotherapy on Adolescent Girls with Body Image Dissatisfaction

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Body image dissatisfaction, caused by a discrepancy between cultural-based ideal body and individual actual body, is experienced by most of adolescent girls. The purpose of this study is to evaluate the effectiveness of bibliotherapy on adolescent girls with body image dissatisfaction. Subjects were 15 senior high school girls, aged 14-17 years, with BMI (Body Mass Index) thin to normal, with average to high body image dissatisfaction. By using pretest-posttest control group design, the subjects were assigned into three groups, i.e. interactive and reading bibliotherapy as experimental groups and the waiting-list control group. One-way analysis of variance (ANOVA) is employed to measure the differences of body dissatisfaction among the three groups. The result showed that there were no significant differences of body dissatisfaction in the pretest – posttest and posttest – follow-up, between the three groups. It means that neither interactive nor reading bibliotherapy was effective in reducing the adolescent girls' body image dissatisfaction.

Keywords: body image dissatisfaction, bibliotherapy, adolescent girls

Ketakpuasan bayangan diri yang disebabkan oleh ketidaksesuaian antara bentuk tubuh ideal berdasarkan budaya dan bentuk sebenarnya tubuh individual, dialami oleh kebanyakan gadis remaja. Tujuan penelitian ini adalah menilai efektivitas terapi bacaan terhadap remaja putri yang menyandang ketakpuasan bayangan diri. Para subjek adalah 15 siswa SMA, berusia antara 14-17 tahun, dengan indeks massa tubuh (*body mass index* = BMI) kurus hingga normal, dengan ketakpuasan rata-rata hingga tinggi. Dengan desain pra-ujicoba dan kelompok kendali, para subjek dibagi menjadi tiga kelompok: kelompok bacaan pustaka interaktif dan kelompok bacaan pustaka sebagai kelompok percobaan, dan kelompok daftar tunggu sebagai kelompok kontrol. Dipakai analisis varian satu arah (ANOVA) untuk mengukur perbedaan bermakna ketakpuasan bayangan diri di antara ketiga kelompok. Hasil-hasil menunjukkan bahwa tak ada perbedaan bermakna baik pada kelompok pra-ujicoba dan pasca-ujicoba *follow up*, menunjukkan bahwa terapi bacaan interaktif maupun bacaan pustaka tak efektif dalam menurunkan rasa ketakpuasan para gadis remaja.

Kata kunci: ketakpuasan bayangan diri, terapi bacaan pustaka, gadis remaja

For most women, appearance is probably something that very important, so they are willing to sacrifice time, effort, and even money to change their appearance in order to reach what is considered ideal and attractive by their opposite sex. With the demands and social expectations about the ideal body, women become vying to beautify themselves to fit with the society's standards.

According to Brehm (as cited in Maria, Prihanto, & Sukamto, 2001), body dissatisfaction is caused by the gap between beliefs about the ideal body shape based on the prevailing culture and the evaluation of the individual's actual body shape. In addition, Rosen and Reiter (as cited

in Asri & Setiasih, 2004) state that body dissatisfaction is the preoccupation by negative evaluation towards the physical appearance and feeling ashamed of their physical condition when individuals are in social surroundings.

Based on that explanation, it is known that when individuals experience body dissatisfaction, they will feel ashamed being in social surroundings because of the lack of confidence with their actual body which does not fit with social expectations about how ideal female body shape should be. Lack of self-confidence can lead to the inhibition in individual personality development and interpersonal relationships in society. Moreover, adolescent girls with body dissatisfaction are also at risk of committing suicide (Dittrich, as cited in Esther, 2002) and having a tendency of developing eating disorders, i.e. anorexia nervosa

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and bulimia nervosa (Maria et al., 2001).

According to a study by Rosenblum and Lewis (as cited in Barker & Galambos, 2003), adolescent girls and boys are usually dissatisfied with their weight at the age of 13, 15, and 18, and adolescent girls are more dissatisfied with her overall body. Another study conducted by Strachen and Jones (as cited in Santrock, 2003) states that adolescents experience more discrepancy between real self and ideal self in the middle (age 14-17 years) than the early and late of adolescence.

Brooks-Gun and Paikoff; Henderson and Zivian; and Richards (as cited in Santrock, 2003) also add that adolescent girls generally are more dissatisfied with their body and have more negative body image compared with adolescent boys. Seeing so many effects can be caused by body dissatisfaction that easily experienced by mid-adolescent girls, therefore this study was conducted to evaluate the effectiveness of one approach, that is bibliotherapy, in reducing the levels of body dissatisfaction.

The study using bibliotherapy has already conducted by Sukamto (2008). The research was using bibliotherapy to reduce body image dissatisfaction among high school girls. In this research, Sukamto (2008) divided the participants ($N = 45$) into three groups: the experimental group I from the "X" high school girls which got interactive bibliotherapy ($n = 15$), experimental group II from the "Y" high school girls which got reading bibliotherapy ($n = 15$), and a control group from "Z" high school girls ($n = 15$). Sukamto using the Body Image Dissatisfaction Scale which consisted of the aspects of body shape (the overall appearance), weight, height, and body parts (shoulders, thighs, waist, abdomen, arms, hips, and calves). It was a quasi-experimental research, with pretest-posttest control group design. Measurements implemented at three stages, i.e. the pretest, posttest, and follow-up. The results of this study include: (a) interactive bibliotherapy and reading bibliotherapy showed a relatively equal effectiveness in reducing body image dissatisfaction among high school girls ($sig. = .054 > \alpha = .05$) and (b) The effectiveness of interactive bibliotherapy ($sig. = .262 > \alpha = .05$) and reading bibliotherapy ($sig. = .883 > \alpha = .05$) in reducing body image dissatisfaction among high school girls can maintain up to one month after treatment. Based on Sukamto's study (2008),

Tabel 1

Weight Categories (Tjokrowawiro, 2006)

Weight Categories	Body Mass Index (BMI)
Underweight	< 18.5
Normal	18.5 - 22.9
Mild Obese	23 - 24.9
Moderate Obese	25-29.9
Severe Obese	≥ 30

this research was conducted to determine whether bibliotherapy can actually reduce levels of body dissatisfaction when using different reading materials and measures.

Body Dissatisfaction

Body dissatisfaction is caused by the gap between the ideal body shape based on the prevailing culture and the present individual actual body shape (Brehm & Kassin, 2001). According to Brehm (as cited in Maria et al., 2001), the factors that cause dissatisfaction with body shape are: (1) living in a culture of first impressions, (2) a belief that self-control can give a perfect body, (3) impossible standards of beauty, (4) deeper dissatisfaction with self and life, and (5) a need for control in a world that feels out of control. Rosen and Reiter (as cited in Asri & Setiasih, 2004) describe aspects of body dissatisfaction, which consisted of negative evaluation towards body shape, feeling ashamed of body shape in social surroundings, body checking, body camouflage, and avoiding social activities and physical contact with others.

Tjokrowawiro (2006) reveals various ways to calculate weight. One of which is using the BMI (Body Mass Index), by dividing weight (in kilograms) with the square of height (in meters). The BMI classifies weight into five categories (see Table 1).

Bibliotherapy

Hynes and Hynes-Berry (1994) states that etymologically, bibliotherapy consists of two words: "Biblio" which means the books and literature, and "therapy" is originated from the word *therapeia*, which means to serve and to help medically and this leads to the concept of cure. Basically, bibliotherapy is the use of literature (both written or audiovisual material) that is useful to understand and resolve issues related to the individual therapeutic needs (emotional problems, mental illness, or problems that occur due to changes in one's life) to produce affective change and enhance personality growth and development.

According to Hynes and Hynes-Berry (1994), the process of the bibliotherapy includes four stages, recognition, examination, juxtaposition, and application to self. There are two approaches in bibliotherapy, known as interactive bibliotherapy and reading bibliotherapy.

According to reading bibliotherapy, the healing process occurs during the reading itself. The limitation of this approach lies in the limited interaction between the reading materials and the readers. Besides, in the process of reading, the reader may become confused or has different understandings from the core of the text.

Palmer et al., Anderson and MacCurdy, and Morawski and Gilbert (as cited in Abdullah, 2002) say that in the interactive bibliotherapy, participants involve in activities that will help them reflect on what they have read, such as discussions in a group and dialogues about journal writing. According to Hynes and Hynes-Berry (1994), the most important benefits in the reading process is sometimes confused with the wrong response from individuals, so the discussion is important to be done to obtain the real benefit. Therefore, by conducting discussion, the interactive bibliotherapy should be more powerful in eliciting the desired response from the participants compared with the reading bibliotherapy. The superiority of interactive bibliotherapy is the existence of trained facilitators. They could support group discussions and helping the participants in integrating cognitive and affective responses while reading certain literatures in the form of reading and audiovisual materials, or personal essays of the participants themselves.

The study of Sukamto (2008) shows that the effectiveness of interactive and reading bibliotherapy did not differ significantly ($sig. = .054 > \alpha = .05$), encouraged the authors to prove whether interactive bibliotherapy is more effective than reading bibliotherapy.

Based on the explanation above, the research hypothesis is formulated as follows: (1) bibliotherapy is effective in reducing body dissatisfaction in adolescent girls and (2) interactive bibliotherapy is more effective in reducing body dissatisfaction among adolescent girls compared with the reading bibliotherapy.

Method

This study uses two variables, the body dissatisfaction as the dependent variable and bibliotherapy as the independent variable.

Participants

The population in this study were from "X" high school students in Surabaya ($N = 106$) aged 14-17 years and unmarried. This is because teenagers in the middle adolescence are experiencing greater discrepancy between real self and ideal self. From the 106 subjects, only 15 subjects who met the criteria and were willing to become participants. The criteria of the participants are having thin to normal BMI category and experiencing moderate to high body dissatisfaction. Fifteen participants were divided into three groups, the experimental group I who got interactive bibliotherapy ($n = 5$), the experimental group II who received reading bibliotherapy ($n = 5$), and the waiting list control group who would receive treatment after treatment for the experimental groups are completed ($n = 5$).

Data Collection Techniques

Data were collected using body dissatisfaction scale, exercise sheets, observation sheets towards participants who get interactive bibliotherapy, material evaluation sheets, facilitator evaluation sheets, and interviews.

Body dissatisfaction scale was developed by the authors based on the aspects of body dissatisfaction by Rosen and Reiter (as cited in Asri & Setiasih, 2004). The authors chose to use this scale because it measured either negative evaluation of the body or the individuals in their social surroundings. Aspects measured in the scale are negative evaluation towards body shape, feeling ashamed of the body in social surroundings, body checking, body camouflage, and how often the individual avoiding social activities and physical contact with others.

This body dissatisfaction scale consisted of 40 items, with four answer choices, ranging from Strongly Agree (SA), Agree (A), Disagree (DA), and Strongly Disagree

Table 2
Blue Print of Body Dissatisfaction Scale

No.	Aspect	Item Accepted	Item Aborted	Corrected item-total correlation	Reliability Coefficient
1.	Negative evaluation towards body shape.	1, 8, 11, 12, 20, 23, 25, 27, 39	33	.191 - .720	.913
2.	Feeling ashamed of the body in social surroundings.	2, 13, 14, 21, 22, 29, 31, 34, 40	7		
3.	Body checking	5, 15, 28, 35, 37	9, 24, 32		
4.	Body camouflage	3, 10, 16, 26, 36	18		
5.	Avoiding social activities and physical contact with others	4, 6, 17, 19, 30, 38	-		
Total		34	6		

(SDA). Before using this scale, the authors conducted try-outs on body dissatisfaction scale to test the validity and reliability of the instrument. The result of reliability test using alpha-cronbach technique obtained alpha coefficient of .927 with the corrected item-total correlation of .403- .755. Because the alpha coefficient is above .7, so it can be said that the Body Dissatisfaction Scale used in this research is reliable. Based on this try-out, 11 items still need to be modified. Furthermore, based on item analysis and reliability test at the pretest, 34 items can be reused at posttest and follow-up with the corrected item-total correlation of .191- .720 and alpha coefficient of .913 (see Table 2).

Bibliotherapy practice sheets containing the participants' answers and responses related to the reading materials. The practice sheets were used to explore the participants understanding of bibliotherapy materials on each session. The data obtained from these sheets would be used to enrich the individually discussions.

The observation sheets were used to observe the participants' behavior during the discussion. The list of observable behaviors include the intensity of attention, the frequency of involvement, spontaneity of response, productivity, fairness on the tasks given, and participants point of view of themselves during the process of discussion. Therefore, the authors only observed the interactive bibliotherapy group who got group discussion sessions.

The evaluation sheets were divided into two types, the material evaluation sheets and the facilitator evaluation sheets. The material evaluation sheets include the evaluation from the participants of interactive and reading bibliotherapy about the content of material, up to date of material, and material benefits for the participants. The interview was done by the authors at follow-up process. The questions are about the participants' feelings during the training and acceptance of their own bodies, such as things that make them not being able to accept themselves. In addition, factors that may inhibit or support the acceptance of their bodies were also asked, such as the pressures and persuasion from the family, close friends, or anyone else who make them like or dislike their own bodies. Another question is whether they like reading magazines, what kind of magazines they frequently read, and how far the magazine or significant persons can influence the participants in accepting themselves as they are.

Research Design

The experimental research design used in this research is pretest-posttest control group design. Schematically, this research design is displayed in Figure 1.

Procedures

This research consisted of four stages: pre-treatment, treatment, post-treatment, and follow-up. Firstly, in the pre-treatment stage, the authors arranged the body dissatisfaction scale and conducted try-out of the scale against adolescent girls ($N = 30$). From this try-out, the authors tested the validity and reliability which is then followed by modifying some items of the body dissatisfaction scale to increase the reliability and validity of the scale. After that, the authors conducted pretest on "X" high school girls ($N = 106$) with body dissatisfaction scale, surveying the needs of the reading material towards 25 girls in the "X" high school who felt dissatisfied with their bodies, and preparing reading material for the booklet to be given to participants. After preparing the booklet as a tool to be used for intervention, the authors initially evaluated the booklet, such as the cover, content, and exercises, with the help of four teenage girls aged 14-17 years. Afterwards, the authors chose participants who met the criteria and were willing to participate in the training from the beginning to the end.

Secondly, in the treatment stage, the authors gave informed consent to the chosen participants who became the experimental group I ($n = 5$) and experimental group II ($n = 5$) about the training description that they will run. After that, the authors arranged that the experimental group I would receive interactive bibliotherapy session every once a week for five sessions. Sessions performed every Saturday with the agreed time and place and would last for 40-90 minutes. For reading bibliotherapy groups, meetings will be held every once a week for five sessions. Sessions held every Monday are with duration ± 15 minutes for each participant. At the end of each session, each subject, either in interactive or reading bibliotherapy were asked to fill in material evaluation sheets and facilitator evaluation sheets (especially for interactive group bibliotherapy).

KE I	:	Y1	X1	Y2
KE II	:	Y1	X2	Y2
KE III	:	Y1	O	Y2

Note.

KE I	:	Experimental Group I
KE II	:	Experimental Group II
KK	:	Waiting-list Control Group
X1	:	Interactive bibliotherapy
X2	:	Reading bibliotherapy
O	:	Non-treatment
Y1	:	Body dissatisfaction scores before treatment
Y2	:	Body dissatisfaction scores after treatment

Figure 1. Research design

Table 3
The Result of Normality Data Distribution Test

No.	Group	Sig. Kolmogorov -Smirnov	Data distribution status
1.	Pretest for experimental group I	.087	Normal
2.	Posttest for experimental group I	.200	Normal
3.	Follow-up for experimental group I	.200	Normal
4.	Pretest for experimental group II	.200	Normal
5.	Posttest for experimental group II	.200	Normal
6.	Follow-up for experimental group II	.200	Normal
7.	Pretest for control group	.200	Normal
8.	Posttest for control group	.140	Normal
9.	Follow-up for control group	.200	Normal

Thirdly, the post-treatment stage included filling in the body dissatisfaction scale by the participants, both experimental groups and the control group. The scale was already tested for validity and reliability in the pretest stage.

Fourthly, the follow-up stage was performed one month after the treatment, including (1) filling in body dissatisfaction scale with additional questions about how often participants took their time to re-read the bibliotherapy booklet, (2) providing a report on progress after the treatment by the authors to each participant that had followed the treatment process, (3) interviewing several participants from experimental group and control group.

Results

The results of the test assumptions, which include tests for normality and homogeneity, indicate the normal data distribution and the homogeneous variance between the experimental group I, experimental group II, and the control group, therefore the authors used One-Way ANOVA to test the hypothesis.

Table 3 shows that the experimental group I, experimental group II, and the control group have a normal distribution of data during the pretest, posttest, as well as follow-up.

Furthermore, the data was tested with Levene Homogeneity of Variance test. The result can be seen in Table 4 that shows that the experimental group I, experimental group II, and control group's data are homogeneous ($sig > .05$).

Hypothesis test was done by One-Way ANOVA parametric test analysis because the both test on the

Table 4
The Result of Group Homogeneity Test

No.	Data	F	sig	Status
1.	Pretest	.007	.993	Homogeneous
2.	Posttest	.534	.599	Homogeneous
3.	Follow-up	.649	.540	Homogeneous

assumption of normality and homogeneity test already fulfilled. From the results of One-Way ANOVA test to the mean difference of body dissatisfaction change (Δ) between the pretest – posttest among the experimental group I, experimental group II, and the control group, the $sig. = .127$ was obtained. In addition, the authors also conducted One Way ANOVA to the mean difference of body dissatisfaction change (Δ) between posttest – follow-up and got the $sig. = .713$. Table 5 shows the results of One-Way ANOVA test.

Considering the small number of samples in this study ($n = 15, n < 30$), then the authors also performed a comparative analysis using the Kruskal-Wallis nonparametric test. The result of the mean difference of body dissatisfaction change (Δ) between pretest – posttest among the experimental group I, experimental group II, and the control group was $sig. = .185$. Furthermore, the mean difference of body dissatisfaction change (Δ) between posttest – follow-up had $sig. = .688$. The results are summarized as displayed in Table 6.

Both of the results above, either by parametric or nonparametric analysis techniques, showed that the pretest – posttest and posttest – follow-up obtained $sig.$ value $> .05$. Thus, the first null-hypothesis (H_0) was accepted. This indicated that bibliotherapy is not effective in reducing levels of body dissatisfaction among the girls in X high school.

Furthermore, to determine whether interactive or reading bibliotherapy is more effective, the authors examined the results of post-hoc test between experimental group I and experimental group II between pretest – posttest and posttest – follow-up. The results of the mean difference of body dissatisfaction change between interactive and reading bibliotherapy using post-hoc test (LCD) was compared with Mann-Whitney U test (see Table 7).

From the test results above, either post-hoc test or Mann-Whitney Test, showed that body dissatisfaction differences between interactive and reading groups, both on the pretest–posttest and the posttest–follow-up

Table 5
Result of One-Way ANOVA Test

Resource		Sum of Squares	df	Mean Square	F	Sig.
Delta post-pre	Between Groups	223.333	2	111.667	2.461	.127
	Within Groups	544.400	12	45.367		
	Total	767.733	14			
Delta follow up-post	Between Groups	28.933	2	14.467	.348	.713
	Within Groups	498.800	12	41.567		
	Total	527.733	14			

Table 6
The Result of Kruskal-Wallis Non-parametric Test

Statistic	Deita pre-post	Delta post-follow up
Chi-Square	3.377	.748
df	2	2
Asymp. Sig.	.185	.688

Table 7
The Result of Post Hoc Test Between Interactive and Reading Group

Body Dissatisfaction	Mean Difference	Post Hoc Test (LCD)	Mann-Whitney U Test
		Sig.	Sig.
Delta post-pre	9.00	.056	.151
Delta follow-up-post	1.60	.702	.548

Table 8
The Category of Change in Body Dissatisfaction Score on KE I Among Pretest, Posttest, and Follow-Up

Participant	Pre test		Δ	Post test		Δ	Follow Up	
	Score	Category		Score	Category		Score	Category
AS	112	T	-13	99	T	8	107	T
O	96	T	-3	93	S	-11	82	S
EL	94	S	-1	93	S	1	94	S
M	92	S	-15	77	S	3	80	S
LF	89	S	1	90	S	8	98	T

Table 9
The Category of Change in Body Dissatisfaction Score on KE II Among Pretest, Posttest, and Follow-Up

Participant	Pre test		Δ	Post test		Δ	Follow Up	
	Score	Category		Score	Category		Score	Category
YS	106	T	-14	92	S	-1	91	S
YO	103	T	-26	77	S	-5	72	R
P	94	S	-18	76	S	10	86	S
D	92	S	-12	80	S	-1	79	S
G	89	S	-6	83	S	-2	81	S

obtained $sig. > .05$. Thus, the second null-hypothesis (Ho) was also received. This indicated that the interactive bibliotherapy was not more effective than reading bibliotherapy in reducing levels of body dissatisfaction among girls in X high school.

Considering the influence of the small number of participants who were included in this study that may impact on the significance of statistical tests, the authors need to calculate the effect size (Gravetter & Wallnau, 2004) with the d Cohen effect size formula = (mean difference) / (standard deviation). The effect size calculation testing the first hypothesis between experimental and control groups obtained the value of $d = .02$ ($d < .3$; small effect). Effect size calculation in testing the second hypothesis among interactive and reading bibliotherapy groups obtained value $d = .89$ ($d > .7$; large effect).

Table 8 shows that the interactive bibliotherapy group actually have decreased scores of body dissatisfaction, although the decline was not significant statistically. Four participants showed decrease scores of body

dissatisfaction at posttest and only one participant who showed increased body dissatisfaction score. At follow-up, which is a month after treatment, four participants showed an increase score and one participant decreased in body dissatisfaction score.

Table 9 shows that the reading bibliotherapy group had a greater decrease of average body dissatisfaction score when compared with the interactive group and control group. All participants in the experimental group II have a decreased body dissatisfaction scores after administration of treatment, but the decline was not significant. At follow-up (one month after treatment), only one participant have an increased body dissatisfaction score. Table 10 also shows that all participants who were assigned in the control group have a decreased body dissatisfaction score even without the provision of treatment. But the decline was not significant and increased again during follow-up measurement (one month after treatment).

Based on the observations, it is known that participants in the reading bibliotherapy group are more active to complete the exercise sheets compared with participants in the interactive bibliotherapy group. In the interactive bibliotherapy group, participants' involvement can also be viewed through the frequency of involvement

in the discussions.

The results in Table 11 shows that the evaluation of the reading bibliotherapy group is more positive to the material since the third and fourth treatment. Furthermore, participants' evaluation of the facilitator in the interactive bibliotherapy group is stated in the Table 12.

Discussion

The results of statistical analysis with One-Way ANOVA shows no significant difference between the mean of body dissatisfaction change (Δ) in both pretest – posttest and posttest – follow-up between the experimental group I, experimental group II, and the control group (*sig.* > .05). This result indicates that bibliotherapy does not show significant effectiveness in reducing levels of body dissatisfaction at the X high school girls. In addition, based on the results of post-hoc test is known that there is no significant mean difference of body dissatisfaction change (Δ) between pretest – posttest and posttest – follow-up between the experimental group I and experimental group II (*sig.* > .05). This indicates that the interactive bibliotherapy is not more effective than the

Table 10

The Category of Change in Body Dissatisfaction Score on Control Group Among Pretest, Posttest, and Follow-Up

Participant	Pre test		Δ	Post test		Δ	Follow Up	
	Score	Category		Score	Category		Score	Category
LH	111	T	-2	109	T	-2	107	T
ER	98	T	-15	83	S	11	94	S
Z	95	S	-7	88	S	6	94	S
AT	92	S	-12	80	S	5	85	S
SF	86	S	-5	81	S	-2	79	S

Table 11

Participants Evaluations (EG I and EG II) of Bibliotherapy Material Used for Treatment

Evaluation of the Material	Number of Participant who Agree and Strongly Agree							
	Material I		Material II		Material III		Material IV	
	EG I	EG II	EG I	EG II	EG I	EG II	EG I	EG II
Pretty good.	5	5	5	5	5	5	5	5
Related to issues that become participant's concern.	5	5	5	5	5	5	5	5
Help participant learn something about herself.	5	5	5	5	5	5	5	5
Help participant learn how others perceive herself.	5	5	5	3	5	5	5	5
Does not help the participant in learning something useful.	0	0	0	1	0	1	1	1
The material is not "up to date" because the participant has often heard of such materials.	2	2	0	0	0	1	0	0
Make the participant feel disturbed.	0	0	0	1	0	1	0	1
The material is vary so it is not boring	5	5	5	5	5	5	5	5
Mean	3.375	3.375	3.125	3.125	3.125	3.500	3.250	3.375

reading one in reducing levels of body dissatisfaction at the X high school girls.

According to researchers, there are four causal factors of the ineffectiveness of bibliotherapy in this study, namely the reading materials, facilitators, time and place of treatment, and the participants themselves.

The first factor is the reading materials. Hynes and Hynes-Berry (1994) states that the main points to stimulate the recognition process in bibliotherapy is the reading material should be universal, pretty good, and easy to find, but can really touch each individual. The limitation of the authors in compiling the material are some of the materials can not touch each participant, so that some participants evaluated that some parts of bibliotherapy materials were less "up to date" and useful. Besides, some participants also considered that the materials and exercises were so many that participants did not have enough time to absorb each material.

The second factor is the facilitator. Hynes and Hynes-Berry (1994) suggests that the determinants of success in interactive bibliotherapy lie on the ability of the facilitator in (a) selecting materials which fit the needs and interests of participants, (b) sharing an accurate and empathetic interpretation to the responses given by participants during the discussion, and (c) stimulating a deeper self-understanding through reading materials and dialogue in the discussion.

Some interactive bibliotherapy participants stated that the facilitator was talking too much and ask personal issues. In fact, there are some participants who felt uncomfortable when their private area discussed too much. The discomfort of participants to share personal experiences in discussion is partly because of the lack of cohesiveness among the group members. The

participants had already developed trust to the facilitator, but still had not trusted the other fellow participants, so that, interaction within the first and second group discussion did not run solidly. The lack of cohesiveness and interaction within the group discussion was partly because the facilitator is less able to build trust and openness among the participants at the initial meeting. Consequently, the process became inhibited because the discussion between the participants and the facilitator was being kept on the surface of the problems (Gladding & Gladding, as cited in Abdullah, 2002).

The third factor is the time and place. This factor is more aimed to the interactive bibliotherapy participants because they must provide an extra time beyond school hours for participating in the sessions. The limited time was related to (1) the amount of material and exercises, (2) crowded school schedule, academic and non-academic activities outside school; and (3) the same schedule between the implementation of training and the preparation of school exam.

The fourth factor is the participants. Gladding and Gladding (as cited in Abdullah, 2002) suggests that bibliotherapy gives benefits for the participants to recognize themselves, their personal character, and the complexity of their own thoughts and behaviors. However, bibliotherapy also has limitations, such as the success is strongly influenced by the willingness and the desire of participants to read the assigned materials. In the interactive bibliotherapy participants, it is known that three participants did not like to read and felt objected to the amount of materials and exercises given. In addition, Hynes and Hynes-Berry (1994) says that the progress achieved depends on the individual qualities of each participant, which includes: (a) the ability of participants

Table 12

Evaluation of Experimental Group I Towards Facilitator During Treatment

Evaluation to The Facilitator	Number of Participant who Agree and Strongly Agree			
	Material I	Material II	Material III	Material IV
	EG I	EG I	EG I	EG I
Helps the participant be more open and honest.	5	5	5	5
Willing to listen to the participant.	5	5	5	5
Able to manage group members so that the participant feel listened.	5	5	5	5
Helps the participant to think about themselves.	5	5	5	5
Willing to share opinions or personal experience when required.	5	5	5	5
Talking too much.	0	1	0	0
Like "giving orders".	0	0	0	0
Gives too many personal opinions or experiences.	2	1	0	0
Ask too many personal questions.	1	1	0	0
Loose control of the session so that it become chaotic.	0	0	0	0
Mean	2.8	2.8	2.5	2.5

in analyzing the problem, (b) the honesty of participants in seeing through themselves, (c) the objectivity to view personal feelings or behaviors from others' point of view, (d) adequate self-confidence and expectations of the participants to sense that change is possible and that they can make such changes within themselves.

Based on the authors' observations individually and the participants' answers on the bibliotherapy worksheet, the authors conclude that all the participants were quite capable and honest when looking at and analyzing their own problems, but not quite honest in presenting their personal responses. There were some subjects that still have not looked at their personal feelings objectively or be able to see from others' point of view. Some subjects even were not critical in responding to the opinions or judgments of others, they took the negative evaluation on their bodies given by others for granted. It was also not supported by the self confidence to feel that change is possible and they were able to make a change.

Additionally, many participants both from the *interactive and reading* bibliotherapy have not reached the expected target. It is known from the comparison between the expectations of the target material set by the authors and the achievement of participants that can be examined through the exercise answers. The many targets that have not been achieved caused that the participants did not get the maximum benefit from the real target. The authors realize of the deficiencies in drafting exercises in the booklet bibliotherapy because most of the questions posed are still aiming to determine the participants' understanding of the material that has been given. In fact, the authors supposed to help participants' examination stage by asking questions that related to the deeper feelings and responses of the self concept or their self understanding.

According to Hynes and Hynes-Berry (1994), examination process can conduct the participants to the stage of juxtaposition, which is the action to compare the old and the new impression that gained by the participants after reading the material. The new impression obtained by the participants can replace the old response. However, in reality, although they already get the bibliotherapy, some participants still use the old response. In some cases, this is caused by several values of life, situations, concepts, behaviors, or feelings that have not or deliberately not examined or touched by the participants for some reason (Hynes & Hynes-Berry, 1994).

The maintenance effects of bibliotherapy is known through the results of statistical analysis with One-Way ANOVA, that indicated no significant mean difference of body dissatisfaction change (Δ) between the posttest – follow-up, between the experimental group I,

experimental group II, and the control group ($sig. > .05$). This indicates that there is no significant change in body dissatisfaction scores between after treatment and a month after treatment.

Hynes and Hynes-Berry (1994) states that in order to obtain maximum results, bibliotherapy participants need to read the reading materials regularly, experience, and integrate new responses acquired through materials into her life. Through the questions asked during the follow-up, it is known that all reading participants and four interactive participants read the booklet only once during the period of one month after the treatment. One of interactive bibliotherapy participants even claimed that she never opened and read the booklet bibliotherapy for a period of one month after this treatment because she felt lazy and there was school holiday, so that the subject had not had time to re-read the material in the booklet.

Conclusion and Suggestions

Based on the analysis and discussion that has been done, it can be concluded that the study did not succeed in proving the effectiveness of bibliotherapy in reducing levels of body dissatisfaction in adolescent girls. In addition, this study also has not been able to demonstrate the superiority of interactive bibliotherapy approach compared with reading bibliotherapy in reducing levels of body dissatisfaction. The ineffectiveness of bibliotherapy to reduce the level of body dissatisfaction is caused by the limitations of the materials, facilitators, time and place of sessions, and participants.

The suggestion for further research are: (a) if the bibliotherapy material consisted of many reading materials, researchers should choose participants who likes to read, (b) if possible, the formation of a group should consider the peer groups that already exist in daily life, so that the interactions that occur in group discussions can be more cohesive, (c) if researchers feel inexperienced to carry out the therapy, it would be better if he/she seeks more experts to act as facilitators, (d) the material provided should not be too many, so researchers can use the time to discuss the problem and its application in everyday life, also discuss the achievement of targets and evaluation of materials and facilitators. Hynes and Hynes-Berry (1994) reveal that ideally bibliotherapy sessions should be held in about 40-50 minutes of each meeting. Evaluation should be done every session and immediately discussed in order to obtain a solution to conduct the upcoming discussion, (e) the exercises in the booklet should be more directed to the questions that can support the examination process about individual feelings and responses. In addition, the authors felt the importance of

giving verbal instructions on how to do the exercises so that participants have the same understanding, (f) group discussions should be added with applicative activities from the material or games that can support the material, as a refresher or an encouragement for participants, (g) research should be done at non-favourite schools, so it does not interfere with the tight school schedules and activities, and (h) to avoid any imitation, demoralization and compensation, researchers should choose different subjects from different schools to divide them into an experimental and a control group.

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