

# The Effectiveness of Deactivation Group Counseling Mode to Reduce Students' Body Dissatisfaction

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## Abstract

This research was motivated by students who exhibited high levels of body dissatisfaction. Body dissatisfaction can be defined as an individual's negative perception of their own body shape and physical condition, which may be influenced by discrepancies between their actual body standards and their desired body. This study assesses the efficacy of a deactivation group counseling approach in reducing body dissatisfaction among students at State Vocational School 4 Yogyakarta, Indonesia. The research adopted an experiment design using the pretest-posttest control group design model. The subjects were selected using simple random sampling. The subjects of this study were 10 students from tenth grade culinary 1, 2, and 3 at State Vocational School 4 Yogyakarta. The data collected in quantitative form (numbers) was then analyzed statistically. The statistical data analysis employed in this study was an independent sample t-test via SPSS 22. The findings revealed a notable decline in body dissatisfaction among the tenth grade Culinary students at State Vocational School 4 Yogyakarta. This was demonstrated by the mean pretest-posttest score on the body dissatisfaction scale, which decreased from 69.6 to 53.6 for the experimental group and from 71.8 to 66.2 for the control group after the deactivation group counseling mode was administered to the experimental group. Furthermore, the results of the independent sample t-test yielded a significant value of 0.028, indicating a p-value of less than 0.05. This suggests notable differences in the students' responses before and after the implementation of the deactivation group counseling mode. These findings substantiate the effectiveness of the deactivation group counseling mode in reducing body dissatisfaction among tenth grade culinary students at State Vocational School 4 Yogyakarta.

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## 1. Introduction

Adolescence is a phase of growth and development that marks the transition to the next stage of life. As described by Saputri (2016), adolescence represents a transitional period between childhood and adulthood, encompassing physical, social, and emotional changes. During this period of growth and development, adolescents typically possess a self-image that is both desired and expected, including an idealized body shape. The standard of the ideal body shape in society is commonly perceived in terms of skin color, weight and height, and facial features. Alidia (2018) posits that there are differences in the ideal body shape between males and females. Adolescent males are perceived to have a larger body shape, which is more muscular, and this enhances their confidence in their appearance. In contrast, adolescent females are considered to possess an ideal body shape if their arms are not excessively muscular, their hips are slender, and their thighs are relatively small. The concept of physical acceptance for adolescents is a challenging one to navigate, largely due to the influence of hormones, which result in diverse changes to the body of a teenager. Consequently, adolescents are more likely to focus on their body shape (Rahmadiyah et al., 2020). Additionally, research indicates that adolescent girls are more likely to pay attention to and take care of their body shape than adolescent boys (Putri & Indryawati, 2019).

The prevailing standards of bodily perfection in society can give rise to feelings of body dissatisfaction among adolescents. Body dissatisfaction is defined as an individual's negative assessment of their body shape, body size, weight, and muscle mass due to a discrepancy between their actual body shape and the desired one (Grogan, 2016). Those who perceive a disparity between their actual body condition and the ideal body concept are likely to experience feelings of dissatis-

faction with their body (Meiliana et al., 2018). Adolescents who experience body dissatisfaction may engage in particular behaviors, such as comparing themselves, which can lead to emotional distress, the development of eating disorders, and low self-esteem. This can subsequently impede their ability to adjust to the environment, which can have a negative impact on their lives (Zahra & Shanti, 2021).

Body dissatisfaction is associated with a range of adverse outcomes, including diminished life satisfaction and subjective well-being. These consequences can have a profound impact on mental health. Body dissatisfaction is associated with negative effects, including anxiety and depression, as well as other mental health problems (Santika & Bawono, 2022). Body dissatisfaction can result in an overall negative self-perception and the onset of mood disorders (Arshuha, 2019). Consequently, individuals who are dissatisfied with their body image tend to engage in self-critical behaviors. Body dissatisfaction is also a significant risk factor for the development of eating disorders (Tunga, 2022). Body dissatisfaction has also been linked to adverse outcomes among adolescents, including increased rates of obesity, diminished self-confidence, and difficulties in adapting to the social environment. These factors have been shown to significantly impact the lives of adolescents (Zahra, 2021).

One of the factors that contribute to body dissatisfaction is the influence of social media, which often encourages adolescents to strive for a perceived ideal appearance. Tumakaka et al. (2022) discovered that five subjects in their study exhibited indications of body dissatisfaction when presented with images and videos on Instagram that depicted idealized body shapes. The media presents an idealized body image, which increases the desire of individuals to attain a similar appearance (Puspitasari & Ambarini, 2017). Similarly, the findings from Putri et al. (2021) regarding Thermolyte Plus advertisements conclude that a woman with a slim, smooth, and healthy body shape is perceived as an ideal by others. Consequently, women are expected to adhere to societal beauty standards in order to achieve an ideal body shape.

In addition to social media, the adolescent's social environment represents a significant factor. Adolescents are subject to expectations and social pressure that impel them to realize themselves as they desire rather than as they are (Putri & Indryawati, 2019). Research indicates that one of the students at State Senior High School 2 Soppeng, Indonesia, experiences body dissatisfaction due to the prevalence of comments about their body shape, the influence of social media, and the pervasive mindset that aspires to an ideal body. This can result in feelings of embarrassment, unease, and discomfort, as well as avoidance of social activities, dieting, and excessive exercise (Usman et al., 2021). Additionally, another research has been conducted on students at one of the universities who exhibited high and very high levels of body dissatisfaction. Their dissatisfaction is due to the desire to reduce weight through dieting, the experience of guilt after eating, and the perception that dieting will result in a larger body size, as well as feelings of inferiority that lead to avoidance of social situations that might reveal one's body (Prabandani, 2016). Pusparini et al. (2013) also identified that students at State Senior High School 1 Bogor, Indonesia, experienced body dissatisfaction, particularly regarding their legs and hips, as a result of peer and familial influences.

Adolescents who experience body dissatisfaction will alter their body shape in an effort to enhance their physical appearance and align themselves with the standards set forth by the World Health Organization (WHO). The issue of body dissatisfaction among adolescents, including those enrolled in vocational high schools, necessitates the involvement of family members and educators, particularly guidance and counseling teachers, to mitigate body dissatisfaction through the cultivation of positive self-perceptions, thereby fostering positive interpersonal interactions. Those who are able to view themselves positively are more likely to engage in positive behaviors, avoid negative influences, and establish harmonious relationships with others (Candra & Novianty, 2022).

One of the services provided by guidance counselors is a mode deactivation group counseling service. This service is designed to assist adolescents in developing mindful thinking skills and facilitating the transformation of maladaptive cognitions, affections, and behaviors into more functional, purposeful, and realistic patterns. Bass and Apsche (2013) demonstrated that mode of deactivation therapy can reduce symptoms of aggression and maladaptive behavior in adolescent boys in the United States. It seems highly probable that deactivation counseling will be implemented in Indonesia (Barida et al., 2020). Deactivation Counseling mode can be applied in inclusive secondary schools to address students who exhibit problematic sexual aggressiveness (Barida &

Widyastuti, 2020). Furthermore, the deactivation counseling mode can be employed to address the general adolescent issues (Barida et al., 2023). Furthermore, the utilization of the deactivation counseling mode will prompt the counselee to attain composure, regulate, and execute the customary activities for awareness in the moment without concerning themselves with the judgments of others (Bayles et al., 2014). Consequently, the maladaptive thinking patterns of adolescents who experience dissatisfaction with their bodies prompt this research to seek to alter the thinking patterns of adolescents who experience body dissatisfaction through Mode Deactivation Group Counseling.

## 2. Method

This study employed a quantitative research methodology with an experimental design. The research design employed was the true experimental design with the pretest-posttest control group design. This design entails the random selection of two groups, followed by the administration of a pretest to ascertain the initial state of the groups with respect to any potential difference between the pretest and the posttest. This method was carried out on two groups by comparing one group that was given the treatment and one group that was not given the treatment.

The research was carried out in State Vocational High School 4 Yogyakarta, Indonesia. The research was conducted from April to May 2023, during the even semester of the 2022/2023 academic year, following the data requirements. The study population consisted of ten-grade students in the Culinary program of State Vocational High School 4 Yogyakarta, Indonesia, in the 2022/2023 academic year. The research subjects were tenth-grade students in classes 1, 2, and 3 of the culinary program, selected using simple random sampling. Randomization was carried out on students who had completed the body dissatisfaction instrument. In the implementation of the treatment, ten students were selected, with five students being the experimental group and 5 students as the control group. This is in accordance with the provisions in group counseling according to Corey (2016).

For the data collection, this research employed a psychological body dissatisfaction scale adapted from Ninditas' research (2018). The body dissatisfaction scale is designed to assess the extent of dissatisfaction with one's overall body shape among students. The body dissatisfaction scale employed in this study followed the dimensions of body dissatisfaction delineated by Cash (Santya, 2020) in the Multidimensional Body-Self Relations Questionnaire-Appearance Scale (MBSRQ-AS), comprising of appearance evaluation, appearance orientation, satisfaction with body parts, anxiety about being fat, and body size categorization. A series of statements were tested for validity and reliability, resulting in the identification of 21 statement items deemed valid and 2 statement items deemed invalid. The items deemed to be valid were 1, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23. Conversely, the items identified as invalid are 2 and 3.

**Table 1. Outline of Body Dissatisfaction Scale Instrument after Try Out**

Variable	Aspect	Descriptor	Favorable	Unfavorable	Number of Items
Body Dissatisfaction	Evaluation of Appearance	An individual's overall evaluation of body shape and appearance.	18, 19	1	3
	Orientation of Appearance	The individual's perspective on appearance and the individual's efforts to try to improve.	15, 17, 20	(2), (3), 4	4
	Satisfaction with body parts	Measures an individual's satisfaction with all areas of the body.		5, 6, 7, 8, 9, 10, 11, 12, 13	9
	Fatness anxiety	Individual anxiety about fatness, as well as weight awareness.	14, 16, 21, 22		4
	Body size categorization	An individual's evaluation of weight by categorizing it as thin or fat.	23		1
Total			10	11	21

Items that are bracketed ( ) are the fallen items

**Table 2. Results of the Reliability Test**

Reliability Statistics	
Cronbach's Alpha	N of Items
.781	21

Subsequently, the collected data were subjected to statistical analysis, specifically the independent sample t-test with SPSS 22 (Statistical Package for Social Science). This analysis aims to ascertain whether there is a discernible difference between two independent groups on an interval data scale.

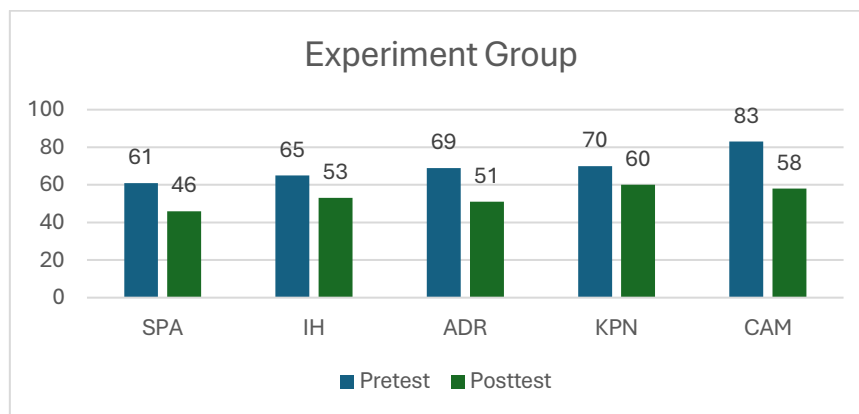
### 3. Results and Discussion

The research process proceeded with the formation of two groups, comprising an experimental group and a control group. It aims to ascertain any differences between the two. The pretest and posttest data of the body dissatisfaction scale from ten-grade culinary students of State Vocational High School 4 Yogyakarta are presented in Table 3.

**Table 3. Tabulation of Pretest and Posttest of Experimental Group**

No	Subject	Score and Category				Gain
		Pretest	Category	Posttest	Category	
1	SPA	61	High	46	Low	15
2	IH	65	High	53	Moderate	12
3	ADR	69	High	51	Low	18
4	KPN	70	Very High	60	High	10
5	CAM	83	Very High	58	Moderate	25
Total	N = 5	431		326		$\Sigma d = 80$
Mean		69.6		53.6		16

As illustrated in Table 3, there is a discernible decline in students' overall body dissatisfaction, with the proportion of individuals in the very high category declining to that in the moderate category. Prior to the initiation of treatment, the mean score for body dissatisfaction among the student population was 69.6. Following the completion of treatment, the mean score for body dissatisfaction was 53.6. Subsequently, the pretest and posttest data, as evaluated by counselors, demonstrated a reduction of 16 points on average. The results of this study also indicate that the reduction in body dissatisfaction was observed across all subjects, specifically SPA, IH, ADR, KPN, and CAM, who exhibited scores of 46, 53, 51, 60, and 58, respectively. Figure 1 illustrates the prevalence of body dissatisfaction among the participants.



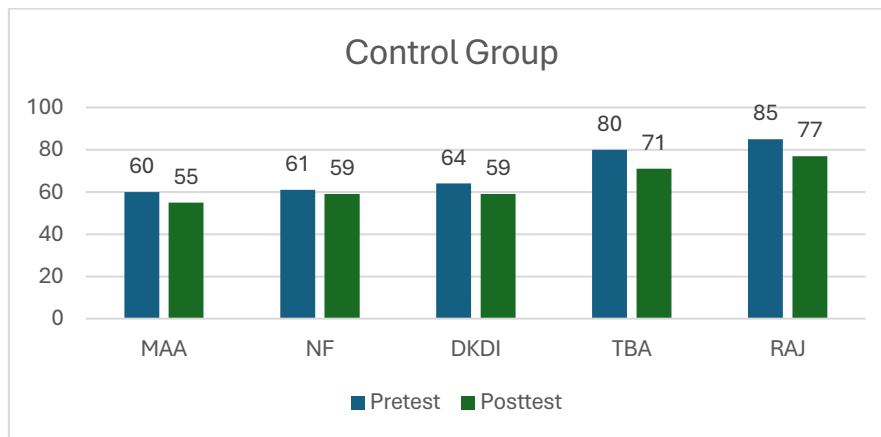
**Figure 1. Experimental Group Pretest and Posttest Body Dissatisfaction Diagram**

Figure 1 presents a reduction in body dissatisfaction among all students following their participation in the Deactivation Mode model group counseling service. This is evidenced by the green posttest diagram. Consequently, the deactivation mode model group counseling service has led to a general decline in student body dissatisfaction. Table 4 presents the control group pretest and posttest data.

**Table 4. Pretest and Posttest Results of Control Group**

No	Subject	Score and Category				Gain
		Pretest	Category	Pretest	Category	
1	MAA	60	High	55	Moderate	5
2	NF	61	High	59	High	2
3	DKDI	64	High	59	High	5
4	TBA	80	Very high	71	Very high	9
5	RAJ	85	Very high	77	Very high	8
Total	N = 5	445		410		Σd = 28
Mean		71.8		66.8		5.6

The data presented in Table 4 indicates a general decline in body dissatisfaction from the high to the medium category. Prior to the initiation of treatment, the mean score for body dissatisfaction among the student population was 71.8. Following the completion of treatment, the mean score for body dissatisfaction was 66.8. The pretest and posttest counts conducted by counselors revealed a decrease in average score by 5 points. The results of this study also indicate that a decrease in body dissatisfaction has been experienced by all subjects, namely MAA, NF, DKDI, TBA, and RAJ, who scored 58, 61, 61, 72, and 79, respectively. Figure 2 depicts the body dissatisfaction among the participants.



**Figure 2. Pretest and Posttest Body Dissatisfaction of the Control Group**

The diagram presented in Figure 2 illustrates a reduction in body dissatisfaction among all students following the provision of group counseling services. This is evident in the green posttest diagram. Therefore, the implementation of group counseling services has resulted in a general decline in student body dissatisfaction. Subsequently, an independent sample t-test was conducted using SPSS 22, as it met the requirements of the normality and homogeneity tests.

**Table 5. Results of the Normality Test**

Tests of Normality		Kolmogorov-Smirnova			Shapiro-Wilk		
Skor Body Dissatisfaction	Group	Statistic	df	Sig.	Statistic	df	Sig.
		Pretest of Experiment Group	.281	5	.200*	.910	5
Posttest Experiment Group		.184	5	.200*	.965	5	.846
Pretest of Control Group		.303	5	.151	.812	5	.101
Posttest of Control Group		.320	5	.104	.866	5	.249

\*. This is a lower bound of the true significance.

a. Lilliefors Significance Correction

Table 5 indicates that the variable representing student body dissatisfaction has a significant value greater than 0.05 (sig> 0.05). This suggests that the body dissatisfaction variable is normally distributed.

**Table 6. Results of the Homogeneity Test**

Test of Homogeneity of Variance		Levene Statistic	df1	df2	Sig.
Skor Body Dissatisfaction	Based on Mean	2.634	1	8	.143
	Based on Median	.336	1	8	.578
	Based on the Median and with adjusted df	.336	1	5.216	.586
	Based on trimmed mean	2.410	1	8	.159

The data in Table 6 indicate that the significance value (Sig.) based on the mean is 0.143, which is greater than 0.05. Therefore, the variance of the experimental group posttest and control group posttest is similar or homogeneous. The results of the independent sample t-test are presented in Table 7.

**Table 7. Results of Independent Simple T-Test**

Group		N	Mean	Std. Deviation	Std. Error Mean
Skor Body Dissatisfaction	Posttest of experiment group	5	53.60	5.595	2.502
	Posttest of the control group	5	66.20	8.927	3.992

Independent Samples Test		Levene's Test for Equality of Variances		t-test for Equality of Means						
Skor		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Skor	Equal variances assumed	2.634	.143	-2.674	8	.028	-12.600	4.712	-23.465	-1.735
	Equal variances not assumed			-2.674	6.722	.033	-12.600	4.712	-23.835	-1.365

The "Group Statistics" Table indicates that the average body dissatisfaction in the experimental group is 53.60, while in the control group is 66.20 (experimental group < control group). Accordingly, the results imply a difference in the average level of body dissatisfaction. The results of the Independent Sample T-Test indicate that the significance value of 0.028 is less than 0.05, thereby, the Ho is rejected, and the Ha is accepted. This suggests the presence of a difference in posttest scores between the experimental and control groups. The findings of this study suggest that the Deactivation Group Counseling Mode is effective for reducing body dissatisfaction among ten-grade culinary students at State Vocational High School 4 Yogyakarta.

Group counseling in the deactivation mode can reduce body dissatisfaction, as evidenced by the significant decrease in satisfaction with body parts observed in the pretest and posttest. Body dissatisfaction among students is manifested in dissatisfaction with body shape, dissatisfaction with the face, and dissatisfaction with height. The ramifications of body dissatisfaction are manifold. Students who experience this phenomenon often exhibit a profound sense of self-loathing, a reluctance to view themselves in the mirror, a preference for solitude, a disinclination to engage with others, a lack of self-assurance, and a proclivity for negative thinking. The rationale behind the selection of group counseling with the deactivation mode model is that it assists students in consciously transforming maladaptive thought patterns into more positive and body-positive attitudes.

The provision of group counseling services for the experimental group with the deactivation mode model was carried out over four meetings. Each meeting comprises different sessions, which align with the stages of the deactivation mode group counseling model. These stages of this counseling model are as follows: (1) the beginning stage; (2) the working stage 1, which involves validation; (3) the working stage 2, which encompasses clarification and redirection; and (4) the termination stage. In the initial session, the formation of positive interpersonal relationships is initiated by inquiring about the group members' well-being, expressing gratitude for their attendance, and introducing themselves. This approach fosters self-assurance in the counselee. Subsequently, the tasks are assigned to group members, requiring them to reflect on and document the circumstances of their body dissatisfaction thus far, as well as the extent to which they experience

body dissatisfaction on a scale of 1 to 10. Further, the group is informed that this information would be discussed at the subsequent meeting.

In the second meeting, a discussion concerning the tasks related to body dissatisfaction that had been assigned was carried out. The participants are asked to indicate the extent to which they felt dissatisfied with their bodies on a scale of 1 to 10. At the validation stage, the group members are inquired about their experiences of body dissatisfaction. Subject ADR indicated that he is dissatisfied with his body shape, particularly his height. He perceives his height to be inferior to that of his peers who have participated in the heirloom flag-hoisting troop and scout organizations, and he felt that his stature appeared smaller in comparison. Subject SPA expresses discontent with his body shape, stating that he prefers larger clothing to enhance his physique. Subsequently, subject IH expresses discontent with a face marred by acne and a face that is not symmetrical. Additionally, he frequently finds himself the subject of comparison to his brother's more aesthetically pleasing face. Subject KPN is dissatisfied with the shape of his body, citing its role as a source of ridicule from his closest associates. Similarly, subject CAM expresses discontent with the appearance of a mole on his face, which he perceives as strange, and with the shape of his body. Following the group members' disclosures regarding their experiences of body dissatisfaction, these experiences have been acknowledged as valid and the participants are encouraged to accept that such feelings were a natural aspect of human experience.

In the third meeting, a clarification exercise is carried out, inviting group members to reflect on the body dissatisfaction they experienced so far and its benefits on their lives. Scaling questions are also conducted. Subject ADR describes that if the pursuit of benefits for life is perceived as a means of avoiding feelings of low self-worth, the aspiration to achieve desired outcomes becomes challenging to attain. This, in turn, leads to a reluctance to engage in new experiences and a tendency towards negative self-perception. Subject SPA states that being dissatisfied with one's body leads to feelings of insecurity, which in turn impedes the achievement of benefits for oneself. Subject IH stated that, in her experience, there are benefits to body dissatisfaction. She asserts that being dissatisfied with her body shape encourages her to engage in more consistent self-care. However, on the one hand, this can be detrimental to him, such as making IH want to be alone, afraid to listen to what others say, and not wanting to interact with others. Subject KPN describes that body dissatisfaction does not benefit her because it engenders negative thoughts and a reluctance to engage in self-reflection. Subject CAM asserts that body dissatisfaction is detrimental to one's well-being, as it can lead to negative perceptions of one's body, a lack of confidence, feelings of isolation, and a tendency to compare oneself unfavorably to others. Consequently, CAM rates her overall body appearance as low.

At the third meeting, a redirection is also performed. Counselors are invited to recognize that past experiences offer valuable lessons for personal growth and that individuals should strive to embrace and be content with their physical appearance. Subject ADR asserts that he will endeavor to accept and be satisfied with his current body shape by accepting himself and potentially engaging in self-harm. He further suggests that negative comments can potentially serve as a form of encouragement or support for change. Subject SPA posits that she will be more grateful for her current condition, disregard the opinions of others, adopt a more ignorant stance, and adhere to the principle of "myself, myself, yourself, yourself." She also plans to avoid concerning herself with the opinions of others. Subject IH argues that he will take lessons from the past and use them as motivation to become more accepting and satisfied with his current facial condition. He also intends to disregard the opinions of others. Subject KPN believes that she will be more accepting and confident with her current body condition by being grateful, accepting everything sincerely, being consistent in exercising, and maintaining a diet. Subject CAM believes that she will motivate herself to try to accept herself more according to her actual situation, respect herself, and give motivational words, and if she has negative thoughts, she can divert them to other things. In the following stage, the group members are appreciated for trying to accept and be satisfied with their body shape. At the fourth meeting, gratitude is expressed for the progress made by the group members during the group counseling process. Thereafter, the group members are provided with an opportunity to share their future goals and aspirations, as well as the strategies they intend to employ to achieve these goals.

Subsequently, the provision of group counseling services for the control group without the deactivation mode model was also carried out for four meetings. Each meeting proceeded through a

distinct process in accordance with the stages of group counseling, which included the following four stages: (1) the beginning stage, (2) the transition stage, (3) the working stage, and (4) the termination stage. In the initial meeting, the formation of positive interpersonal relationships is initiated by inquiring about the group members' well-being, expressing gratitude for their attendance, and introducing themselves. This approach fosters self-assurance among the counselee. Subsequently, the researcher delineates the anticipated duration of the activity. Subsequently, the rules that must be adhered to are delineated, along with the objective of the activities to be carried out and the topic of the problem, which concerns body dissatisfaction. Further, an overview of body dissatisfaction is provided.

In the second meeting, the group members are invited to share their personal experiences related to body dissatisfaction. Subject MAA states that she is dissatisfied with her body shape, which she perceives to be thin. Subject NF expresses discontent with his facial appearance due to acne and perceives his height as below average in comparison to his peers. Subject DKDI indicates that his primary source of body dissatisfaction is the appearance of his thighs. Subject TBA expresses that he is dissatisfied with his overall body shape, which he perceives as large. Subject RAJ states that he is unhappy with the shape of his body and the appearance of acne on his face. Subsequently, the counselee's concerns are investigated in greater depth.

In the third meeting, the impact of body dissatisfaction on the subject is inquired. Subject MAA indicates that feelings of bodily dissatisfaction result in a loss of confidence, an inability to engage in public settings, and a sense of inferiority. Subject NF indicates that feelings of body dissatisfaction result in a reluctance to engage in direct eye contact and a lack of confidence regarding his height. Subject DKDI describes that, as a result of his body dissatisfaction, he prefers to compare his body shape with that of others. Subject TBA states that if he is dissatisfied with his body, he will lack the confidence to engage in daily activities. Subject RAJ states that feelings of body dissatisfaction result in feelings of insecurity, as the individual may perceive their body to be overweight. In particular, comments from others regarding weight can lead to negative thoughts, feelings of hatred towards the body, and the adoption of extreme dietary practices. The researcher responds to the group members regarding the impact of body dissatisfaction on their own experiences. Subsequently, the counselors are requested to identify potential solutions to reduce the body dissatisfaction experienced by the group members. Subject MAA posits that the solution to this problem is to engage in sports and to accept oneself. Subject NF states that maintaining a healthy diet, regular sleep patterns, and proper skin care are essential for self-care and overall well-being. Additionally, regular exercise is crucial for maintaining a healthy body image and reducing body dissatisfaction. Subject DKDI describes that he can achieve this by engaging in physical exercise to reduce the appearance of fullness in his thighs and by adopting a positive mindset. Subject TBA states that the most effective method for him is to engage in a calorie deficit (maintaining calorie intake), exercise, maintain sleep patterns, and not dwell on the opinions of others. Subject RAJ indicates that he believes the most effective approach is to prioritize self-care and maintenance of his physical health through regular exercise and activities without allowing external opinions regarding his body shape, dietary habits, or dietary restrictions to influence his decisions. Further, the importance of accepting one's body shape is inquired in order to achieve satisfaction with one's body condition. All subjects assert that it is crucial to take one's current body condition in order to foster appreciation for the body, prevent hatred for the body condition, and, of course, enhance self-confidence.

In the fourth meeting, gratitude for the advancements made by group members is expressed throughout the group counseling process. Subsequently, the group members are also provided with an opportunity for group members to articulate their future goals and expectations, as well as the strategies they will employ to achieve these goals and expectations. Additionally, group members are requested to offer an overall assessment of the progress made from the initial meeting to the conclusion of the group counseling process.

The research indicates that group counseling procedures with deactivation mode can effectively reduce body dissatisfaction. Research related to efforts to reduce body dissatisfaction has also been conducted by Mata (2020). The results indicated that cognitive restructuring techniques are effective in reducing body dissatisfaction in students of State Vocational High School 6 Makassar, as evidenced by the calculated significance value (Sig. (2-tailed)  $0.000 < \alpha 0.05$ ). Additionally, Prabandani (2016) conducted research indicating that bibliotherapy can reduce body dissatisfaction among BK students



at FKIP UKSW, specifically those in the Class of 2013-2015. This is evidenced by the results of the Asymp. Sig. (2-tailed), which yielded a value of  $0.046 < 0.050$ , indicating a significant difference between the results of the experimental and control groups. The results of the research conducted by Hastuti (2018) indicate that social comparison and self-esteem are associated with body dissatisfaction in female students at UIN Maulana Malik Ibrahim Malang. This is evidenced by the correlation coefficient of 0.106 with a significance value of 0.007 ( $p < 0.05$ ). Subsequently, research conducted by Barida & Widyastuti (2020) posits that the deactivation counseling mode can be developed and implemented in an inclusive high school setting to assist students in overcoming sexually aggressive tendencies. The deactivation counseling mode is well-suited to implementation in Indonesia, as the straightforward and systematic approach comprising validation, clarification, and redirection can enhance the efficacy of the counseling process conducted by counselors (Barida et al., 2022).

The preceding research indicates that body dissatisfaction can be reduced in several ways. These include the use of cognitive restructuring techniques and bibliotherapy. Additionally, the influence of social comparison and self-esteem on body dissatisfaction is evident. This study demonstrated that the deactivation group counseling mode is an effective approach for reducing body dissatisfaction.

#### 4. Conclusion

The results of the research indicate that the deactivation mode group counseling is an effective approach for reducing body dissatisfaction in students. Consequently, the deactivation mode model can be utilized as a framework for counseling teachers in the delivery of group counseling services. To implement group counseling services with the deactivation mode to reduce body dissatisfaction, counselors must attend to integrated group counseling procedures through rigorous validation, clarification, and redirection. Furthermore, the implementation of intensive group counseling can effectively achieve the goal of reducing body dissatisfaction. In this study, the changes that occurred in the pretest and posttest with a notable decrease in body dissatisfaction were observed in the domain of satisfaction with body parts.

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All authors have equal contributions to the paper. All the authors have read and approved the final manuscript.

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