The Effectiveness of Cognitive-Behavioral Therapy (CBT) Based on Kesh's Eight-Step Model on Body Image and Self-Esteem among Married Women in Birjand

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Abstract

Background and objective: In recent decades, body image problems have been considered by clinical practitioners and some therapeutic methods have been designed for them. At present, a widespread attention is paid to cognitive-behavioral therapy, because this type of treatment provides clear and complete methods for intervention and measurements. The present study was done to investigate the effectiveness of cognitive-behavioral therapy based on Kesh's eight-step model on the body image and sexual self-esteem among married women in Birjand. Method: This was a semi-experimental study which was carried out on 30 married women referred to Omid Counseling Clinic in Birjand. The subjects were selected through convenience and voluntary sampling method and randomly assigned to experimental group (n=15) and control group (n=15). The experimental group received eight 90-minute sessions of training techniques of cognitive-behavioral therapy based on Kesh's eight-step model. The instruments to collect data were Multidimensional Body Self-Relations Questionnaire (MBSRQ) and Zeanah and Schwarz Sexual Self-Esteem Inventory for Women (SSEI-W). To analyze data, multivariate analysis of covariance in the environment of SPSS software (ver. 21) was used. Findings: The results of covariance analysis showed that there was a significant difference between the mean scores of body image in experimental and control groups based on group membership in the post-test with 99% confidence (P<0.01), and the intervention effect was 0.49. Also, there was a significant difference between the mean scores of sexual self-esteem in experimental and control groups based on group membership in the post-test with 99% confidence (P<0.01), and the intervention effect was 0.38. Conclusion: Overall, it can be said that the cognitive-behavioral therapy based on Kesh's model can be used as an appropriate intervention method to treat problems related to body image and sexual self-esteem.

Keywords: Cognitive therapy based on Kesh's eight-step model, Body image, Sexual self-esteem.

Introduction

The family is the first social institution that has existed since the beginning of human creation and is the focus of child rearing, maintaining social traditions and human life relations. Human being is a social creature. The two elements of man and woman and their common live have been existed in human communities from the beginning of human life, and the foundation of family is formed by marriage [1]. One of the variables that directly play an important role in life satisfaction, especially women, is body image. Body self-concept and body image is a mental attitude that every individual has towards his/her appearance, body size and physical and motion capabilities. Some individuals have a vast feedback to their body; they use any opportunity to evaluate their body size and are aware of their heartbeat when resting and doing activity, hypertension and even know about some organs as well. In contrast, some others are less interested in knowing about their physical abilities and capacities [2]. This could be for various reasons.
For example, children with motor disabilities, perhaps due to frustration of the lack of qualified and effective movement, may dissatisfy from their bodies and may less evaluate them; or in the case of evaluation, it is as negative and frustrated [3].

There are different ways of thinking about the self. Two important terms that are more frequently used than others about “self” are self-concept and self-esteem. Self-concept is the individual's description of self [4]. Self-concept is one of the basic concepts in psychology and is a lattice of positive and negative beliefs in self, and acceptance or rejection of the self. Self-concept relies heavily on public information and thus results in the analogy of the self with others [4].

There are different aspects of self-esteem. Based on humanitarian aspects, Branden considers the self-esteem as an existential need and a fundamental motivating component of human behavior, which equally include evaluation and competence. According to him, self-esteem consisted of two related aspects which one of them is the sense of personal self-efficiency and the other is the sense of personal worthiness which these two aspects result in self-esteem and self-respect. Another aspect of self-esteem is sexual self-esteem that can affect sexual behaviors and is the human emotional response to the assessment of his/her thoughts, feelings and sexual behaviors [5].

Zeanah and Schwarz (1996) are the researchers who referred to sexual self-esteem in terms of the importance of early learning, family internalization, peers and community by developing Harter's self-esteem model that everyone considers it crucial as a criterion for evaluating his/her thoughts, feelings and sexual behaviors to develop his/her norms. So sexual behavior is a part of the individual's personality and sets of beliefs, attitudes and performances that s/he enjoys in connection with the opposite sex and related matters [6].

Body image problems have been of interest for clinicians in recent decades and therapeutic methods have been designed for them. Now, extensive attention is given to cognitive-behavioral therapy, because this type of treatment provides clear and complete methods for assessment and intervention. Cognitive-behavioral therapies address the changes and correction of thinking models and problem-solving methods such as increasing the reinforcements, positive interaction and training communicative skills in working with couples that realization of these goals ultimately results in increasing of intimacy and stability of marriage and reducing divorce [7].

Of studies that so far have used this method for the treatment of negative body image, we can refer to Sankowsky and Thompson (1996) and Cash et al [8]. According to the mentioned subject matters, this study aimed to investigate the effectiveness of cognitive-behavioral therapy based on Kesh's eight-step model on body image and self-esteem among married women in Birjand.

**Methodology**

The present study is quasi-experimental with pre-test and post-test design in terms of the purposes and the type of intervention. The study population consisted of all married women who referred to Omid Counseling Clinic in Birjand at the second half of 2015 and suffered from body image and sexual self-esteem problems. The sample size included 30 people that (based on previously done quasi-experimental studies) were selected through voluntary sampling method and participated in the study purposefully, and then randomly assigned to the control (n=15) and experimental (n=15) groups. All interventions were followed in the clinic individually and based on moral considerations the control and experimental groups were informed the results.

The criteria necessary to enter the study included intermediate to lower body image and sexual self-esteem based on questionnaire, being married and not suffering from physical and mental illness, having the ability to communicate, and intending to cooperate and participate in training period of cognitive-behavioral techniques based on Kesh’s model.

In this procedure, at first all clients who wished to participate in the training program were completed the questionnaires of body image and sexual self-esteem; then, 30 participants who received an intermediate score and lower in these two questionnaires
were selected. After explaining the objectives of the study, encouraging the clients to participate and receiving conscious consent, they entered into the study and randomly assigned to experimental (n=15) and control (n=15) groups.

The score received from the questionnaires were considered as the scores of pre-test of participants. The experimental group received eight sessions of 90-minute training weekly by cognitive-behavioral techniques based on Kesh’s eight-step model.

At each session, the first 15 minutes were assigned to reviewing previous trained matters and the next 45 minutes were assigned to training new techniques and the final 30 minutes were assigned to reviewing the trained technique and giving assignments. The train was conducted by the researcher who had been trained about cognitive-behavioral therapy based on Kesh's eight-step model and applied this technique to the clients in psychotherapy and counseling clinics.

Therapy based on Thompson F. Kesh's eight-step model was completely developed in 1995 and its efficacy and effectiveness have been confirmed in many researches including Iranian researches. This treatment has eight steps and is to change individuals' negative body image that at any step, the confirmed cognitive-behavioral techniques are used to improve the body image. These steps include the followings.

The first step: discovery of personal body image (Autognosis); the second step: applying knowledge for change (physical appearance psychology); the third step: creating satisfactory responses (eliminating distress); the fourth step: creating logical doubts (discussible hypotheses); the fifth step: modifying private physical conversation (critical thinking); the sixth step: overcoming the self-destroying behaviors; the seventh step: paying the rights of body (good times); the eight steps: protection of the own positive body image for life [7].

The instruments to collect data were Multidimensional Body Self-Relations Questionnaire (MBSRQ) consisted of 69 items that are used to assess the individuals’ attitude to dimensions of their own body image. Questionnaire scoring was done based on 5-point Likert scale that the scores 1, 2, 3, 4 and 5 were assigned to options “I completely disagree”, “I approximately disagree”, “I have no idea”, “I approximately agree” and “I completely agree” respectively. The validity of the main parts of the questionnaire was studied and verified by Cash, Mulka and Brown (1990). The reliability was also reported equal to 0.81 [9].

To measure sexual self-esteem, Zeana and Schwarz (1996) Sexual Self-Esteem Inventory was used that consisted of 81 items which measure women's emotional reaction to their mental assessment about sexual thoughts, feelings and behaviors. Zeana and Schwarz's criterion includes sentences or phrases about which the participant must show her true feeling about each one by choosing one of six options “fully agree”, “agree”, “approximately agree”, “approximately disagree”, “disagree” and “strongly disagree” that are scored from 1 to 6 respectively. Zeana and Schwarz (1996) reported the internal consistency of the questionnaire from 0.85 to 0.94 through Cronbach's alpha [10]. In Iran, Danesh et al (2011) also obtained Cronbach's alpha equal to 0.88 [11].

Data were analyzed using statistical software SPSS (version 21) and by covariance test in significant level of 0.05.

Findings

Of the 30 patients studied, 15 patients were in the control group and 15 patients in the experimental group. The average age in the experimental group was 25.14±1.67 years and in the control group 24.79±2.19 years (P=0.53). Of the experimental group, 9 patients (60%) and of the control group, 6 patients (40%) had Bachelor's degree and of experimental group, 3 persons (20%) and of control group, 1 person (6.6%) had postgraduate education (P=0.49).

In the table below, the mean and standard deviation of body image and sexual self-esteem in both experimental and control groups are presented.
Table 1: The mean and standard deviation of body image and sexual self-esteem in both control and experimental groups

<table>
<thead>
<tr>
<th>Variable</th>
<th>Group</th>
<th>No.</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body image: pre-test</td>
<td>Experimental</td>
<td>15</td>
<td>3.29</td>
<td>0.096</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>15</td>
<td>3.37</td>
<td>0.10</td>
</tr>
<tr>
<td>Body image: post-test</td>
<td>Experimental</td>
<td>15</td>
<td>3.58</td>
<td>0.21</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>15</td>
<td>3.38</td>
<td>0.12</td>
</tr>
<tr>
<td>Sexual self-esteem: pre-test</td>
<td>Experimental</td>
<td>15</td>
<td>3.22</td>
<td>0.24</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>15</td>
<td>3.42</td>
<td>0.14</td>
</tr>
<tr>
<td>Sexual self-esteem: post-test</td>
<td>Experimental</td>
<td>15</td>
<td>3.85</td>
<td>0.08</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>15</td>
<td>3.60</td>
<td>0.18</td>
</tr>
</tbody>
</table>

In the above table, the descriptive statistics related to mean and standard deviation of the scores of the body image variable and the sexual self-esteem variable were presented separately for the control and experimental groups in the pre-test and post-test. As can be seen, the mean score of the control group in the pre-test does not have significant difference comparing to the mean score of the post-test in both variables of body image and sexual self-esteem; while in the experimental group, we see a increase in mean of post-test scores for body image and sexual self-esteem. Covariance analysis shows that by eliminating the effect of body image scores of pretest as a covariate variable, the main effect of training on body image scores in the post-test is significant. In other words, the table shows that the difference observed between mean scores of body image in the experimental group and the control group in terms of membership in the post-test is significant at 99% confidence (P<0.01). The impact of this intervention is 0.49 (Table 1).

Table 2: Summary of analysis of covariance to determine the effectiveness of cognitive behavioral therapy based on Kesh’s eight-step model on women’s body image by controlling the body image pre-test score

<table>
<thead>
<tr>
<th>Source of changes</th>
<th>SS</th>
<th>Df</th>
<th>MS</th>
<th>F</th>
<th>P</th>
<th>Δ²</th>
</tr>
</thead>
<tbody>
<tr>
<td>body image pre-test scores</td>
<td>368.502</td>
<td>1</td>
<td>368.502</td>
<td>9.796</td>
<td>0.004</td>
<td>0.45</td>
</tr>
<tr>
<td>Main effect (training)</td>
<td>972.008</td>
<td>1</td>
<td>972.008</td>
<td>25.482</td>
<td>0.001</td>
<td>0.49</td>
</tr>
<tr>
<td>Residual error</td>
<td>1015.811</td>
<td>27</td>
<td>37.61</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Also, covariance analysis shows that by eliminating the effect of sexual self-esteem scores of pretest as a covariate variable, the main effect of training on sexual self-esteem scores in the post-test is significant. In other words, the table shows that the difference observed between mean scores of sexual self-esteem in the experimental group and the control group in terms of membership in the post-test is significant at 99% confidence (P<0.01). The impact of this intervention is 0.38 (Table 3).

Table 3: Summary of analysis of ANCOVA to determine the effectiveness of cognitive behavioral therapy based on Kesh’s eight-step model on women’s sexual self-esteem by controlling the sexual self-esteem pre-test score

<table>
<thead>
<tr>
<th>Source of changes</th>
<th>SS</th>
<th>Df</th>
<th>MS</th>
<th>F</th>
<th>P</th>
<th>Δ²</th>
</tr>
</thead>
<tbody>
<tr>
<td>body image pre-test scores</td>
<td>213.315</td>
<td>1</td>
<td>213.315</td>
<td>0.810</td>
<td>0.376</td>
<td>0.340</td>
</tr>
<tr>
<td>Main effect (training)</td>
<td>3870.198</td>
<td>1</td>
<td>3870.198</td>
<td>14.703</td>
<td>0.001</td>
<td>0.386</td>
</tr>
<tr>
<td>Residual error</td>
<td>7107.085</td>
<td>27</td>
<td>262.225</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Discussion

This study aimed to investigate the effectiveness of cognitive-behavioral techniques on improvement of body image and sexual self-esteem in married women in Birjand. The results of this study showed that cognitive behavioral therapy based on Kesh’s eight-step model was effective in improving body image and sexual self-esteem in married women in Birjand. Rahbarian, Tarkhan and Jalali in a study investigated the effectiveness of group cognitive-behavioral therapy on self-concept and body image in women with burning scar. The results showed that group cognitive-behavioral therapy improved body image and self-concept in women with burning scar [12]. The result of this study is consistent with those of Raigan, Sho’aiir and Asghari Moghaddam, which showed that Kesh’s eight-step model, in general, improved the negative body image in the subjects in the experimental group compared with the control group, and overall they concluded
that cognitive-behavioral therapy based on Kesh’s eight-step model could improve negative body image in a sample of Iranian girls [13].

In explaining the results obtained from the present study, we can say that considering that the body image is a complicated construct that is related with individual’s attitudes and understanding about the self, especially physical appearance, as well as aspects such as physical satisfaction, the self-appearance schemas and the importance of internalized apparent ideals and emotions related with body image also arise about body image therapy [7].

Considering these cases in Kesh’s eight-step model could lead to success and improvements in body image in subjects. In this model, they formed this image based on their perceptions, thoughts and feelings about how they were. From the cognitive-behavioral perspective, the body image disorder occurs when a person experiences a distortion in perception, behavior, cognition or emotion associated with her/his weight and body shape. Therefore, in this kind of treatment this issue has been discussed in detail [7].

Since one of the constituents of physical appearance is the behavioral concept, in this model this constituent has been addressed using confronting technique and mirror regular desensitization and the possibility of creating body satisfaction is emphasized and in fact, the subject is thought how s/he can create opportunities to enjoy her/his appearance. To do this, she is suggested to do positive physical activities and also activities about dealing with the appearance which create positive feeling about body and appearance that overall improve the subject’s body image.

Various studies have been done on the effectiveness of cognitive therapy on body image that we can refer to Rahbarian, Tarkhan and Jalali who obtained a result similar to that of the present study indicating the effectiveness of cognitive therapy on improving body image [12] but a published research has not been done in Iran on cognitive-behavioral therapy based on Kesh’s eight-step model.

Overall, among the foreign studies we can refer to the studies that have obtained results similar to those of the present study in improvement of body image, including Bergeron, Romero , Cash [14, 15,16].

Cash stated that the women who reported more body dissatisfaction felt less relief with their sexual self. On the other hand, some studies acknowledge that those American women who engage relations in which their bodies are more considered and evaluated and they themselves have more mental conflicts during sexual relations enjoy less sexual self-esteem, less sexual attraction and less confidence in their sexual performance, as well as they report more emotional avoidances from their sexual experiences [14].

Considering these issues, in explaining the obtained results we can say that since the cognitive-behavioral therapy based on Kesh’s eight-step model emphasizes on preoccupation beliefs related with appearance and the focus of this model on removing these beliefs and dealing with ignorance of avoidant practices related with appearance, correction of false private body conversations, and confronting with these thoughts and practices as well as clarification and increasing of activities, etc., this method has been capable to create changes in individual’s belief and her/his attitude to the self and consequently this improvement in attitude is realized in her sexual self-esteem.

Considering the point that a research has not been done yet on the effectiveness of cognitive therapy on improvement of women’s sexual self-esteem, we can refer to researches in the field of sexual self-esteem that the results of the present study are somehow consistent with them, including Muehrer, Keller, Powwattana and Pornchaikate and Taleporos [17,18].

According to the results of the present study, in a more comprehensive attitude we can suggest that since the current social standards for beauty excessively emphasize on inclination to slimness and special characteristics of beauty and as our country is exposed to the satellite, mass media and internet propagandas and accordingly this issue is inevitable, the necessity of studying
the effectiveness of this therapeutic method in the society if felt.

It is suggested that this study is carried out in larger groups and also in other cities and regions of Iran in order the validity of the method is estimated with higher certainty. Also, it is suggested that this research is repeated with long term follow-up to determine the effects of intervention in the long run and stability of the results.

In the present study due to limited population, sampling was done through convenience and voluntary sampling method. Also due to time limitations, the tests about effectiveness of the intervention in the follow-up were not carried out.

Conclusion

References


