

## Distorted body image in women: Emotion focused training for self-compassion and self-protection as an effective instrument for its moderation

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### Abstract

**Aim of the study:** Dissatisfaction with one's own body represents one of the main sources of suffering for women in various age categories. One of the potential factors reducing dissatisfaction with one's own body is self-compassion. The aim of this study was to determine if a short-term two-week emotion focused training for self-compassion and self-protection, will reduce self-criticism in women, increase their self-compassion and improve satisfaction with their own body image.

**Methods:** The research sample consisted of 64 women aged 18-55 years, mean age 31.73 yrs. ( $SD = 8.48$ ), randomized into experimental and control group. Self-compassion, self-criticism and body shape dissatisfaction were measured before and after the intervention.

**Results:** Data analysis indicated significant changes in the degree of self-compassion, self-criticism and dissatisfaction with body image on the part of the group undergoing intervention.

**Discussion:** Similarly as in previous research, emotion focused training for self-compassion and self-protection turned out to be the effective tool for increasing compassion, decreasing self-criticism and enhancing body dissatisfaction.

**Conclusions:** The study confirms the assertion that cultivating self-compassion can lower dissatisfaction with body image, and at the same time, it proves that cost-effective, distance intervention, without direct contact with a specialist, can be effective

**distorted body image; emotion focused training for emotion of self-compassion and self-protection; self-compassion; self-criticism**

### SELF-CRITICISM AND BODY IMAGE

Western societies emphasize and value a slender physique, which is often associated with desired personality characteristics, strength or happiness. Body image for women, therefore,

often becomes a central element for self-evaluation [1]. Almost 80% of women [2] across various age categories [3] have a negative subjective view of their own bodies, which means that a substantial portion of the women population feels insecure about their body weight and is dissatisfied with their body image. This fact represents a significant problem because, according to research, dissatisfaction with one's own body image negatively influences mental as well as

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physical health [4-5]. Moreover, dissatisfaction with one's body image can be accompanied by self-criticism [6], which is manifested by hatred, disgust and contempt for oneself, particularly if they are associated with serious mental suffering [7]. Self-criticism is associated significantly with body image dissatisfaction [6].

According to Ferreira et al. [8], self-criticism is considered a maladaptive defensive strategy associated with pathogenic effects, which leads to increased negative impact and feelings of being inferior and defective, which then contributes to feelings of shame and perpetuates a degrading self-critical vicious cycle.

Being ashamed of one's body image, which can lead to self-criticism, includes a negative view of the fact that body image can be a source of negative self-evaluation and is the result of defective, defensive behavior such as, for example, avoiding looking at one's body, hiding and rigid self-control [9], (e.g. avoiding mirrors and social situations where one's body would be more on display; [8]). However, these defensive reactions have a paradoxical effect because they increase the pathogenic influence of feeling shame on a person's life, particularly, an individual's psychological and interpersonal functioning [8].

In our society, it is women, who are undergoing a socialization process, which can teach them to put appearance above accomplishment [10], and yet, incorrect body size perception in women can lead to fatal diseases such as anorexia nervosa [11]. It is interesting that Casper et al. [12] found no difference in the degree of body image distortion between an experimental group of women and women suffering from anorexia nervosa – both groups overestimated the size of their body parts but were able to correctly estimate the size of a block of wood.

Research shows that body image dissatisfaction has a detrimental effect on mental and physical health of women as well as men because it is connected with higher level of depression [4], anxiety [13], feelings of worthlessness [14] as well as lower levels of self-respect [15], and disordered eating [16], including disturbed eating habits (e.g. rigid diets and bulimia [5] and eating disorders [17]).

## REASONS BEHIND PROLIFIC BODY IMAGE DISSATISFACTION

There are several possible explanations for the pervasive body image dissatisfaction. One possibility is the self-discrepancy theory [18], which states that the difference between the perceived actual and the ideal body of an individual or the inability to reach this ideal body can lead to emotional suffering. Narrow cultural norms disregard the naturally occurring variety of body types, which makes the attraction ideal unrealistic and unattainable. For example, based on cultural norms, the idea is that women should look young, tall, and thin with a low ratio of waist to hips [19]. This discrepancy between the actual and the ideal body then manifests itself as body image dissatisfaction [20].

Another explanation is based on the objectification theory [21], which supposes that uncontrolled objectification of women's bodies in a society leads to acculturation and internalization of this objectification. Young women in Western societies experience constant examination and evaluation of their appearance by other people and thereby receiving a message that their bodies are the primary source of their worth and value [22].

One of the suggested impacts of this type of culture is self-objectification [23], which means that women are taught to think of their bodies more like objects and they begin to see their own bodies from the perspective of the observer [24]. Based on this perspective, they often realize that their bodies do not fulfill the social norms of beauty and slenderness and most likely feel ashamed of their own body. Theoretically, self-objectification is connected to a number of negative clinical variables, mainly eating disorders and depression [22].

## SELF-COMPASSION AND PROTECTIVE ANGER AS PROTECTIVE FACTORS

According to researchers [25-27; 8], self-compassion, as an emotion-regulating strategy teaching individuals how to accept the self in spite of flaws, has a clear potential to reduce suffering associated with body image dissatisfaction. They argue that it can be cultivated and there-

by help women heighten their tendency to be kind and understanding towards their own self, and to look at their physical appearance from a broad, inclusive perspective and prevent fixating on or excessive identification with the unbecoming characteristic of their body. Moreover, as Albertson et al.'s [25] study indicates, body image dissatisfaction can be reduced by means of online intervention.

Interest in self-compassion has been growing on account of its strong association with mental health. Neff [28] defines self-compassion as being kind and understanding towards oneself in case of pain or failure instead of judging oneself harshly; perceiving one's own experiences as being part of the larger human experience and realizing consciously one's painful thoughts and feelings instead of identifying with them to an extended degree. In their study, Bluth et al., [29] found greater emotional well-being in young adolescents with higher degree of self-compassion, who also experienced lower physiological stress reaction. In a longitudinal study with at-risk youth, Zeller et al. [30] determined that self-compassion is a protective factor in depression, posttraumatic stress and panic symptoms, and suicidality. Furthermore, in a study by Homan [31] the author found that self-compassion increases with age and in individuals aged 59-95 years self-compassion indicated psychological well-being and moderated the relationship between overall health and depression. Additionally, Moreira et al. [32] observed that self-compassionate mothers feel less stress in their parenting role because they are able to better accept their own flaws as well as the flaws of their children. Thus, it seems that self-compassion can positively affect quality of life. Research indicates that individuals, who are self-compassionate are mentally healthier than those who are not [25]. Although self-compassion is focused on reducing suffering, it can still be considered a positive psychological force, which does not avoid pain but rather accepts it with kindness and good will thus creating well-being, which is rooted in the experience of being a complete person [33]. Moreover, self-compassion supports health-focused behavior, such as searching for medical attention when necessary, regular exercise, decreased smoking and alcohol consumption [34].

Accept for the self-compassion also protective anger has a beneficial potential in body dissatisfaction. In emotion focused therapy approach both – self-soothing and protective anger are perceived as adaptive states helping with painful emotions as shame or fear [35]. Vráblová et al. [36] states, that self-protection and self-compassion are complimentary constructs and only by the combination of them individuals can simultaneously themselves while being kind to themselves. In contrary to reactive anger, protective anger leads to set our own boundaries and it is the force to protect oneself from the bad treatment from other or from our own self-critic [37].

## AIM OF THE STUDY

In women, distorted body image can cause problems because it is associated with the belief that others look at you critically and disapprovingly, and also with internal critical self-evaluations, particularly the more toxic form of self-criticism characterized by hatred and contempt toward oneself [9]. Developing self-compassion can help women mitigate self-criticism and body image dissatisfaction [25-27].

Our research aim was to examine whether short-term two-week Emotion Focused Training aimed at self-compassion and self-protection will improve women's body-image satisfaction. Emotion Focused Training (EFT-SCP; 38) is an intervention utilizing the expressive writing paradigm, which increases self-compassion and reduces self-criticism. The uniqueness of this intervention, according to Halamová [37], lies in the simultaneous cultivating of self-compassion and protective anger.

## METHODS

### Research sample

Our study focused on women with distorted body image experiencing a minimum of medium level body image dissatisfaction. The female participants were recruited using the snowball technique mainly through social networks. The research sample was limited by the following conditions: participants had to be female, at least 18 yrs. of age, and had to have reached at

least 52 points in the Body Shape Questionnaire (BSQ). We set the 52-point limit for our study based on Evans's [39] research, who considers the body image dissatisfaction score of 0-51 as null or low and 52-96 as medium to strong. The number of participants, who fulfilled our research criteria, was 78% of the entire number of women who filled out the questionnaire. We had a total of 126 women who responded. After excluding the women with a BSQ score of below 52, we ended up with 98 participants. However, during the time of the intervention, several women decided to drop out of the study and our final total number was 64 women, aged 18-55 ( $M = 31.73$ ;  $SD = 8.48$ ), of Slovak ( $N = 48$ ) and Czech ( $N = 16$ ) nationality. The participants were randomly divided into two groups. Experimental group comprised 32 women ( $M = 31.78$ ;  $SD = 8.99$ ), of Slovak ( $N = 25$ ) and Czech ( $N = 7$ ) nationality, who took part in the short-term online intervention training EFT-SCP. The control group comprised 32 women ( $M = 31.69$ ;  $SD = 8.09$ ), of Slovak ( $N = 23$ ) and Czech ( $N = 9$ ) nationality, who did not participate in any training.

### Data collection

- **Forms of self-criticizing/attacking and self-reassuring scale (FSCRS)**

The FSCRS was developed to measure self-criticism and the ability for self-assurance. It consists of 22 items and measures the way people think and feel about themselves when things are not going well [40]. The participants respond using a 5-point Likert scale ranging from 0 – not at all like me to 4 – extremely like me. We used the FSCRS to measure self-criticism, which consists of two scales: a) inadequate self – IS and b) hated self – HS. Taking into account our aim, we used Halamová et al.'s, [41] adaptation of the scale for Slovak conditions. This scale shows very good internal consistency ( $\alpha = 0.75 - 0.85$ ).

- **Sussex-Oxford self-compassion scale (SOCS-S)**

The SOCS-S is a 20-item scale measuring self-compassion using a 5-point

Likert scale ranging from 1 = not at all true to 5 = always true. Findings of Gu et al. [42] support SOCS-S' psychometric properties, as far as its internal consistency, interpretability and convergent and discriminant validity are concerned. The authors state that the consistent developmental process and psychometric properties of the SOCS-S support its use for self-compassion research. The translation into Slovak was done by Halamová & Kanovský [43].

- **Body shape questionnaire (BSQ)**

We used the BSQ questionnaire to measure body shape dissatisfaction [44], which is a broadly used scale measuring concern about one's own body and dissatisfaction with body shape. We utilized the short 16-item version of this scale [45]. The items are aimed at the negative aspects of body image in order to determine the degree of body image dissatisfaction (e.g. "Does the presence of slender women make you aware of your body shape?"). The participants rate the statements on a scale of 1 = never to 6 = always. The internal consistency of this short version of the scale is  $\alpha = 0.93$  [45].

### Procedure

The participants, who filled out a pre-test and fulfilled the conditions for participating in our study, were randomly divided into an experimental and control group. On the first day of the 14-day online training, the experimental group received the first online exercise. Every morning for the next 14 days, the participants in the experimental group received one email with online exercise, time for reflection and instructions to keep in mind while writing. Participants could engage in exercise at any time during the day, no time limit has been specified.

The intervention in the form of the EFT-SCP, completed by our experimental group, was training founded by Halamová [37]. The exercises are aimed at working with self-compassion (e. g. how would you treat a friend?; self-compassionate letter), protective anger [e. g. manifestation

of protective anger; self-compassionate and self-protective language) and self-criticism as an opportunity to apply the self-compassionate and self-protective behaviours. EFT-SCP is based on the expressive writing paradigm and all the exercises begin with the instruction for expressive writing. After the exercise, participants were instructed to reflect their feeling, thoughts and motivations arose while practicing the exercise [37].

At the end of the training everyone in the experimental and control group was sent an online battery of questionnaires, which was identical to the one given to them at the beginning.

## RESULTS

The beginning of our statistical analysis involved checking the reliability of the questionnaires and their individual subscales. We deter-

mined the lower limit of Cronbach's alpha according to Tavakol & Dennick [46];  $\alpha = 0.7$ . We found that the FSCRS, combination of its subscales measuring Self-Criticism (IS + HS) and the SOCS-S and BSQ reached the value of  $\alpha > 0.7$ , which means that their internal consistency was very good. However, the FSCRS HS subscale and all the subscales of the SOCS-S did not meet this value and thus we did not continue to analyze them.

The results revealed that the difference in the degree of Self-Criticism between the two groups in the pre-test was not statistically significant ( $M-W U = 502.50$ ;  $p = 0.898$ ;  $r = 0.02$ ). In the IS subscale, again no significant differences were found between the two groups ( $M-W U = 457.50$ ;  $p = 0.462$ ;  $r = 0.09$ ) (see Table 1). Both groups were balanced in the Self-Criticism and Inadequate Self variable.

**Table 1.** Comparison of Inadequate Self and Self-Criticism values for both groups in pre-test

Dimension	EG pre-test				CG pre-test				M-W U	p	r
	Min	Max	Mdn	IQR	min	max	Mdn	IQR			
IS	15	43	35.00	5.75	24	42	35.00	6.75	457.50	<b>0.462</b>	0.09
SC	25	60	46.50	6.75	35	60	46.50	6.00	502.50	<b>0.898</b>	0.02

Note: EG – experimental group; CG – Control group; IS = Inadequate self; SC = self-criticism

The total value for Self-Compassion, measured by the SOCS-S questionnaire prior to intervention, was 50 to 91 ( $M = 69.88$ ;  $SD = 9.96$ ) for the experimental group and 54 to 92 ( $M = 69.41$ ;  $SD = 8.89$ ) for the control group. These results indicate that the difference in the degree of Self-Compassion between the two groups was not statistically significant; the effect size being small ( $t(64) = 0.199$ ;  $p = 0.843$ ;  $d = 0.05$ ). Therefore, we consider the groups balanced.

Prior to the intervention, the body image dissatisfaction in the experimental group was 52 to 91 ( $M = 72.84$ ;  $SD = 10.85$ ). In the control group the value was 55 to 91 ( $M = 72.66$ ;  $SD = 9.92$ ). These results indicate that the difference in the degree of an overall body im-

age dissatisfaction between the groups was not statistically significant ( $t(64) = 0.072$ ;  $p = 0.943$ ;  $d = 0.02$ ). Based on the above, we can state that before the intervention the two groups did not differ from each other, thus, we can consider them as balanced.

The difference in the degree of overall Self-Criticism in the experimental group before and after intervention was significant; effect size was large ( $Z = -4.87$ ;  $p = 0.000$ ;  $r = 0.86$ ). In the Inadequate Self (IS) subscale, the experimental group again differed significantly before and after intervention ( $Z = -4.88$ ;  $p = 0.000$ ;  $r = 0.86$ ). The overall self-criticism and inadequate self-decreased significantly after the intervention (see Table 2).

**Table 2.** Comparison of the degree of Inadequate Self and Self-Criticism in the experimental group for pre-test and post-test.

Dimension	EG pre-test				EG post-test				Z	p	r
	Min	Max	Mdn	IQR	min	max	Mdn	IQR			
IS	15	43	35,00	5,75	14	40	29,00	6,00	-4,88	<b>0,000</b>	0,86
SK	25	60	46,50	6,75	23	55	40,00	6,75	-4,87	<b>0,000</b>	0,86

Note: EG – experimental group; IS – Inadequate self; SC – Self-criticism

In the experimental group, the overall self-compassion, measured by the SOCS-S questionnaire, reached the value of 50 to 91 ( $M = 69.88$ ;  $SD = 9.96$ ) prior to intervention and 50 to 96 ( $M = 74.06$ ;  $SD = 10.74$ ) post intervention. The difference in the degree of overall self-compassion proved to be significant with a medium size effect ( $t(32) = -3.825$ ;  $p = 0.001$ ;  $d = 0.68$ ). After the training the participants were significantly less dissatisfied with their body image, with values of 39 to 82 ( $M = 66.06$ ;  $SD = 11.06$ ) compared to pre-test values of 52 to 91 ( $M = 72.84$ ;  $SD = 10.85$ ). The degree of overall self-criticism in the post-test was 23 to 55 ( $M = 41.00$ ;  $SD = 7.03$ ) for the experimental group and 36 to 60 ( $M = 47.03$ ;  $SD = 5.64$ ) for the control group. The results show that the difference in the degree of overall self-criticism between the two groups was significant; effect size being large ( $t(64) = -3.785$ ;  $p = 0.000$ ;  $d = 7.32$ ).

The Inadequate Self (IS) subscale in the post-test reached the value of 14 to 40 ( $M = 29.03$ ;  $SD = 5.74$ ) for the experimental group and 24 to 42 ( $M = 34.81$ ;  $SD = 4.68$ ) for the control group. The results prove that the difference in the degree of this dimension between the two groups is significant; effect size being large ( $t(64) = -4.416$ ;  $p = 0.000$ ;  $d = 1.10$ ).

The overall degree of Self-Compassion in the post-test reached the value of 50 to 96 ( $M = 74.06$ ;  $SD = 10.74$ ) for the experimental group and 51 to 91 ( $M = 69.00$ ;  $SD = 8.84$ ) for the control group. The results prove that the difference in the degree of overall Self-Compassion between the two groups is significant; effect size being large ( $t(64) = -2.059$ ;  $p = 0.044$ ;  $d = 7.46$ ). Evidently, intervention increased self-compassion in the experimental group.

The degree of body image dissatisfaction in the post-test reached the value of 39 to 82 ( $M = 66.06$ ;  $SD = 11.06$ ) for the experimental group and 54 to 92 ( $M = 72.56$ ;  $SD = 10.46$ ) for the control group. The results prove that the difference in

the degree of this dimension between the two groups is significant; effect size being medium ( $t(64) = -2.416$ ;  $p = 0.019$ ;  $d = 0.60$ ). Evidently, intervention resulted in the experimental group having less of body image dissatisfaction than the control group.

The degree of overall Self-Criticism in the control group reached the value of 35 to 60 ( $M = 47.16$ ;  $SD = 5.43$ ) in the pre-test and 36 to 60 ( $M = 47.03$ ;  $SD = 5.64$ ) in the post-test. The difference in the overall Self-Criticism is not significant; effect size being small ( $t(32) = 0.560$ ;  $p = 0.580$ ;  $d = 0.10$ ).

The Inadequate Self subscale in the control group reached the value of 24 to 42 ( $M = 34.78$ ;  $SD = 4.45$ ) in the pre-test and 24 to 42 ( $M = 34.81$ ;  $SD = 4.68$ ) in the post-test. The difference in the degree of this dimension is not significant; effect size being small ( $t(32) = 0.190$ ;  $p = 0.851$ ;  $d = 0.03$ ).

The overall self-compassion, measured by the SOCS-S questionnaire, in the control group reached the value of 54 to 92 ( $M = 69.40$ ;  $SD = 8.89$ ) in the pre-intervention and 51 to 91 ( $M = 69.00$ ;  $SD = 8.84$ ) in the post-intervention. The difference in the degree of overall Self-Compassion is not significant; effect size being small ( $t(32) = 0.988$ ;  $p = 0.331$ ;  $d = 0.17$ ).

The degree of body image dissatisfaction in the control group reached the value of 55 to 91 ( $M = 72.66$ ;  $SD = 9.92$ ) in the pre-test and 54 to 92 ( $M = 72.56$ ;  $SD = 10.46$ ) in the post-test. The difference in the degree of body image dissatisfaction is not significant; effect size being small ( $t(32) = 0.463$ ;  $p = 0.647$ ;  $d = 0.08$ ).

## DISCUSSION

The purpose of our study was to examine whether Emotion Focused Training aimed at self-compassion and self-protection [38], utilizing the expressive writing paradigm, will reduce self-criticism, increase self-compassion and improve

contentedness with one's own body in women. According to Albertson et al. [25], it is the training focused on cultivating self-compassion itself that should have a positive effect on body image dissatisfaction.

In current research, the length of the interventions focusing on similar programs as EFT-SCP varies – but mostly is ranges between three [25, 47] and 8 weeks [48]. In this study, our EFT-SCP intervention lasted two weeks and took place online without the presence of a facilitator [37]. This version proved to be an effective tool in increasing self-compassion, decreasing self-criticism as well as moderating body image dissatisfaction. In light of the fact that in the participants, who underwent the intervention, we recorded a decreased level of self-criticism and thus confirmed the results of a study by Halamová et al. [38], it seems that EFT-SCP intervention had a significant effect on the reduction of the degree of destructive disposition on the part of participants, manifested in hatred, contempt or even disgust towards the self and feelings of failure, defeat and setbacks [41, 49]. A qualitative study carried out by Brennan et al. [50] also supports results indicating the positive effects of intervention based on EFT, by means of which women, who experience body image dissatisfaction, are able to confront, process and change their self-criticism. Moreover, Troop, Hutchings & Varnaite [51] point to the possibility of reducing self-criticism in the time of only one day through expressive writing paradigms, which may represent a fundamental difference between individual trainings affecting the overall level of self-criticism. The effectiveness of a short-term EFT-SCP can lie precisely in using this type of paradigm.

Also, we recorded a significant increase in the level of self-compassion on the part of our participants, who received the intervention training, confirming the research results of Halamová et al. [38]. Numerous authors have recorded similar improvements in self-compassion following intervention based on therapy focused on emotions or self-compassion (EFT/CFT) [25, 48, 52-54]. The short-term interventions, lasting from three days [52] to three weeks [25, 38] share one common thread: daily exercise. The success of timed interventions, such as EFT-SCP, probably also lies in their intensity, since the partici-

pants actively and systematically work on their development.

By taking part in a two-week exercise focused on cultivating skills aimed at self-compassion and protective anger, our participants experienced significant improvement in body image dissatisfaction as well. Thereby, our research supported the assumption of several authors, namely, that self-compassion in women can change their perception and behavior concerning their body [25-26, 33, 55]. Similarly to our research, Albertson et al. [25] and Kelly & Carter [55] utilized the distance method and their participants received the exercises online. The participants were asked to do the exercises daily, whether they were given to them at the beginning of the study [55] or once per week [25]. Our participants we also asked to take part in the intervention daily. Every morning they received one new exercise, and it was assumed they finished all the previous exercises. Other authors [25, 55] do not mention any tracking of the completed exercises, but in our study we did check the activity and the completed exercises sent to us online daily by our participants. Researchers noted the positive effects of cultivating self-compassion, particularly when related to concerns about eating habits, body weight [55] and body image dissatisfaction [25]. The results of these two studies support our results as well.

The intervention could have decreased the tendency of the participants to criticize their own bodies by teaching them to be kind, gentle and understanding with themselves, instead of attacking and berating their own shortcomings [25]. At the same time, the participants could have developed a friendlier attitude toward their own bodies by gaining a clearer insight into their own thoughts and emotions and by being more affectionate and caring towards themselves [26]. A sense of common humanity, which is part of self-compassion, could have reduced body image dissatisfaction by teaching the participants to see the broader perspective of the reality that female bodies come in different shapes and sizes and comparing oneself with the strict beauty ideals is too limiting [25]. Furthermore, it could also have helped women to realize that others share some of their negative experiences concerning their body image, and thus, they don't have to hide or constantly monitor their bodies

in order to protect their own value and social acceptance [26]. Increasing mindfulness, the third component of self-compassion, could have also reduced body image dissatisfaction by enabling the participants to see their bodies more clearly and in a more balanced way, without exaggerating the perceived shortcomings [25].

In addition, intervention could have been effective because of its cultivation of protective anger, which according to Halamová [37], is extremely important because people with insufficient self-compassion can often be submissive and cannot stick up for themselves and thus cannot face their own self-criticism.

Moreover, body image dissatisfaction has been considered an extensive epidemic [10], which doesn't affect only pre-adolescent girls and adolescents but adult women as well, who feel discomfort and/or dissatisfaction with their own bodies throughout their entire life cycle [3]. Therefore, we think it important that our research pointed to a possible way of reducing body image dissatisfaction.

In addition to experimental mortality and the online method, which did not allow us to check if the intervention was undertaken by the same person each time, the other major limitation of our research involves the participants' motivation. Since we did not use external motivation for women to take part in our study, we assume that our participants were internally motivated to undergo the intervention. For this reason, we cannot say what effect intervention would have had on unmotivated women. For future research, we recommend to test the Emotion Focused Training (EFT-SCP) on less motivated women as well as women with more pronounced pathologies, such as eating disorders, since this intervention may be helpful in these cases as well.

## CONCLUSION

In our quantitative research, we examined the effect of Emotion Focused Training aimed at self-compassion and self-protection [37] using a non-clinical sample of women with distorted self-body image. We utilized the short two-week online version of the intervention and its effect was examined in the following three dimensions:

self-criticism, self-compassion, and body image dissatisfaction, which is one of the expression of distorted body image. With our analysis, we focused on the differences in within-subjects as well as between subjects. The results indicated that taking part in short-term EFT-SCP training led to a significant increase in the overall degree of self-compassion and a significant decrease in the overall degree of self-criticism and body image dissatisfaction.

Therefore, we confirmed the assumption that the degree of self-criticism can be effectively reduced by means of an intervention based on Emotion Focused Therapy [37, 50, 54] and using the expressive writing paradigms [38, 51]. In view of the growing documentation about the advantageous effects of self-compassion on mental health, we consider it important to find a relatively quick and simple way of improving it. Our research has clearly indicated that due to the EFT-SCP training, in a short two-week period, women with distorted self body image manifested significant positive changes in the degree of self-criticism, self-compassion, and body image dissatisfaction. At the same time, our research supported the expectation that even without any kind of direct contact with the participants the intervention can be effective [25, 37]. This fact makes it accessible to a large portion of the population.

## Compliance with Ethical Standards

**Disclosure of potential conflicts of interest:** The authors declare that they have no potential conflicts of interests.

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**Ethical approval:** All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

**Informed consent:** Written informed consent was obtained from all individual participants included in the study.

**Availability of data and materials:** In order to comply with the ethics approvals of the



study protocols, data cannot be made accessible through a public repository. However, data are available upon request for researchers who consent to adhering to the ethical regulations for confidential data.

**Author Contributions:** MB designed research project. RS collected data. RS performed the statistical analysis. Both authors wrote the first draft of the article, interpreted the results, revised the manuscript and read and approved the final manuscript.

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