MODE DEACTIVATION, COHERENCE THERAPIES AND SELF-ACCEPTANCE AMONG IN-SCHOOL ADOLESCENTS WITH NEGATIVE BODY IMAGE IN OSUN STATE, NIGERIA

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CERTIFICATION

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DEDICATION

This research is dedicated to Almighty Allah, my lovely parents (Alh and Mrs Adewuyi), my darling wife and my teachers past and present.

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ABSTRACT

Self-acceptance is an important psychological condition, which enables individuals to appropriately evaluate their efficient and inefficient body features. Reports have shown that many secondary school students in Osun state with negative body image exhibit problems of self-acceptance which accounts for a variety of psychological challenges such as loneliness, depression, anxiety, self-criticism, feeling of worthlessness and suicidal ideation. Previous studies largely focused on factors influencing self-acceptance with little consideration for interventions such as mode deactivation and coherence therapies. This study, therefore, was carried out to determine the effects of Mode Deactivation Therapy (MDT) and Coherence Therapy (CT) on self-acceptance among in-school adolescents with negative body image in Osun State, Nigeria. The moderating effects of gender and social support were also examined.

The study was anchored to Self Discrepancy Theory, while the pretest-posttest control group quasi-experimental design with a 3x2x2 factorial matrix was adopted. The multi-stage sampling procedure was used. Three Local Government Areas (LGAs) one per senatorial district were randomly selected from the existing three senatorial districts in Osun state. Three secondary schools (one per LGA) were randomly chosen. Eighty four in-school adolescents who scored low on the Body Image-Acceptance screening tool were selected. The schools were randomly assigned to MDT (26), CT (30) and control (28) groups. The instruments used were Body Image-Acceptance Questionnaire (α =0.77), Unconditional Self-Acceptance (α =0.83), Social Support (α =0.84) scales and stimulus packages. The treatment lasted eight weeks. Data were analysed using descriptive statistics, Analysis of covariance and Scheffe post-hoc test at 0.05 level of significance.

Participants' age was 13.50 ±2.50 years, and majority were females (53.57%). There was a significant main effect of treatment on self-acceptance ($F_{(2;\ 83)}$= 33.09; partial η^2 = 0.47). The participants in CT had the highest post mean score (96.66) on self-acceptance, followed by those in MDT (74.34) and control (44.92) groups. There was a significant main effect of social support on self-acceptance ($F_{(1;\ 81)}$ = 25.37; partial η^2 = 0.26). The participants with high social support had a higher mean score (88.00), than those with low social support (55.47). There was no significant main effect of gender. There was significant interaction effects of treatment and social support on self-acceptance ($F_{(2;\ 81)}$ = 3.21; partial η^2 = 0.08) in favour of the participants with high social support in CT. There was significant interaction effects of social support and gender on self-acceptance of the participants ($F_{(2;\ 81)}$ = 3.21; partial η^2 = 0.08). There was no significant interaction effect of treatment and gender on self-acceptance. The three-way interaction effect was significant on self-acceptance ($F_{(1;\ 81)}$ = 5.24; partial η^2 = 0.06).

Mode deactivation and coherence therapies improved self-acceptance among in-school adolescents with negative body image in Osun State, Nigeria. Counseling and developmental psychologists should adopt these therapies for improved self-acceptance particularly among adolescents with negative body image with particular emphasis on social support.

Keywords: Mode deactivation and coherence therapies, In-school adolescents, Negative body image, Self-acceptance and social support

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CHAPTER ONE
INTRODUCTION

1.1 Background to the Study

Variation to developmental psychologist is the most important phenomenon to have occurred to humanity. Variation shows the manifestation of differences among humans which forms a core component of developmental psychology often construed as the concept of individual differences viz uniqueness. Variation is the genetic differences both within and among human populations. However, variation has at the same time resulted in various physiological and anatomical representations among human beings. This is evident from various body forms and structure which include the body colour, height, shape of the head, ear lobes, nose and body weight, often called the body image, however, the perception and the acceptance of these features is referred to as the self-acceptance. That is, an individual's acknowledgement and approval of these bodily features.

Self-acceptance is a critical factor in understanding the improvement of psychological wellbeing; it is frequently alluded to as the major social developmental assignment during adolescence (Havinghurst, 1961). It explains the acceptance of the majority of an individual's characteristics, be it positive or the negative part (Williams and Lynn, 2011). Self-acceptance empowers individuals to appropriately assess their effective and inefficient aspects of their personality (Chamberlain and Haaga, 2001; Ceyhan and Ceyhan, 2011). Three main features are majorly inherent in the self-acceptance. The first of them is "body acceptance", defined as "expressing solace with and love for the body, notwithstanding not being happy with the entire parts of the body in totality". Another vital disposition is "self-protection against negative decisions from others".This comprises an absence of worry that one is negatively judged by those in the environment. The third attitude centers around "the feeling and consideration of one's abilities" which includes recognizing, appreciating and developing positives feelings about one's abilities and capabilities (Tylka, 2011).

Self-acceptance has been positively connected with various indices of psychological well-being, for instance, high self-regard, interpersonal fulfillment and self control. As indicated from its highlights, self-acceptance enables the individual to encounter a strong association with the self, contributing to the improvement of a positive body image (Besteiro, Franco, Morales, Sagardo, and Mateos, 2009). On the other hand, self-acceptance has been negatively connected with various psychopathologies, for example, dejection and anxiety (Jimenez, Niles and Park, 2011; Singh and Tanu, 2011). Importantly, the general population around adolescents and the way of life (culture) firmly influences their self-acceptance. Individuals get both positive and negative messages about themselves from family and companion practically all the time starting from a young age. For instance, one may build up affection for exercise and a feeling of being strong and able if the parents/guardians share their own satisfaction in physical activities (Kelly, 2015).

Moreover, self-acceptance is a conjunction of created capacities to know and appreciate self, form and maintain an assortment of strong, beneficial and sound relationship, coexist well with others and successfully with the weight and requests of life. It is no gain saying that natural influences assume a huge role in the way and manner individuals see and feel about themselves. An individual's family, companions, acquaintances, educators and the media affect how individuals see and feel about themselves and their appearance. At the point when an individual gets negative comments about their body image, for instance, by being prodded or called a few names, they are at an increased danger of not being ready to inculcate self-acceptance (Williams and Lynn, 2011).

Body image is the perception that an individual has of his/her physical self, more significantly the contemplations and feelings the individual encounters because of that perception. The expression "body image" was first coined by Paul Schilder (1935). The idea of body image is utilized in various disciplines, including medicine, philosophy, psychiatry, psychotherapy, reasoning, social and feminist researches. The term is also regularly utilized in the media. Body image is the psychological portrayal one creates, yet it might possibly bear close connection to how others really observe one. Body image is liable to a wide range of misinterpretation from internal components like the emotions,

states of mind, past incidence, parental dispositions, and substantially many more. Body image is an individual's view of the sexual appeal of their own body. An individual's impression of their appearance can be unique in relation to how others really see them (Asagba, Agberotimi and Alli, 2016; Obi, 2016).

Further, the body image is the way an individual perceives and imagine his/her look which influences conduct. Everybody has a body image, have feelings about how he/she looks the thoughts and feelings about how others think about the individual's look. The way an individual feel about one's body and the majority of its part, one's body shape, legs, nose, stomach, colour of the skin, the shading or quality of the hair, all assumes a crucial role in the development of body image.This is additionally not constrained to the sex organs (Derenne and Beresin, 2006). Nevertheless, each individual do not build up the body image all without anyone else. It tends to be influenced by the regular aging procedure and life encounters. Specific periods in life like pubescence, and menopause are key occasions when an individual's body image may change. When individuals are harmed, debilitated, or incapacitated, their body images might be influenced as well.

The body image can range from very positive to extraordinary negative. Having a positive body image implies that, more often than not, an individual sees himself correctly, feels great in the body, feels strong, capable, appealing and responsible for the whole self. A negative body image is created when somebody displays the feelings that his or her body does not measure up in comparison with family, societal, or media principles. Numerous adolescents feel that they don't have the right standard, particularly when they think about themselves against the models of radiance usually paraded and found in the media(Wigfield and Eccles, 2016). Unlike individuals with positive body images, individuals with a negative body image are regularly disappointed, dissatisfied; feel awkward and disgraceful about the body (Triplett, 2007). Additionally, it presents several developmental difficulties most especially during adolescence, one of which is the self-acceptance. At the point when a negative body image is formed, the sense of self will in general suffer adequate acceptability. Such individuals may find it difficult to come to term with reality after checking themselves up inside the mirror, in this way finding acceptance of self very difficult.

By middle to late adolescence, young people place more prominence on self-acceptance. At this stage, adolescents are distracted with being loved and perceived optimistically by others. On the other hand, one may develop a lack of self-acceptance if the parents/guardians condemn the way one looks. The peers or friends likewise play a harmful role here.Various names are crested on others, as; "biggy", "kukuru bilisi", "afin", "gbigbe-yiyan", "omoga-esegun", "orobo", "blacky" and some more. Having a negative body image can harmfully affect one's physical and mental wellbeing, leading numerous individuals into bleaching their body, tattooing, drug misuse (taking medications locally known as "mawu" steroids), some enlaarge the breast, the buttocks, piercing the nose, some others go as far as engaging in artificial surgery which has resulted into numerous demise.

Also, self-acceptance is crucial to human psychosocial development. At the point when the capacity to appropriately acknowledge and accept self is lacking, it results in various mental difficulties among which are depression, loneliness, self-destructive thoughts and even suicidal ideation. Some other resultant impacts include individual adolescent feeling a sense of inferiority, feelings of inadequacy, worthlessness, self-fault and self-hatred which blocks inspiration, inhibit positive conducts, and cause troubles in restoration and adjustment. Ofole, (2017) maintained that self-acceptance is one of the non-intellectual factors in the students' identities that reinforce and cultivate academic achievement or disappointment. As a result of these, there is the need for employing psychological interventions as an instrument for combating the challenges of self-acceptance particularly at the period of adolescence. Hence, the present study focused on the utilization of mode deactivation and coherence therapies in fostering self-acceptance among in-school adolescents with negative body image in Osun state, Nigeria.

Mode Deactivation Therapy (MDT) is a psychotherapeutic strategy that examines dysfunctional emotions, undesirable behaviours, cognitive processes and contents through a number of principle-oriented, explicit systematic protocols.Apsche created the MDT methodology in 2005 by combining the unique validation-clarification-redirection (VCR) process step with elements from acceptance and commitment therapy (ACT), dialectical behaviour therapy (DBT), and mindfulness to bring about lasting behaviour change.Mode Deactivation Therapy (MDT) maintains that people learn from unconscious

experiencial components and cognitive structural processing components. Therefore, to alter the behaviour of people, the experiential elements must be restructured and the structural elements cognitively reformed accordingly.

In like manner, the MDT also claimed that how individuals feel and act is mainly determined by their procedures of thinking or cognition, which can give way to psychological vulnerability. These vulnerabilities are directly connected with the structure of personality, an individual's key feelings about themselves and their general surroundings. When these are distressing and preclude an individual from claiming psychological requirements, the coping instrument may be viewed as maladaptive when compared with ordinary conditions. The personality structures are suggested as cognitive graphs, which in combination inform an individual the appropriate behaviour at a particular time. Cognitive pieces are often activated automatically and grouped together to form cognitive modes that are deep-seated and reliable manifestations of behaviour, such as self hatred and aggressiveness (Apsche and DiMeo, 2010).

MDT gives a relatively outstanding treatment to adolescents with social issues, for instance, shock, low self acceptance, narcissistic, antisocial, physical and sexual aggression (Apsche and DiMeo, 2010). Bass and Murphy (2004) in their study using MDT showed that MDT offers the therapist a dynamically gainful and promising intervention that distinctly impacts recidivism rates. Also, MDT has proven to be an effective psychotherapy with its well documented evidence. Ofole (2017) reported that MDT is effective in improving psychological help seeking behaviour among school adolescents, it also significantly improve self-dangerous risks and behaviours that were connected with emotional dysregulation, (Keating, 2004). The MDT gives the framework to overview and treats these complex typologies of adolescents and integrates them into a purpose-based treatment. With these evidence and efforts, the researcher is motivated by the likelyhood that a therapy like this will be effective, MDT as such serve as treatment given to in-school adolescents in solicitation to make and improve their thoughts and beliefs about their personality and to imbibe unconditional acceptance of self which will come due to an appropriate assessment of their features and characteristics.

Thus, in the quest for a therapeutic package that has the potential to assist individual adolescents to strengthen their self-acceptance, the researcher sort after

coherence therapy (CT) owing to the researcher's conviction in its treatment modalities. CT is composed of a mental framework that is dependent on the theoretical assumption that the state of mind, thought, and actions are created according to the current mental reality models of the individual, the majority of which are basic and unconscious. It was propounded by Ecker and Holly in the 1990s. Presently it is considered among the most valued post-modern/constructive psychotherapy (Christopher, Jable and Goodman 2015; Bridges 2016). In the development of CT, Ecker and Holly (1994) investigated why some psychotherapy sessions have experienced profound moves in emotional meaning and quick indications, while a large portion of the sessions have not. Subsequent to studying a few of these transformational sessions for quite a while, researchers inferred that in these sessions, the therapist had stopped doing anything to counteract or oppose the symptom, and even the client had a strong, knowledge of some previously undiscovered "emotional truth" which made the symptom necessary for it to be present.

CT involves the expulsion of the neural source of behavioural manifestations. It is at variance with the counteractive technique of some psychological treatments. In such treatments, new desired behavioural models are exercised in order to contend with and possibly bypass the unwanted.This counteractive mechanism, such as the "extinction" of conditioned responses in human, is known to be inherently volatile and likely to recur because the neural circuit of the unwanted pattern continues to exist even when the unwanted pattern is suspended. Through reunification, undesirable neuronal circuits are "removed" and can not slip back (Hayes, 2013). Additionally, a good number of studies have recorded successes in the utilization of CT to give social intervention to self-efficacy and self-acceptance (Hoffman, 2013). A few studies have been carried out to assess the viability of CT interventions in patients with personality issue (Judge, 2012; Lokry and Courten, 2012); however, teaching of clients with marginal personality issue might be an intelligent and corresponding strategy for treating self acceptance and self criticism (Leaviss and Uttley, 2015).

Furthermore, Braehler, (2013) and Heriot-Maitland (2014) effectively utilized coherence therapy in a 7-week intervention considering self-consciousness, self-assessment and self-acceptance among adolescents. There is a growing body of proof that CT-based interventions are compelling techniques for promoting psychological well-

being and reducing clinical indications in different clinical and non-clinical examples of the all inclusive community (Neff and Germer, 2013), in clients with large amounts of self-acceptance, self-disgrace (Gale, Gilbert, Read, and Goss, 2012), body discontent (Braehler, 2013; Mayhew and Gilbert, 2008), self-dependence, self-evaluation (Lucre and Corten, 2013). In this wise, the developmental challenges as a result of low self acceptance among adolescence requires a great attention which occasioned the use of CT.

Remarkably, numerous variables have been identified as capable of playing an intervening role in this study according to literature. Amongst them are gender, religiosity, self-esteem, social support, cultural influence, age, race, ethnicity, self compassion just to mention a few. However, social support and gender will be considered in this study as the moderating variables. Social support is usually conceptualized as the support accessible to the individual through social ties with other individuals, gatherings and the bigger network. Social support alludes to encounter that is esteemed, regarded, sustained and adored by others in one's life (Gurung, 2006). The source of social support may vary to include from one's immediate family members to the educational and various social gatherings to which one has a place. Social support can be appreciated in the type of appealing help got from others when required, including a differential evaluation of condition, powerful coping systems, and emotional support. Social support is a component that can enable individuals to diminish the measure of stress they are exposed to, just as it help the individual adapt better to troublesome circumstances (Yasin and Dzulkifli, 2011).

The term social support is viewed as the physical and emotional solace that an individual receives from family, companions, associates, and others. It is a lot of emotional and successful social interactions in which the individual takes an interest and has self-results that make the individual see himself or herself as an objective of continuing incentive according to other vital individuals (Omolayo, Mokuolu, Balogun, Omole, and Olawa, 2013). In this manner, social support implies the whole of the considerable number of connections that make the individual feel just as he/she is interested in the general population they care about. Social support can come in various structures. It is identified with the action behind information that permits the recognition of self-pertinent and different encounters. This procedure will in general break the cycle

of self-dismissal and over-recognizable proof, subsequently reducing feelings of selfish division with increased feelings of bonding and self-acceptance. It likewise will in general spot the individual's life encounters in a bigger point of view, so the suffering of the individual is seen all the more very clearly. Thus, it very well may be contended that the socially supportive disposition toward oneself requires a reasonable mental point of view and prompts self-acceptance.

On the other hand, the issue of gender is a standout amongst the most essential sociological variables that have a relative relationship with self-acceptance. Piran and her partners have been researching adolescents for over 20 years (Piran and Teall, 2012), together with its three main measurements: physical freedom, mental freedom and social power (Piran, 2015). There are well-considered and created projects to support young ladies and ladies create pressure opposition aptitudes to take part in body-based exchange or slack talk which gives a gathering to ladies to interface with one another by speaking seriously about their bodies (Becker and Stice, 2011). These feminist researchers likewise took a look at the multi-faceted point of view and the effect of various social characters on body image and self-acceptance.

Females are socialized with self-appraisal, giving need to the approval of others more than themselves and this may influence their self-acceptance of themselves. Females were additionally increasingly condemning themselves and utilized negative self-talk than males (Devor, 2013). Moreover, numerous meta-examines have proposed that females have lower dimensions of self-esteem and acceptance (Gentile, 2009; Kling, Hyde, Showers, and Buswell, 1999). In essence, gender disparity has been observed in the last decade as regards self-acceptance. Some of the adolescents are desirous to be thinner thereby getting rid of fats in their abdomen (recently, 6-packs), some wishing for an increased muscle mass, going to the extent of using protein supplements, steroids, unsafe beauty care products and body building supplies. These acts of discontent as a result of lack of self-acceptance pose a risk factor for developing all forms of problems including anorexia nervosa or body dysmorphia.

Thus, Bernard (2011) emphasized that at the forefront of psycho-psychiatric society is the importance of self-acceptance of mental and psychological health. Thus, these and personal experiences of the researcher, especially from informal conversations

during adolescence with colleagues, teachers and even students, have informed his interest and has choosen MDT and CT to foster self-acceptance among in-school adolescents with a negative body image in Osun State, Nigeria.

1.2 Statement of the Problem

Self-acceptance as a fundamental task during adolescence is currently becoming a global challenge, far spreading and experiencing sophistication. Although, statistics may be lacking in Nigeria, experiences of daily activities in schools and in our environment reveals that self-acceptance is a growing challenge. The environment is flooded with images through social media, for example, TV, magazines, internet and advertisement. These images, unknowingly to the adolescents, are often unrealistic, improbable, unobtainable and exceedingly stylized, promoting magnificence and appearance standards for males and females in the general public. The perfect body being showed in these images has been manufactured by beauticians, craftsmanship groups through advanced digital control and can not be made or accomplished in reality. At the point when adolescents feel that they do not measure up in contrast with these images, feelings continues to emerge and they create absence of self-acceptance. In this wise, disappointment can intensify which results to a damaging effect on the psychological and physical wellbeing of adolescents.

Likewise, the absence of self-acceptance can prompt a variety of emotional challenges including uncontrolled displeasure and dejection among adolescents. Ordinarily, pubescence for adolescents brings with it changes in the appearance as young ladies generally get rounder and have increased body fat while the young men become strong and muscular. During that time, adolescents are helpless and sensitive and those entrenched in self-assessment instead of self-acceptance may likewise be exceptionally unfortunate and may dedicate extraordinary concentration and individual assets to self-glorification in request to make up for apparent individual deficit. In this case, adolescents engage in the use of bleaching creams, piercing the nose, taking slimming tea and frequent use of drugs that are dangerous to human health. Adolescents who lack self-acceptance face a lot of challenges; they lessen themselves making them susceptible to sexual abuse. This may result into contracting sexually transmitted infections (STI's) as

well as unwanted and unplanned pregnancies. In some cases abortion is attempted and committed which sometimes lead to untimely death.

Consequently, an individual without the self-acceptance can progress toward becoming focused on trying to change their genuine body shape. This can prompt engaging in undesirable food practices, exercise and use of synthetic compounds on their body with the expectation that the adjustment in body shape will ease negative feelings. These practices do not ordinarily accomplish the ideal result (physically or emotionally) and can result in a punctured feeling of self, intense negative feelings of disappointment, disgrace and blame, place adolescents at greater risk of underdeveloped latent potentials and even suicidal attempt. On this premise, a research in this perspective is then necessitated. However, not many studies have examined psychological interventions on adolescent's self-acceptance but rather previous studies dwelled on eating disorder, obesity and body image. Majority of the studies were conducted in non African context. Hence, this study investigated mode deactivation and coherence therapies in fostering self-acceptance among in-school adolescents with negative body image in Osun state, Nigeria.

1.3 Purpose of the Study

The main purpose of this study is to investigate the effects of MDT and CT in fostering self-acceptance among in-school adolescents with negative body image in Osun state, Nigeria. Specifically, the study;

- find out the effect of treatments (MDT and CT) on self-acceptance among in-school adolescents with negative body image;
- investigate the effect of moderating variables (gender and social support) on self-acceptance among in-school adolescents with negative body image;
- examine the interaction effect of treatment (MDT and CT) and moderating variables (gender and social support) on self-acceptance among in-school adolescents with negative body image.

1.4 Hypotheses

The following null hypotheses were formulated and tested at 0.05 level of significance;

Ho_1: There will be no significant main effect of treatments on self-acceptance among in-school adolescents with negative body image;

Ho_2: There will be no significant main effect of social support on self-acceptance among in-school adolescents with negative body image;

Ho_3: There will be no significant main effect of gender on self-acceptance among in-school adolescents with negative body image;

Ho_4: There will be no significant interaction effect of treatment and social support on self-acceptance among in-school adolescents with negative body image;

Ho_5: There will be no significant interaction effect of treatment and gender on self-acceptance among in-school adolescents with negative body image;

Ho_6: There will be no significant interaction effect of social support and gender on self-acceptance among in-school adolescents with negative body image ;

Ho_7: There will be no significant three-way interaction effect of treatment, social support and gender on self-acceptance among in-school adolescents with negative body image

1.5 Significance of the Study

The outcome of this study will be of immense benefit to the participants/secondary school adolescents especially the knowledge and skills acquired during their participation in the programmeme as it will boost their morale and enhance their sense of self and self-acceptance in particular. It will also assist the participant to develop the information, skills and strategies which are essential in the reduction of negative body image and develop a change of attitude towards themselves. The study is expected to assist the students to have a better understanding of themselves in its totality, improve their sense of self compassion, the feelings of caring and kindness to themselves as well as encourage their communication skills both within and outside the school thus, allowing for total utilization of their latent potential in order to be useful to themselves and the society at large.

Parents/guardian will find the outcome of this study very useful in that it will help them understand the essence of body image and self-acceptance among their wards, as it is

important for them to always instill adequate sense of self as well as avoid passing derogatory comments on the adolescent particularly as regards their self-images. The parents would also see the need to engage in a healthy relationship with the counselling psychologists who will help in addressing several issues that may be affecting the student within and outside the school environment.

Through the study, counselling psychologists and stakeholders in education will be able to discover the effects of social support and gender on self-acceptance among in-school adolescent. The study will also facilitate attempts in using psychotherapies to assist the adolescents in overcoming the challenges of self-acceptance as a result of negative body image. More specifically, the study will help to reveal the efficacy and usefulness of MDT and CT in fostering self-acceptance which will in turn enhance the acceptance among the in-school adolescents.

This study is aimed at providing recommendations that will benefit government agencies, stakeholders in education, and other stakeholders including the Faith Based Organizations (FBOs), Community Based Organizations (CBOs), and Non- Governmental Organizations (NGOs) whose focus is mostly on adolescent matters among others, the implication of MDT and CT in addition with other existing strategies in enhancing the self-acceptance among adolescent.The study will add more to the existing interventions and reveal more related implications.

The study will contribute to the field of developmental psychology, educational psychology, counselling and other related specializations. The outcome of the study will shed light on the efficacy of the psychotherapies as regards the subject matter (self-acceptance). Professionals in these areas of specializations and other behaviour experts will be equipped with adequate information and knowledge which will enhance their mastery and inform their consciousness towards the scientific application of psychotherapies such as MDT and CT in fostering self-acceptance.

The study will serve as an empirical basis for future research and citations, future researchers in the field of developmental and counselling psychology will benefit from this study as it serves as a source of references in academic writings. It will also fill the gaps in the previous studies.

1.6 Scope of the Study

The research investigated the effects of MDT and CT in fostering self-acceptance among in-school adolescents with negative body image in Osun state, Nigeria. Also, the study examined the interactive effects of the moderating variables (social support and gender) on the dependent variables (self-acceptance) among in-school adolescents in Osun state. Osun state, one of the six states in South-West Nigeria, has 3 senatorial districts, with a total of 30 local government areas.

1.7 Operational Definition of Terms

In order to ease the clarity of terms used in this study, the following terms have been operationally defined as used within the study's framework.

Self-acceptance: refers to in-school adolescent's evaluation of all of his/her attributes, be it positive or negative.

Negative Body Image: indicates the development of the feelings that in-school adolescent's body/appearance does not measure up to family, societal, or media principles.

MDT(Mode Deactivation Therapy):it is the treatment given to secondary school adolescents in order to systematically assess and restructure dysfunctional compound core beliefs as it affects their self-acceptance.

CT (Coherence therapy): This is the therapeutic intervention designed to loosen and delete longstanding emotional conditioning held in implicit memory of in-school adolescents in conjunction with their self-acceptance.

Social Support: signifies the instrumental and/or expressive provisions supplied by the community, social networks, friends and other confiding partners of in-school adolescents with negative body image.

CHAPTER TWO

LITERATUREREVIEW AND THEORETICAL FRAMEWORK

This chapter provides an overview of the available and relevant literature in both theoretical and empirical background as related to this study. The first part of this review, presented in the chapter, focuses on the philosophical definitions and explanations of concepts under study (Body image, Self-acceptance, Social support, Mode Deactivation Therapy, Coherence therapy) followed by the empirically reported incidences of each from myriad of studies. This is summarized below:

2.1 Theoretical Review

2.1.1 Concept of Self-acceptance

Self-acceptance is a universal character that has been ignored over the years (Petersen, 2011). The assertion "self-acceptance" sounds easy yet anybody trying to define it finds that it is not. Usually, self-acceptance is conceptualized as an attestation or acceptance of self, paying little attention to shortcomings or insufficiencies. Notwithstanding, there is massive distinction of opinion with respect to what is the "self" that is being perceived and the likelihood of acceptance. While there is no intelligent accord concerning the defining attributes of "self," there is some understanding that the self is wholistic including one's trademark characteristics, recollections, thoughts, feelings, sensations, and practices and that the self is adaptable after some time.

Baumeister and Bushman (2011) distinguish three parts of self: (a) self-knowledge (self-mindfulness, self-thought, self-esteem, and self-misrepresentation), (b) social-self (association with others, social roles, collection support), and (c) administrator self/official purpose (choice specialist, self-management). The self has been delineated as a theory of human closeness, a conception of which individuals are (Popper and Eccles, 2011). The issue of whether there is any advantage or difficulty to the human inclination to give a general assessment of the complex, dependably changing self on a suitable-unsuitable continuum is completely talked about in the self-acceptance writing.

Williams and Lynn (2010) have illuminated five distinctive ways that acceptance has been depicted reliably: (a) non-attachment; accepting that objects of experience grow and deminish, and that to engage them to return and advance ordinarily is alluring over any undertaking to control or retain them; (b) non-avoidance-refraining from pointless running without end when no physical risk is open; (c) non-judgmental; an insightful abstention from the course of action of understanding as favoured or terrible, describing inducements instead of evaluating inducements; (d) tolerance; to be able to remain present and mindful notwithstanding when inducements are frustrating or bothersome; (e) willingness; exercising a decision to have an occurence. The acceptance writing has seen two domains of acceptance, "self-acceptance" and "acceptance of others" with theory and research pointing to the positive association between the two (Crocker, and Park, 2011).

Additionally, self-acceptance meets a greater bit of the criteria outlined by Peterson and Seligman (2004) by which a human quality or trademark qualifies as a constructive quality or moderation including: adds to the individual's satisfaction, is ethically esteemed, does not diminish diverse individuals by any stretch of the imagination, happens in a course of action of conditions and practices (characteristics), is distinct from other positive characteristics, is exemplified in "consensual paragons" (stories, tales) and the dimension of negative conduct when the quality is missing. Self-acceptance is only the course toward seeing and embracing unequivocally paying little mind to one's blemishes and mix-ups. The inverse of acceptance are those destructive voices of fault, question, lament, judgment and disapproval, which are made by an individual's inner intellectual. These attributes negatively influence one's psychological wellbeing. This inner faultfinder incapacitates one if not up to standard, aggravates one about one's blemishes and continually minds and undermines one with dismissal if not lined up with the social measures. Self-acceptance as character quality has been left on the sidelines by some in the field of positive psychology who have delimited positive character attributes related with happiness and achievement (Peterson and Seligman, 2004).

In contemporary writing, self-acceptance involves a sensible dynamic familiarity with one's qualities and shortcomings. Self-acceptance can be developed by stopping criticizing and solving the distortions of one's self, and a brief timeframe later accepting

them to exist within one's self; that is, tolerating oneself to be imperfect in certain parts (Bernard, 2011). According to Hayes, Strosahl, Bunting, Twohig, and Wilson (2004) "acceptance involves taking a position of non-judgmental mindfulness and reasonably embracing the experience of thoughts, feelings and extensive sensations as they happen." Self-acceptance gives two or three sections in like manner to Roger's (1951) positive self-regard and Neff's (2003) self-compassion and her trade of kindness to self; for any situation, the unequivocal non-attendance of self-assessment in self-acceptance distinguishes the constructs.

While self-esteem and self-acceptance are fervently related (Ryff, 1989), it is accordingly essential to seclude self-acceptance, as a bit of psychological wellbeing, from high or positive self-esteem. Self-esteem insinuates the aggregate one loves or signifies the self, depends after coinciding with individual models or on examinations with others and has been defined as an individual's general feeling of worthiness and goodness (Adeyemo, 2008). Deci and Ryan (2000) distinguished between relentless or attribute and contingent or sensitive (state) self-esteem. Attribute self-esteem tends to a general examination of self-worth lasting after some time involving an individual's mindsets towards themselves being self-determined and dependent on intrinsic habits of thinking. Contingent or state self-esteem infers how incredible one feels about oneself at a specific minute in time dependent on rapidly meeting outside, evaluative measures or states of worth.

Crocker and Park (2004) contended that the chase for self-esteem is reliably rotated around state self-esteem instead of attribute self-esteem. Individuals routinely attempt to feel constructive result by boosting their state self-esteem above attribute estimations and to maintain a strategic distance from negative effect by not allowing their state self-esteem to fall underneath attribute levels (Crocker and Park, 2011). Low parts of self-esteem (and self-acceptance) are associated with an accumulation of psychological success issues (e.g., Crocker and Park, 2004; Swann, Chang-Schneider, and Larsen McClarty, 2007). High self-esteem, which can add to narcissism, a feeling that one is extraordinary and more magnificent than others, has been found to add to relationship issues and aggressive conduct (Baumeister, Campbell, Krueger, and Vohs, 2003). Self-acceptance has been contended as a more important psychological trait than self-esteem.

In the myth of Self-Esteem, Ellis (2005) stated that self-acceptance is a single thought that can delineate an individual as profoundly stand-out in different ways and that the individual can have it or not have it. Here are few things Ellis (2005) has explained concerning self-acceptance. "Individuals' estimation of their own esteem, or worth, is extraordinarily fundamental. On the off chance that individuals truly vilify themselves or have a poor self-image, the individual will debilitate their ordinary functioning and make themselves dismal in different fundamental ways. Precisely when individuals do not esteem themselves in all respects profoundly, innumerable issues rise. The individual's judgment of his own esteem or worth has such an effect on his thoughts, emotions and activities, how is it conceivable to help individuals constantly evaluate himself so that, paying little mind to what kind of execution he accomplishes and paying little regard to how comprehended or unsavoury he is in relations with others, he often perceives or regards himself."

Further, Ellis (2005) proposed how to empower individuals to feel important: (a) defining oneself as an invaluable individual as a result of the proximity, being alive, and in light of the individual character attributes and restricts that make up such uniqueness, accepting oneself whether one accomplish or individuals support of one, accepting oneself with the missteps and doing one's ideal to address one's past conduct and (b) not giving any form of global, summed up rating to oneself ; evaluating precisely what one thinks, feels, and does. Of result to the study of self-acceptance is basically the distinction among restrictive and unlimited acceptance. Rogers (1957, 1995) depicted how children's developing feeling of self-acceptance is determined by how much the worship and underwriting got from their kin is contingent or genuine. Precisely when children are raised where love is restrictive upon their living up to parental needs, they will without a doubt sentence themselves to the degree states of worth on which their self-valuation is contingent. That is, they will without a doubt be self-evaluators basing their self-worth on the opinions of others or their accomplishments in various domains.

Again, the affinity towards negative self-assessment and cheapening has less to do with how the children experience childhood in and more to do with the idea of their characteristic instinct towards illogicality (Kurasaki, 2013). Without a shadow of a doubt, self-acceptance is a deductively convincing construct. The field has moved from

estimation separation of self-acceptance from other-acceptance to an examination of the relationship to self-esteem and other related psychological constructs (e.g., self compassion) related with progress. Ongoing scale improvement (Patterson and Joseph, 2006; Bernard, Vernon, Terjesen, and Kurasaki, 2013) has concentrated on the self-evaluative and self-respect parts of the construct of self-acceptance also as the relationship of self-acceptance to positive portions of happiness and satisfaction. Positive connections of self-acceptance have been obtained with positive indicators of emotional wellbeing and adjustment including initiative feasibility (Denmark, 1973), happiness, life satisfaction, (Chamberlain and Haaga, 2001), and mindfulness (Thompson and Waltz, 2008).

There are two vital chronicled surges of influence on modern-day routine with respect to self-acceptance therapies.One isphilosophical and the other is psychological. For instance, of the philosophical stream of influence, Christian sacrosanct content is used in therapy to indicate Christian client's self-acceptance through the instance of God and the activities of Jesus Christ including how sin does not diminish human worth. There are similarly quick links from Buddhism to contemporary psychotherapy. The Buddhist thought of radical acceptance consisting of a willingness to experience and recognise whatever is taking spot in the minute has been incorporated in the cognitive-social treatment of borderline personality issue (Linehan, 1993, 1995).

The other stream of influence is humanistic brain science built up by Maslow (1943), Rogers (1951) and May (1983) who have spoken in theory and remedial practice of the amazingness of self-acceptance including fundamental and satisfactory conditions for change. The human potential for self-acceptance can be made in therapy similarly as in training anyway the beneficialand instructive systems (e.g., unequivocal instruction; socratic/instructive disputing of self-decay; inadequate positive regard of counselor; mindfulness) varies depending on the prevailing origination of self-acceptance. Self-acceptance redesign has transformed into a principal ingredient to exhaustive tasks for dealing with an arrangement of psychological health issues that rise with children and adolescents, parenting, relationship challenges, women's issues interminable disease, and aging. It has been successfully instructed in basic capacities, social and emotional learning, sound emotive training, and psycho instructive programme to youths as a

noteworthy part of school-based abhorrence and progression of psychological wellbeing programmemes (Bernard, and Vernon, 2006).

An issue that remains to be settled in the self-acceptance writing concerns how much as Albert Ellis proposes self-acceptance is a cognitive system that because of its non self-evaluative property is affectively unprejudiced. That is, unequivocal self-acceptance eliminates much emotional misery. Notwithstanding, the nonattendance of any segment of positive valuation for parts of self-inherent in Ellis' point of view on unequivocal self-acceptance may not engender pleasurable and positive emotions that result from positive self-evaluation. For any situation, it will in general be contended that positive choices of one who relies upon intrinsic characteristics (not founded on states of worth) is immaculate with the nonappearance of negative, around the world, self-evaluative ratings, and adds to relentless, positive affectivity. There is an understanding among leading self-acceptance researchers from grouped foundations that self-acceptance ought to be joined by both individual determination to self-improve negative direct that squares individual target attainment (happiness, long life) and a social still, little voice where one's action not solely don't interfere with the rights and interests of others, yet furthermore add to the general welfare of the more broad system (Kurasaki, 2013).

2.1.2 Concept of Body image

Body image has been conceptualized as a multidimensional construct that addresses how individuals think, feel, and carry on as to their very own physical characteristics (Muth and Cash, 2017). Body image is an individual's psychological opinion or depiction of his or her own physical appearance. It also involves the reactions of others toward that individual's physical body subject to what is seen by that individual. The concept of body image slowly develops over time, generally beginning in infancy (Preester, Helena, and Veroniek 2005). Perception of body image among people can widely range from very negative to very positive. Depending on age and other factors, the degree of concern with body image can also widely vary among an individual .A person who has a negative body image perceives their body as unattractive to others, while someone with a positive body image views their body as being attractive to others. Body image is studied within the area of psychoanalysis, which is a psychological theory that

involves mental functions of humans both consciously and unconsciously (Halliwell, Jarman, McNamara, Risdon, and Jankowski,2015).

Generally, within psychoanalytic study, body image isn't related to any objective measure (considering realities) it is emotional (considering opinions and feelings) in nature. In this way, one's opinion of their own body image may potentially be at pal with how others judge that individual's body image. For instance, individuals judging an individual may see that individual as appealing, in any case, that individual may condemn themselves as having a revolting body image. Of course, an individual may see their body image as appealing anyway be settled on a choice about terrible by far most who interact with the individual.

Body image, especially with adolescents going through youthfulness (a phase of physical and mental improvement that begins sexual duplication), can transform into an issue especially when parentages are unnecessarily stressed over their children's hips and appearances; parentages, especially mothers, are self mindful of their own one of a kind burden and appearance.Other children use wealth weight on their companions (individual children) to look or act a particular way; and wide interchanges plugs and other such inferences that endeavour to successfully recommend a certain body look (Wykes and Maggie, 2005).

Muth and Cash talked about two highlights of body image outlook and they are appraisal (satisfaction or disappointment with one's physical characteristics) and influence (involvement of discrete emotions). Body image is vital to adolescents' self definition, since they have been socialised to believe that appearance is a basic purpose behind self-evaluation and for appraisal by others (Thompson, Heinberg, Altabe, and Tantleff-Dunn, 1999). Pubescent young women are becoming intensely nervous and disappointed with their regularly developing, all the fuller bodies (Kater, Rohwer, and Londre, 2002). Yanover and Thompson (2008) inscribed that the body image discontent may incite strange state of school absence as a result of social uneasiness regarding one's appearance. Body image concerns are rapidly increasing among young fellows also. Athletic limits are found to define young fellows' omnipresence and self-certainty and accordingly, preadolescent young fellows report the craving to gain weight by increasing their quality (McCabe and Ricciardelli, 2004).

Further, the beginning of youthfulness involves substantially changes that, overall, move young women further a long way from societal guidelines of female greatness (Clay, Vignoles, and Dittmar, 2005). Young women need to be impeccable with respect to their physical appearance, and delineate their optimal flawless as tall, incredibly thin, and slim. Sadly, this ideal is unattainable to, by a wide margin a large portion of women, contributing to despairing, low self-esteem, and eating issue. Worry over body image has ended up being so predominant among juvenile young women that it has transformed into an ordinary bit of immaturity (Kater, 2002). Folks, on the other hand, will undoubtedly increase the proportion of their body parts and need a V-shaped masculine body with far reaching shoulders. Athletic limits defined child's reputation (Tiggemann, 2015). Right when the young fellows achieve their optimal physical changes, they can move closer to achieving the fit and solid body as grasped by western culture (McCabe, Ricciardelli, and Finemore, 2002).

Body image is a multilateral, theoretical and dynamic thought that incorporates an individual's recognitions, thoughts, and feelings about his or her body. Body image isn't constrained to the elegant properties of the individual, taking in like manner into thought his or her state of wellbeing, aptitudes, and sexuality. Notwithstanding being moderately reliable after some time, body image changes in certain one of a kind conditions (unequivocal age vulnerabilities and assortments after media introduction or wellbeing status modifications being highlighted by longitudinal and exploratory examinations). Body image does not simply reflect the normal endowment of the individual or the input got from the basic others. While these factors may indeed influence the component of body satisfaction, what is definitive is the way in which the body is experienced and surveyed by the individual. Body image also depends upon individual factors (personality, self-esteem), interpersonal factors (family, colleagues and media messages), normal factors (genetic attributes, increased BMI, a movement of pathologies), and social factors (social characteristics and measures) (Kelly and Carter, 2015).

Negative Body Image during Adolescence

Energy is one of the basic phases of progress in individuals which helps in the change from childhood to adulthood. This stage of life is an exceptional one in that it is

portrayed by speedy changes and improvement to advancement (Falaye, 2004). The stage of pubescence accepts a vocation in the emotional and social headway of a pre-grown-up and influences their body image. Young women are typically asked to look at an in all regards early age to improve their self-worth and young fellows on the other hand are encouraged to be "strong". Petersen and Crockett (1985) believe that alteration during the juvenile years is influenced by the timing of pubertal changes. Young women who grow early, have more insightful and social issues than their companions who grow later because they are dynamically mainstream among the young fellows during early energy (Spencer, Dupree, Swanson, and Cunningham, 2007). For young women, early improvement can now and again lead to increased self-mindfulness, increasingly insecure. In this way, young women that accomplish sexual advancement early are more plausible than their associates to make eating issue leading to a negative body image (Busari, 2010).

On the other hand, young fellows benefit socially from the increased advancement spurt and muscle improvement toward the beginning of pubescence (Coyl, 2009). During late adolescence, the early maturing young women have lower self-esteem than the individuals who grow later and measure more and are shorter when their pubertal advancement is finished (Spencer et al.). Drewnowski and Yee (1987) informed that men's craving to gain weight and increase muscle gauge is a prompt result of the loads society puts on folks to be physically fit and physically successful. According to the abnormality hypothesis, early or late advancement puts the energetic in a socially "degenerate" arrangement because of their status to the remainder of the friend gathering and shows either social points of interest or hindrances (Petersen and Crockett, 1985). Pubescent young fellows often will, when all is said and done have a respectable body image and are increasingly certain, checked and continuously dependent. Late maturing young fellows can be less certain in perspective on poor body image when comparing themselves to authoritatively made companions, (Busari, 2010).

The Influence of Media on Negative Body Image

The media plays a fundamental role in determining the ideal body image of adolescents. Magazines, toys, plugs, pieces of clothing all portray an image for young

women and young fellows. Young women are asked to be "thin and alluring" and young fellows are encouraged to be "colossal and strong". Dohntand (2006) stated that 6-multi year old young women who read magazines (e.g., Woman's Day) had increasingly prominent disappointment with their appearance and the individuals who watched music shows and read appearance-focused young women's magazines foreseen dieting mindfulness. The articles and advertisements included in the most broadly scrutinized male magazines exhibited that the male magazines contained more shape change articles and advancements, and thus certainly folks don't make tracks in an opposite direction from the socio-cultural strain to achieve the ideal body shape. Also, young fellows and young women become disappointed with their bodies concerning media influence and social speculations (Labre, 2002; Dohnt and Tiggemann, 2008).

Strain to attain the ideal body type has been used to explain the advancement and maintenance of body disappointment among young women and young fellows (McCabe and Riccardelli, 2005). The celebrated portrayals of women in Western media have a negative impact upon how pre-grown-up young women see themselves (Clay et al., 2005). Harrison (2011) stated that introduction to thin-consummate TV is related to a rising in eating issue in youthful young women. Thusly, teenager girls may be the most powerless against media exposure and it can negatively influence their body image (Clay et al., 2005). The media not simply underscore that female self-worth should be founded on appearance.This presents a momentous social flawless of female heavenliness that is becoming increasingly unattainable (Richins, 1991). This causes disappointment and annihilation about their bodies among adolescents and brings about impeding eating inclinations.

Further, tennager males, of course, accentuate on exercise instead of dieting to achieve their ideal body image (McCabe and Riccardelli, 2004). In view of media and societal loads, pre-adolescents and adolescents consistently disregard to appreciate that images in announcement are a great part of the time not genuine. Male and female models are much of the time made to look irrationally alluring, thin, or potentially strong. Computer innovation is used to change the genuine image and make an ideal looking image. The toys (Barbie dolls, movement figures) that these adolescents played with

while growing up in like manner add to the hallucination that females should be thin and excellent, and males should be buff.

The Role of Culture/Parents in Negative Body Image

Parentage and parental dissaproval about their own special ward's weight and physical hindrances is the main factor in developing body image objection. Both, mother and fathers' moods towards their very own bodies is related to body displeasure among adolescents. Different researchers have involved the activity of parentages in the progression of body displeasure and emphasizing thinness in both preadolescent young fellows and young women between 8– 12 years of age. Direct parental comments, especially mothers about their young ladies' hips, have strong relations with their body image (McCabe and Riccardelli, 2005).

Progenitor, especially mothers, who continue eating regimens and are stressed over their weight, will as a rule ask their youthful young ladies to be thinner thuspromoting body image displeasure among them. Young fellows in like manner gotten messages from fathers to rehearse more and change their body shape and size of their muscles (McCabe and Riccardelli, 2005). The craving and strain to be more noteworthy and strong was for young fellows and young women needed to get progressively fit notwithstanding when these adolescents were of ordinary burden for their age. Parental modeling of broken eating tempers and conduct, and parentage's influence over their children by direct transmission of weight-related manners and opinions, for instance, comments or teasing realized poor body image (Phares, Steinberg, and Thompson, 2004). Progenitors should comprehend that their own one of a kind unimaginable wants should not be allowed on their children and should give support for what the adolescents are and not for what the progenitors need them to be. Progenitors need to model before their children that having shrewd dieting affinities and doing ordinary physical activity is the perfect strategy to attain an alluring body image rather than dieting or skipping dinners.

2.1.3 Mode Deactivation Therapy

Mode deactivation therapy (MDT) was made by Jack Apsche who saw shortcomings of cognitive theory and cognitive-social therapies, especially for the treatment of peoples with complex psychological issues. Cognitive Behavioural Therapy (CBT) was basically conceptualized through an integration of direct therapy with cognitive brain research that was figured by Aaron Beck. Accordingly, the CBT approaches base basically on the present instead of the past, direct change as the main target, and flow methods that are maintaining the issue rather than the underlying drivers. Generally, CBT sees issue appearance as acknowledged by broken thinking, which is addressed as strange beliefs and superseded with the usage of intelligible conflicts (Apsche, and Bass, 2006).

Ultimatelly, a couple of experts comprehended that pointless cognitions should not be addressed. Along these lines, another influx of cognitive-behavioural therapies began to shape. This was named the "third wave" by Steven Hayes, who continued to make Relational Frame Theory and Acceptance and Commitment Therapy. Behavioural therapy was the main wave and Cognitive therapy was the second. Apsche agreed all things considered with this principle yet believed that there is an incentive in exploring the origins of maladaptive habits of thinking notwithstanding validating their existence as reasonable, given an individual's past experiences whereupon his or her core beliefs are based (Apsche, and DiMeo, 2010).

Aaron Beck proclaimed that how individuals feel, and act is mostly determined by their habits of thinking or cognitions, which may make individuals unprotected against psychological distress. These vulnerabilities are related to personality structures an individual's basic beliefs about themselves and their general surroundings. Personality structures mostly formed due to response to conservational spurs and experiences. Right when these are distressing and preclude an individual from claiming psychological necessities, the coping framework may be viewed as maladaptive differentiated and ordinary conditions. The personality structures are insinuated as cognitive outlines, which in combinations inform an individual how to carry on in a certain condition. Cognitive schemes are always normally instituted and group altogether to outline cognitive modes

that are profound arranged and strong direct indications, for instance, misery and ill will (Siever, 2012).

Underlying the MDT system is the Problem-Solving Case Conceptualization. Problem solving case conceptualization is a combination of Beck's (1996) case conceptualization and Nezu, Nezu, Friedman, Haynes (1998) problem-solving model, with a couple of new evaluations and practice late acquired. The goal is to give a blueprint to treatment within the case conceptualization. The Case Conceptualization empowers the clinician to examine underlying fears of the inhabitant. These fears serve the limit of developing shirking rehearses in the pre-adult. These practices typically appear as an arrangement of issue rehearses in the milieu. Developing personality issue consistently includes underlying posttraumatic stress disorder (PTSD) issues. The Case Conceptualization procedure has an assessment for the underlying compound core beliefs that are delivered by the developing personality issue. So far, preliminary results prescribe that human's typology of adolescents have a total of personality issue compound core beliefs. This combination of beliefs is the embodiment of why adolescents flop in treatment. One can't treat express messes, for instance, sex offending and antagonistic vibe, without gathering these total beliefs. It is furthermore evident that these beliefs are not bundle unequivocal. As it were that the Conglomerate of Beliefs and Behaviours contains beliefs from each gathering that integrate with each other (Thoder and Cautilli, 2011).

2.1.4 Components of Mode Deactivation therapy

Beck, Freeman and Associates (1990)recommended that cognitive, affective and inspirational techniques are determined by the difficult to miss structures or blueprint that includes the major rudiments of personality. Alford and Beck (1997) explainedpersonality disorder is guessed to manage a more continuous reason than is ordinary in clinical condition. Further study of cognitive therapycenters around the trademark instances of an individual’s improvement, separate and acclimation to social and basic conditions (Alford and Beck, 1997). Cognitive theorybelieves personality to be grounded in the coordinated assignments of complex frameworks that have been picked or accustomed to insure normal survival. These unsurprising coordinated acts are

constained by innately and earth determined methodologies or structures named as blueprint". These outlines are fundamental both discerning and unconscious meaning structures". They serve survival works by protecting the individual from the injury or experience.

Modes give the substance of the mind, which is referenced in how the individual coordinates their points of view. The modes include the precedents beliefs that contains the particular recollections, the structure on solving unequivocal issues, and the encounters that produe recollections, images and language that shapes points of view. As Beck (1996) stated issue of personality are conceptualzed likewise as "hypervalent" maladaptive structure works out, coordinated as modes that are express unpleasant strategies". Although the undertakings of broken modes are in present state maladptive, note that they were set aside a few minutes for survival and change.

Mode Activation: Modes are indispensable to the typology, in that they are especially touchy to danger and dread, serving to charge the modes. The understanding of insightful and careless feelings of trepidation being charged and activating the mode framework explains the segment of emotional deregulation and drive control of typology of adolescents that were treated. To address the precedent processing subject to thoughts and beliefs without understanding the modes is insufficient and does not explain the particular teenage typology in Mode Deactivation Therapy structure. The Mode System is exacerbated by the charge in every way that really matter is distinguishable to mapping once risk initiatesthe orientin models.

Mode De-Activation: There are four areas where a mode can be deactivated preceding a violent show or distinctive sorts of emotional dysregulation: orienting chart, insight or interpretation of the dread to chance activation, physiological framework, and keeps away from it. The mode deactivation framework thinks about the open kind of dysregulation, which includes parasuicidal acts likewise as adversarial vibe. The utilization of MDT integrates the emerge Validation.-Clarification Redirection (VCR) process step with picked parts from Acceptance and Commitment Therapy, Dialectical Behavioural Therapy,and mindfulness (brain science) through a successful and system organised case conceptualization and use process (Murphy and Siv, 2011).

Case conceptualization

The Case conceptualization is a schematic delineation of Beck's (1996) theory of modes combined with Apsche and Ward (2002) interpretation of the related strategy of Linehan (1993), Kohlenberg and Tsai (1993). It is intended to give the blueprint for treatment for the youth. The Case Conceptualization is gives an utilitarian treatment strucrure that integrates into the treatment plan. The Case Conceptualization is typology driven and individualizes the treatment dependent on accurately based examination. It also gives an approach to manage the teenager emotional dysregulation. The typology of adolescents reliably responds effectively and perilously through emotions to dangers or observe dangers. The case gives the structure of the Conglomerate of Beliefs to address the dysregulation by balancing the beliefs (Thoder and Cautilli, 2011).

The Conglomerate of Beliefs disintiguishes practice that signifies with beliefs and the structure to work with the youth. This gives a strategy to relate the emotional dysregulation t the beliefs. The objectives is to encourage the teenagers to change beliefs by recognizing that they authorize the emotional and lead dysregulation. The Case Conceptualization likewise gives anapproach to manage the responsive adolescent emotional dysregulation. The emotional dysregulation insinuates the Reactive Conduct Disorder (Dodge, Linehan, Harnish, Bates and Petti 1997).

Linehan (1993) sees individuals with borderline personality disorderintently resembling with corrode individuals where the tiniest improvemnt is changed and causes severe pain. "Since the individuals can't control the beginning and counterbalance of internal or outside occasions that influence emotional reaction" she recommends that the experience is itself a "horrendous dream of intense emotional pain" and a battle to regulate themselves. According to Dodge, (1997), there are two sub-gatherings of powerful direct sort youngsters; Proactive, the sub type that gets favoured standpoint and prizes from adversarial vibe and Reactive, sub type that is emotionally responsive or dyregulates. 40% of responsive adolescents emotionally dysregulate and endless variety reactions are possible results of their emotional desregulation.

Koenigsberg, Harvey, Mitropoulou, Antonia, Goodman, Silverman, Serby, Schopick and Siever (2001) found that different kinds of malevolcence, correspondingly as self-hazarous risks and banners were associated with emotional dysregulation. The

Case Conceptualization procedure gives the structure to survey and treat these tangled typologies of adolscents and integrates them into a useful based treatment. The objective is to deactivate the Fear→ Avoids→ Compound Core Beliefs mode and show emotional guidelines through the balancing or beliefs. Exactly when the information is amassed and the case is figured, the customer and the ace grow accommodatingly the Conglomerate of Beliefs and Behaviours (COBB). The outcome of the COBB complements for the study of the five segment Fear→ Avoids→ Compound Core Beliefs and moves to this structure.

The Conglomerate of Beliefs and Behaviours is the core of treatment for the customeer. When he supportively supports the Fear→ Avoids→ Compound Core Beliefs, he underwrites his immediate reactions that are great with his compound core beliefs. The case conceptualization is a deliberate painstakingly sorted out progressive system intended to give, in every waythat really matters, based treatment to complex emotional, thought and direct issue. The case conceptualization shapes the blueprint of the MDT planning and execution process, and depends upon a precise examination framework that is away for identifying, clarifying, and formulating the core beliefs → fears → thoughts and feelings → direct grouping. Initial, a semi-dealt with clinical interview is coordinated to shape the foundation of further psychometric testing. The client typology reviewis finished by the master with inputs from the customer, parent/protector, relatives, and distinctive records including catchand helpful where critical. It includes family information, substance misuse, medicinal disregard, physical and sexual maltreatment and offending history, instructive, emotional, immediate, physiological and interpersonal information. The needs for treatment and willingness to coordinate are in like way noted (Apsche and Bailey, 2004).

Validation Clarification Redirection

The Validation–Clarification–Redirection (VCR) of the useful belief is the thing that disengages MDT from other CBT-based techniques. In validation, the authority investigate the grain of truth in the client's perceptions or beliefs and points of view taking them as reasonable responses given his or her experiences. In illumination, the substance of the client's responses is explained while mindfulness and acceptance is

enabled.In redirection, the master moves the client towards accepting a helpful elective conviction through commitment and inspiration to advance towards positive choices that are continuously supportive of his or her life destinations and yearnings.

Mindfulness

Mindfulness is defined as a psychological state achieved by focusing one's mindfulness on the present minute, while easily acknowledging and accepting one's feelings, thoughts, and genuine sensations. It is valuable to createmindfulness and acceptance of distressful thoughts and feelings in the present, a state that is imperative to havethe ability to purposely influence change in one's condition. MDT utilizes this point of view to institutionalize the client's thoughts and feelings while developing increasingly valuable utilitarian other beliefs. It should be remembered that issue thoughts, feelings, and practices are the consquences of broken core beleifs that are routinely created by distressful events

Bass, Cristopher, Apsche (2014)proclaimed that the MDT is in like manner associated in a family setting. In reality, involving the family in the MDT is in like manner associated in family settings. In reality, involving the family in the MDT treatment process has ended up being useful to improve coordinated exertion, treatment result, and sturdiness of changes. MDT has been associated withoutpatient and institutional settings. Summarily, the Mode Deactivation Therapy (MDT) owing to its past records in the treatment of cases like Mood issue, Conduct issue, Oppositional defiant disarray, Substance use issue to make reference to yet a few, is of the researcher‘s believe suited to serve anoutstandingly helpful and compelling reason in the fostering of self-acceptance among the in-school adolescents.

2.1.5 Coherence Psychotherapy

Coherence therapy was created in the late 1980s and mid 1990s as Ecker and Hulley investigated why certain psychotherapy sessions appeared to deliver profound changes of emotional meaning and quick side effect discontinuance, while most sessions did not. Studying numerous such transformative sessions for quite a long while, the researchers inferred that in these sessions, the advisor had stopped from doing anything to

restrict or check the indication, and the customer had an incredible session, felt understanding of some beforehand unrecognized "emotional truth" that was making the side effect important to have.

Ecker and Hulley started developing experiential strategies to intentionally encourage this procedure. The researchers found that a greater part of their customers could begin having encounters of the underlying coherence of their manifestations from the main session. Notwithstanding creating an approach for quick recovery of the emotional outlines driving side effect generation, likewise recognized is the procedure by which recovered mappings at that point experience profound change or disintegration: the recovered emotional pattern must be enacted while simultaneously the individual strikingly encounters something that strongly repudiates it. Neuroscientists in this way determined these equivalent steps are definitely what opens and erases the neural circuit in certain memory that stores an emotional learning and the procedure of reconsolidation (Ecker, 2012).

The premise of coherence therapy is the principle of indication coherence. This is the view that any reaction of the brain– mind– body framework is a declaration of intelligent individual constructs (or mappings), which are nonverbal, emotional, perceptual and substantial knowing, not verbal-cognitive suggestions (Ecker, Bruce; Ticic, Robin; Hulley and Laurel, 2012). A therapy customer's presenting side effects are comprehended as an activation and authorization of explicit construct (Ecker and Hulley 2000).

The principle of manifestation coherence maintains that an individual's seemingly nonsensical, crazy side effects are reasonable, relevant, systematic articulations of the individual's existing constructions of self and world, as opposed to a confusion or pathology. Indeed, even an individual's psychological protection from change is viewed because of the coherence of the individual's psychological constructions. In this manner, coherence therapy, like some other postmodern treatments, approaches an individual's protection from change as a partner in psychotherapy and not a foe (Frankel and Levitt 2006).

2.1.6 Components of Coherence Psychotherapy

Coherence therapy is viewed as a sort of psychological constructivism. It varies from some different types of constructivism in that the principle of indication coherence is completely unequivocal and thoroughly operationalized, guiding and informing the whole philosophy. The procedure of coherence therapy is experiential instead of investigative, and in such manner is like Gestalt therapy. The point is for the customer to come into immediate, emotional experience of the oblivious individual constructs (or buildings or sense of self states) which produce an undesirable manifestation and to experience a characteristic procedure of revising or dissolving these constructs, in this manner eliminating the indication. Experts guarantee that the whole procedure frequently requires twelve sessions or less, although it can take longer when the meanings and emotions underlying the manifestation are especially unpredictable or intense (Leitner, Larry, Lonoff, and Julie 2010). The real parts of coherence therapy include the Symptom coherence and Hierarchical organization of constructs.

The emotional truth

The emotional truth is a learning which the individual frequently had during childhood, and in a distressing setting. For instance, a child growing up with maltreatment from a parent may 'learn' from this experience they are of no esteem, that those in places of power are harsh, and that the world is a risky spot. This learning is experienced in an emotionally upsetting condition, and along these lines remains exceptionally impervious to change on a neurological dimension. As a grown-up, they may encounter the side effect of lacking certainty and failing to be ready to talk up when expected to guard themselves. Their emotional truth (instead of 'genuine' truth) is that they are still of no value as an individual, and that to open their mouth is to invite maltreatment from others. To the degree that this emotional truth remains unacknowledged in the cognizant mindfulness, the oblivious mind/brain can make side effects which bode well (i.e are reasonable) with regards to the emotional truth.

Indication coherence

The indications thusly speak to an 'answer' to the issue which is spoken to by the emotional truth. The side effect can in this way be both essential and meaningful to the oblivious mind/brain and is sought after paying little mind to the pain these arrangements cause the cognizant personality-for example keeping one's mouth shut and feeling disgraceful makes one a littler focus for further maltreatment (even though their consequences of keeping calm might be painful). This indication is felt to be an issue in the cognizant mindfulness, a shortage or 'pathology', yet it is produced by the oblivious as an answer in light of the painful learning which results in the emotional truth. Accordingly, the oblivious will in general take a professional side effect position completely independently from the cognizant enemy of side effect position. Side effects can be produced by this oblivious 'position' or position as a method for protecting the individual based on what is accepted would occur, were the indications not present. Instead of being indications of pathology or lacks, such side effects can be viewed as deliberate, meaningful (cognizant) and regularly even keen reactions which the oblivious mind makes in light of terrible circumstances this isn't the mind failing to work appropriately, yet it is proof of the mind working great which turns out to be clear once we recognize what the emotional truth and the star side effect position truly is (Toomey and Ecker 2009).

Ecker and Hulley further states that:

- An individual creates a specific manifestation claiming, regardless of the suffering it involves, the side effect is compellingly important to have, according to somewhere around one oblivious, nonverbal, emotionally strong pattern or construction of the real world.
- Each side effect requiring construction is a relevant reasonable, meaningful, well-sew, very much defined blueprint that was shaped adaptively considering prior encounters is still conveyed and connected in the present.
- The individual stops producing the manifestation when there never again exists any construction of reality in which the indication is important to have.

There are few types of symptom coherence. For instance, few symptoms are fundamental in view of the pivotal capacities they perform, (for example, discouragement that secures against feeling and expressing outrage), while others have no capacity however are important in the feeling of being an inevitable impact, or side-effect, brought about by some other versatile, intelligent yet oblivious reaction, (for example, gloom resulting from separation, which itself is a system for feeling safe). Both useful and functionless indications are intelligible, according to the customer's very own material. At the end of the day, the theory states that indications are delivered by how the individual endeavours, without cognizant mindfulness, to do self-protecting or self-affirming purposes framed throughout living. This model of manifestation creation fits into the more extensive class of psychological constructivism, which sees the individual as having profound, if unrecognized, office in shaping background and conduct (Johnson, 2004).

Hierarchical organization of constructs

As a device for identifying most individuals' important outlines or constructions of actuality, Ecker and Hulley defined few consistently various leveled domains or orders of construction (inspired by Gregory Bateson):

- The first order comprises of an individual's clear reactions: thoughts, feelings, and practices.
- The second order comprises of the individual's particular meaning of the solid circumstance to which they are responding.
- The third order comprises of the individual's wide purposes and procedures for construing that particular meaning (teleology).
- The fourth order comprises of the individual's general meaning of the idea of self, others, and the world (philosophy).
- The fifth order comprises of the individual's wide purposes and procedures for construing that general meaning.
- Higher orders (past the fifth order) are occasionally involved in psychotherapy.

An individual's first-order indications of thought, state of mind, or conduct is pursued from a second-order interpretation of the circumstance and that second-order

understanding is effectively influenced by the individual's third-and fourth-order constructions. Subsequently the third and higher orders establish what Ecker and Hulley call "the emotional truth of the manifestation", which are the meanings and purposes that are intended to be found, integrated, and changed in therapy (Ecker, Bruce; Toomey, Brian, 2008).

Principles of Coherence Therapy

Coherence Therapy is a feasible way to deal with identifying and dissolving the oblivious constructs or "emotional truth" underlying a customer's manifestations in only a couple of sessions. The way to this methodology is the utilization of experiential strategies that make ordinary familiarity with how the manifestation is a relevant piece of the customer's existing, genuinely necessary answer for an energetic issue of security, prosperity or equity.

Focus

In Coherence Therapy, the advisor begins by learning what to see as the “manifestation”- the particular, solid highlights of experience that the client needs changed. To get underneath dynamic names, use questions and prompts, for example, "Walk me through an ongoing circumstance where the issue happened unequivocally. What is it you're thinking and feeling right at this point?"

Discovery

When you have distinguished what to view as the manifestation, begin to evoke the full emotional truth of the indication. Utilize experiential inquiries and signs—"What might you say to your sibling in the event that it was sheltered to let him know?" "What should your folks acknowledge from seeing how your life is 'going no place'?" Have the customer talk from the evoked emotional reality requiring the side effect, not about it.

Integration

The client's involvement of recently surfacing material is still separated from the remainder of cognizant information. Integrative techniques are important to create

routine, day by day familiarity with the already unrecognized subjects, issues and arrangements. Essential procedures include:

Overt Statement: Invite the client to say a found emotional truth as a first-individual, current state affirmation to the emotionally important individual.
Index Card: After the client has encountered the underlying reason maintaining the manifestation, help the customer structure a succinct, distinctive verbalization of that reason and compose these words on an index card for every day reading.
Real-Time Recognition: Coach the client to utilize indication's incidence between sessions as a flag to perceive and feel how the side effect is important in the circumstance.

Transformation

Full integration of the underlying emotional truth of the manifestation frequently unexpectedly yields a change but another step is required. This involves prompting clients to compare an old indication-requiring construct (presently cognizant and integrated) with another incompatible construct that disconfirms and breaks up the former one. A precedent would control Tina to encounter herself as having "no dividers" with her family "her deep-rooted construct of having no close to home limits" and at the same time to encounter anothe, inverse however compellingly genuine construct of "having walls"(Bridge and Sara, 2016).

2.1.7 Concept of Social support

Social support is a viewpoint that ought to be investigated since it is depicted as both a cushion against life stressors just as an operator promoting wellbeing and health (Dollete, Phillips, and Matthews, 2004). It is appeared in practically all research that social support assumes an essential job in managing psychological issues. Social support is an intricate construct with numerous definitions. For instance, Cohen (2004) defines "social support as a social system's arrangement of psychological and material assets intended to profit an individual's ability to adapt to pressure." Social support can take numerous structures, including basic support, that is the size and degree of the

individual's social system, recurrence of social interactions; useful support, that is the experience or discernment that social interactions have been valuable as far as emotional or instrumental needs; emotional support, that is conduct that cultivates feelings of solace leading the individual to trust that s/he is adored, regarded, as well as thought about by others.

Additionally, instrumental/material support, that is products and ventures that assistance take care of down to earth issues; and informational/cognitive support, that is arrangement of important information intended to enable individuals to adapt to current challenges, comprehend the emergency and acclimate to the progressions that have happened which ordinarily accepts the type of exhortation or direction in dealing with one's issues. Social support is a key wellspring of psychological wellbeing (Stansfeld, 2006). It has been recognised as a guide to recuperation (Onken, Craig and Ridgway, 2007).

Social support can be portrayed in different ways. Sometimes, support can be defined by the capacity or motivation behind the interaction: For example, doing pleasant things, sharing fondness or exchanging guidance or information. Social support can likewise be estimated by the structure of explicit connections or the source from which support is obtained for instance, accomplices, families and companions and the equalization or recurrence of contacts. Social support has appeared to be a predictable defensive factor in distress. It is known to have a mitigating impact on the experience of pressure (Shields 2004) and is linked to bringing down predominance of distress (Stephens, Dulberg and Joubert, 2000; Caron and Liu 2011) and with decreased danger of beginning of distress in the populace. There exists the nearness of distinct parts or elements of social support and the diverse renditions of the normally utilized scale in the estimation of support have appeared to be great proportions of the apparent accessibility of social support in adolescents (Robitaille, Orpana and McIntosh, 2011).

Social support is not really a uniform or finished idea itself (Schwarzer, 2004; Knoll and Schwarzer, 2005). The expression "social support" is utilized to imply a field of research that is worried about both the abstract appraisal and the target measurement of social support. The general term "social support" includes social systems just as social support in the limited sense. Today, agreement has been achieved that it is valuable to

distinguish among three parts of social support:In particular, social integration saw support and the support got. Social integration is comprehended as being inserted in a social system, for which we can draw upon different indicators, for example, conjugal status, number of relatives and companions, just as recurrence and type of contact to them. Social system is portrayed by morphological highlights (measure, thickness, openness, centrality, group, segments) and social highlights (quality of the bond, recurrence of contact, inert versus current connections, term, correspondence, homogeneity, multiplex versus uniplex connections, egocentricity versus benevolence, availability) (Röhrle, 1994).

When social support is examined in the thin sense, the subjective and useful parts of connections are at the core. It involves the interaction between at least two individuals in which an issue circumstance exists that is causing one of the people involved to endure. The point is to change the circumstance or if nothing else render the circumstance simpler to hold up under (Schwarzer, 2004). The apparent support has to do with one individual's conviction about the potential accessibility of the support. Seen social support can along these lines be viewed as a cognitive normal for an individual.

For the situation of got support, one is worried about how frequently and how viably accommodating activities are performed, taking into record both the watched occasions and the emotional appraisal (Schwarzer, 2004). As a general standard, the apparent and got social support correlate just minimally with each other (Klauer, 2005). For both the apparent and got support one can separate between emotional, informational and instrumental guide. Social support has been defined as the caring and sustenance given by the social condition and social support of emotional support, counsel, direction, and examination, just as the material guide and administrations that individuals obtain from their social connections (Ell, 1984). Seen social support has for quite some time been viewed as critical to both the anticipation of backslide and to restoration, reliable with stress-defenselessness models of schizophrenia which set that social support cradles bio psychosocial stressors and energizes coping conduct (Kopelowicz, Corrigan, Schade, and Liberman, 1998). Seen social support has been found to foresee critical thinking coping (Macdonald, Jackson, Hayes, Baglioni and Madden, 1998), five-year worldwide utilitarian result in first scene schizophrenia, work status (Yanos, Rosenfield, and

Horwitz, 2001), and network adjustment (Clinton, Lunney, Edwards, Weir, and Barr, 1998). A connection between saw social support and impression of emotion appears to be likely: if people with schizophrenia are insufficient in both social and nonsocial sign discernment and interpretation, it appears to be sensible to anticipate trouble in perceiving or accessing social support.

Access to social support is found through individuals from one's social system. Distinctive kinds of connections (for instance, accomplice/life partner, other family, companions, colleagues, formal/proficient support) give diverse sorts of social supports to grown-ups in later life (Tomaka et al., 2006). The ampleness of social supports (the sort, sum, and quality) given by one's support arrange could easily compare to the quantity of individuals an individual has in his or her social system (Brissette, Cohen, and Seeman, 2000; Walker and Herbitter, 2005; Cloutier-Fisher, Kobayashi and Smith, 2011). The nature of the association with the general population providing supports is additionally an imperative factor in determining whether social supports are satisfactory (Walker and Herbitter, 2005). Social support is a perspective worth reviewing since it is portrayed as both a cushion against life stressors just as an operator in promoting wellbeing and health (Benard, 1998).

Social support is seen as having an indirect association with different manifestations that are identified with psychological issues: It is anyway accepted and found to have an immediate and positive association with physical and emotional well-being (Smith, 2002). It encourages an individual deal with their lives depending upon the attributes and the nature of the social support that they get (Uchino, 2004). Individuals who don not get this kind of support have more prominent chancesof facing psychological issues and may look for asylum in the organization of other individuals (Gurung, 2006).

Individuals' for example, companions, family and relatives assume huge job in the life of an individual suffering from such mental and psychological issues (Friedlander, 2007). There are varying models that separate the different sorts of social support.However,the most well-known among them share basic factors; emotional support, unmistakable guide, informational support and esteem support. Wellsprings of support would include however not just constrained to family but also companions,

accomplices, peers, network connections and coworkers (Gurung, 2006). The said sources can be regular or increasingly formal (Daalen, Sanders and Willemson 2005).

Social support can be classified and estimated in a few distinctive ways according to Uchino (2004). There are four regular elements of social support:

• Emotional support is the offering of compassion, concern, love, trust, acceptance, intimacy, consolation, or caring. It is the glow and nurturance given by wellsprings of social support. Providing emotional support can let the individual realise that the person is esteemed. It is additionally alluded to as "esteem support" or "examination support" (Taylor, 2011).

• Tangible support is the arrangement of financial help, material products, or administrations. Additionally, called instrumental support, this type of social support incorporates the solid, direct ways individuals help others (House 1981; Heaney and Israel, 2008).

• Informational support is the arrangement of counsel, direction, proposals, or valuable information to somebody. This kind of information can possibly help other people issue comprehend (Tilden and Weinert, 1987).

• Companionship support is the sort of support that gives somebody a feeling of social belonging (and is likewise called belonging). This can be viewed as the nearness of allies to take part in shared social exercises (Uchino, 2004).

Social support can be estimated as far as auxiliary support or useful support (Wills 1998). Basic support (additionally called social integration) alludes to the degree to which a beneficiary is associated within a social system, similar to the quantity of social ties or how integrated an individual is within his or her social system (Willis, 1991). Family connections, companions, and enrollment in clubs and associations add to social integration (Lakey, 2011). Useful support takes a gander at the particular capacities that individuals in this social system can give, for example, the emotional, instrumental, informational, and fraternity support recorded above (Uchino, 2004). Schulz and Schwarzer (2004) alluded to got support as the arrangement of emotional (for instance, loving and caring), informational (for instance, counsel) and instrumental support (for instance financial help) to individuals by close partners or others for example, relatives, companions, or associates. Social support has appeared to apply positive influence on

dealing with physical sickness (Holahan, Moos, Holahan, and Brennan, 1997: Gulpek Bolat, Mete, Arici and Celebisoy 2011), help recuperation from disease, improve positive resistant reaction and diminish the danger of mortality (House, Landis, and Umberson, 1988; Cohen, Doyle, Skoner, Rabin, and Gwaltney, 1997; Corrigan, and Phelan, 2004). Social support has additionally been linked to wellbeing and well-being, and it can assume a job in helping individuals adapt to pressure (Public Health Agency of Canada, 2004; Johnson Whitbeck and Hoyt, 2005).

Precedents include the quantity of social connections, recurrence of contact, associations among individuals from social systems, accessibility of social support, and the sort of support got. Social support is critical in the life of any individual experiencing issues since its nonattendance or absence of satisfactory social support is an essential negative result or potential reason for seclusion (Drentea Clay, Roth, and Mittelman., 2006; Emlet, 2006; Tomaka et al., 2006; Cornwell and Waite, 2009; Grocki, 2009; Russell and Taylor, 2009; Nicholson, 2009; Turner and Brown, 2010;Masi Chen, Hawkley, and Cacioppo., 2011; Reed ,Crespo, Harvey, and Andersen., 2011; Kroenke Michael, Tindle, Gage, Chlebowski, Garcia and Caan, 2012).

2.2 Theoretical Framework

2.2.1 Self-Discrepancy Theory

The Self-Discrepancy theory will serve as the base to which this research will be anchored. The Self-Discrepancy Theory (SDT) was created by Edward Higgins in (1987). The theory states that individuals liken themselves with internalized principles called "self-guides".These distinctive portrayals of the self can be opposing and result into emotional distress. The distinctive portrayal of self has self discrepancy as the disparity.The theory at that point states that individuals are spurred to lessen the disparity to evacuate dissimilarity in self guides (Orellana-Damacela, Tindale and Suarez-balcazar, 2000). This theory holds that the idea of the self is multifaceted and complex: it includes different properties or domains that define the self (I am Beautiful/Handsome, I am a spouse, I am a scholar, I am a ball fan) just as different fleeting measurements (my identity previously, my identity today, who I might want to be later on).

Further, the thought that individuals have distinctive self states has been portrayed by scholars for over a century with the soonest conceptualization for the most part being ascribed to William James who composed that "In every kind of self, material, social, and other worldly, men distinguish between the prompt and real, and the remote and potential, between the smaller and the more extensive view, to the burden of the previous and favorable position of the last mentioned" (Higgins, 1987). The principle formalized by Tory Higgins in his self-discrepancy theory (SDT), is that there are results that emerge when individuals contrast one self-state with another self state and find that an error exists between the two (Strauman, Vookles, Berenstein, Chaiken, and Higgins, 1991).

According to SDT, there are three domains of self. The ‘actual’ (or current) self reveal the individual's impression of her or his very own properties or qualities. Note that it is simply the individual's discernments that involve the actual self and not the individual's target standing on a given characteristic. This focus alone on individual observations especially significant to the setting of body image as it is all around archived that individuals frequently misperceive the shape and size of their own body. Notwithstanding the actual self, Higgins additionally portrays two different domains of self that can coordinate or motivate individuals (what he alludes to as 'self guides'): the 'ideal' self infers the properties that the individual might want to have or that the individual tries to have (I need to be a fireman); the 'should' self mirrors the traits that the individual trusts she or he has a commitment or obligation to have (my pregenitor anticipate that I should be a legal advisor).

Notwithstanding defining these three domains of self, SDT likewise suggests that these selves can be conceptualized from one's own viewpoint just as from the point of view of huge others (e.g., a parent, a mate, or the closest companion). In this way, in combination, there are six self-states depicted by SDT: actual/own, actual/other, ideal/own, ideal/other, ought/own, and ought/other. In the body image writing, researchers commonly center around an inconsistency between how one sees one's self (real/claim) and how one might, in a perfect world, want to be (perfect/possess), while acknowledging that the perfect/possess self may well mirror an internalization of society's norms of engaging quality. One of the essential goals of SDT is to outline the

particular emotional outcomes of perceiving an inconsistency between one's real self and one's optimal/should selves (Halliwelland Dittmar, 2006).

According to SDT, perceiving an inconsistency between one's real self and one's optimal self (real perfect disparity) ought to evoke disheartening related emotions, for example, disappointment and melancholy, since one's expectations and wishes have been unfulfilled. Interestingly, perceiving an error between one's real self and one's should self (actual should inconsistency) ought to evoke unsettling related emotions, for example, nervousness and blame, since one has damaged some standard. Notwithstanding, and maybe considering the emotional reactions evoked without anyone else disparities, these errors can likewise inspire the individual to participate in practices that will diminish the inconsistency. Since the initial portrayal of SDT, there have been a few alterations to the theory, especially regarding the domains of self. For instance, extensions of SDT have included potential selves, or 'can' selves, just as future selves even more for the most part (Strauman, Vookles, Berenstein, Chaiken, and Higgins, 1991). Even though not viewed as self-manages in a similar manner as real or should selves these future selves mirror an individual's impression of what may be.

Another expansion of SDT has been to include the 'dreaded' self, which reveal the characteristics that an individual does not have any desire to have but rather fears she or he may. The idea of the dreaded self originated from the recognition that the should self portrayed by SDT may involve both methodology and shirking thought processes; that is, a longing to satisfy one's commitments and a craving to keep away from discipline for having neglected to satisfy those commitments. According to this point of view, a genuine should error would be well on the way to evoke tumult related emotions when individuals consider themselves to be a long way from their dreaded self.When they are near their dreaded self, individuals may end up engrossed with distancing themselves from this unfortunate state, and the dreaded self ought to be a more grounded indicator of full of feeling reactions (Halliwell and Dittmar, 2006).

The importance of SDT to body image is to a great extent dependent on the way that there are social standards that uphold specific gauges of appeal. In numerous societies, the gauges recommended include a thin body for ladies and a fit and solid body for men. Essentially, these principles are impossible for most by far of the populace to

accomplish without the utilization of outrageous measures, (for example, self-starvation, restorative medical procedure, or steroids). Along these lines, when comparing one's real self with the perfect advanced by society, all things considered, the individual will miss the mark concerning the standard, resulting in a body-related self-discrepancy.

Also, given that, all things considered, the populace is getting heavier, the diference between the societal guidelines and what is a reality for the clear majority is becoming bigger. These body-related self-discrepancies can, in turn, have emotional, psychological, and social ramifications for the individual. Since body image can be considered in expansive section a visual wonder, numerous researchers have chosen to survey self-disparities using different types of figure rating scales. Countless scales have been built up (some 30+) in late decades. The scale includes portrayals of an assortment of body sizes and respondents are approached to distinguish the assume that most intently coordinates their present body estimate just as the assumption that most speaks to what individuals might in a perfect world want to resemble. The most usually utilized renditions of these scales include nine outline drawings of ladies ranging from extremely thin to overweight, masterminded in ascending order of body estimate (e.g., the Stunkard Figure Rating Scale and the Contour Drawing Rating Scale) (Strauman, Vookles, Berenstein, Chaiken, and Higgins, 1991).

Different forms of the figure rating scale have utilized a bigger scope of figures/body sizes (e.g., to empower use with a large populace), included figure sets for men, utilized assumes that change dependent on known anthropometric qualities, efficiently shifted body fat as well as strength, displayed the figures in arbitrary order, or utilized photos of genuine ladies instead of drawn portrayals. Despite the particular scale utilized, self-disparities are regularly determined as the distinction between the outline picked as one's present body and the outline picked as one's optimal (or should) body. Another methodology has been to utilize an assortment of video-contortion procedures, in which individuals are presented misshaped image of their own body and are approached to alter the image to coordinate their present body measure, their optimal body estimate, etc. Different researchers have essentially taken the contrast between individuals' self-announced weight and their optimal load as an index of self-disparity, arguing that body

weight itself is a remarkable element of body image and body fulfillment (Swami, Salem, Furnham, and Tovée, 2008).

Two final remarks are justified regarding the evaluation of self-inconsistencies. In the first place, the particular wording utilized when asking members to choose their real and perfect selves can differ significantly and can conceivably have hypothetical ramifications that have not yet been unexplored. For instance, when asking members to distinguish their optimal selves, a few researchers request that members "Select the image that best reveal the body that you might want to resemble" though others have requested that members "Select the image that you should resemble" (Cafri, van cave Berg, and Brannick, 2010).

Furthermore, few researchers consider the body reflecting societal measures of appeal to speak to a 'should' self.Be that as it may, to the degree this has been internalized as the individual's very own optimal, this could likewise be viewed as a perfect self. Second, the approach of using contrast scores (e.g., among genuine and perfect selves) to register self-disparities has been scrutinized. Commentators contend that distinction scores result in the loss of imperative information by collapsing distinct constructs e.g., genuine and perfect self-portrayals) into a single score. and furthermore give less dependable evaluations of the constructs being surveyed. In this way, interchange scoring systems have been utilized.For example, just asking respondents to indicate the degree to which they are discrepant from their optimal, including both genuine and perfect selves in a relapse model, or notwithstanding using increasingly refined diagnostic methodologies (for example, polynomial relapse) (Swami, Salem, Furnham, and Tovée, 2008).

Self-discrepancy assumes a critical job with regards to self-acceptance. They can negatively affect individuals' body fulfillment or self-acceptance and can likewise have suggestions for appearance-related practices (confined eating regimen, restorative use and utilization of fake body parts and medical procedure). Prominently, these self-discrepancies are amazingly predictable crosswise over gatherings (e.g., culture, age, and sexual introduction). Further methodological and investigative advancements will help reveal the unpredictability of the connections between self-discrepancy and the psychological and conduct results, and furthermore to additionally test the expectations of SDT as it identifies with self-acceptance among adolescents with negative body image

2.2.2 Socio-Cognitive Theory

Social cognitive theory (SCT) is a psychological model of conduct that developed basically by Albert Bandura (1977; 1986). Initially created with an accentuation on the procurement of social practices, SCT continues to underline that learning happens in a social setting and that a lot of what is discovered is gained through perception. SCT lays on few essential suppositions about learning and conduct. One presumption concerns triadic correspondence, or the view that individual, social, and natural factors influence each other in a bidirectional, equal design. That is, an individual's on-going functioning is a result of a continuous interaction between cognitive, social, and relevant factors. For instance, homeroom learning is molded by factors within the scholarly condition, particularly the reinforcements experienced without anyone else and by others. In the meantime, learning is influenced by students' own thoughts and self-beliefs and their interpretation of the study hall setting.

A firmly related supposition within SCT is that individuals have an organization or capacity to influence their own conduct and the earth in a deliberate, objective coordinated style (Bandura, 2001). This conviction clashes with prior types of behaviourism that pushed an increasingly thorough type of ecological determinism. SCT does not prevent the significance from claiming the earth in determining conduct.However it argues that individuals can likewise, through thinking ahead, self-reflection, and self-administrative procedures, apply generous influence over their very own results and nature even more extensively.

A third presumption within SCT is that learning can happen without a prompt change in conduct or even more extensively that learning and the showing of what has been realized are distinct procedures. One explanation behind this partition is that SCT additionally accept that learning involves the obtaining of new practices, yet additionally of information, cognitive aptitudes, ideas, unique guidelines, values, and other cognitive constructs.

Core Concept within SCT

SCT integrates an extensive number of discrete thoughts, ideas, and sub-forms into a general system for understanding human functioning. Five of the focal ideas are as following:

Observational Learning/Modeling: From its inception, one core premise within SCT has been that individuals learn through perception. This procedure is likewise portrayed as vicarious learning or modeling since learning is an aftereffect of watching the conduct and results of models in nature. Albeit, observational learning is reliant upon the accessibility of models, who or what can serve this job is defined comprehensively. Live shows of a conduct or ability by an instructor or schoolmate, obviously, exemplify the thought of modeling. Verbal or composed depictions, video or sound recordings, and different less immediate types of execution are likewise viewed as types of modeling.

There are additional distinctions among various kinds of models. Mastery models are capable while demonstrating an aptitude, though coping models battle, commit errors, and just in the end show capability. Abstract modeling happens when the ability or information being found out is passed on just indirectly, and cognitive modeling happens when a model verbalizes her thoughts while demonstrating a cognitive procedure or expertise.

According to SCT, observational learning of novel practices or aptitude is reliant on four inter-related procedures involving consideration, maintenance, generation, and inspiration. Attentional procedures are basic since students must take care of a model and the significant parts of conduct in order to learn. Maintenance alludes to the procedures vital for reducing and transforming what is seen into an emblematic structure that can be put away for later use. Creation forms are important when students draw on their put away codes and try to perform what they have watched. Finally, motivational procedures are keys for understanding why students take part in the earlier sub-forms, including whether they ever endeavour to utilise or reproduce the new aptitudes they have watched. Every one of these procedures, besides, is influenced by factors.For example, the formative dimension of the student and qualities of the model and modeled conduct (Schunk, 2016).

Outcome Expectations: Outcome desires mirror individuals' beliefs about what outcomes are destined to follow if specific practices are performed. For instance,

children may trust that in the event that they get a hit during a ball game the group will cheer, they will feel better and will be respected by their partners. These beliefs are shaped inactively through students' very own past encounters and vicariously through the perception of others. Outcome expectations are critical in SCT in light of the fact that they shape the choices individuals make about what moves to make and which practices to stifle. The recurrence of conduct should increase when the results expected are esteemed, while practices related with troublesome or insignificant results will be kept away from (Pajares, 2006).

Perceived Self-Efficacy: Self-efficacy likewise has developed as a prominent and influential idea within SCT. Self-efficacy reveals individuals' beliefs about whether they can accomplish a given dimension of progress at a specific assignment, (Bandura, 1997). Students with more noteworthy self-adequacy are progressively certain about their capacities to be fruitful when contrasted with their friends with lower self-viability. Self-adequacy has demonstrated valuable for understanding students' inspiration and accomplishment in scholarly settings. More elevated amounts of apparent self-adequacy have been related with more noteworthy decision, determination, and with increasingly compelling system use (Pajares, 2003)

Steady with the precepts of SCT, self-efficacy is seen as individuals' very own result past exhibitions, the perception and verbal influence of others in nature, and individuals' on-going physiological state (Bandura, 1997). Instead of straightforwardly affecting their self-efficacy, be that as it may, these wellsprings of information are gauged and separated through a procedure known as cognitive evaluation. For instance, an earlier disappointment may not be adverse to self-adequacy if students accept there was some no-longer significant explanation behind the poor execution (e.g., earlier ailment). Interventions dependent on SCT and intended to increase self-adequacy in school-matured children have demonstrated successful (Pajares, 2002).

Goal Setting: Goal setting is another focal procedure within SCT (Bandura, 1986; Schunk, 1990). Goals reveal cognitive portrayals of foreseen, wanted, or favored results. Henceforth, goals embody the organization see within SCT that individuals not just learn, they use planning to imagine the future, recognize wanted results, and create plans of activity. Goals are likewise firmly identified with other essential

procedures within SCT. For instance, models can give goal in the type of explicit conduct results or progressively broad guidelines for satisfactory dimensions of execution.

Goals likewise are intricately identified with students' result desires and their apparent self-viability. Goals are an element of the results students anticipate from engaging specifically practices and the certainty they have for completing those practices effectively. Finally, goals are a critical essential for self-guideline on the grounds that these objectives give destinations that students are trying to accomplish and benchmarks against which to pass judgment on advancement.

Self-regulation: SCT models of self-regulation accept that self-regulation is subject to goal setting, in that students are educated to deal with their thoughts and activities in order to achieve specific results (Schunk, 2001; Zimmerman, 2000). SCT perspectives on self-regulation initially underscored three sub-forms (Bandura, 1986; 1991). Self-perception reveals students' capacity to screen or monitor their own practices and results. Self-judgment is the procedure through which students' assess whether their activities are viable and enable them to gain ground toward their objectives. Finally, self-reaction happens when students' react to the evaluations made by modifying their conduct, rewarding it or discontinuing it.

In 1991, Miller and Dollard proposed a theory of social learning and imitation that rejected behaviourist notions of associationism in favour of drive reduction principles. It was a theory of learning, however, that failed to take into account the creation of novel responses or the processes of delayed and non-reinforced imitations. Bandura and Walters (1963) wrote Social Learning and Personality Development broadening the frontiers of social learning theory with the now familiar principles of observational learning and vicarious reinforcement. By the 1970s. However, Bandura becoming aware that a key element was missing not only from the prevalent learning theories of the day but also from his own social learning theory. In 1977 with the publication of “Self-efficacy: toward a Unifying Theory of Behavioural Change.” he identified the important piece of that missing element self-beliefs.

With the publication of Social Foundations of Thought and Action: A Social Cognitive Theory. Bandura (1986) advanced a view of human functioning that accords a

central role to cognitive functioning. Nefarious, Self-regulatory, and self-reflective processes in human adaptation and change i.e the belief in one's self and one's capabilities. People are viewed as self-organizing, proactive, self-reflecting and self-regulating rather than as reactive organisms shaped and shepherded by environmental threes or driven by concealed inner impulses. From this theoretical perspective, human functioning is 'dewed as the product of a dynamic interplay of personal, behavioural and environmental influences. For example, how people interpret the results of their own image and self representations informs and alters their environments and the personal factors they possess which, in turn inform and alter subsequent behaviour. This is the foundation of Bandura's (1986) conception of reciprocal determinism, the view that (a) personal factors in the form of cognition, affect, and biological events. (b) Behaviour, and (c) environmental influences create interactions that result in a triadic reciprocally. Bandura altered the label of his theory from social learning to social "cognitive" both to distance it from prevalent social learning theories of the day and to emphasize that cognition plays a critical role in people's capability to construct reality.

The reciprocal nature of the determinants of human functioning in social cognitive theory makes it possible for therapeutic and counseling efforts to be directed at personal, environmental, or behavioural factors. Strategies for increasing well-being (self-acceptance) can be aimed at improving emotional, cognitive, or motivational processes, increasing behavioural competencies or altering the social conditions under which people live and work. In school, for example teachers have the challenge of improving the academic learning and confidence of the students in their charge. Using social cognitive theory as a framework teachers can work to improve their students' emotional states and to correct their faulty self-beliefs and habits of thinking (personal factors), improve their academic skills and self-regulatory practices (behaviour), and alter the school and classroom structures that may work to undermine student success (environmental factors).

Bandura's social cognitive theory stands in clear contrast to theories of human functioning that overemphasize the role that environmental factors play in the development of human behaviour and learning. Behaviourist theories for example, show scant interest in self-processes because theorists assume that human functioning is caused

by external stimuli. Because inner processes are viewed as transmitting rather than causing behaviour, they are dismissed as a redundant factor in the cause and effect process of behaviour and unworthy of psychological inquiry. For Bandura a psychology without introspection cannot aspire to explain the complexities of human functioning. It is by looking into their own conscious mind that people make sense of their own psychological processes. To predict how human behaviour is influenced by environmental outcomes. It is critical to understand how the individual cognitively processes and interprets those outcomes.

Similarly, social cognitive theory differs from theories of human functioning that overemphasize the influence of biological factors in human development and adaptation. Although, it acknowledges the influence of evolutionary factors in human adaptation and change, it rejects the type of evolutionism that views social behaviour as the product of evolved biology but fails to account for the influence that social and technological innovations that create new environmental selection pressures for adaptiveness have on biological evolution (Bussey and Bandura 1999). Instead, the theory espouses a bidirectional influence in which evolutionary pressures alter human development such that individuals are able to create increasingly complex environmental innovations that, "in turn, create new selection pressures for the evolution of specialized biological s stems for functional consciousness, thought, language and symbolic communication". This bidirectional influence results in the remarkable intercultural and intra-cultural diversity evident in our planet.

Social cognitive theory is rooted in a view of human agency in which individuals are agents proactively engaged in their own development and can make things happen by their actions. Key to this sense of agency is the fact that, among other personal factors, individuals possess self-beliefs that enable them to exercise a measure of control over their thoughts, feelings, and actions, that "what people think, believe and feel affects how they behave" (Bandura. 1986). Bandura provided a view of human behaviour in which the beliefs that people have about themselves are critical elements in the exercise of control and personal agency. Thus, individuals are viewed both as products and as producers of their own environments and of their social systems because human lives are not lived in isolation. Self acceptance among adolescents is therefore determined by both

the adolescent's personal belief about themselves and the feedback from their environment. Bandura expanded the conception of human agency to include collective agency, people work together on shared beliefs about their capabilities and common aspirations to better their lives. This conceptual extension makes the theory applicable to human adaptation and change in collectivist-oriented societies as well as individualistically-oriented ones.

Environments and social systems influence human behaviour through psychological mechanisms of the self system. Hence, social cognitive theory posits that factors such as economic conditions, socioeconomic status and educational and familial structures do not affect human behaviour directly. Instead, they affect it to the degree that they influence people's aspirations,self-efficacy beliefs, personal standards, emotional states, and other self-regulatory influences. In all, this social cognitive view of human and collective functioning, which marked a departure from the prevalent behaviourist and learning theories of the day, was to have a profound influence on psychological thinking and theorizing during the last two decades of the twentieth century and into the new millennium.

Rooted within Bandura's social cognitive perspective is the understanding that individuals are imbued with certain capabilities that define what it is to be human. Primary among these are the capabilities to symbolize, plan alternative strategies (forethought), learn through vicarious experience, self-regulate and self-ref1ect. These capabilities provide human beings with the cognitive means by which they arc influential in determining their own destiny.

Humans have an extraordinary capacity to symbolize. By drawing on their symbolic capabilities they can extract meaning from their environment, construct guides for action, solve problems cognitively, support forethoughtful courses of action, gain new knowledge by reflective thought and communicate with others at any distance in time and space. For Bandura, symbols are the vehicle of thought and it is symbolizing their experiences that they can provide their lives with structure, meaning, and continuity. Symbolizing also enables people to store the information required to guide future behaviours. It is through this process that they are able to model observed behaviour.

Through the use of symbols individuals solve cognitive problems and engage in self-directedness and forethought. People plan courses of action, anticipate the likely consequences of these actions and set goals and challenges for themselves to motivate, guide and regulate their activities. It is because of the capability to plan alternative strategies that one can anticipate the consequences of an action without actually engaging in it.

People learn not only from their own experience but by observing the behaviours of others. This vicarious learning permits individuals to learn a novel behaviour without undergoing the trial and error process of performing it. In many situations, it keeps them from risking costly and potentially fatal mistakes. The observation is symbolically coded and used as a guide for future action. Observational learning is governed by the processes of attention, retention, production and motivation. Attention refers to one's ability to selectively observe the actions of a model. For their part, observed behaviours can be reproduced only if they are retained in memory, a process made possible by the human capability to symbolize. Production refers to the process of engaging in the observed behaviour. Finally, if engaging in the observed behaviour produces valued results and expectation, the individual is motivated to adopt the behaviour and repeat it in the future.

Individuals have self-regulatory mechanisms that provide the potential for self-directed changes in their behaviour. The manner and degree to which people self-regulate their own actions and behaviour involve the accuracy and consistency of their self-observation and self-monitoring, the judgments they make regarding their actions, choices, and attributions and finally, the evaluative and tangible reactions they make to their own behaviour through the self-regulatory process. This last sub-function includes evaluations of ones self (their sell-concept, self-esteem, values) and tangible self motivators that act as personal incentives to behave in self-directed ways. For Bandura (1986) the capability that is most distinctly human (p. 21) is that of self-reflection, hence it is a prominent feature of social cognitive theory. Through self- reflection, people make sense of their experiences, explore their own cognitions and self- beliefs, engage in self-evaluation, and alter their thinking and behaviour accordingly.

2.2.3 Self-Determination theory

According to self-determination theory proposed by Deci and Ryan (2000), being self-directed alludes to acting with a feeling of volition and the experience of willingness. SDT contends that interpersonal factors can cultivate or maintain self-sufficient types of inspiration or undermine them. In particular, SDT sets the presence of three crucial psychological needs as the reason for self-inspiration and personality integration (Deci and Ryan, 2010). The first of these is the requirement for self-sufficiency. Independence depicts activities that are self-embraced and volitional instead of controlled or constrained, and self-rule support includes techniques that cultivates or energizes voice, initiative, and decision and that minimize the utilization of controls, contingencies, or specialist as helpers. The second psychological need is the requirement for ability. This worries the psychological need to encounter trust in one's ability to influence results.

The third is the requirement for relatedness. This involves the need to feel associated with and critical of other people. According to SDT, the improvement and maintenance of progress after some time and circumstances necessitate that customers internalize and integrate qualities and abilities for change, and SDT further estimates that by maximizing the customer's involvement of self-sufficiency, fitness, and relatedness in counseling settings, the guideline of new practices the customer gains is bound to be internalized, and conduct change is probably going to be better maintained (Williams, Deci, and Ryan, 2008). Especially fitting to the issue of inspiration in counseling settings is SDT's attention on independence support. Deci, Eghrari, Patrick, and Leone (2004) have examined explicit practices related with self-governance support that included (an) offering a meaningful reason for engaging in a conduct (b) minimizing outside controls, for example, contingent prizes and disciplines (c) providing open doors for cooperation and decision and (d) acknowledging negative feelings related with engaging in non– intrinsically motivating assignments. In self-governance supporting settings, strain to participate in explicit practices is minimized, and individuals are urged to put together their activities with respect to their very own reasons and qualities.

Therefore, independence for conduct is encouraged insofar as performing artists are distinguished their very own purposes behind changing their conduct and donot feel constrained or controlled toward certain results. Actually, the more

the individual "possesses" the purposes behind changing, the more self-governing and accordingly the bound to succeed is the conduct change. SDT is viewed as a two edged sword which is useful when utilized informational to support fitness however, undermining when connected to "reinforce" or "rouse" individuals toward a predetermined result (Ryan, 2012). Alongside a feeling of self-sufficiency, internalization likewise necessitates that an individual encounter the certainty and skill to change. In SDT, fitness support is managed when specialists give significant inputs, criticism, and structure (Sierens, Vansteenkiste, Goossens Soenens, and Dochy, 2016). This implies the client is offered the abilities and instruments for change and is supported when capability or control-related boundaries develop.

In the SDT model of progress, gaining a feeling of fitness is encouraged via self-rule. That is, when individuals are volitionally drawn in and have a high level of willingness to act, individuals are then most well-suited to learn and apply new procedures and skills (Markland et al., 2005). SDT sees social support as vital both as a procedure and as an immediate impact on prosperity. Relatedness supports in the type of unequivocal constructive respect (Roth et al., 2009) and involvement are manners by whichan individual the two feels huge and safe to continue. In SDT the positive respect and involvement should likewise be seen to be credible or genuine to have the practical hugeness of social support. In this procedure, a feeling of being regarded, comprehended, and thought about is basic to forming encounters of association and trust that will take into account internalization to happen (Ryan, 2005).

An essential distinction within SDT concerns the contrast among self-sufficiency and independence (Ryan and Lynch, 2009). In theory, the inverse of self-sufficiency is heteronomy (being controlled), not reliance (relying on others). One can be independently or willingly needy, insofar as one agrees to, and confides in, care or dependence (Ryan, La Guardia, and Solky-Butzel, 2005). One can likewise be controlled and subordinate, as when one is made to depend on somebody. Self-governance is likewise not inconsistent with following outside direction or even directions, gave the individual receiving them self-embraces or genuinely acknowledges their authenticity and agrees (Chirkov and Ryan, 2011; Ryan and Deci, 2006).

Clients are urged to express their very own reasons and plans for change using change speak (Resnicow and McMaster, 2012). As Deci and Ryan (2012) states, this brings up some issue about the connection of the two methodologies, since independence appears to be as of late to have been given less significance in persuasive interviewing than was initially the situation. To maintain solid comparability in strategies for persuasive interviewing and self-determination theory for promoting counseling ability, the exchanges of progress talk should distinguish among self-sufficient and controlled change talk and between professionals being independence supportive as opposed to controlled in promoting the change talk (Deci and Ryan, 2012). Support for self-sufficiency is at the core of individual focused methodologies, including persuasive interviewing and that it ought to remain there (Deci and Ryan, 2012).

Three parts of self-directed support have been separated: the individual in power (guide, educator, parent, e.t.c.) should recognize the point of view of the individual being persuaded; there ought to be however much decision as could reasonably be expected within the cutoff points of the specific circumstance; and there should be a meaningful justification in those instances when decision can not be given. It has been recommended that numerous MI principles and abilities are steadywith this idea of self-rule support including intelligent listening and summarizing, which help increase the customers' self-mindfulness, in this way facilitating making progressively self-ruling decisions. It has been demonstrated that customers who experience self-sufficiency supportive instructors advantage most from treatment.

2.2.4 Ecological Systems Theoryof Development

The ecological perspective posits that humans are active in the developmental process and are constantly affecting and being affected by their environment (Bronfenbrenner 1979; Bronfenbrenner and Morris, 2006). This theory is considered very relevant to this study as it borders on the interaction between an individual and the environment. In the case of self acceptance, adolescents are concerned mostly with what the people around say about them. They want to hear something sweet about their physical attributes. They want to be appreciated. Brofenbrenner's (1979) ecological model typically involves four types of systems that interact and contain distinct but

related roles, norms and rules, each nested within the next, that influence development and behaviour: microsystem, mesosystem, exosystem, and the macrosystem. The nature of the parent–child relationship is dependent on the interaction between factors in the child's and the parents' maturing biology, the immediate family and community environment, as well as the social landscape. In order to capture the multidimensional concepts of adolescent development of self, child upbringing and child maltreatment,Bronfenbrenner's (1979) ecological model is a helpful and commonly used framework to understand Self acceptance (Leave, 2015).

Within this context, the microsystem is the individual (as parent or child) and the individuals' resources and characteristics that impact parenting. For example, the parent's, in addition to the child's, disposition and temperament will influence parental functioning which directly affects adolescent's sense of self-acceptance. The mesosystem refers to the individual's active interaction within microsystems or the connections between contexts. The exosystem includes the link between a social setting in which the individual does not have an active role nor is it within the individual's immediate surroundings (Bronfenbrenner 1979) for example, the relationship between family experiences and school or church experiences is part of the mesosystem, while the exosystem includes support networks and influences as well as the social context to which the parent has been exposed. The mesosystem and exosystem consist of the immediate family and household, as well as the systems in which the individual and/or family are embedded. Finally, the macrosystem consists of larger cultural and societal influences with the individual being active in interactions with the social network and establishing the norms within this group. The macro level influences on child's level of support and parental attitudes include cultural beliefs, the media, racism, as well as educational and economic opportunities. Family circumstances such as socioeconomic status, lack of social support, and neighborhood factors associated with child upbringing may have a direct or indirect effect on the development of self acceptance, and these circumstances can act as risks or protective factors.

When Bronfenbrenner elucidated his environmentalmodel in 1979, he envisioned it as a way to explain human growth as a meaning of nested systems of relational relationships that occur within physical settings (Bronfenbrenner, 1979). His Russian doll

similarity showed the ecological model as concentric frameworks of continuously increasingly inaccessible natural connections, from small scale to large scale framework levels. A person's small scale framework level comprises of single dyads and groups of three of up close and personal connections with, for instance, guardians, peers, and significant relatives. The meso-framework stays included of the interconnections in the midst of these eye to eye settings, for example, in the individual's home, neighborhood, and school. Past the meso-framework is an exo-arrangement of settings that have backhanded impacts for example, the guardians' companions and place of work, network governmental issues and school organization. The external full scale framework ring comprises of the person's ethnicity and culture: his/her bigger social and political association, conviction framework and way of life.

The ecological paradigm is an apt model for understanding in-school adolescents' experiences with self-acceptance in this study, since it reveals the individuality of human considerationsof self as well as other people inside settled frameworks of physical and relational natural settings. Also, on the grounds that it gives a structure to thinking about parts of cover and intermingling among various people's small scale, meso-, exo-, and full scale frameworks of experience.

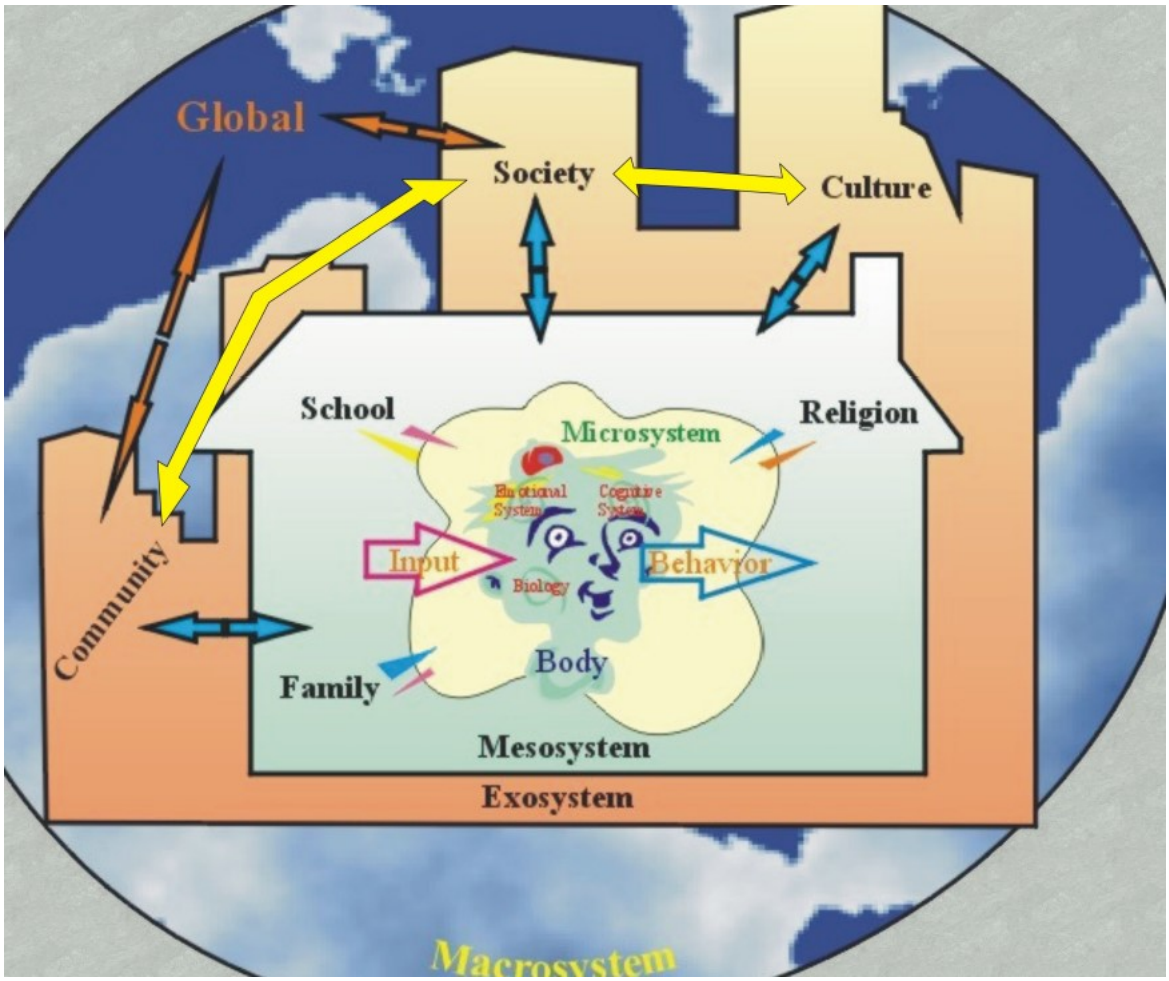

Fig. 2.1: Adopted from Bronfenbrenner's Ecological systems theory (2010).

From Bronfenbrenner's perspective, an adolescent's development is shaped by the varied systems of the adolescent's environment and also by the interrelationships among the systems. The relationship between the adolescent and the environment as he saw it is reciprocal; the environment influences the adolescent and the adolescent influences the environment. Human beings, Bronfenbrenner suggested, cannot develop in isolation, but within a system of relationships that include family and society. Bronfenbrenner labelled different aspects or levels of the environment that influence Adolescent's development as microsystem, mesosystem, exosystem, the macrosystem and the chronosystem or time related system.

The Microsystem: - The microsystem is the small and the innermost level. It is the closest to the adolescent. Adolescent's microsystems will include immediate family or caregivers, their schools, day care playmates and neighbourhood. How these groups interact with the adolescent will have an effect on how the adolescent produces; the more inspiring and nurturing these relationships and places are, the better the adolescent will be able to grow. Moreover, how an adolescent acts or reacts to the system will affect how the system reacts to the adolescent in return.The microsystem is the minor, immediate environment the child lives in. It includes any immediate relationships or organization they interact with such as their immediate family or caregivers and their school or day care. It also denotes to the foundations; groups that most promptly and straightforwardly sway the child's development including family, school, religious institutions, neighborhood and peers. How these groups and organizations interrelates with the child will have a consequence on how the child grows.The more promising and supporting these relationships and places are, the better the child will have the option to develop. Moreover, how a child acts or respond to these individuals in the miniaturized scale system will check how they desire him/her consequently. Every child's special hereditary and organically impacted personality traits, what is known as demeanor, wind up influencing how others treat them.

The Mesosystem: - Bronfenbrenner's next level, the mesosystem, describes how the different parts of a adolescent's microsystem effort together for the sake of the adolescent. For example, if a adolescent's caregivers take an active role in the self development, schoolactivities such as going to parent-teacher meetings and or more specifically, a parent's and a teacher's involvement in the adolescent's psychological and educational development, itwill result in mesosystem functioning. The Mesosystem designates how the dissimilarparts of a child's microsystem cooperate for the child. For instance, if a child's caregivers play a functioning job in child's school, such as going to parent-teacher conferences and viewing their child's soccer games, this will help ensure the child's general growth. In contrast, if the child's two sets of caretakers, mother with step father and father with step mother, influence how to best raise the child and give the child clashing lessons when they see him, this will prevent the child's growth in various

channels. It is also the interconnections between the microsystem interactions between the family and teacher. Relationship between the child's peers and the family.

The Exosystem: - The exosystem is the third layer. It comprises the other people and places that the adolescent herself may not interact with often but still have a large effect on the adolescent, such as parents' workplaces, extended family members, the neighbourhood, etc. For example, if an adolescent's parent gets laid off from work, it may have negative effects on the adolescent's development, but if the parent receives a promotion and a raise at work, it may have a positive effect on the adolescent because his/her physical needs will be met. Also if parents are not happy at their places of work, it could result to transfered aggression to the adolescent which will affect his/her emotional needs. The excosystem level comprisesthe others and spots that the child him/herself may not connect with regularly yet that still largely affects for example, guardians' work environments, more distant family part , the neighbourhood, for instance if a child's parents gets laid off from work, that may have negative belongings on the child, if her parents are unable to pay rent or to buy groceries, however if her parents receives a promotion and a raise at work, this may have a positive effects on the child because her parents will be better able to give her physical needs.

The Macrosystem: - The outermost context layer is the macrosystem. It is very large and very remote to the adolescent but still has a great influence over the adolescent's self acceptance. The macrosystem consists of such influences as cultural values, political upheavals, economic disruptions, different countries, wars etc. These things can affect a adolescent either positively or negatively. For example cultures having more liberal girl adolescent marriage laws are likely to have a lot of illiterate mothers, which will affect the total development of the Adolescent from such mothers negatively. Also there will be differences between a adolescent raised in developed world and the one raised in developing countries.The final stage/close is the macrosystem, most remote arrangement of individuals and things to a child yet which still has an incredible impact over the child. The macrosystem incorporates things, such as the relative opportunities allowed by the national government, social qualities, the economy, warsand others. These possessions

can also bit a child either positively or negatively. It also involves link between a social setting in which the individual does not have an active role and the individuals immediate context. For example, a parent's or child's experiences at home may be unfair by the other parent's experiences at work. The parental might receive a raise that requires more travel, which might increase conflict with the other parent and change patterns of interaction with the child. Cultural contexts include developing and industrialized countries, social economic status, poverty and ethnicity. A child, his other parent, his or her school and his or her parents work place are all part of a great cultural context. Members of a cultural group share a common individuality, heritage and values. The macrosystem evolved over time because each successive generation may change the macrosystem leading to their development in a unique marcosystem.

Time: - The time component of Bronfenbrenner's model or chronosystem encompasses various aspects such as chronological age, duration and nature of periodicity. Chronosystem is the modelling of eco-friendly events and transitions over the life course, as well as socio historical circumstances. For instance divorce, academics have found that the negative paraphernaliaof divorce on childs frequently top in the main year after the divorce.Bytwo years after the divorce, family collaboration is not so much turbulent but rather more steady. An example of socio-historical circumstances is the increase in opportunities for women to pursue a career during the last thirty years. The person's own biology may be considered part of the microsystem, thus the theory has recently sometimes been called "Bio-Ecological system theory".

This theoretical building, each system contains roles, norms and rules which may shape psychological developmental. For instance an inner-city family faces many challenges which an affluent family in a gated community does not and vice versa.An event has varying degrees of impact on development and the impact decreases as time progresses. Events such as parental unemployment can have a more profound impact on young adolescents than the older ones. In summarizing the time component, Bronfenbrenner concluded that the processes and events that are making human beings humane is not a momentary one but takes place in the course of time.

Framing these knowledges within an ecological model underscores the interrelatedness of people and their physical, emotional and cognitive behaviours as they occur in relation to specific environmental contexts. In this study, the primary context is the in-school adolescents who suffer inadequate self-acceptance which may ultimately affect their all round development including emotional, physical and academic development.

Belsky's (2004) Process Model of Parenting used an ecological perspective in describing the individual and environmental factors that contribute to parenting practices. The model proposes that parenting practices are multiply determined by and nested within (a) the parent, (b) the child, and (c) the larger socio-cultural context of the parent and child. Belsky (2004) affirms that, parent characteristics include the parent's developmental history and personality. A mature and healthy personality and positive experiences of being parented as a child might elicit sensitive parenting characteristics. Child characteristics, such as behaviour and temperament, can influence the quality and quantity of parental responses. Parents may also experience a certain degree of stress from sources in the social environment, such as work and marriage. Belsky (2004) believed that parental characteristics and positive social supports have more influence on parenting than do child characteristics. The author posited that difficult infant temperament does not compromise the quality of parenting if the parent has adequate supports and resources.

The use of an ecological framework has proved to be helpful in developing a greater understanding of various social phenomena with its ability to incorporate multiple levels of influences and interactions. Critics, however, suggest that Bronfenbrenner's ecological model is extremely broad and very difficult to test, and that it is perhaps instead a meta-theory that can essentially be applied to any concept or issue. Despite this, ecological models are used to provide a more comprehensive and descriptive approach and guide to child development of self.

Cultural-ecological explanations of self aceptance are similar to variations of the culture of poverty thesis and social learning theories. According to cultural-ecological theories (like social learning theories), self acceptance are socially and contextually developed dispositions or orientations (Bronfenbrenner 1999). According to cultural

ecological theories (like variations of the culture of poverty) there is a significant cultural component to the formation of self acceptance. However, cultural ecological theories distinguish themselves from variations of the culture of poverty in a critical way. The culture of poverty thesis and its many variations propose that impoverished, isolated, or segregated people (that is, people living outside of a mainstream culture) develop a dysfunctional culture (including lowered aspirations) in order to survive. In other words, self acceptance are the result of how impoverished, isolated or segregated people live and experience the world, regardless of how they became impoverished, isolated, or segregated. Cultural-ecological theories, on the other hand, propose that self acceptance develop in response to a dominant culture, which can be either supportive or hostile (Behnke and Piercy 2004; Ogbu 1999; Ogbu and Simons, 1998). Self-acceptance does not reflect positive or negative self attitudes that develop within or outside of mainstream society. Rather, they reflect a trust in or skepticism of (positive or negative attitudes toward) parts of a dominant culture that saturates society. Self acceptance are not the result of how people live or survive in the world; they are the result of how people feel they are treated by the dominant culture wherever they are in the world.

Cultural-ecological models identify self-acceptance as dispositions or orientations that develop largely in response to cultural forces. Structural or blocked opportunity perspectives, on the other hand, identify educational attainment as dispositions or orientations that develop largely in response to the presence or lack of structural and institutional forces, including structural and institutional inequalities. Rather than rely, as cultural-ecological models do, on amorphous, subjective and difficult to define cultural forces to characterize the formation of self-acceptance, blocked-opportunity perspectives point to institutional and structural opportunities or inequalities and their many correlated advantages or disadvantages. In this view, a dominant culture might very well be messaging and shaping the experiences of students and parents. However, conspicuous and consequential differences in resources and in outcomes are what shape adolescents' self acceptance. In this views self acceptance do not reflect positive or negative self attitudes that develop within or outside of mainstream society. Structural perspectives minimize the role that individual social-psychological factors play in actually facilitating various destructive outcomes. However, they do not exclude social-psychological factors.

In fact, while structural perspectives minimize the role that social-psychological factors play in status attainment (or allocation) processes, a handful of structural perspectives rely on social-psychological factors to explain the peaceful maintenance of inequitable status allocation processes (Bourdieu and Passeron 1997).

Child development (self-acceptance) cannot be fully explained by one or the other and a more complete understanding emerges only when the interactions of multiple levels of individual and familial characteristics, and the environment are examined simultaneously. Some examples presented in the research on self esteem and the formation of parenting attitudes and practices with an ecological framework include earlier works of Belsky (2004) and Baumrind (1994). Baumrind (1994) used an ecological perspective to excavate the impact of the social context in adolescent self-acceptance, specifically highlighting the economic and cultural factors that affect the occurrence of self-acceptance. Sidebotham (2001), highlighted explicitly how an ecological approach can be used to examine child abuse and self-acceptanceMore recently, Weisbart (2011) used an ecological framework in examining long term consequences of child abuse and neglect, protective factors among families at risk of child maltreatment, and identifying children who are at high risk of child mistreatment and self-acceptance. Kotchick and Forehand (2002) also contend that the use of an ecological perspective allows us to conceptualize "parenting as a process that will facilitate a more sensitive approach to interventions and public policies". An ecological perspective allows for a multidimensional approach to understanding parenting, child maltreatment and abuse as it will make people to know the basis of these misdemeanors that are happening to children and youth.

Application of Ecological Systems Theory to Adolescent's Self-Acceptance

Looking at self-acceptanceamong adolescents and analyzing the system relationships within the context of Bronfenbrenner's ecological systems theory, it fits nicely. The individuals and environments can easily be identified and assigned to the nested systems as described in his theory. There also is a variety of research and evidence to support the application of this theory relating to the influence of multiple microsystems

on the adolescent's microsystem, as well as the influence of upper level systems on the microsystem.

Overall, adolescent's sense ofself-acceptance is a very complex issue with many facets and influences. But within the context of the ecological systems theory, this complexity becomes organized and allows for greater definition and identification of these influences and effects. Through the structure of the theory and design guidance presented by Bronfenbrenner (1976), thoughtful and insightful experiments can be created and hypotheses tested, laying the foundation for future knowledge on this subject. This theory looks at an adolescent's growthinside the setting of the system of relationships that structure his or her environment. Bronfenbrenner's theory defines complex "layers" of environment, each affecting a child's development. This theory has as of late been renamed "bioecological systems theory" to emphasize that a child's very own science is an essential environment filling her development. The communication between factors in the child's developing science, his close family/network environment, and the societal landscape fuels and steers his development. Variations or discord in any one layer will swell all through different layers.To study an adolescent's self-acceptancethen, one must look not only at the person and her immediate setting, but also at the interface of the larger environments such the religious circle, the school, the society and socio-cultural spheres.

2.3 Empirical Review

2.3.1 Mode Deactivation Therapy and Self-acceptance

MDT was explicitly created as a psychotherapy convention for adolescents with complex issues.For example, conduct, mind-set, and blended personality disorders that coincide with injury related and substance misuse issues. This kind of psychopathology star grouping is regularly connected with childhood misuse and disregard (Thoder and Cautilli, 2011). The MDT system was demonstrated powerful to treat immature populaces matured 14 to 18years with an assortment of issues. These include Conduct disorder, Oppositional rebellious disorder, Substance use disorder, blended various Personality disorder, Posttraumatic stress disorder (PTSD), Mood disorder, Aggression, Sexual offending, and Child misuse (Apsche, 2010).

The investigation conducted by Johnson, Cohen, Smailes, Skodol, Brown and Oldham (2001) showed how an assortment of childhood verbal, physical, sexual maltreatment and disregard are shown through personality disorders in puberty and early adulthood. Due to this predominant maltreatment, it was important to address the improvement of personality disorder in these juvenile guys. The Compound Core Belief Assessment (a part of the MDT) was created to address these personality beliefs. It was found that a considerable lot of these adolescents had blended personality characteristics which may carry on by committing sexual offenses, forceful acts, or other atypical practices. It is then trusted that unusual conduct is identified with broken outline. Mode Deactivation Therapy tackled dysfunctional plan through deliberately assessing and restructuring underlying broken compound core beliefs. To address construction processing dependent on thoughts and beliefs without understanding related modes was insufficient. MDT successfully tended to the particular typology of the young with seriously life-interfering practices.

MDT as a Cognitive behavioural approach have been deemed evidence-based practices by a variety of school boards and educators. Evidence-based practices are defined as having a 47 credible body of scientific data to support the effectiveness of an approach (Dorman, 2009). Additionally, MDT has been shown to effectively address the three domains of development, personal/social, and career needs of students included in the ASCA National Standards by providing real time experiences to address life choices. Several studies again have reported the positive behavioural effects of MDT in schools. Erwin (2003) found a 78% decrease in behaviour referrals for middle school students as a result of relationship focused initiatives such as MDT. Yet another study reported 7th graders increasing 20% in body acceptance scores of adolescents at a Quality School. Another school in the same study reported 81% standard scores versus 42% for the state average. Both schools also expressed an increase in quality work by both counselor and clients.

Apsche, Bass, Jennings, Murphy, Hunter and Siv (2005) thought about the adequacy of MDT, CBT and SST for immature boys in private treatment for direct disorders and additionally, for personality dysfunctions and recorded issues with physical and sexual animosity. The outcomes demonstrated that MDT was better than

conventional CBT and SST in reducing both physical and sexual animosity. The study indicated that MDT was the main treatment of the three that altogether decreased sexual hostility for these adolescent. The near CBT, SST and MDT study was intended to survey the adequacy of MDT when contrasted with CBT and SST in the treatment of lead disorder and personality-disorder youth with issues of hostility and sexual animosity.

School behavioural challenges among adolescents have also been tackled with MDT. In a study by Passaro and colleagues (2014), students improved the average daily behaviour rating by teachers by 42% over the course of the school year. Further, out of school suspension decreased by 12% with the time spent in general education courses increasing by 62% over the school year. This increased time in the classroom has the potential of leading to more time involved in positive relationship building with teachers, peers, and schoolwork. The academic time consideration is also taken into account considering MDT's session length is based on the quality of the relationship built. Positive school counsellor-student relationships can result in great accomplishments taking place in as few as one session but often seen in approximately ten sessionscompared to other therapies. Further, it has been found that 20% of students create 80% of the disruptions in schools. If the school counsellor can meet with these students to address behaviour issues with MDT, the majority of behavioural disruptions decrease significantly.

Apsche, Siv and Matteson (2005) examined a 13-year-old youthful male, who is occupied with extreme hostility, self-injurious and imprudent practices. Before being given MDT intervention, he was treated with Dialectical Behavioural Therapy for thirteen months. DBT had restricted achievement in reducing his concern practices. He was then treated with MDT for fourmonths. His concern practiceswere diminished fundamentally. It gave the idea that for this situation study MDT was more viable than DBT in reducing his serious practices.

Adolescents' self acceptance is determined both by the cognitive entry behaviours and by their affective characteristics. Referring to Cognitive entry behaviours implies things previously. However, the use of MDT on in-school adolescents has proved to be very effective when working with students. MDT empowers adolescents by emphasizing

the power of controlling what they want and do through self-evaluation versus simply focusing on what works (Ringer, 2005; Wubbolding and Brickell, 2000). Additionally, reality MDT contains elements of cognitive-behavioural therapy. Some of these elements include a person's emotional and behavioural responses being determined by how the situation is perceived and interpreted, emphasis on internal, mental processes, and therapy as a collaborative process between counsellor and client. Cognitive-behavioural therapy approaches typically view personality as reflecting an individual's cognitive organization and structure with as much emphasis on beliefs about actions being as important as the actions themselves.

Apsche, Bass and DiMeo (2010) distributed a broad meta-analysis of 21MDT examinations. All past unpublished examinations with littler N's were not included and were evacuated for clearness and to not depend on non-distributed investigations or contextual investigations with little information premise. The information for this meta-analysis included nineteen distributed and one unpublished MDT. The meta-analysis brings about yielded an example populace of 573 male adolescents between the ages of 14 through 17. Member attributes included Axis I and II analyze, numerous with co-dismal introduction. Direct disorder (51%), oppositional rebellious disorder (42%), and posttraumatic stress disorder (54%) were predominant among the populace. Apsche, Bass and DiMeo, (2010), in their study found out that notwithstanding this mind boggling populace, different conditions that are regularly considered as hard to-treat additionally had powerful results contrasted with customary CBT approaches. MDT is additionally connected in a family setting. Indeed, involving the family in the MDT treatment process has turned out to be helpful to improve cooperation, treatment result and toughness of changes. MDT has been connected inoutpatient and institutional settings.

A growing body of proof has exhibited that these treatments advance positive clinical results by improving the procedure of receptiveness and adaptability toward challenging internal encounters (Hayes et al., 2011). The findings recommend that acceptance-and mindfulness-based psychotherapies might be helpful when working with ladies low in BMI who participate in disordered eating practices. In spite of the fact that proof is as yet restricted, acceptance-and mindfulness-based CBTs for

example, ACT (Berman et al., 2009), DBT (Safer et al., 2001), and MBCT (Baer et al., 2005) might be significant treatment decisions for disordered eating and tricky body image cum self-acceptance.

Some studies have found mode deactivation therapy successful in delivering positive self image interventions (Apsche and Ward, 2004 and Hajek, 2016). This therapeutic intervention programmeme (MDT) essentially combines methods including social skills training, self-control and cognitive-model interventions. Similar studies have found group therapies to be very effective in positive self image interventions where they further conducted an intervention that consisted of 8 weeks of group therapy with this particular behavioural approach. The therapy was found to be very effective. In addition, 12-months follow up of another set of adolescents in large group- community-based sessions suggests an improved rate between the range of 66% and 78% depending on the extent to which the participants appraised their self worth(Suleiman,Adepoju and Alhassan, 2015).

Reliable with surviving findings, (Fairburn, 2003; Stice and Shaw, 2002), in their very own study proposed that self-acceptance and body displeasure is essential in understanding and maybe treating disordered eating conduct. Their study broadens the surviving writing by suggesting that transparently experiencing troublesome body image and maybe absence of self-acceptance without trying to control or down-manage it while pursing esteem predictable activities (i.e.,body image adaptability) is additionally valuable for understanding disordered eating conduct for those with lower self-acceptance (Yates, Edman and Aruguete, 2004). Moreover, the findings likewise have vital clinical ramifications. Body dissatisfaction might be a helpful idea in understanding tricky eating crosswise over dimensions of BMI. When working with those with disordered eating practices, clinicians may find it advantageous to survey and focus on an individual's body disappointment. As to the job of body image adaptability among ladies low in BMI, the findings are reliable with speculations and practices of mindfulness-and acceptance-based CBTs for disordered eating (Baer et al., 2005), which have been broadly investigated and drilled as of late.

2.3.2 Coherence Psychotherapy and Self-acceptance

Coherence Therapy's defining characteristic is the utilization of the principle of manifestation coherence to control the disclosure, integration and change of side effect requiring constructions, did experientially. Further, there is a growing body of proof that coherence based interventions are powerful procedures to elevate mental wellbeing and to decrease clinical symptomatology in various clinical and non-clinical examples in the all inclusive community (Neff and Germer, 2013), in patients with large amounts of self-analysis and disgrace (Gilbert and Procter, 2006), and in eating disorders, crazy disorders (Braehler et al., 2013; Mayhew and Gilbert, 2008), addictions, perpetual personality disorders with self-basic thoughts (Lucre and Corten, 2013) and in populaces with heterogeneous mental conditions (Heriot-Maitland et al., 2014; Judge,Cleghorn, McEwan, and Gilbert, 2012).

Many investigations have been directed to assess the adequacy of CT interventions in customers with personality disorders (BPD type not-determined; Judge et al., 2012,Lucre and Corten, 2012). They found that teaching CT to customers with BPD was a cognizant and reciprocal approach to treat self-analysis and disgrace. Hofmann (2011), Leaviss and Uttley, (2015) and a significant technique to include in BPD interventions. In a standout amongst the latest interventions, the point of the study is to investigate the impacts of a 7-weeks intervention of Coherence Therapy on clinical seriousness, mindfulness abilities (i.e., acceptance and attention to the present minute), self-assessment cognitive style and self-acceptance in patients with BPD who recently went to a 10-week mindfulness training programmemes that has turned out to be compelling in improving clinical manifestations. To survey the additional estimation of CT in this example, patients were haphazardly distributed. The outcome demonstrated that with CT intervention, a noteworthy improvement was watched.

Likewise, in a study by Halliwell and Dittmar (2006), investigating the viability of coherence therapy on immature's eating conduct, about portion of members in the example were overweight (47%). While this is normal for this statistic district, this may have affected findings identified with disordered eating conduct. Nonetheless, from the findings, it was reasoned that coherence therapy has successfully aided the improvement of eating practices among these members.

Further, in a meta-analysis by Rice, Kenneth, Neimeyer, Greg, Taylor, and Jennifer (2011), this meta-analysis estimated the viability of Coherence Therapy on male adolescents between the ages of 13 to 16. From the outcome, there was huge decrease of every single negative conduct from intake to post treatment. The outcomes indicate that the absolute score for the Coherence Therapy bunch is beneath the other gathering. In contrast with the other treatment gathering, the Coherence Therapy bunch brought about less confinement and exceptional precautionary measures because of forceful and damaging conduct. These outcomes recommend that Coherence Therapy had altogether less forceful and ruinous practices than the other gathering. This additionally indicates the general execution and conduct of the Coherence Therapy bunch have a huge impact in reducing atypical conduct of this typology of adolescents.

Coherence therapy has been fruitful as a methodology utilized in numerous dimensions of consideration, both as a preventive and interceptive therapy regarding animosity, sexual offense and self-destructive practices. CT additionally indicates guarantee in use with underserved populaces, in an example of 87 adolescents, it brings affectability important to react to certain socially bound standards pervasive with exceptional gatherings. Coherence therapy has incredibly assisted the recognized adolescents and the relatives with becoming steady and increasingly profitable in the public eye. The meta-analysis of Coherence therapy showed huge enhancements for adolescents who got its treatment. The meta investigation approved that Coherence therapy is a viable, confirm based procedure for immature guys, ages 14-18.

Gregor and Tony (2012) tried forecasts that Cognitive restructuring and Coherence therapy would be essentially prescient of psychological change. The study additionally foreseen that the confidence, emotional intelligence and certain kinds of social connections would differentially interact to anticipate modification, since positive and negative impacts of the two variables have been noted in earlier research. Coherence therapy was found to be successful while Cognitive restructuring was found to be progressively intense.

Adeoye (2003) treated female adolescents from separated homes. Results demonstrated that the self-esteem of the members was improved. Furthermore, it was found that coherence therapy was better than cognitive restructuring among the female

adolescents. Rooney (2012) examined adequacy of coherence therapy training on the psychological prosperity of Roman Catholic seminarian in United Kingdom. The outcome demonstrates that there was critical impact of coherence therapy on the psychological prosperity of the members.

Mathew (2009) further elaborated the differences and relationship between adolescents' self acceptance and self-esteem. The researcher found that adolescents with adequate sense of self acceptance produce good performance in academics and their self-esteem. However, a combination of Coherence Therapy approach enhanced self acceptance and self esteem. Analytical studies have shown that self-acceptance has a direct effect on students' overall achievement across all domains. Bernard (2013) investigated the impact of self-efficacy and self acceptance on the problem- solving skills of high school students. The researchers wanted to assess the unique contribution made by self-efficacy to the prediction of interest in schooling when a measure of general intelligence was included in the model. The path model included mathematics self-efficacy, general mental ability, mathematics anxiety, high school mathematics level and gender. Result revealed that self-efficacy and general mental ability had comparable direct effects on students' interest in schooling. Thus, even when the effects of general cognitive ability are controlled, adolescents' perceptions of efficacy are able to account for unique variance in an interest in schooling. Self-efficacy also mediated the effects of general cognitive ability and mathematics anxiety.

Reliably, in another study, Kamar and Jamil (2014) found coherence therapy to be exceptionally powerful in smoking suspension endeavours among Algerian late adolescents. Jones, Fredrick and Hammers (2012) found coherence therapy to be compelling in improving the social coping abilities of overall communities of adolescents, and unassertive adolescents, in modifying adolescents' forceful conduct. Korsgaard, Roberson and Rymph (1998) announced that the obtaining of attestation aptitudes upgrades individual connections and interactions among individuals and that this improvement is interceded by emotional intelligence. In one study of 350 College Students, Chamberlain (2015) examined the therapeutic role of Coherence therapy and Reality therapy on problem solving skills among adolescents. Using previously validated measures, the researchers ran several self-concept related independent variables in

relation to problem solving. Result showed that Coherence therapy had greater potency for problem solving success than did Reality therapy. The effects of background and gender, however, were significantly related to self-efficacy studies of academic areas.But even in these areas, relationships are considerably higher than previously obtained. In studies of college students who pursue science and engineering courses, high self-efficacy has been demonstrated to influence the academic persistence, necessary to maintain high interest in schooling.

Ridoh and Muslim (2009) investigated the adequacy of a coherence therapy programme on juvenile emphaticness level. The outcomes demonstrated that emphaticness training programme was powerful on adolescents' confidence level. This was seen to be predictable with past findings that indicated that coherence therapy programme significantly affected trial gathering (Yatagan, 2010). The researcher further studied how group assignment affected participants academic self confidence and interest in schooling. The direct relationship between academic self confidence and interest in schooling was addressed by a bivariate correlation between self reported academic confidence and interest in schooling. The correlation was significant, indicating that as academic self confidence increased, interest in schooling also increases.

2.3.3 Social Support and Self-acceptance

Social support research is quickly increasing, and findings have uncovered relationship with positive prosperity in various ongoing investigations. A meta-analysis of 28 social support ponders led with solid grown-ups (understudy and network tests) announced a huge impact estimate indicating a negative relationship between psychopathology (defined by aggregating tension, wretchedness, absence of self-acceptance and stress) and social support (Macbeth and Gumley, 2012).

Aldebot and Mamani (2009) completed a research on social support, self-covering, and self-acceptance among college students. Self-camouflage (an individual's propensity to keep intimate information mystery) and social support was emphatically connected with self-acceptance. The creators additionally found that students with inadequate support were multiple times bound to have not looked for acceptance independent from anyone else. Their outcomes drove them to infer that self-camouflage

might be hurtful in that it lessens the probability of recuperation by deterring individuals from getting support and accepting oneself.

Further, information proposes a relationship between social support and psychological prosperity in the wellbeing brain research writing. For instance, individuals with more prominent social support are more averse to experience the ill effects of different psychological disorders or to show hypochondriac (Procidano and Heller, 2013), burdensome (Hays, Turner, and Coates, 1992), or on edge (Sherbourne and Hays, 1990) side effects. Social support in a study among 230 college students has likewise been appeared to be related with an assortment of great physical wellbeing results e.g self-image, including lower probability of disease, improved recuperation when sickness happens, and decreased danger of grimness and mortality (Aris, Yasin, and Dzulkifli, 2011).

Allen and Leary, (2010) attempted a few examinations investigating how social support and self-empathy empowers immature students to adapt to upsetting life occasions. In one of the investigated examinations in which individuals were approached to imagine how they would respond to negative occasions, individuals with high self-empathy representing a sum of 64% of the example anticipated that they would be better ready to depersonalize the experience of thrashing without catastrophizing, and to maintain composure contrasted with 36% those with low self-sympathy. In a second study in which members trusted that they were being assessed on a recorded assignment, those with high social support were increasingly adroit at managing input about their execution. These individuals reacted to both positive and unbiased input likewise; those with low social support credited positive criticism more to themselves and negative input less to themselves. The creators presumed that social support might be a defensive factor and cushion against unsavory life occasions (Leary, 2007).

Besides, Social support is likewise related to sociological personal satisfaction results with regards to self, independent of the natural pathways that are related. In a study, social support was decidedly connected with self-esteem and negatively with animosity while better seen support has been related with lower incidence of burdensome side effects (Carels, 2004), uneasiness indications (Pedersen, Middel, and Larsen, 2002).

Moreover, Penninx, Van Tiburg, Deeg, Kriegsman, Boeke, and Van Ejik (1997) exhibited that there is a connection between social support and self-acceptance. Finally, practical and auxiliary support has been related with personal satisfaction in youthful adolescents. Useful support predicts self-esteem, crabbiness (Grassi et al., 1997), loneliness (Serovich et al., 2001), sadness (Grassi et al., 1997) and self-acceptance (2001). Barry and Jenkins (2007) found practically identical connections among adolescents; social support related negatively with misery and nervousness and decidedly with self-acceptance and social connectedness. (Barry et al., 2015).

The potential impact of social support is shown in a few as of late distributed examinations recently. For instance, Marshall (2015), recognizing that adolescents with low social support experience lower psychological wellness and acceptance than those with higher social support, self ability was accounted for to moderate the link between social support and emotional wellness. Those adolescents with higher social support showed a more fragile relationship between self-esteem and psychological well-being in this longitudinal study. In another study led on connection between social support and self-idea among students,the powerless negative relationship between social support and self-idea demonstrated that the scores in self-idea were increasing as the scores of social support increased. This suggests students who had a high social support had a good (positive) self-idea.

2.3.4 Gender and Self-acceptance

Coherence therapy has been fruitful as a methodology utilized in numerous dimensions of consideration, both as a preventive and interceptive therapy regarding animosity, sexual offense and self-destructive practices. CT additionally indicates guarantee in use with underserved populaces, in an example of 87 adolescents, it brings affectability important to react to certain socially bound standards pervasive with exceptional gatherings. Coherence therapy has incredibly assisted the recognized adolescents and the relatives with becoming steady and increasingly profitable in the public eye. The meta-analysis of Coherence therapy showed huge enhancements for adolescents who got its treatment. The meta investigation approved that Coherence therapy is a viable, confirm based procedure for immature guys, ages 14-18.

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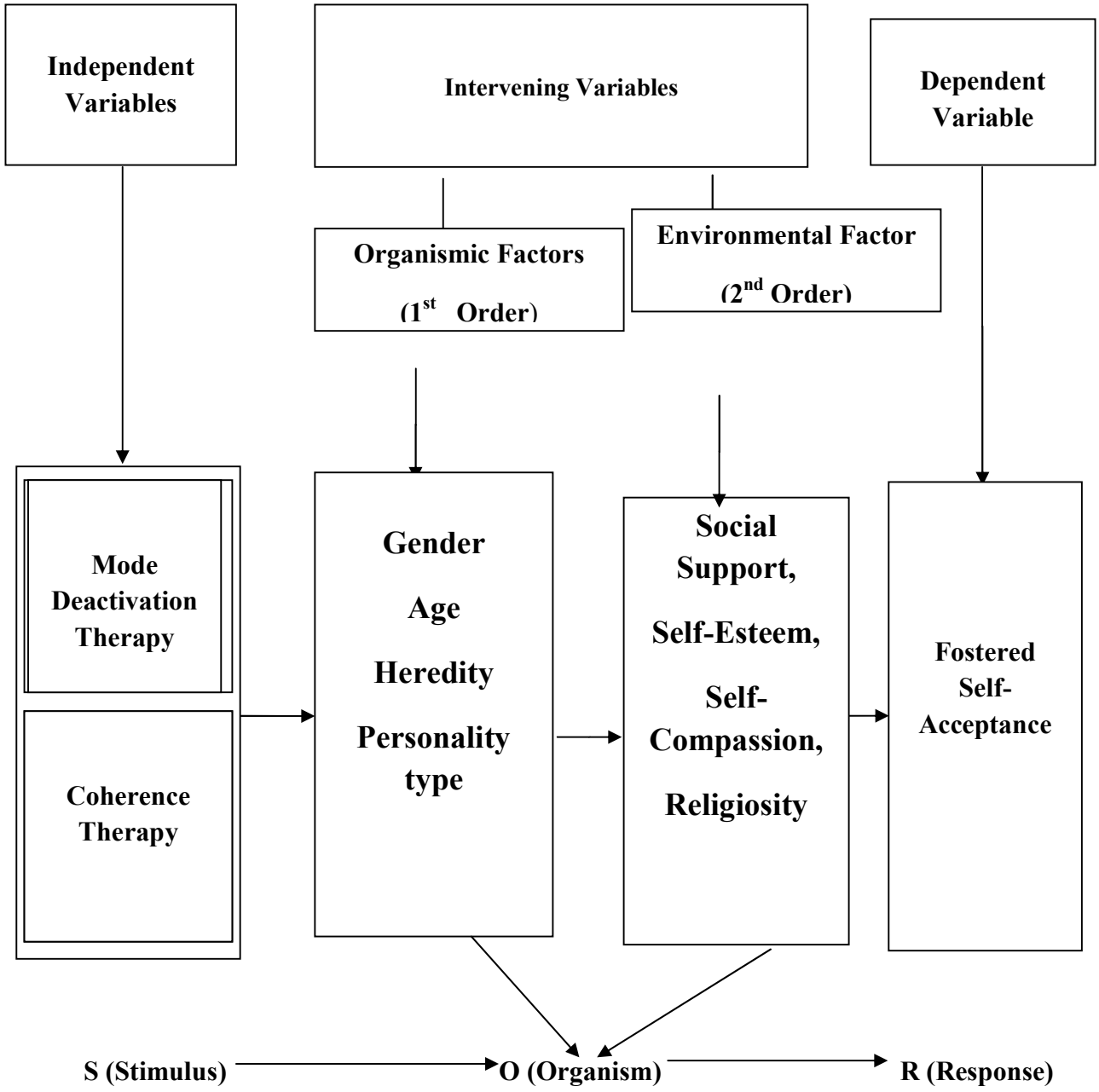
In a study of 426 participants by Karabulut and Bahadir (2013), it was observed that there was no significant difference between male and female participants on fear of negative appraisal. The researcher found that women are motivated to avoid success when they expect negative consequences (rejection by others, social isolation, feelings of being unfeminine) as a result of adopting stereotypic masculine gender roles which can facilitate occupational success (being competitive or assertive) yet which traditionally conflict with stereotypic feminine gender roles. Xiaofang and Jinkun (2015) evaluated gender differences of fear of negative self evaluation. The results showed that there was no significant correlation between implicit fear of negative evaluation and explicit fear of negative evaluation, which mean that the experimental separation happened. Secondly, there was no significant gender difference in college students′ fear of negative evaluation. Third, there was significant difference between different gender subjects, implicit and explicit fear of negative evaluation, with male′s explicit fear of negative evaluation being lower than implicit fear of negative evaluation.

Reliably, in another study, Kamar and Jamil (2014) found coherence therapy to be exceptionally powerful in smoking suspension endeavors among Algerian late adolescents. Jones, Fredrick and Hammers (2012) found coherence therapy to be

compelling in improving the social coping abilities of overall communities of adolescents, and unassertive adolescents, in modifying adolescents' forceful conduct. Korsgaard, Roberson and Rymph (1998) announced that the obtaining of attestation aptitudes upgrades individual connections and interactions among individuals and that this improvement is interceded by emotional intelligence. Ridoh and Muslim (2009) investigated the adequacy of a coherence therapy programme on juvenile emphaticness level. The outcomes demonstrated that emphaticness training programme was powerful on adolescents' confidence level. This was seen to be predictable with past findings that indicated that coherence therapy programme significantly affected trial gathering (Yatagan, 2010).

2.4 Conceptual Model for the Study



The Conceptual Model

The conceptual model for this study is composed of the independent variables or the treatment packages namely; Mode Deactivation therapy (MDT) and Coherence therapy (CT).These variables were manipulated by the researcher to observe their effect on the dependent variable (Self-acceptance). The intervening variables consist of organismic and environmental factors. These variables intervene between the independent and dependent variable and when manipulated was expected to produce measurable effects on the dependent variable which is fostering Self-acceptance. Though several intervening variables are capable of influencing the effectiveness of the interventions in fostering of Self-acceptance in this study, the moderating variables of interest are social support and gender. This is because literatures have shown that these variables have significant influence on Self-acceptance among In-school adolescents.

CHAPTER THREE
METHODOLOGY

The present chapter focuses on the explanation of how the study was carried out. This include the research design, the study population, the sample and sampling techniques, instrumentation, procedure for data collection, summary of activities in the experimental groups and method used for data analysis.

3.1 Design

The study adopted the pretest-posttest, control group quasi-experimental design with a 3x2x2 factorial matrix. In essence, the row consists of Mode Deactivation therapy, Coherence Psychotherapy and the control. The row was crossed with gender at two levels (Male and Female) and social support varied at two levels (high, and low). This is represented in table 3.1.

Table 3.1: A 3x2x2 Factorial Matrixes Designed forFostering Self-acceptance among In-school Adolescents

Treatments	Gender			
	Male(B1)		Female (B2)	
	Social Support			
	High	Low	High	Low
MDT (A_1)	6	5	7	8
CT (A_2)	8	7	8	7
CG (A_3)	7	6	8	7

Key: MDT = Mode Deactivation Therapy, CP = Coherence Psychotherapy, SS = Social Support, CG = Control Group.

This design is schematically represented as:

O_1 XA_1 O_2

O_3XA_2 O4

O_5 . O_6

Where; O_1, O_3 and O_5 are pre-tests for the three groups

O_2, O_4 and O_6 are post-tests for the three groups

XA_1= Experimental treatment of Mode Deactivation therapy

XA_2= Experimental treatment of Coherence Psychotherapy

. = No treatment was given to the Control Group

3.2 Population

The study population comprised of all in-school adolescents with negative body image in Osun State, Nigeria. Osun state, one of the six states in South-West Nigeria, it has 3 senatorial districts, Osun West, Osun East and Osun Central with ten (10) local government areas in each senatorial district. The population cut across different ethnic and religious groups.

3.3 Sample and Sampling Technique

The Multi-stage sampling technique was used to select the participants for the study. The first stage involved the use of simple random sampling technique in selecting one (1) Local Government Area from each of the senatorial districts in Osun state. From the selected LGA's, one (1) secondary school was randomly chosen from the list of all secondary schools in the Local Government. In each selected secondary school, the purposive sampling technique was also employed to select thirty (30) students with negative body image (with thehelp of a standardized instrument). On the whole, eighty four (84)in-school adolescents were the overall participants that completed the exercise. However, from the selected schools, one group served as Mode Deactivation Therapy, the second group formed Coherence Psychotherapy and the remaining one served as the control group.

3.4 Instrumentations

The following standardized instruments were used in the study:

The Body Image-Acceptance Questionnaire

The Body Image-Acceptance questionnaire developed by Sandoz, Wilson, Merwin and Kellum (2013), it was adapted and used as the screening instrument. This scale consists of ten (10) items and has a reliability coefficient of 0.80. The responses anchored based on the three (3) points likert which ranges from 1=Extremely, 2= Moderately and 3= Not at all. Examples of the items in the scale include, *"I am comfortable with the appearance of my physique or figure", "When taking my bath, I often feel nervous about how well proportioned my body is" and "I usually feel relaxed when it's obvious that others are looking at my body shape"*. The obtainable point on the scale ranges from 10-30, a score below 15 indicates a low body image acceptance. However, the modified version of the instrument was re-validated by the researcher and a Cronbach alpha of .77 was obtained in a pilot study which involved an administration of the instrument to a selected sample of thirty (30) secondary school adolescents in Ibadan, Oyo State, Nigeria.

The Unconditional Self-Acceptance Scale (USAS)

The Unconditional Self-Acceptance Scale by Chamberlain and Haaga, (2001) was adapted for the study to measure the self-acceptance of in-school adolescents for the pre and the post test. The scale is of 20-items, Likert self-report instrument. Where each item is a statement concerning the individual's belief related to the self-acceptance concept. Participants would be asked the degree to which each statement described them on a 7-point scale ranging from (1 = Always Untrue, 2 = Usually Untrue, 3 = More Often Untrue than True 4 = Equally Often True and Untrue, 5 = More Often True Than Untrue, 6 = Usually True and 7 = Almost Always True). Eleven (11) of the twenty (20) items are negatively worded, and are expected to be re-coded before statistical analysis. The total obtainable scores range from 20 to 140, with higher totals indicating greater levels of self-acceptance. Some of the items on the scale include: *My sense of self-worth depends a lot on how I compare with other people* and *I don't think it's a good idea to judge my worth as a person.* The original version of this measurement had a moderate internal

consistency of (α =.72; Chamberlain and Haaga, 2001). The adapted version of the instrument was re-validated by the researcher and Cronbach alpha of .83 was obtained in a pilot study among selected sample of thirty (30) secondary school adolescents outside the study population.

Social Support Scale (SSS)

The social support scale was developed by Zimet, Dahlem, Zimet and Farley (1998). The scale consists of twelve (12) items and was adapted to measure the perceived social support from three sources: Family, Friends, and a Significant others of the in-school adolescents. The items are built on a 7 point response formats which are: 1= Very Strongly Disagree, 2 = Strongly Disagree, 3 = Mildly Disagree 4 = Neutral, 5 = Mildly Agree, 6 = Strongly Agree and 7 = Very Strongly Agree. Items 1, 2, 5 and 10 are on Significant Other; items 3, 4, 8 and 11 are on Family, while 6, 7, 9 and 12 are on friends. According to the authors, an analysis of reliability indicates that the scale has a high internal consistency (α = .85). Sample items on the scale include: *"There is a special person who is around when I am in need", "I get the emotional help and support I need from my family" and "My friends really try to help me believe I am worthwhile".* The items was coded and scored so that higher scores showed high social support. The scale was re-validated by the researcher to test its relevance to peculiarities of social support in this context, and a Cronbach alpha of .84was obtained in a pilot study which involved an administration of the instrument to a selected sample of thirty (30) secondary school adolescents in Ibadan, Oyo State, Nigeria.

Inclusion Criteria

The following criteria were used in selecting the participants for the study:

i. Participants should be an in-school adolescent with a negative body image.
ii. In-school adolescent who has a relatively low sense of self-acceptance
iii. In-school adolescent with consent from the school authority and parents
iv. In-school adolescent willing to participate in the treatment programmeme.

3.5 Procedure for Data Collection

The researcher obtained an introduction letter from the Head of the Department of Guidance and Counselling, University of Ibadan, addressed to Osun state Ministry of Education. Permission was sought and given to carry out the study from the principals of the selected secondary schools. The selected schools were then visited prior the commencement of the training which enabled the researcher to get acquainted with the participants and the school environments. The school principals were at the same time informed adequately of the research purpose and the participants were addressed and informed as regards the benefits of the research.

The study was carried out in four phases: pre-sessional activities, pre-test, treatment and post-test. At the pre-session, activities include the screening, recruitment and assignment of participants to the two experimental and control group. Advertisement was made to request for participants in selected secondary schools. A preliminary meeting was organized to familiarize with the interested participants and to solicit their willingness to participate in the study. The researcher recruited and trained two master's degree students with a background in Guidance and Counselling as research assistants for the exercise. At the pre-test stage Body Image Acceptance Questionnaire was administered to the participants. Participants in the two experimental groups were exposed to eight sessions of treatment (Mode Deactivation Therapy and Coherence Psychotherapy). Each session spanned for an average of 45 minutes. Though the control group was not treated, participants were exposed to a lecture titled *"**Drugs and Drug Abuse**"*. The post-test was administered following the conclusion of the programmeme.

The Synopsis of Treatment Packages is given below:

Experimental Group 1 (Mode Deactivation Therapy)

1st Session: General orientation and administration of the instrument to obtain pre-test scores.

2nd Session: Discussion of the meaning of body image, negative body image and self-acceptance.

3rd Session: Explanations of Low Self-acceptance, Causes and Effects on the Adolescent's Wellbeing.

4th Session: This session introduces Mode Deactivation Therapy

5th Session: Training on the components of Mode Deactivation Therapy (the concept of mode, mode activation, and mode deactivation) in fostering Self-acceptance.

6th Session: Discussion of the case conceptualization as the core component of Mode Deactivation Therapy in fostering Self-acceptance.

7th Session: Training on Self-Instruction and Motivation as a tool for improving one's self-acceptance.

8th Session: The session deals with summary of Mode Deactivation Therapy, role-play, rehearsal, administration and collection of post-test scores, and formal closing of the sessions.

Experimental Group 2: (Coherence Psychotherapy)

1st Session: General orientation and administration of the instrument to obtain pre-test scores.

2nd Session: Discussion of the meaning of body image and self-acceptance .

3rd Session: Explanations of negative body image, low self-acceptance and their implications on the adolescent's wellbeing.

4th Session: Introduction of Coherence Psychotherapy and its principles

5th Session: Training in the components of Coherence Psychotherapy (symptoms coherence) in fostering Self-acceptance.

6th Session: Explanations of Hierarchical organization of constructs as related to self-acceptance among school-going adolescents.

7th Session: Teaching of the necessary skills for the improvement of self-acceptance among adolescents; and Evaluation of the treatment

8th Session: This session witnessed the summary of Coherence Psychotherapy, role-play, rehearsal, administration and collection of post-test scores, and formal closing of the sessions.

Control Group

Session 1: Introduction and pre-test

Session 2: A talk was given on: *"**Drugs and Drug Abuse**"*.

Session 3: Post test and conclusion.

3.6 Control of Extraneous Variables

Extraneous variables are those factors or attributes that may affect the outcome of the experimental study aside from the psychotherapies to be employed. The researcher guided against effects of such variables through the following; appropriate randomisation of participants into the two treatment groups and the control group; adherence to inclusion criteria; effective use of the 3x2x2 factorial matrix design and the use of Analysis of Covariance (ANCOVA) statistical tool for the likely extraneous variables.

3.7 Data Analysis

Simple percentage and Analysis of Covariance (ANCOVA) were the major statistical tools employed in the study. The demographic characteristics of the respondents were analysed with simple percentage while ANCOVA was used to identify the initial differences between the experimental and control groups participant. The Scheffe Post-hoc Analysis was also used to determine the directions of differences and significance identified.

CHAPTER FOUR

RESULTS

This chapter focuses on the presentation of results obtained in the study. It presents the results from the seven hypotheses stated and tested in the study. For each of the seven hypotheses tested, the statistical tests of significance selected and applied to the data were described and a statement confirming the acceptance or rejection of the hypotheses was made. This is followed by interpretation.

4.1 Analysis of Demographic Data

Table 4.1: **Analysis of Demographic Characteristics of Respondents**

Variable (N=84)	**Frequency**	**Percentage (%)**
Distribution of Respondents based on Gender		
Male	39	46.43
Female	45	53.57
Total	**84**	**100.0**
Distribution of Respondents based on Age Range		
Age	**Frequency**	**Percentage %**
Below 13 Years	43	51.19
14 Years above	41	48.81
Total	**84**	**100.0**
Distribution of Respondents based on Religious Background		
Religion	**Frequency**	**Percentage %**
Islam	40	47.6
Christianity	41	48.8
Others	3	3.6
Total	**84**	**100.0**

Source: Field data

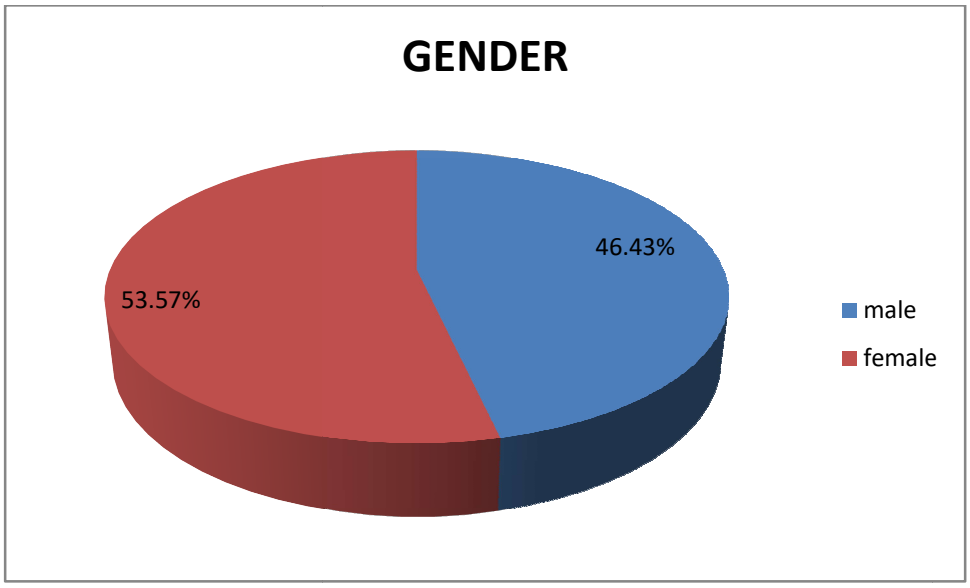
Discussion of Table 4.1

The table above shows that 39 of the participants representing 46% indicated their gender as male while 45 representing 54% indicated female as their gender. From the table however, majority of the participants are female by gender.

From the table also,43 of the respondents representing 51.19 % indicated that their age were below 13years old while 41 of the respondents were 14 years old and above representing 48.81%. From the table however majority of the participants were above 14 years of age.

From the table,40 of the respondents representing 47.6% indicated Islam as their religion, 41 of the respondents indicated Christianity as their religion representing 48.8%, and 3 participants representing 3.6% indicatedother religion. From the table however majority of the participants have Christianity as their religion.

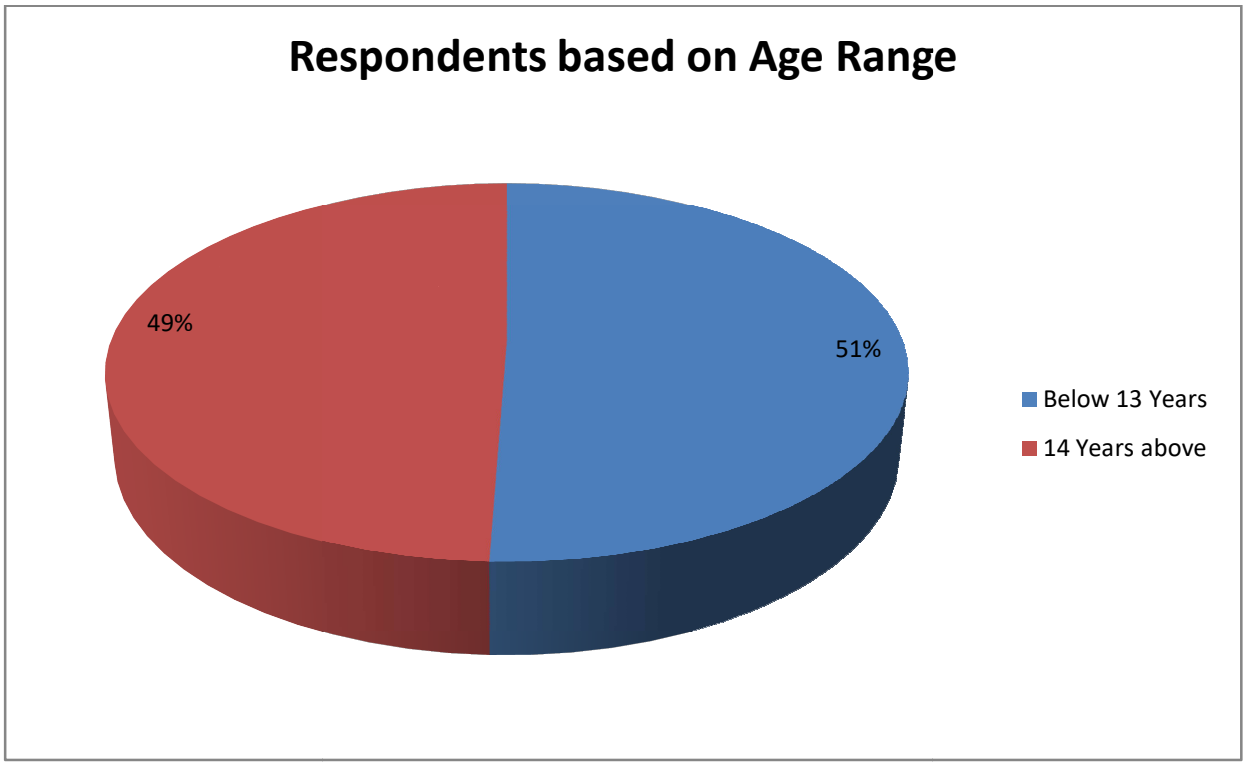
Distribution of Respondents based on Gender



Source: Field data

Figure 4.1 shows that 46.43% of the respondents were male while 53.57% were female.

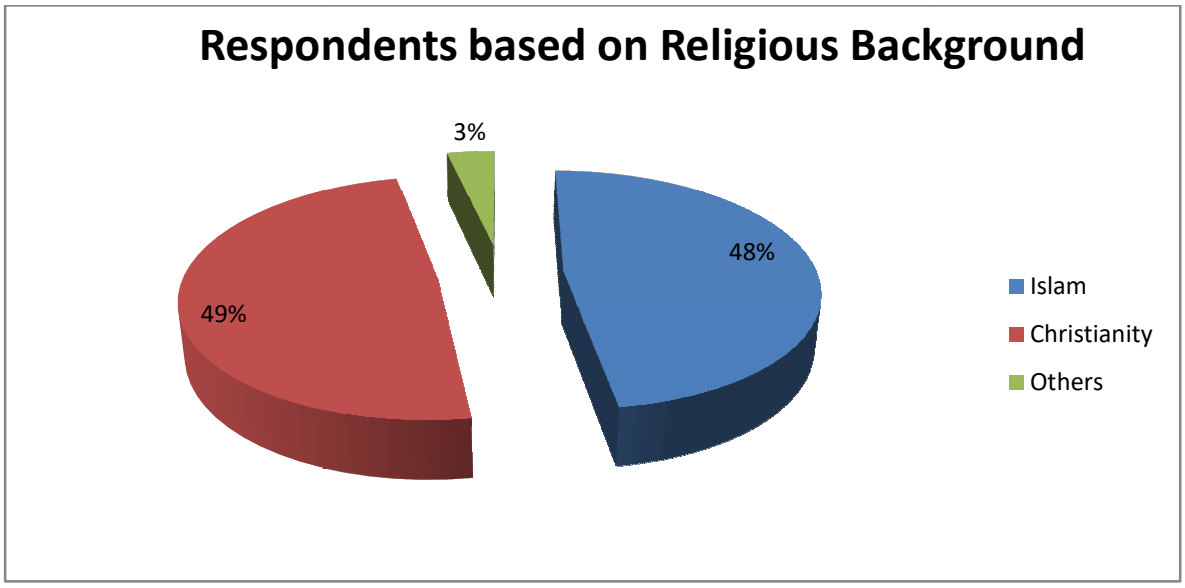
Figure 4.2



Source: Field data

Figure 4.2 indicates that 51.19% of the respondents were below13 years of age while 48.81% of the respondents were 14 years of age and above.

Figure 4.3



Source: Field data

Figure 4.3indicates that 47.6 % of the respondents were from the Islamic religious background, 48.8% were from the christian backgroundwhile 3.6% of the respondents practice other religions.

4.2 Answering of Research Hypotheses

Hypothesis One: There will be no significant main effect of treatments on self-acceptance among in-school adolescents with negative body image.

To test this hypothesis, Analysis of Covariance (ANCOVA) was adopted to analyse the post-test scores of the participants on self-acceptance among in-school adolescents with negative body image using the pre-test scores as covariate to ascertain if the post experimental differences are statistically significant. The summary of the analysis is presented in Table 4.3.

Table 4.2: Summary of 3x2x2 Analysis of Covariance (ANCOVA) Post-Test Fostering Self-Acceptance among in-school adolescents with negative body image

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	76260.509[a]	11	6932.774	21.644	.000	.768
Intercept	13894.769	1	13894.769	43.379	.000	.376
Pretest	8716.023	1	8716.023	27.211	.000	.274
Treatmt	21201.446	2	10600.723	33.095	.000	.479
Gender	674.474	1	674.474	2.106	.151	.028
SSuppor	8128.649	1	8128.649	25.377	.000	.261
Treatmt * Gender	853.560	2	426.780	1.332	.270	.036
Treatmt * SSuppor	2056.326	2	1028.163	3.210	.046	.082
Gender * SSuppor	1681.232	1	1681.232	5.249	.025	.068
Treatmt * Gender * SSuppor	.499	1	.499	.002	.969	.000
Error	23062.479	72	320.312			
Total	540993.000	84				
Corrected Total	99322.988	83				

a. R Squared = .768 (Adjusted R Squared = .732)

The results from Table 4.2 showed that there was significant main effect of treatments in fostering/enhancing self-acceptance among in-school adolescents with negative body image of the participants ($F_{2;\ 74} = 33.095$, $p < 0.05$, $\eta^2 = 0.479$). This implies that there was significant difference in the mean scores of self-acceptance among in-school adolescents with negative body image exposed to Mode Deactivation (MDT) and Coherence therapy (CT) when compared with the control group. Hence, hypothesis one was rejected. It was therefore concluded that there is significant main effect of treatments in fostering self-acceptance among in-school adolescents with negative body image of the participants. This implies that MDT and CT are effective in fostering self-acceptance among in-school adolescents with negative body image of the participants.

To further provide information in fostering the self-acceptance among in-school adolescents with negative body image of the participants among the three groups (MDT, CT and Control Group), it is good to ascertain the direction of the differences and determine the magnitude of the mean scores of the participants in each of the treatments and the control group. Thus, the Scheffe Post-hoc analysis was calculated and presented in Table 4.4.

Table 4.3: Significant Differences in the Treatment Groups

Trtgroup	N	Subset for alpha = 0.05		
		1	2	3
Control	20	44.9286		
MDT = Mode Deactivation Therapy	26		74.3462	
CT = Coherence Therapy	30			96.6667
Sig.		1.000	1.000	1.000

The following observations were made on Table 4.3,

(i) There was statistical sign difference between the post-hoc test mean scores in fostering the self-acceptance among in-school adolescents with negative body image in the MDT and CT groups. The participants in the CT (Mean = 96.6667) benefited better than those in the MDT (Mean = 74.34

(ii) There was significant difference in the post-hoc test mean scores in fostering the self-acceptance among in-school adolescents with negative body image exposed to CT and control group. The participants in CT (Mean = 96.6667) in-school adolescents with negative body image fostered self-acceptance significantly better than those in the control group (Mean = 44.9286).

(iii) There was significant difference in the post-hoc test mean scores in fostering the self-acceptance among in-school adolescents with negative body image exposed to MDT and control group. The MDT (Mean = 74.3462) fostered the self-acceptance among in-school adolescents with negative body image significantly better than those in the control group (Mean = 44.9286).

This implies that there was significant difference between the mean score of participants in MDT, CT and those in the control group, while CT and MDT are more effective than control group, it pointed out that the CT had the greatest potency in fostering self-acceptance among in-school adolescents with negative body image than MDT.

Hypothesis Two: There will be no significant main effect of social support on self-acceptance among in-school adolescents with negative body image.

The results from Table 4.3 showed that there was significant main effect of social support in fostering self-acceptance among in-school adolescents with negative body image ($F_{1;\,72} = 25.377$, $p < 0.05$, $\eta^2 = 0.261$), the hypothesis is therefore rejected. This implies that there were significant differences in the level of social-support (HSS and LSS) when compared with each other in fostering self-acceptance among in-school adolescents with negative body image.

To further provide information in the fostering of the self-acceptance among in-school adolescents with negative body image the two groups (HSS and LSS), it is good to ascertain the direction of the differences and determine the magnitude of the mean scores of the participants in each of the social support levels). Thus, the Multiple Classification Analysis was calculated and presented in Table 4.5.

Table 4.4:Multiple Classification Analysis (MCA) showing the direction of the differences of the treatment Groups, gender and Social in fostering self-acceptance among in-school adolescents

Variable + Category Grand Mean = 72.5119	N	**Unadjusted Mean**	**Adjusted Mean**	**Unadjusted Deviation**	**Eta**	**Adjusted Deviation**	**Beta**
Treatment:							
MDT	26	74.346	69.5991	1.834		-2.91283	
CT	30	96.667	95.959	24.155		23.447	
Control	28	44.928	50.095	-27.583	.557	-22.41680	.626
Gender:							
Male	39	82.743	67.1800	10.232		-5.332	
Females	45	63.644	77.133	-8.867	.144	4.62103	.277
Social Support:							
High	44	88.000	88.014	15.488		15.502	
Low	40	55.475	55.460	-17.037	.473	-17.052	.472
Multiple R	.527						
Squared Multiple R	.726						

From Table 4.5. It was observed that there was a significant difference between the post-hoc test mean scores in fostering self-acceptance among in-school adolescents with negative body image in the HSS and LSS groups. However, the participants with the HSS (Mean = 88.000) benefited better than those in the LSS (Mean = 55.475).

Hypothesis Three: There will be no significant main effect of gender on self-acceptance among in-school adolescents with negative body image.

The results from Table 4.3 showed that there was no significant main effect of gender in fostering self-acceptance among in-school adolescents with negative body image ($F_{1;\ 72} = 2.106$, $p > 0.05$, $\eta^2 = 0.028$). This means that there was no significant difference in self-acceptance among in-school adolescents with negative body image considering being male or female. Hence, hypothesis three was accepted.

Hypothesis Four: There will be no significant interaction effect of treatment and social support on self-acceptance among in-school adolescents with negative body image. The results from Table 4.3 showed that there was a significant interaction effect of treatment and social support on self-acceptance among in-school adolescents with negative body image ($F_{2;\ 72} = 3.210$, $p < 0.05$, $\eta^2 = 0.082$). This means that there was significant interaction effect of the treatments given and social support on self-acceptance among in-school adolescents with negative body image. Hence, hypothesis four was rejected.

Hypothesis Five: There will be no significant interaction effect of treatment and gender on self-acceptance among in-school adolescents with negative body image. The results from Table 4.3 showed that there was no significant interaction effect of treatment and gender on self-acceptance among in-school adolescents with negative body image ($F_{2;\ 72} = 1.332$, $p > 0.05$, $\eta^2 = .036$). This means there was no significant interaction effect of treatment and gender on self-acceptance among in-school adolescents with negative body image. Hence, hypothesis five was accepted.

Hypothesis Six: There will be no significant interaction effect of social support and gender on self-acceptance among in-school adolescents with negative body image. The results from Table 4.3 showed that there were significant interaction effect of social support and gender on self-acceptance among in-school adolescents with negative body image ($F_{1;\ 72} = 5.249$, $p < 0.05$, $\eta^2 = .068$).The hypothesis was therefore rejected. This implies that the interaction of the social-support level (HSS and LSS) and gender (male and female) have significant interaction effect in fostering self-acceptance among in-school adolescents with negative body image.

Hypothesis Seven: There will be no significant three-way interaction effect of treatment, social support and gender on self-acceptance among in-school adolescents with negative body image. The results from Table 4.3 showed that there was no significant three-way interaction effect of treatments, gender and social support on self-acceptance among in-school adolescents with negative body image ($F_{1;\ 72}$ = .002, p> 0.05, η^2 = .000).The hypothesis was therefore accepted. This implies that the interaction of the therapies (MDT and CP), Social support (HSS and LSS) and gender (male and female) have no significant interaction effect in fostering self-acceptance among in-school adolescents with negative body image.

4.3 Summary of Findings

1. There was significant main effect of treatments in fostering self-acceptance among in-school adolescents with negative body image of the participants ($F_{2;\ 74}$ = 33.095, p < 0.05, η^2 = 0.479). This means there were significant differences in the mean scores of the self-acceptance among in-school adolescents with negative body image exposed to Mode Deactivation (MDT) and Coherence therapy (CPT). Also, there was statistical significant difference between the post-hoc test mean scores in fostering the self-acceptance among in-school adolescents with negative body image in the MDT and CP groups. The participants in the CT (Mean = 96.6667) benefited better than those in the MDT (Mean = 74.3462) and control group (Mean = 44.9286) respectively.
2. There was significant main effect of social support in fostering self-acceptance among in-school adolescents with negative body image ($F_{1;\ 72}$ = 25.377, p < 0.05, η^2 = 0.261). The participants with the HSS (Mean = 88.000) benefited better than those with the LSS (Mean = 55.475).
3. There was no significant main effect of gender in fostering self-acceptance among in-school adolescents with negative body image ($F_{1;\ 72}$ = 2.106, p > 0.05, η^2 = 0.028).
4. There was a significant interaction effect of treatment and social support on self-acceptance among in-school adolescents with negative body image ($F_{2;\ 72}$ = 3.210, p < 0.05, η^2 = 0.082).

5. There was no significant interaction effect of treatment and gender on self-acceptance among in-school adolescents with negative body image ($F_{2;\ 72} = 1.332$, $p > 0.05$, $\eta^2 = .036$).
6. There was significant interaction effect of social support and gender on self-acceptance among in-school adolescents with negative body image ($F_{1;\ 72} = 5.249$, $p < 0.05$, $\eta^2 = .068$).
7. There was no significant interaction effect of treatments, gender and social support on self-acceptance among in-school adolescents with negative body image ($F_{1;\ 72} = 5.249$, $p < 0.05$, $\eta^2 = .068$).

CHAPTER FIVE

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

This chapter presents the discussion of results based on the seven hypotheses generated for the study. This carefully interprets the findings and relates them to previous empirical works. Conclusions, implications, contributions to the knowledge, peculiarities, generalization and recommendations are made based on the findings. Discussions were made and effort is equally made to explain the findings within the context of available relevant literature.

5.1 Discussion of Findings

Hypothesis One

Hypothesis one states that there will be no significant main impact of treatments on self-acceptance among in-school adolescents with negative body image. The findings demonstrated that there is significant main effect of treatments in fostering self-acceptance among in-school adolescents with negative body image of the participants. This implies that there was noteworthy distinction in the mean scores of the self-acceptance among in-school adolescents with negative body image presented to Mode Deactivation Therapy and Coherence Therapy when compared and the control group. Henceforth, hypothesis one isnot acknowledged. It was in this manner reasoned that there is critical main impact of therapies in fostering self-acceptance among in-school adolescents with negative body image. This infers that MDT and CT are successful in fostering self-acceptance among in-school adolescents with negative body image of the members.

To give more information on enhancing the self-acceptance of members between the three assemblage(MDT, CT, and Control), it is important to check the direction of difference and determine the magnitude of the intermediate scores of members in both the treatment and control group. Consequently, the Duncan post-hoc analysis was calculated and it indicated that there was significant difference between the post-hoc test

mean scoresin promoting self-acceptance among in-school adolescents with a negative body image in the MDT and CT gatherings. Members in the CT profited more compared to those in MDT. Additionally, there has been a significant contrast in the post-test scores in promoting self-acceptance among adolescents in school with negative body image presented to CT and control. Members in CT scores were higher than members in the control group.

In addition, there was a huge difference in the post-hoc test scores in promoting self-acceptance among in school adolescents with negative body image presented to MDT and control group. MDT members had increased self-acceptance when compared to those in the control gathering. This implies there is a huge contrast between the mean score of members in MDT and CT and those in the control group, while CT and MDT are more compelling than the control gathering, the finding of the study even pointed out that CT has the best viability in self-acceptance. In any case, these distinctions can be explained by the adequacy of the therapeutic packages, which are likewise attributable to the manner of utilization of different principles and strategies on which the treatment packages are grounded, for example, goals, homework, survey, talk and questions utilized in package conveyance.

Also, based on their uniqueness, these training programmemes are expected to produce varying degree of effectiveness in the fostering of self -acceptance. As indicated, the result is an indication that therapeutic intervention was effective and therefore attests to the fact that adolescent's self-acceptancecan be developed, fostered and optimized with the effective use of these therapeutic interventions. The findings of the study further confirmed that of Judge et al., (2012), as well as Lucre and Corten (2012). They found that teaching CT to clients with BPD was a coherent and complementary way to treat self-criticism and shame. Inlight of their uniqueness, these training programmes are relied upon to deliver a varying level of effcetiveness in the fostering of self-acceptance. As indicated, the outcome is an indication that therapeutic intervention was effective and therefore attests to the fact that adolescent's self-acceptancecan be developed, fostered and optimized with the effective use of these therapeutic interventions. The findings of the study further confirmed that of(Judge et al., 2012, Lockry and Courten, 2012). They

found that the teaching of CT to clients with body image and borderline personality issue was a sound and corresponding approach to treat self-analysis and disgrace.

In a similar vein, Leaviss and Uttley (2015) found in one of the most recent interventions where the focus of the study was to investigate the impacts of CT intervention for 7 weeks on mind abilities (for example acceptance and consciousness of the present minute), self-evaluation cognitive style and self-acceptance in patients Who experience the ill effects of a day by day barrel who went to a 10-week mind-training programme that has turned out to be viable in improving clinical indications beforehand. To examine the influence of CT in these clients, they were haphazardly designated. Thirty-two patients with BPD determination were invited. The members were somewhere in the range of 18 and 45 years, and included two males (n = 2) and (n = 30) females. The outcome demonstrated interference with CT, a noteworthy improvement was observed. This finding is in line with the outcome of Halliwell and Dittmar (2006), which investigated the adequacy of CT in adolescents' eating conduct. About half the portion of the sample were overweight (47%). In spite of the fact that this is typical for this population, this may affect the results of the conduct of the eating pattern. The mean of the eating practices was low among the participating members (Mean = 5.7, Standard Deviation = 8.7). However from the findings, it was concluded that coherence therapy have effectively assisted in the improvement of eating behaviours among these participants.

Moreover, in a meta-analysis by Rice, Kenneth, Niemeyer, Greg, Taylor, and Jennifer (2011) considering 580 adolescents from both gender, the age ranges from 13-16 years and these sample included many with behavioural challenges including negative body perception, self-unacceptance, self hatred and oppositional deficit defiant disorder. The result showed that the mean points for critical factor take-up, basic pathology, and all the consequence of the CT has a closer standard deviation but not exactly to the other therapy. Conversely with the other treatment bundles, the CT achieved better and gave remarkable assurances due to strong and styandardized technique.These results prescribed that CT had basically very powerful and systematic practices than the other therapies. This moreover indicates that the general performance and effectiveness of the

CT group have a critical effect in reducing maladaptive behaviour of this typology of adolescents.

Mode Deactivation Therapy was, moreover found incredibly effective in fostering self-acceptance among in-school adolescents. This is regardless of the fact that, the MDT was not as compelling as the CT but instead had its ampleness on the individuals. This is in line with the findings of Johnson, et. al. (2001) where they indicated how a combination of childhood verbal, physical, sexual abuse and negligence are appeared through personality issue during adolescence andpre-adulthood. Because of this predominant abuse, it was vital to address the progression of personality issue in these pre-grown-up folks. The Compound Core Belief Assessment (a piece of the MDT) was made to address these personality chasllenge. It was discovered that a critical number of these adolescents had mixed personality qualities which may carry on by committing sexual offenses, commanding acts and other strange practices. It is then believed that ill behaviour is directly linked with a punctured mental frame. In like manner, Apsche and colleagues, Hunter and Siv (2005) confirmed that MDT was the main treatment of the three that diminished inappropriate behaviour among the adolescents. In a comparative analysis, between Mode Deactivation Therapy, CBT and SST. MDT was more effective in the treatment of male adolescents suffering from conduct and personality disorders, sexual dysfunction and problems with self-acceptance. From the outcome of the study, MDT was found more viable in the treatment and in the reduction of psycho-social challenges.

Hypothesis Two

This hypothesis states that there will be no significant main effect of social support on self-acceptance among in-school adolescents with negative body image. The results indicates that there is significant main effect of social support in fostering self-acceptance among in-school adolescents with negative body image.The hypothesis is therefore rejected. As it is, it implies that a significant difference exists in the level of social-support (High, Moderate and Low Social Support) when compared with each other in fostering self-acceptance among in-school adolescents with negative body image. Thus, the null hypothesis two was not accepted. The justification for this could be that,

when adolescents receive warmth and support, positive appraisal of the bodily features from those that surround them, they have an improved sense of self, adequate self-worth which improves their self-acceptance.

To additionally give information in the fostering of self-acceptance among in-school adolescents with negative body image the three levels of social support (LSS, MSS and HSS), it is a great idea to ascertain the course of the distinctions and determine the extent of the mean scores of the members in the different social support levels. In this manner, the Duncan post-hoc investigation was conducted which inferred that there is significant contrast between the mean score of members in HSS, MSS and those in the lowsocial support gathering while HSS and MSS are more powerful than the low social support group and even pointed out that the HSS profited most in the treatments in fostering self-acceptance among in-school adolescents with negative body image. This study is in congruence with that of Macbeth and Gumley (2012) who in a meta-analysis of 28 social support researches on adolescents. The studyrevealed a vast impact estimate indicating a negative relationship between psychopathology (defined by aggregating nervousness, misery, absence of self-acceptance and stress) and social support. Other research findings which indicated positive relationships with self-fulfillment, happiness, idealism, positive effect, emotional intelligence, coping aptitudes, self-improvement inspiration and psychological prosperity among college students (Breines and Chen 2012).

In consonance with the present findings, Aldebot and Mamani (2009) completed a research on social support, self-camouflage, and self-acceptance among college students. Seven hundred and thirty two (732)participants finished the filling of the psychological instruments about their apparent social support, self acceptance and self-concealment. Self-concealment (an individual's inclination to keep intimate information) and social support was emphatically connected with self-acceptance. The authors likewise found that students with inadequate support were multiple times bound to have not looked for acceptance without anyone else. Their outcomes drove them to the conclusion that self-concealment might be hurtful in that it lessens the probability of recuperation by deterring individuals from getting support and accepting oneself.

This study is supported by the findings by Neff (2013) who reported that adolescent's support from the various sources available would lead to an improved evaluation of the sense of self. In his study on college students for example, he found that students with good social experiences and support tend to have higher scores on the unconditional self acceptance measures. This study has been able to establish that effective support from those that surround adolescents was significantly correlated with their outcome in psychological evaluation among students considering their self acceptance. A cross-sectional study by the same scholar, found that students with higher levels of social support were better adjusted to both behaviuoral and academic performance in their day to day activities.

Further, previous researches have established significant and positive relationships between social support, self acceptance and psychological wellbeing (Aris, Yasin, and Dzulkifli, 2011). For instance, individuals with more noteworthy social support are more unlikely to experience the ill effects of different psychological challenges or to display self criticism, burdensome, or on edge (Sherbourne and Hays, 1990) indications. Social support appeared to be related with an assortment of ideal physical wellbeing e.g self-image, including lower probability of sickness, upgraded recuperation when ailment happens, and decreased danger of grimness and mortality (Aris, Yasin, and Dzulkifli, 2011).

Hypothesis Three

The hypothesis statedthat there will be no significant main effect of gender on self-acceptance among in-school adolescents with negative body image. The results showed that there is no significant main effect of gender in fostering self-acceptance among in-school adolescents with negative body image. This implies that there is no critical difference in the mean scores of both the male and female participants when contrasted. Consequently, hypothesis three was acknowledged. This finding however is inconsistent with the findings of Leary, Tate, Adams, Allen and Hancock (2007) in a study which investigated whether self-acceptance has any significant relationship with gender differences. Participants included 235 girls and 220 boys aged 12 to 17, participants completed the demographic survey and abstracted beliefs about self-

acceptance. The findings indicated that, gender differences in self-acceptance were detected where girls had greater mean scores than their male counterparts. Moving further, young men and young ladies contrasted as far as body image and self-character (and upon the interrelation between them) in the two genders with young ladies showing more elevated amount of this preferred standpoint than young men in the study. An extra outcome from the study is that young ladies are additionally determined to have larger amount of want to look for acceptance than their male partners.

Likewise, this finding negates Martin (2005) who carried out a study involving 498 students and found that gender was fundamentally connected with self-acceptance. The outcome additionally found that the conscious and oblivious presumptions about body usefulness have diverse impacts on self-acceptance. The focal point of the study was on stylish characteristics of the body to the burden of those usefulThis component creates a low dimension of body esteem and disappointment among the males and females; it is related with discouragement, low self-esteem, body discontent, uneasiness, fixing and evasion practices. Western culture not just place a lot more expensive rate on ladies' physical appeal than on men's, or urges them to assess their social incentive as far as what they look like, yet in addition propagates this societal externalization by continuous social scrutiny. This gendered social setting shapes among ladies a self-basic introduction toward their physical appearance that is shown in certain competitive belief related with negative body esteem. Ladies are more probable than men to take part in upward social competitions, perceiving other same-sex as being increasingly alluring, having preferred physical characteristics over theirs.

In a similar manner, Tayo (2016)in a study on rural dwellers revealed that societal beliefs and family exigencies are two main factors that affect self acceptance among male and female adolescents. The study involved 386 male and female adolescents who still goes to school. The family support and societal ethics both have positive correlations with self-acceptance of adolescents. Also, the adolescents'beliefs about their self depend greatly on the feedback from those in their immediate environment. The comment about their outlook influences what they think about themselves. In support of this result, Fuadh (2014) deduced from his study that female adolescents portray the highest need for the achievement of body acceptance by themselves and even others in their environment.

Thisresult invalidates the findings of Martin (2005) coordinated a study male gender attains the highest mean scores on the table of vulnerabilityto media output which has a significant effect on their self acceptance standard.

Hypothesis Four

The finding from the fourth hypothesis demonstrated that there will be no critical interaction impact of treatment and social support on self-acceptance among in-school adolescents with negative body image. From the findings, it showed that there is no critical interaction impact of treatment and social support on self-acceptance among in-school adolescents with negative body image. This implies that there is no critical interaction impact of treatment and social support on self-acceptance among in-school adolescents with negative body image. Thus, hypothesis four was acknowledged. This confirms the eventual outcomes of a meta-analysis by (Apsche, Bass and DiMeo, (2010) in their study where they found that notwithstanding this eccentric masses (i.e., adolescents), distinctive conditions that are consistently considered as difficult to-treat further had feasible outcomes diverged from standard CBT approaches. These include commanding narcissistic, antisocial and psychopathic adolescents including negative body image. MDT is in like manner functional in a family setting. In reality, involving the family in the MDT treatment process has been found valuable to improve joint exertion, socialization and posibility of changes. MDT has been administered in outpatient and institutional settings.

Further, Gregor and Tony (2012) attempted a research on the conjectures that Cognitive restructuring and CT would be basically effective in the treatment of psychological adjustment. The study again predicted that the self-acceptance, emotional intelligence and certain kinds of social associations would differentially interact to envision modification, since positive and negative effects of the two variables have been noted in previous research. Trained researchers interviewed (156) individuals who are currently inpatients or otherwise thought for psychological injuries and administered measures of self-acceptance, social support and psychosocial hindrance. Individuals who uncovered a sharp attention to other's desires for the welfare of another reported more pity and impedance. Individuals reporting progressively raised measures of support

facilitating social integration and reassuring individual worth were less debilitated. At a significance of 0.05, the two treatments (Cognitive restructuring and CT) were found to be incredible while Coherence Therapy was found to be increasingly intense.

In another study, CT has been successful as a system used in different components of treatment both as a preventive and interceptive therapy regarding hostility, sexual offense and self-ruinous practices. CT further shows efficacy in use with underserved samples. In a case of 87 adolescents, it develops sensibility which is critical to respond to certain socially bound models unavoidable with uncommon gatherings. CT has gigantically helped the perceived adolescents and the relatives with becoming consistent and increasingly valuable in the open eye. The meta-analysis of CT demonstrated basic updates for adolescents who got its treatment. The meta-analysis affirmed that CT is a potent evidence based methodology for pre-grown-up (adolescents) ages 14-18 (Bernard, 2011).

Hypothesis Five

The hypothesis stated that there will be no significant interaction impact of treatment and gender on self-acceptance among in-school adolescents with negative body image. The outcomes demonstrated that there is no critical interaction impact of treatment and gender on self-acceptance among in-school adolescents with negative body image ($F2, 68 = 0.874$, $p > 0.05$, $\eta 2 = 0.025$). This implies there is no noteworthy interaction impact of treatment and gender on self-acceptance among in-school adolescents with negative body image. Thus, hypothesis five was acknowledged. In agreement with this finding, Apsche, Bass, Jennings, Murphy, Hunter and Siv (2005) examined the potency of MDT, CBT and SST for adolescent folks in private treatment for behaviour disorder, direct dissipates, personality dysfunctions and recorded issues with physical and sexual hostility. The study indicated that MDT was the main treatment of the three that on a very basic level diminished sexual threatening vibe for these individuals.

In contrast to this finding, Adeoye (1999) treated one hundred and twenty female adolescents from a divorced home. The programmeme include: cognitive restructuring and Coherence Therapy in enhancing self-esteem of these adolescents. The study

outcome showed that the self-esteem of the adolescents was enhanced. And that coherence therapy was superior to cognitive restructuring among the female adolescents. Rooney (2003) examined effectiveness of coherence therapy training on the psychological wellness of Roman Catholic seminarian in United Kingdom. The study involved 120 seminarians in a major seminary. The data generated was subjected to analysis of variance. The result shows that there was significant effect of coherence therapy on the psychological well-being of the participants.

This supports Poudevigne, O'Connor and Laing (2013) who examined the impact of gender and gender attitudes toward self-acceptance using a sample of 1,520 adolescents; they found that an enunciated sexual dimorphism joined by increasing dissimilar psychosocial experiences prompts gender differences in the auras towards the body, self-character and individual associations. In the research, self-acceptance subsumed under the general thought of self-image.All things considered, results of internalizing the opinions of basic others (family, sidekicks, media) regarding the characteristics and works on fitting for each gender within the innately determined physiological breaking points of the individual. Standard gender employments link femininity with greatness and the longing for an alluring appearance while masculinity is related with power, control and power the male body being seen as an approach to act sufficiently when in the environment (Wilson, Modlesky, and Lewis, 2003).

Hypothesis Six

The hypothesis stated that there will be no huge interaction effect of social support and gender on self-acceptance among in-school adolescents with negative body image. The outcomes from Table 4.3 demonstrated that there is noteworthy interaction impact of social support and gender on self-acceptance among in-school adolescents with negative body image.The hypothesis is in this way not acknowledged. This suggests the interaction of the social-support level (LSS, MSS and HSS) and gender (male and female adolescents) have significant interaction impact in fostering self-acceptance among in-school adolescents with negative body image. This infers that the interaction of the gender (Male and Female) and social support (low, moderate and high) have significant interaction impact in fostering self-acceptance among members.

In consonance with this finding, the potential effect of social support is shown in a couple of recent studies. For instance, Marshall (2015) and Maroko, Nyamugoro and Gathoni (2015) recognized that adolescents with low social support experience lower psychological prosperity and acceptance than those with higher social support, self-capacity was represented to moderate the link between social support and emotional wellbeing in a broad case of Australian ninth and tenth graders. The slight negative association between social support and self-concept in any case exhibited that the scores in self- concept were increasing as the scores of social supports increased. This recommends students who had a high social support had an incredible (positive) self-concept.

In another study, Bolger and Amarel (2007) with 284 individuals consisting of 52% females and 48% males examined the interaction between social support and self acceptance. The participants were made to fill the research instruments in their various classes. The participants finished four reviews and gave measurement information on their age, sex and nationality. Incitement, satisfaction and benevolence were basic indicators of the perceived support, regardless of the fact that there was no connection among universalism and perceived support. Those high on the inadequate estimations of custom, security, power and compliance saw less support. Tradition, security and compliance were all negatively related with perceived support yet there was no immense association among power and perceived support. Using self-concept as the foundation variable and values and perceived support as the indicators, it was then shown that perceived support influences self-concept, while the prompt effect of the esteem estimation on self- perceived is non-colossal.

Hypothesis Seven

The hypothesis stated that there will be no significant three-way interaction impact of treatment, social support and gender on self-acceptance among in-school adolescents with negative body image. The outcomes demonstrated that there is no critical interaction impact of treatments, gender and social support on self-acceptance among in-school adolescents with negative body image.The hypothesis is consequently acknowledged. This suggests the interaction of the treatments (MDT and CP), Social

support (low SS, moderate SS and high SS adolescents) and gender (male and female) have no significant impact in fostering self-acceptance among in-school adolescents with negative body image. Thus, the null hypothesis seven was acknowledged. The suggestion is that the interaction of the treatment (CT and MDT), gender (Male and Female) and social support (low, moderate and high) have no critical interaction impact in fostering self-acceptance among participating members.

This is in contrast with the study of Kassebaum (2003) reporting a study designed to evaluate the effect of coherence therapy in enhancing the psychological well-being of seminarians in a Christian seminary in Pretoria. Subjects included on-campus students taking core courses at one Christian seminary during the spring term of the 2000-2002 school years. Eighty-six of the one hundred and fifty three students in these class participated in the study. The results of the study show the significant mean effect of the independent variable on the dependent variable.

Another study coordinated by Parkinson, Tove'e and Cohen-Tove'e (2012) attested that progressively energetic adolescents needed adolescents greater body than their present shape and increasingly prepared older adolescents needed a less greasy shape than their obvious bigger body shape. These investigations indicated that as young fellows get increasingly prepared and move closer to youth, the adolescents become logically mindful of the socio-environmental ideal for folks and try a mesomorphic body type (McCabe and Riccardelli, 2005). McCabe and Riccardelli (2005) and McCabe, Riccardelli, and Finemore (2002) further found that unusual state of self unacceptance among young fellows lead to attempt and part between wanting to get progressively fit and wanting to gain weight. This energetic age ignores one indispensable thought – comparatively as two individuals don't have a comparative finger prints, they are not intended to have a comparable body type either. Adolescents are too busy pleasing others and dependably worry over what others are thinking about them rather than worry over school. Everybody is interesting alone and they should respect that reality without having to encounter extraordinary struggle to alter the way in which they look.

Labre (2002) reported that poor image is influenced by gender socialization and social greatness desire, adherence to standard, gender occupations, ethnicity, calling, etc. Nevertheless, the absence of self-acceptance was seen during the latest two decades

among the men. Some of them should be thinner (to discard the abdominal fat explicitly), while others wish for an increased mass, using the protein upgrades, steroids and bodybuilding. Experts believe that men race after an improved musculature does not reflect a genuine stress for how the body looks, yet for how it works. A particularly made mass increases the perception that a man is dominant and forceful, which are imperative characteristics of masculinity (McCabe, Riccardelli, and Finemore, 2002).

In consonance with this finding, the potential impact of social support is shown in a couple starting late scattered examinations. For instance, Marshall (2015) recognizing that adolescents with low social support experience lower psychological success and acceptance than those with higher social support, self-limit was spoken to moderate the link between social support and emotional wellbeing in a sweeping instance of Australian ninth and tenth graders. Those adolescents with higher social support showed a flimsier association between self-esteem and emotional thriving in this longitudinal study. Maroko, Nyamugoro and Gathoni (2015), coordinated a research on relationship between social support and self-thought among students underscore the relationship between social support and self-thought. The fragile negative relationship between social support and self-thought for any situation demonstrated that the scores in self concept were increasing as the scores of social supports increased. This prescribes students who had a high social support had an incredible (positive) self-thought.

In another study, Bolger and Amarel (2007), incitement, fulfillment and thought were essential indicators of seen support, disregarding the route that there was no connection among universalism and support intuition. Those high on the 'inadequacy estimations' of custom, security, power and congruity saw less support. Custom, security and congruity were all negatively contrasted and social support yet there was no huge relationship among capacity and social support. Using self-esteem as the foundation variable and characteristics and believed support to be the indicators, it was then shown that apparent support influences self-esteem, while the brief impact of the esteem estimation on self-esteem is non-gigantic, suggesting at any rate incomplete intervention.

5.2 Conclusion

The study investigated the effectiveness of MDT and CT in fostering self-acceptance among in-school adolescents with negative body image in Osun state,

Nigeria. Social support and Gender were considered as moderating variables. To this effect, the participants were taken through the training sessions; data were gathered and analyzed with the use of appropriate statistical techniques. It was discovered from the findings that there is significant main effect of treatments in fostering self-acceptance among in-school adolescents with negative body image.This implies that MDT and CT are effective in fostering self-acceptance among in-school adolescents with negative body image.As shown from the findings, CT had a greater potency and was therefore more effective than MDT in fostering self-acceptance among in-school adolescents. The present study offered preliminary evidences which showed that gender does not significantly predicts self-acceptance among the participants while on the other hand, social support (High, Moderate and Low) showed positive and significant effect on self-acceptance among in-school adolescents. This invariably signifies that social support is one of the variables that determine self-acceptance the participants that recorded a High Social Support benefited most in the therapeutic intervention.

Based on the findings of this study, it was concluded that, the two interventions used in the study had shown relevance and sufficiency in the fostering of self-acceptance among in-school adolescents with negative body image in Osun state, Nigeria and there is the need for the full integration of psychological counselling service in all schools. Finally, there are more adolescents in the world presently than ever; these adolescents undergo reevaluation of who they are, they become very sensitive and are worried about their self-image and the occurring changes. The lack of self-acceptance causes them to make painful comparisons about their selves and peer groups and against societal standards, if the outcome of the comparison seems unfavorable to them, they become rebellious to parents, family members and the society. There is then the need for creating unprecedented potential for social, political and economic advancement.

5.3 Implications of the Findings

This study has vast policy implications for the secondary school adolescents, Parents/guardian, government agencies, stakeholders in education, and other stakeholders

on adolescent matters among others as well as researchers. The study has proven clearly that MDT and CT were effective in fostering self-acceptance among in-school adolescents with negative body image in Osun state, Nigeria. Also, the study has confirmed and shed more light on the challenges of self-acceptance among adolescents and has also assisted in the provision of psychotherapeutic interventions and approaches towards finding a long-lasting solution to the problem of lack of self-acceptance. The current study also provides empirical backing for the hypothesised relationship between the moderating variables (social support and gender) and self-acceptance among in-school adolescents with negative body image in Osun state, Nigeria.

To the direct beneficiaries of this intervention programmeme, this study has exposed the adolescents to psychological principles and methods which have helped them enhance their self-acceptance. Also, positive behavioural as well as attitudinal change is expected which will facilitate adjustment in the lives of the adolescents. The results of this study found evidence that a large proportion of the variance in fostering self-acceptance can be explained by individual adolescent's ability to integrate acquired skills into everyday life.

The study has great implications for counselling and developmental psychologists as it will help to appraise the effectiveness of these therapies and make use of these therapeutic modules in fostering self-acceptance among adolescents. It is believed that these interventions have the potential to generate, sustain and improve confidence among adolescents thereby eradicating and reducing negative thoughts which cause lack of self-acceptance. The professionals should enable the adolescents develop confidence in themselves, belief in their ability to succeed, develop positive attitude towards themselves, reduce their anxiety and improve on their self-acceptance.

Consistently, the study highlighted the need for the parents/guardians, educational/school managers, teachers and other stakeholders in the society to be aware of the issues of self-acceptance among students generally most especially the adolescents and the negative effects. The present study has implied that gender as a variable was not significantly associated with self-acceptance. Both male and female adolescents responded simultaneously to psychological interventions which were effective in fostering acceptance. Similarly, social support showed positive and significant interaction

with self-acceptance. This further implies that the parents, teachers and the peers need to show support to the in-school adolescents with low self-acceptance.

5.4 Recommendations

Based on the findings of this study, the following recommendations are highlighted for considerations:

- Many students are experiencing and have experienced low self-acceptance in the past, this have led them to continually expressing anxiety, get low grades in school, feeling bad about themselves. In-school adolescents should therefore make use of the skills learnt during the course of this intervention programmeme.
- Since MDT and CT were effective in fostering self-acceptance among in-school adolescents with negative body image, it is recommended that concerted efforts should be intensified by developmental psychologists, school counsellors and other related professionals to adopt these therapies when handling issues related to self-acceptance.
- The family, society and significant others should take time to appreciate and understand the psychological and developmental challenges faced and experienced by the adolescents so as to device appropriate measures to help them overcome their challenges and adjust well to their normal life.
- Standard counselling units should be put in place to help guide students to self-rediscover their potentials, abilities and capabilities to also improve their future attainment. The counselling units should be set up across all secondary schools which will engage the service of professional counselling/educational psychologist that will be saddled with the responsibility of applying psychological techniques in solving the myriad of issues that adolescents are confronted with in schools.

5.5 Contributions to the Knowledge

This study has made significant contributions to knowledge in a number of ways:

- It has established the effectiveness of MDT and CT in fostering self-acceptance among in-school adolescents. The treatment packages used in the study have also demonstrated better understanding of the concept of self-acceptance in a wider scope.
- It brought more awareness to school managers, parents, NGO's and important others in the society that self-acceptance is a growing challenge and can be fostered so as to enhance motivation and all-round development among adolescents.
- The study has also filled a gap in research by bridging the gap between theory and practice. Previous studies especially indigenous studies tend to be more speculative and theoretical on the problem of self-acceptance and have done more of surveys. Previous studies have developed interventions to improve body image and obesitywhile this particular study has applied interventions in fostering self-acceptance.
- The study has revealed the complex nature of secondary school adolescents with low self-acceptance, their fear, frustration and state of helplessness and the need for the parents, teachers, schools and government to make available functional counselling services as a means of coming to the aid of these students so that their developmental needs are met.
- It has established the relevance of skillful administration of psychological intervention in the fostering of self-acceptance among in-school adolescents and the need for the full integration of psychological counselling service into the school system for effective behavioural modification of among students.
- The findings in this study served as a source of reference for other researchers who may want to conduct the same or similar study in other parts of the country. It has also provided empirical data to assist developmental psychologists, and other stakeholders in the educational sector. However, the study filled the gaps in the previous study and added more to the extant literatures.

5.6 Limitations to the Study

The study encountered some limitations despite all efforts to make the work a fault free one, therefore the limitations are that; This study investigated the effectiveness of MDT and CT in fostering self-acceptance among in-school adolescents with negative body image in Osun state, Nigeria.

A limited number of eighty-four (84) students may not be enough to make generalizations on the population of the study. This limited number of participants was used due to administrative, logistics, time and other constraints to achieve the objectives of the study. A larger number could have achieved a better result. However, this limitation has not in any way affected the quality of thefindings of this study.

Also, area of delineation is another limitation of this present study, the reason being that only three schools (one from each senatorial district) in Osun State were selected. The researcher was unable to cover other local governments, which could have widened the scope of the study. The result of this finding may not likely be generalized fully to other similar populations

Due to the nature of the study being a quasi-experimental study, only secondary school adolescents whose ages range between (10-15 years) were included. Similarly, the moderating variables considered in the present study include social support and gender, leaving out other organic and environmental variables such as parental background, culture, self-compassion, socioeconomic status and peer influence which could affect the treatment. However, these limitations are not enough to rub the research of its quality and validity.

5.7 Suggestions for Further Research

This study investigated the effectiveness of MDT and CT in fostering self-acceptance among in-school adolescents with negative body image in Osun state, Nigeria. In view of this, the researcher would welcome the replication of this study elsewhere. This may help validate and establish the outcome of this study further.

This study was limited to three senatorial districts in Osun state, the researcher therefore suggests a further expansion of the scope to include larger samples from other geo-political zones of Nigeria considering different categories of students (older adolescents) as this will no doubt broaden the generalizations of this study.

A similar study could also be conducted over a longer period of time to give students more time to internalize and process the cognitive restructuring exercises. A longitudinal study could be conducted to examine the continuing effects of the more psychosocial variables such as peer influence, parental socio-economic status, self-esteem, social media and cultural beliefs, as moderating variables.

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APPENDIX 1

TREATMENT PACKAGES

EXPERIMENTAL GROUP 1: (MODE DEACTIVATION THERAPY FOR FOSTERING SELF-ACCEPTANCE AMONG IN-SCHOOL ADOLESCENTS)

Session 1

Topic: General Introduction and Administration of Instrument to obtain Pre-test Scores

The purpose of this session is to administer the Unconditional Self-Acceptance Scale, as well as social support scale so as to determine the present situational level of the participants.

Activity

- The researcher warmly welcomes the participants into the programmeme. Participants were informed that they will be having eight (8) sessions of Forty-five (45) minutes each for a period of eight weeks.
- The researcher explained the rationale of the programmeme and the benefit derivable when the programmeme would have ended.
- The researcher also explained the rules guiding the conduct of the programmeme and what is expected of the participants.
- The researcher administered the pre-test instruments to the participants.
- The participants were given a take home assignment to identify different factors that affects an individual's view about self.

Closing Remarks:

- The participants were commended for their cooperation and be encouraged to attempt their homework.
- Participants were reminded of the time and venue for the next session.

Session 2

Topic: The Meaning of Body Image, Negative Body Image and Self-acceptance

Objective: By the end of the session, the participants should be able to:

- Conceptualize **Negative Body Image**
- Understand and explain the meaning of **Self-acceptance**

Activity

- The participants were welcomed warmly.
- The researcher also reviewed the assignment with the participants.
- The researcher explained the meaning of **Body Image** to the participants as thus:

Body image is a multidimensional, subjective and dynamic concept that encompasses a person's perceptions, thoughts, and feelings about his or her body. Body image is a person's mental opinion or description of his or her own physical appearance. It also involves the reactions of others toward that person's physical body based on what is perceived by that person.

Negative Body image: refers to an individual's subjective evaluations and affective experiences regarding their physical attributes. When you have a negative body image, the inner critic debilitates you if you are not up to standard, hassles you about your flaws and continually checks on and threatens you with rejection if you are not aligned with the social norms.

The NegativeBody image has three components:

a) physiological component, or the brain's ability to detect weight, shape, size, and form as below the appropriate standard

b) the conceptual component, including formation of a mental picture of one's body in a way far different and inadequate; and

c) the emotional element, or negative perception and feelings about one's body, shape, and size.

The researcher also explains the meaning of **Self-acceptance** to the participants as thus:Self-acceptance has been defined as an affirmation or acceptance of self in spite of weaknesses or deficiencies. However, the self is wholistic including one's characteristic traits, memories, thoughts, feelings, sensations, and behaviours.

The three components of self:

(a) *self-knowledge* (self-awareness, self-concept, self-esteem, and self-deception),

(b) *social-self* (relationships with others, social roles, group membership), and

(c) *agent self/executive function* (decision making, self-management).

The opposite of acceptance are those toxic voices of blame, doubt, regret, judgement and shame, which are manufactured by an individual's inner critic. They take a heavy toll on one's mental health.

- As a take home assignment, participants were asked to differentiate between

Negative Body Image and **Self-acceptance**.

Closing Remarks:

- The researcher commended the participants for their cooperation.
- The participants were reminded to do their homework
- Participants were also informed of the time and venue for the next session.

Session 3

Topic: Low Self-acceptance, Causes and Effects on the Adolescent's Wellbeing

Objective: By the end of the session, the participants should be able to:

- Explain the meaning of Low Self-acceptance and its side effects on the Adolescent's Wellbeing
- Explain the causes of Low Self-acceptance and practices to improve self-acceptance

Activity

- The participants are welcomed warmly
- The researcher reviewed the assignment with the participants
- The researcher then explain Lack of Self-acceptance as follows:

Having said that Self-acceptance is a major hallmark of well-being, and that it is a process of seeing and embracing unconditionally who you are regardless of your flaws and mistakes.

Practices to Improve on Self-Acceptance

1. **Noticing:** The very act of noticing is an act of accepting. You want to zoom in. It will counter the defensive tendency to zoom out and deny our 'ugly' parts or project them onto others. To zoom in takes courage. The defensive self doesn't

like to see the flaws, the 'bad' feelings, such as fear, sadness, anger and shame, or the prejudices and stereotypes.

2. **Embracing:** This is a more active attitude. You choose 'yes' rather than 'no'. You are spending just another moment with what you notice instead of quickly avoiding or resisting it. This refers particularly to unpleasant body sensations. You want to stay with them, to allow space for them. As you do so, you make yourself greater than the experiences you embrace. You relate with empathy in the same way as a mother who just holds her crying baby.
3. **Understanding:** This is the opposite of judging. We make sense of behaviours or emotions and normalise them. We don't condone them. For example, do not take it too seriously, do not misbehave when your colleagues call you names.
4. **Sharing:** Your inner critic gets its power from the threat that if your flaws are exposed, you will lose love. The act of sharing is how you debunk this tightly held belief. You defuse the power of that threat. You then discover that people treat you pretty much as you would have treated them—with understanding and compassion, even a smile implying 'we know what you are talking about'.
5. **Laughing:** Self-deprecating humour is a powerful way to humble and tease that self. You hold the stories so lightly that they can easily fly out of your mind. You discover enough material for your own stand-up comedy. Self-deprecating humour can be regarded as a lighter version of exorcism.
6. **Accepting others:** How we relate to others is often a mirror image of how we relate to self. If relating to self seems too abstract, this is a simpler way to start. Accept your family members as they are by seeing, embracing and understanding them. They will sense it. Ask them about how well they feel accepted by you, and let them give you feedback.

- The researcher asks the participants to identify some negative events they experienced in recent times as regards their thought pattern, feelings, attitudes and wishes that surrounds their body image.
- Assignment: The researcher asks the participants to explain the negative effects of low self-acceptance and the solutions.

Closing Remarks:

- The researcher commends the participants for their time and effort.
- The participants were reminded to do their homework
- The participants were reminded of the time and venue for the next session.

Session 4

Topic: This session introduces **Mode Deactivation Therapy**

Objective: By the end of the session, the participants should be able to show the understanding of the tenets of **Mode Deactivation Therapy**.

Activity

- The participants were warmly welcomed.
- Researcher reviewed the assignment with the participants.
- The researcher explains the Mode **Deactivation Therapy**

Mode deactivation therapy (**MDT**) is a psychotherapeutic approach suggesting that people learn from unconscious experiential components and cognitive structural processing components. Therefore, to change behaviour of individuals there must be a restructuring of the experiential components and a corresponding cognitive restructuring of the structural components.

The researcher reiterates that how people feel and behave are largely determined by their thought processes or cognitions, which may make us vulnerable to psychological distress.

Assignment

1. Describe any of the instances or a situation that has eventually made you to give a wrong interpretation about yourself and has affected your sense of self-acceptance.

Closing remarks:

- The researcher will commend the participants for their cooperation.
- Participants will be reminded to do their homework
- They will also be intimated with the time and venue for the next session

Session 5

Topic: Components of **Mode Deactivation Therapy** (the concept of mode, mode activation, and mode deactivation).

Objectives: By the end of this session:

- Participants were expected to identify Components of **Mode Deactivation Therapy.**

Activity

- The participants were warmly welcomed.
- Researcher reviews the assignment with the participants.
- The researcher created imaginary sensation producing situations which can cause individuals to talk down on their sense of self, or that has led to low self-acceptance.
- The researcher thereafter teaches the following concepts.

I) the concept of Modes

Modes provide the content of the mind, which is reflected in how the person conducts their perspectives. The modes consist of the schemas (beliefs) that contain the specific memories, the system on solving specific problems, and the experiences that produce memories that the adolescents have suffered, images and language that forms perspectives (the body image in this case).

II) Mode Activation: Modes are important to the typology we serve in that they are particularly sensitive to danger and fear, serving to charge the modes. The understanding of conscious and unconscious fears being charged and activating the mode system explains the level of emotional dysregulation, feelings of worthlessness and impulse control of the typology of youngsters that we treat (i.e. these adolescents with negative body image) hence, the activation.

III) Mode De-Activation: There are four areas where a mode can be deactivated prior to an aggressive act or other forms of emotional dysregulation: orienting schema, perception or interpretation of the fear to danger activation, physiological system, and avoids. The mode deactivation system takes into account the reactive type of dysregulation, which includes parasuicidal acts, as well as low self-acceptance.

- **Step 8:** Both researcher and participants collaborated to identify basic negative cognitive messages about themselves as a result of worries, self-blames that has warranted low self-acceptance. The researcher therefore encourages them to always assume responsibility and face the life reality squarely.

- **Assignment**
- Participants were given a take home assignment to write-out ten (10) sensational statements and illogical thoughts that could lead to Self-acceptance.

Closing remarks:

- The researcher commends the participants for their cooperation so far.
- They were also reminded of the time and venue for the next session.

Session 6

Topic: Case conceptualization as the core component of Mode Deactivation Therapy.

Objective: By the end of the session, the participants should be able to:

- identify and describe in series, the elements of **Mode Deactivation Processes**

Activity

- Participants were warmly welcomed by the researcher.
- The researcher reviews the assignment with the participants
- The researcher starts with Case conceptualization as a core component

The Case Conceptualization is a schematic representation of modes combined with interpretation of the applied methodology. The Case Conceptualization also provides a methodology to address the reactive adolescent emotional dysregulation (worries, fears, self-worth) which determines self-acceptance. The case provides the structure of the Conglomerate of Beliefs to address the dysregulation by balancing the beliefs.

The Conglomerate of Beliefs identifies behaviours that correlate with beliefs and the structure to work with the adolescents. This provides a method to relate the emotional dysregulation to the beliefs. The goal is to teach the youngster to balance beliefs by

recognizing that they activate the emotional and behavioural dysregulation. i.e. they are the architect of their level of acceptance.

- The researcher conceptualizes the following:

Fears: The key to the youngster is by identifying the fears endorsed as occurring always and/or almost always. Prioritize the fears in order of the hierarchy. You might hypothesize that this youngster is difficult to manage; he most likely has a well-learned set of avoidance behaviours to compensate for his underlying fears. **(The researcher asks the adolescents to state their fears, e.g. been teased, being abused etc.).**

Avoids: The next step is to identify what the adolescents will avoid for each identified fear. Avoids are the functional alternatives to the fears. For example, if you fear elevators you avoid elevators. And, if you fear trusting people, you avoid disclosing relationships and/or intimacy. Think in terms of non-functional alternatives. **(The researcher asks the adolescents about what they do to avoid their fears).**

Validation–clarification–redirection

The validation–clarification–redirection (VCR) of the functional alternative belief is what separates MDT from other CBT-based approaches. In validation, the therapist explores the grain of truth in the client's perceptions or beliefs and views them as reasonable responses given his or her life experiences. In clarification, the content of the client's responses is elucidated while awareness and acceptance are encouraged (the truth about your image). In redirection, the therapist moves the client towards accepting a functional alternative belief through commitment and motivation to work towards positive alternatives that are more supportive of his or her life goals and aspirations.

Assignment

- As a take home assignment, participants were asked to identify particular areas of their life where their self-acceptance is affected.

Closing remarks:

- The researcher commends the participants for their cooperation.
- Participants were reminded to do their homework
- They were reminded of the time and venue for the next session.

Session 7:

Topic: Self-Instruction and Motivation

Objectives: By the end of this session the following should be attained:

- The participants should be able to understand the importance of self-instruction and motivation
- By the end of these sessions' participants are expected to become more confident in them by instructing themselves with words like, "I can be the best, in fact I am the best".

Activity

- The participants were appreciated for coming and the homework was reviewed by the researcher.

The researcher explained that there are two major classes of self-instruction phase processes: self-judgment and self-reaction.

Self-reaction: refers to comparison of self-observed performances against some standards, such as one's prior performance, another person's performance, or an absolute standard of performance and abilities.

Self-judgment: has to do with the need for the students to have a positive attitude toward the self-acceptance his/her good and bad qualities; feels positive about past life.

The researcher will encourage participants with motivating statements as they solved their self-acceptance challenge and the need to improve their weakened self-identity. To make the unconscious conscious or increase client awareness, develop greater ego-control or self-control over unhealthy or maladaptive impulses, dispose of maladaptive or unhealthy internalized objects and replace them with more adaptive internalized objects, repair self-defects through mirroring, presenting a potentially idealized object, and expressing empathy during daily life activities.

The researcher assists the participants to confront their irrational thoughts and speech with positive thinking. This is because positive thinking is an expression of hope concerning future events.

➢ The researcher reinforces participants' positive qualities and successes, as well as positive cognitive messages to reduce fear of failure and to build a sense of self with a view to facilitate the growth of their self-confidence and self-acceptance so that they can repeatedly substitute the old mind frame with the new to gain acceptance.

➢ The researcher also encourages the participants to participate in social activities that will improve their interpersonal skills among their colleagues.

Assignment

- Participants were given home work to develop themselves with self-instructional statements and motivation.

Closing remarks

- The researcher commends the participants for their cooperation.
- The participants were reminded to attempt their homework.
- Participants were also informed of the time and venue for the next session.

Session 8

Topic: Overall review, Post-Experiment Test Administration and Conclusion.

Objectives: By the end of the session, the participants should be able to:

- Summarize their experience based on what they have benefited from the various skills they have learnt since the commencement of the programmeme.
- Respond to the post-test instruments.

Activity

- The participants were warmly welcomed and the home work reviewed together with the researcher.

➢ There was an interactive session between the researcher and the participants to ascertain the effect of the therapeutic sessions. Activities of the previous sessions will be role-played to be sure they have attained positive experience via the intervention.

- The participants were given the post-test instruments. The researcher thanked the participants for their co-operation and in appreciation of their participation in the training programmeme.

Closing Remarks

- The participants will be encouraged to utilize effectively the skills acquired during the intervention programmeme.

Experimental Group 2: (Coherence Psychotherapy)

1st Session: General orientation and administration of the instrument to obtain pre-test scores.

2nd Session: Discussion of the meaning of body image and self-acceptance.

3rd Session: Explanations of negative body image, low self-acceptance and their implications on the adolescent's wellbeing.

4th Session: Introduction of Coherence Psychotherapy and its principles

5th Session: Training in the components of Coherence Psychotherapy (symptoms coherence) in fostering Self-acceptance.

6th Session: Explanations of Hierarchical organization of constructs as related to self-acceptance among school-going adolescents.

7th Session: Teaching of the necessary skills for the improvement of self-acceptance among adolescents; and Evaluation of the treatment

8th Session: The session will witness the summary of Coherence Psychotherapy, role-play, rehearsal, administration and collection of post-test scores, and formal closing of the sessions.

Session I: General orientation and administration of the instrument to obtain pre-test scores.

Topic: General Introduction and Administration of Instrument to obtain Pre-test Scores

Objectives: At the end of this session, participants should be able to;

1. State the training goals and objectives
2. State the relevance of the sessions to their overall psychological wellbeing
3. List their roles in order for them to get the maximum benefit from the sessions
4. Complete the pre-test instruments

Step 1

The researcher assembled all participants together in an interactive session and welcomed them into the group. The researcher introduced himself as Adewuyi Habeeb O., a PhD student from the Department of Guidance and Counselling in the University of Ibadan. The researcher then facilitates an exchange of pleasantries among the group members. Adequate efforts will be made by the researcher to establish rapport with the participants in order to enhance their readiness to participate in the programmeme.

Step 2

The purpose and the blueprint of the programmeme were revealed by the therapist to the group. The benefits derivable from the programmeme were also discussed with the participants. They will be assured that the programmeme would create in them new thinking processes that would improve their sense of self. They were informed that regular attendance to meetings was important as only participants who complete all sessions could benefit fully as proceedings would be cumulative. The need to adhere to all instructions and complete all assignments was emphasized. Participants were encouraged to feel free to ask questions for clarifications. The subsequent meeting date, time and venue was communicated to the participants.

Step3: The pre-test was administered; participants were guided on how to fill the questionnaire and the test was collected immediately.

Step4: **Assignment**

The researcher gave an assignment to the students to write about their selves.

Step5: **Closing Remarks:**

- The researcher commended the participants for their time and effort.
- The participants were reminded to do their homework
- The participants were also reminded of the time and venue for the next session.

Session II: This session focuses on **The Meaning of Body Image and Self-acceptance**.

Procedure:

Step 1: Participants and the researcher met at the appointed time and venue.

Step 2: Researcher received the participants warmly, and establishes good rapport.

Step 3: Researcher reviewed last session's take home assignment with the participants.

Step 4: The researcher explained the **Meaning of Body Image and Self-acceptance**.

Body image is a multidimensional, subjective and dynamic concept that encompasses a person's perceptions, thoughts, and feelings about his or her body. Body image is a person's mental opinion or description of his or her own physical appearance. It also involves the reactions of others toward that person's physical body based on what is perceived by that person. The concept of body image slowly develops over time, generally beginning in infancy.

Also, Body image refers to an individual's evaluations and affective experiences regarding their physical attributes. Body image has three components:

a) physiological component, or the brain's ability to detect weight, shape, size, and form;

b) the conceptual component, including formation of a mental picture of one's body; and

c) the emotional element, or perceived feelings about one's body, shape, and size.

The self has been described as a theory of our existence, an abstraction of which we are (Popper and Eccles, 2011). The issue of whether there is any benefit or disadvantage to the human tendency to provide an overall evaluation of the complex, ever-changing self on a good-bad continuum is widely discussed in the self-acceptance literature.

- On the other hand, "Acceptance" is an equally challenging construct to define. Williams and Lynn (2010) have illuminated five different ways that acceptance has been described over the millennia:

(a) *nonattachment*—accepting that objects of experience wax and wane, and that to allow them to come and go naturally is preferable to any attempts to control or retain them;

(b) *non-avoidance* —refraining from pointless running away when no physical threat is present;

(c) *nonjudgmental* —a conscious abstention from the categorization of experience as good or bad, right or wrong, describing stimuli rather than evaluating stimuli;

(d) *tolerance*—to be able to remain present and aware even when stimuli are frustrating or undesirable; and

(e) *willingness*— exercising a choice to have an experience. Self-acceptance is the process of seeing and embracing oneself unconditionally regardless of one's flaws and mistakes.

Step 5: **Assignment**

- The researcher asks participants to differentiate between **Body Image** and **Self-acceptance**.

Step 6: **Closing Remarks:**

- The researcher commended the participants for their time and effort.
- The participants were reminded to do their homework
- The participants were reminded of the time and venue for the next session.

Session III: In this session, the researcher explains low self-acceptance, its causes and effect.

Topic: Low Self-acceptance, Causes and Effects on the Adolescent's Wellbeing

Procedure:

Step 1: Participants and the researcher met at the appointed venue.

Step 2: Researcher receives the participants warmly, and establishes good rapport.

Step 3: Researcher reviews last session's take home assignment with the participants.

Step 4: The researcher explains to the participants that Self-acceptance is a major hallmark of well-being, and that it is a process of seeing and embracing who you are regardless of your flaws and mistakes. Lack of self-acceptance therefore results to toxic voices of blame, doubt, regret, judgement and shame, which are manufactured by your inner critic. They take a heavy toll on your mental health. This inner critic debilitates you if you are not up to standard, hassles you about your flaws and continually checks on and threatens you with rejection if you are not aligned with the social norms. It makes you feel shame and stops you from being the free and authentic you. Tension is growing in your body until you eventually explode, either by hurting others, hurting yourself or trying to numb the pain. You often can't make sense of why you act this way.

- **The Root cause of Low Self-acceptance**

An individual adolescent would continue to suffer a low self-acceptance if he/she fails to realize the following limits.

- **Limits of power:** You want things to go your way, but they often don't. So, you try to control things—your body, habits, emotions, environment, family members and so on. You often fail at this. Needs and expectations are not met and you feel frustrated. The impact is a build-up of tension in your body. You may view yourself as powerless.

Limits of knowing: Uncertainty provokes anxiety. You try to battle it by enhancing knowledge, by making sense so you can better predict the future. Yet, the more you know, the more you realise how complex life is. You fall into a deeper hole of anxiety. You may perceive yourself as not being smart enough or incompetent.

- **Limits of abilities:** You desire to get it right, even to be perfect. Yet, you are flawed, imperfect; you make mistakes, even embarrass yourself. You start to doubt yourself and feel a sense of failure and of being unworthy of love.
- **Limits of connectedness:** You desire to connect and belong, as this is part of your survival instinct, of what makes you feel supported and safe. We want to matter and to be noticed. Yet, others are preoccupied with their own issues and can't help you with

your private angst; at times, they even add to it. You see yourself as separate, alone and, sometimes, helpless.

- The researcher asked the participants to explain low self-acceptance and causes

Step 5: Closing Remarks:

- The researcher commended the participants for their time and effort.
- The participants were reminded to do their homework
- The participants were reminded of the time and venue for the next session.

Session IV: Here, the researcher introduces **Coherence Psychotherapy and its principles**.

Procedure:

Step 1: Participants and the researcher met at the appointed venue.

Step 2: Researcher receives the participants warmly, and establishes good rapport.

Step 3: Researcher reviews last session's take home assignment with the participants.

Step 4: The researcher explains to the participants that this is an approach to psychotherapy which has come out of the 'brief-therapy' arena, in that it suggests that therapeutic change can occur in a short time frame.

Step 5: Principles of Coherence Therapy

Coherence Therapy is a practical approach to identifying and dissolving the unconscious constructs or "emotional truth" underlying a client's symptoms in just a few sessions. The key to this approach is the use of experiential methods that create everyday awareness of how the symptom is a cogent part of the client's existing, much-needed solution to a specific, passionate dilemma of safety, well-being or justice.

The researcher applies the following principles;

Focus

In Coherence Therapy, the therapist begins by learning what to regard as the "symptom"--the specific, concrete features of experience that disturbs the client.

Discovery

Once you've identified what to regard as the symptom, begin to elicit the full emotional truth of the symptom. Have the client talk *from* the evoked emotional reality requiring the symptom, not *about* it.

Integration

The client's experience of newly surfacing material is still split off from the rest of conscious knowledge. Integrative methods are necessary to develop routine, daily awareness of the previously unrecognized themes, dilemmas and solutions. Basic techniques include:

Overt Statement: Invite the client to speak a discovered emotional truth as a first-person, present-tense assertion to the emotionally relevant person.

Index Card: After the client has experienced the underlying purpose maintaining the symptom, help the client form a succinct, vivid verbalization of that purpose and write these words on an index card for daily reading.

Real-Time Recognition: Coach the client to use symptom's occurrence between sessions as a signal to recognize and feel how the symptom is necessary in the situation.

Transformation

Full integration of the underlying emotional truth of the symptom often spontaneously yields a transformation. This involves prompting clients to juxtapose an old, symptom-requiring construct (now conscious and integrated) with another, incompatible construct that disconfirms and dissolves the old one.

Step 6: Assignment

The researcher asks the student to master the principles of coherence therapy

Step 7: Closing Remarks:

- The researcher commends the participants for their time and effort.

- The participants were reminded to do their homework
- The participants were reminded of the time and venue for the next session.

Session V: The session focuses on the components of **Coherence Psychotherapy**(symptoms coherence).

Procedure:

Step 1: Participants and the researcher meets at the appointed venue.

Step 2: Researcher receives the participants warmly, and establishes good rapport.

Step 3: Researcher reviews last session's take home assignment with the participants.

Step 4: The researcher explains to the participants that in order to change their thinking, clients need to be aware of their thought processes.

Coherence therapy is considered a type of *psychological constructivism*. The aim is for the client to come into direct, emotional experience of the unconscious personal constructs (or complexes or ego-states) which produce an unwanted symptom and to undergo a natural process of revising or dissolving these constructs, thereby eliminating the symptom.

Symptom coherence is defined by Ecker and Hulley as follows:

A person produces a particular symptom because, despite the suffering it entails, the symptom is compellingly necessary to have, according to at least one unconscious, nonverbal, emotionally potent schema or construction of reality.

Each symptom-requiring construction is cogent, sensible, meaningful, well-knit, well-defined schema that was formed adaptively in response to earlier experiences and is still carried and applied in the present.

The person ceases producing the symptom as soon as there no longer exists any construction of reality in which the symptom is necessary to have.

Step 6: Closing Remarks:

- The researcher commends the participants for their time and effort.

- The participants were reminded to do their homework
- The participants were reminded of the time and venue for the next session.

Session VI: at this point the researcher teaches Hierarchical organization of constructs as related to self-acceptance among school-going adolescents.

Procedure:

Step 1: Subjects and the researcher meet at the appointed venue.

Step 2: Researcher receives the participants warmly, and establishes good rapport.

Step 3: Researcher reviews last session's take-home assignment with the participants.

Step 4: The researcher describes the emotional truth as a learning which the person had, often during childhood, and in a distressing context. For example, as an adult, they may experience the symptom of lacking confidence and never being able to speak up when needed to defend themselves. Their emotional truth (as opposed to 'actual' truth) is that they are still of no value as a human being, and that to open their mouth is to invite abuse from others. Symptoms can be generated by this unconscious 'stance' or position as a means of protecting the person from what is believed would happen, were the symptoms not present. Rather than being signs of pathology or deficiencies, such symptoms can be seen as purposeful, meaningful (coherent) and often even smart responses which the unconscious mind creates in response to bad situations- this is not the mind failing to work properly, but is evidence of the mind working very well (which becomes clear once we know what the emotional truth and the pro-symptom position is).

A person's first-order symptoms of thought, mood, or behaviour follow from a second-order construal of the situation, and that second-order construal is powerfully influenced by the person's third- and fourth-order constructions. Hence the third and higher orders constitute what Ecker and Hulley call "the emotional truth of the symptom", which are the meanings and purposes that are intended to be discovered, integrated, and transformed in therapy.

Step 5

Assignment;

The participants were told to visualize the kinds of thoughts and feelings that the identified steps aroused in them for discussion at the next session

Session VII: This session teaches the necessary skills for the improvement of self-acceptance among adolescents as this enable them to think and be positive about themselves and evaluation of the treatment

Procedure:

Step 1: Subjects and the researcher meet at the appointed venue.

Step 2: Researcher receives the participants warmly, and establishes good rapport.

Step 3: Researcher reviews last session's take-home assignment with the participants.

Step 4: The researcher defined cognitive distortion as those thoughts that people tend to have in their information processing which lead them to faulty assumptions and misconceptions that fuel emotional and behavioural problems. These distortions usually operate in our automatic thoughts.

Perceiving Self Adequately: The anxious person sees himself as deficient, inadequate, and unworthy. He tends to attribute his unpleasant experiences to a physical, mental or moral defect in himself. Such individual shows less optimism towards a worthwhile task, believing he cannot cope or that such task is not meant for someone of his type. Furthermore, he regards himself as undesirable and worthless because of his presumed defect and tends to reject himself because of it. These features are not good for adolescents.

Avoiding Overgeneralization: Overgeneralization involves assuming that one negative event constitutes a pattern of never-ending negative events. A victim of this distortion will not consider all evidences available concerning an event or situation but will rather base his or her conclusion on a single evidence or incident. For instance, "*an individual adolescent that was abused in class after responding to question may conclude that he/she will not respond in class again because the colleagues will shout him/her down".* Other examples of overgeneralized thoughts include *"everyone looks at me as imperfect… I cannot do anything correctly*" *"Nobody understands me...,*

A common form of over generalization is **global labelling**. This occurs whenever one makes a sweeping statement aimed at characterizing a person or group of persons

ignoring the fact that human beings are complex and that our actions can be characterized in all kinds of ways.

Avoid Personalisation: This is usually the case when an individual sees himself as the cause of some negative external event which in fact, he was not primarily responsible for. It is the tendency to relate everything around one to oneself. A somewhat depressed mother blames herself when she sees any sadness in her children. A major aspect of personalization is the habit of continually comparing yourself to other people: *"They are more beautiful than we do..., He's more successful than I am..., I'm more deserving of disability compensation than a lot of other people who get it..."* The opportunities for comparison never end. The underlying assumption is that your worth is questionable. As a result, you end up making yourself a lot more depressed or angry than you really need to be.

Avoid Magnification (Catastrophizing) or Minimization: Exaggerating the importance of things (such as a person's goof-up or someone else's achievement) or you inappropriately shrink things until they appear tiny (a person's desirable qualities or the other fellow's imperfections). This also called the binocular trick. This has to do with making mountains out of mole hills. They tend to imagine and expect the worst possible consequences. Catastrophic thoughts often start with the words "what if." *"what if the computer stops working...." "what if the system breaks…" "what if I don't understand excel/spreadsheet…" "what if people laugh at me as I use the computer…""What if the train derails..., What if this airplane crashes..., What if my husband leaves me for another woman...* There are no limits to a really fertile catastrophic imagination.

Self-Worth/ Low self-regard: One makes an arbitrary decision that in order to accept oneself as worthy, okay, or to simply feel good about oneself, one has to perform in a certain way: usually most or at all the time. **Low self-regard** represents thoughts that express an unjustified lack of self-confidence. It has to do greatly with viewing oneself in a negative way. An individual may regard himself as deficient, inadequate, or unworthy, and tends to attribute his unpleasant experiences to a physical, mental or moral defect or his inability to perform some tasks as expected.

Step 5: Researcher calls out each participant one by one to tell the group what she had gained from the treatment programmeme.

Step 6: Researcher asks each participant to tell the group how he/she intends to ameliorate further manifestation or reoccurrence of attribution.

Step 7: Researcher created a plenary session during which participants freely ask questions from the therapist concerning all they have done since the beginning of the programmeme.

Step 6: Researcher encourages participants to come early for the next session.

Session VIII: The session witnessed the summary of Coherence Therapy, collection of post-test scores and formal closing of the sessions.

Topic: Post-test and Termination of therapy

Purpose: Since this would be last session, the purpose was to administer the post-test instrument and to terminate the therapeutic programmeme.

Procedure:

Step 1: The researcher welcomes all participants to the treatment programmeme and thanked them for their co-operation, regularity and punctuality throughout the treatment programmeme.

Step 2: The researcher informs the participants that the knowledge gained during the treatment session would be useful to them in ameliorating further psychological problems apart from self-acceptance.

Step 3: The researcher encourages the participants to put the newly acquired skills to practice in their daily living.

Step 4: The researcher administers the post-test instrument to the participants and at the end; the therapist also terminates the therapeutic session.

The Control Group

Session 1: Introduction and pre-test

Session 2: A talk will be given on: *"**Drugs and Drug Abuse**"*.

Session 3: Post-test and conclusion.

APPENDIX II

UNIVERSITY OF IBADAN

FACULTY OF EDUCATION

DEPARTMENT OF GUIDANCE AND COUNSELLING

Dear Respondents,

This questionnaire is designed basically for research purpose. It seeks to know how you would react to these statements. All information provided would be treated confidentially. Please be honest as much as possible in your responses.

SECTION A

Demographic information

SECTION A (PERSONAL DATA)

Please tick (√) the appropriate option and fill in the gap where necessary.

1. **Age:** 12 Years ( ), 13 Years ( ) 14 Years ( ) 15 Years ( )
2. **Sex:** Male ( ), Female ( )
3. **Religion:** Christianity ( ), Islam ( ), Others ( )

BODY IMAGE-ACCEPTANCE QUESTIONNAIRE

INSTRUCTION: Please tick (√) in the appropriate column

KEY: 1= Extremely 2= Moderately and 3= Not at all

S/N	ITEMS	1	2	3
1	I am comfortable with the appearance of my physique or figure			
2	I would never worry about wearing clothes that might make me look too thin or overweight			
3	I wish I wasn't so up-tight about my physique or figure.			
4	There are time s when I'm bothered by thoughts that other people are evaluating my appearance negatively			
5	When I look in the mirror I feel good about my physique or figure			
6	In the presence of others, I feel apprehensive about my appearance			
7	I am comfortable with how my body appears to others.			
8	When taking my bath, I often feel nervous about how well proportioned my body is			

9	When it comes to displaying my physique or figure to others, I am a shy per son			
10	I usually feel relaxed when it's obvious that others are looking at my physique or figure.			

APPENDIX III

Unconditional Self-Acceptance Scale

INSTRUCTION: Please tick (√) in the appropriate column

NOTE: 1 = Always Untrue, 2 = Usually Untrue, 3 = More Often Untrue Than True 4 = Equally Often True and Untrue, 5 = More Often True Than Untrue, 6 = Usually True *s* and 7 = Almost Always True

S/N	ITEMS	1	2	3	4	5	6	7
1.	When I am criticized or when I fail at something, I feel worse about myself as a person.							
2.	I feel worthwhile even if I am not successful in meeting certain goals that are important to me							
3.	When I receive negative feedback, I take it as an opportunity to prove my behaviour or performance							
4.	Whether other people criticise me or praise me makes no real difference to the way I feel about myself							
5.	Making a big mistake may be disappointing, but it doesn't change how I feel about myself overall							
6.	Sometimes I find myself thinking about whether I am a good or bad person							
7.	To feel like a worthwhile person, I must be loved by the people who are important to me							
8.	I set goals for myself with the hope that they will make me happy (or happier).							
9.	I think that being good at many things makes someone a good person overall.							
10.	My sense of self-worth depends a lot on how I compare with other people.							
11.	I believe that I am worthwhile simply because I am a human being.							
12.	When I receive negative feedback, I often find it hard to be open to what the person is saying about me.							
13.	I set goals for myself that I hope will prove my worth.							

14.	Being bad at certain things makes me value myself less							
15.	I think that people who are successful in what they do are especially worthwhile people.							
16.	I feel that the best part about being praised is that it helps me to know what my strengths are							
17.	I feel that I am a valuable person even when other people disapprove of me							
18.	I avoid comparing myself to others to decide if I am a worthwhile person							
19.	Being praised makes me feel more valuable as a person.							
20.	I don't think it's a good idea to judge my worth as a person							

APPENDIX IV

SOCIAL SUPPORT SCALE

INSTRUCTION: Please tick (√) in the appropriate column

NOTE: 1 = Very Strongly Disagree**, 2** = Strongly Disagree**, 3** = Mildly Disagree**4** = Neutral**, 5** = Mildly Agree**, 6** = Strongly Agree **and 7** = Very Strongly Agree

S/N	ITEMS	1	2	3	4	5	6	7
1.	There is a special person who is around when I am in need							
2.	There is a special person with whom I can share joys and sorrows particularly bordering on my self worth							
3.	My family really tries to help me feel more valuable as a person							
4.	I get the emotional help and support I need from my family							
5.	I have a special person who isa real source of comfort to me							
6.	My friends really try to help me believe I am worthwhile							
7.	I can count on my friends when things go wrong							
8.	I can talk about my problems with my family							
9.	I have friends with whom I can share my joys and sorrows							
10.	There is a special person in my life who cares about my feelings.							
11.	My family is willing to help memake decisions							
12.	I can talk about my problems with my friends							

APPENDIX V

RESULT OUTPUT

UNIANOVA Postest BY Treatmt Gender SSuppor WITH Pretest
/METHOD=SSTYPE(3)
/INTERCEPT=INCLUDE
/EMMEANS=TABLES(OVERALL) WITH(Pretest=MEAN)
/PRINT=ETASQ HOMOGENEITY DESCRIPTIVE
/CRITERIA=ALPHA(.05)
/DESIGN=Pretest Treatmt Gender SSuppor Gender*Treatmt SSuppor*Treatmt Gender*SSuppor Gender*SSuppor*Treatmt.

Univariate Analysis of Variance

Notes

Output Created		17-AUG-2019 13:53:55
Comments		
Input	Active Dataset	DataSet3
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	84
	Definition of Missing	User-defined missing values are treated as missing.
Missing Value Handling	Cases Used	Statistics are based on all cases with valid data for all variables in the model.

Syntax		UNIANOVA Postest BY Treatmt Gender SSuppor WITH Pretest /METHOD=SSTYPE(3) /INTERCEPT=INCLUDE /EMMEANS=TABLES(OVERALL) WITH(Pretest=MEAN) /PRINT=ETASQ HOMOGENEITY DESCRIPTIVE /CRITERIA=ALPHA(.05) /DESIGN=Pretest Treatmt Gender SSuppor Gender*Treatmt SSuppor*Treatmt Gender*SSuppor Gender*SSuppor*Treatmt.
Resources	Processor Time	00:00:00.14
	Elapsed Time	00:00:00.26

[DataSet3]

Between-Subjects Factors

		Value Label	N
Treatmt	1.00	MDT	26
	2.00	CT	30
	3.00	CG	28
Gender	1.00	MALE	39
	2.00	FEMALE	45
SSuppor	1.00	HIGH	44
	2.00	LOW	40

Descriptive Statistics

Dependent Variable: Postest

Treatmt	Gender	SSuppor	Mean	Std. Deviation	N
MDT	MALE	HIGH	89.8571	8.21684	14
		Total	89.8571	8.21684	14
	FEMALE	HIGH	94.7500	6.50000	4
		LOW	37.0000	3.62531	8
		Total	56.2500	28.78170	12
	Total	HIGH	90.9444	7.96664	18
		LOW	37.0000	3.62531	8
		Total	74.3462	26.29668	26
CT	MALE	HIGH	108.5000	13.82167	14
		LOW	79.0000	59.39697	2
		Total	104.8125	22.41196	16
	FEMALE	HIGH	127.0000	11.35782	3
		LOW	76.5455	32.76389	11
		Total	87.3571	36.15481	14
	Total	HIGH	111.7647	14.97301	17
		LOW	76.9231	34.48783	13
		Total	96.6667	30.40115	30
CG	MALE	HIGH	29.7143	4.34796	7
		LOW	42.0000	7.07107	2
		Total	32.4444	7.05534	9
	FEMALE	HIGH	63.5000	43.13351	2
		LOW	49.3529	26.98829	17
		Total	50.8421	27.76141	19
	Total	HIGH	37.2222	21.64935	9

		LOW	48.5789	25.60450	19
		Total	44.9286	24.59890	28
		HIGH	85.2857	31.12080	35
	MALE	LOW	60.5000	40.60788	4
		Total	82.7436	32.47729	39
		HIGH	98.5556	29.97545	9
Total	FEMALE	LOW	54.9167	29.62660	36
		Total	63.6444	34.25185	45
		HIGH	88.0000	31.02062	44
	Total	LOW	55.4750	30.28919	40
		Total	72.5119	34.59281	84

Levene's Test of Equality of Error Variances[a]

Dependent Variable: Postest

F	df1	df2	Sig.
23.336	10	73	.000

Tests the null hypothesis that the error variance of the dependent variable is equal across groups.

a. Design: Intercept + Pretest + Treatmt + Gender + SSuppor + Treatmt * Gender + Treatmt * SSuppor + Gender * SSuppor + Treatmt * Gender * SSuppor

Tests of Between-Subjects Effects

Dependent Variable: Postest

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	76260.509[a]	11	6932.774	21.644	.000	.768
Intercept	13894.769	1	13894.769	43.379	.000	.376
Pretest	8716.023	1	8716.023	27.211	.000	.274
Treatmt	21201.446	2	10600.723	33.095	.000	.479
Gender	674.474	1	674.474	2.106	.151	.028
SSuppor	8128.649	1	8128.649	25.377	.000	.261
Treatmt * Gender	853.560	2	426.780	1.332	.270	.036
Treatmt * SSuppor	2056.326	2	1028.163	3.210	.046	.082
Gender * SSuppor	1681.232	1	1681.232	5.249	.025	.068
Treatmt * Gender * SSuppor	.499	1	.499	.002	.969	.000
Error	23062.479	72	320.312			
Total	540993.000	84				
Corrected Total	99322.988	83				

a. R Squared = .768 (Adjusted R Squared = .732)

Estimated Marginal Means

Grand Mean

Dependent Variable: Postest

Mean	Std. Error	95% Confidence Interval	
		Lower Bound	Upper Bound
73.985[a,b]	2.661	68.680	79.291

a. Covariates appearing in the model are evaluated at the following values: Pretest = 38.9762.

b. Based on modified population marginal mean.

ANOVA postest by treatmt(1,3) gender(1,2) ssuppor(1,2)/method=HIERARCHICAL/statistic=all.

ANOVA

Notes

Output Created		17-AUG-2019 13:54:33
Comments		
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	Cases Used	Statistics for each list of variables are based on the cases with no missing or out-of-range data for any variable in the list.
Syntax		ANOVA postest by treatmt(1,3) gender(1,2) ssuppor(1,2)/method=HIERARCHICAL/statistic=all.
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[DataSet3]

Case Processing Summary[a]

Cases					
Included		Excluded		Total	
N	Percent	N	Percent	N	Percent
84	100.0%	0	0.0%	84	100.0%

a. Postest by Treatmt, Gender, SSuppor

Cell Means[a]

Treatmt	Gender	SSuppor	Postest	
			Mean	N
		HIGH	89.8571	14
	MALE	LOW		0
		Total	89.8571	14
		HIGH	94.7500	4
MDT	FEMALE	LOW	37.0000	8
		Total	56.2500	12
		HIGH	90.9444	18
	Total	LOW	37.0000	8
		Total	74.3462	26
		HIGH	108.5000	14
	MALE	LOW	79.0000	2
		Total	104.8125	16
		HIGH	127.0000	3
CT	FEMALE	LOW	76.5455	11
		Total	87.3571	14
		HIGH	111.7647	17
	Total	LOW	76.9231	13
		Total	96.6667	30
		HIGH	29.7143	7
	MALE	LOW	42.0000	2
		Total	32.4444	9
		HIGH	63.5000	2
CG	FEMALE	LOW	49.3529	17
		Total	50.8421	19
		HIGH	37.2222	9
	Total	LOW	48.5789	19
		Total	44.9286	28

		HIGH	85.2857	35
	MALE	LOW	60.5000	4
		Total	82.7436	39
		HIGH	98.5556	9
Total	FEMALE	LOW	54.9167	36
		Total	63.6444	45
		HIGH	88.0000	44
	Total	LOW	55.4750	40
		Total	72.5119[b]	84

a. Postest by Treatmt, Gender, SSuppor
b. Grand Mean

ANOVA[a]

			Hierarchical Method				
			Sum of Squares	df	Mean Square	F	Sig.
Postest	Main Effects	(Combined)	52378.330	4	13094.583	30.080	.000
		Treatmt	38894.580	2	19447.290	44.673	.000
		Gender	2759.430	1	2759.430	6.339	.014
		SSuppor	10724.321	1	10724.321	24.635	.000
	2-Way Interactions	(Combined)	15152.498	5	3030.500	6.962	.000
		Treatmt * Gender	961.257	2	480.629	1.104	.337
		Treatmt * SSuppor	3621.058	2	1810.529	4.159	.019
		Gender * SSuppor	1008.773	1	1008.773	2.317	.132
	3-Way Interactions	Treatmt * Gender * SSuppor	13.658	1	13.658	.031	.860
	Model		67544.486	10	6754.449	15.516	.000
	Residual		31778.502	73	435.322		
	Total		99322.988	83	1196.663		

a. Postest by Treatmt, Gender, SSuppor

MCA[a]

			N	Predicted Mean		Deviation	
				Unadjusted	Adjusted for Factors	Unadjusted	Adjusted for Factors
Postest	Treatmt	MDT	26	74.3462	69.5991	1.83425	-2.91283
		CT	30	96.6667	95.9587	24.15476	23.44680
		CG	28	44.9286	50.0951	-27.58333	-22.41680
	Gender	MALE	39	82.7436	67.1800	10.23168	-5.33195
		FEMALE	45	63.6444	77.1329	-8.86746	4.62103
	SSuppor	HIGH	44	88.0000	88.0140	15.48810	15.50209
		LOW	40	55.4750	55.4596	-17.03690	-17.05230

a. Postest by Treatmt, Gender, SSuppor

Factor Summary[a]

		Eta	Beta
			Adjusted for Factors
Postest	Treatmt	.626	.557
	Gender	.277	.144
	SSuppor	.472	.473

a. Postest by Treatmt, Gender, SSuppor

Model Goodness of Fit

	R	R Squared
Postest by Treatmt, Gender, SSuppor	.726	.527

ONEWAY Postest BY Treatmt

ANOVA

Postest

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	38894.580	2	19447.290	26.068	.000
Within Groups	60428.408	81	746.030		
Total	99322.988	83			

Post Hoc Tests

Multiple Comparisons

Dependent Variable: Postest

	(I) Treatmt	(J) Treatmt	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
Scheffe	MDT	CT	-22.32051*	7.31855	.012	-40.5709	-4.0701
		CG	29.41758*	7.43891	.001	10.8671	47.9681
	CT	MDT	22.32051*	7.31855	.012	4.0701	40.5709
		CG	51.73810*	7.17716	.000	33.8403	69.6359
	CG	MDT	-29.41758*	7.43891	.001	-47.9681	-10.8671
		CT	-51.73810*	7.17716	.000	-69.6359	-33.8403

*. The mean difference is significant at the 0.05 level.

Homogeneous Subsets

Postest

	Treatmt	N	Subset for alpha = 0.05		
			1	2	3
Duncan[a,b]	CG	28	44.9286		
	MDT	26		74.3462	
	CT	30			96.6667
	Sig.		1.000	1.000	1.000
Scheffe[a,b]	CG	28	44.9286		
	MDT	26		74.3462	
	CT	30			96.6667
	Sig.		1.000	1.000	1.000

Means for groups in homogeneous subsets are displayed.

a. Uses Harmonic Mean Sample Size = 27.905.

b. The group sizes are unequal. The harmonic mean of the group sizes is used. Type I error levels are not guaranteed.

```
T-TEST GROUPS=Gender(1 2)
  /MISSING=ANALYSIS
  /VARIABLES=Postest
  /CRITERIA=CI(.95).
```

T-Test

Notes

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Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	Statistics for each analysis are based on the cases with no missing or out-of-range data for any variable in the analysis.
Syntax		T-TEST GROUPS=Gender(1 2) /MISSING=ANALYSIS /VARIABLES=Postest /CRITERIA=CI(.95).
Resources	Processor Time	00:00:00.05
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[DataSet3]

Group Statistics

	Gender	N	Mean	Std. Deviation	Std. Error Mean
Postest	MALE	39	82.7436	32.47729	5.20053
	FEMALE	45	63.6444	34.25185	5.10596

```
T-TEST GROUPS=SSuppor(1 2)
  /MISSING=ANALYSIS
  /VARIABLES=Postest
  /CRITERIA=CI(.95).
```

Statistics

		Treatmt	Gender	SSuppor
N	Valid	84	84	84
	Missing	0	0	0

Frequency Table

Treatmt

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	MDT	26	31.0	31.0	31.0
	CT	30	35.7	35.7	66.7
	CG	28	33.3	33.3	100.0
	Total	84	100.0	100.0	

Gender

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	MALE	39	46.4	46.4	46.4
	FEMALE	45	53.6	53.6	100.0
	Total	84	100.0	100.0	

SSuppor

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	HIGH	44	52.4	52.4	52.4
	LOW	40	47.6	47.6	100.0
	Total	84	100.0	100.0	

Scale: BODY IMAGE ACCEPTANCE QUESTIONNAIRE

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.770	.783	10

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
BMAQ1	16.2000	21.338	.413	.427	.756
BMAQ2	16.1000	19.748	.519	.474	.741
BMAQ3	16.1000	19.472	.525	.395	.739
BMAQ4	16.0667	20.892	.421	.620	.754
BMAQ5	15.9667	16.861	.793	.791	.694
BMAQ6	16.0000	20.621	.483	.484	.747
BMAQ7	15.9667	18.171	.638	.518	.721
BMAQ8	16.1000	19.266	.594	.559	.731
BMAQ9	15.8667	17.361	.628	.605	.720
BMAQ10	15.2333	26.737	-.347	.348	.856

Scale: SOCIAL SUPPORT SCALE

Cronbach's Alpha	N of Items
.841	12

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
SS 1	31.0400	30.790	.598	.821
SS 2	31.4000	36.083	.032	.866
SS 3	31.4800	29.093	.807	.804
SS 4	33.2400	36.523	.041	.856
SS 5	31.4800	29.177	.797	.805
SS 6	31.4000	27.417	.866	.795
SS 7	31.2800	31.127	.632	.819
SS 8	31.4400	31.840	.673	.819
SS 9	31.5600	35.757	.040	.870
SS 10	31.6800	29.810	.884	.803
SS 11	32.2400	33.690	.356	.839
SS 12	31.9200	30.660	.624	.819

Scale: Unconditional Self-Acceptance Scale

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.830	.813	20

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
USAS1	15.3409	21.858	.482	.849
USAS 2	15.3409	21.393	.600	.838
USAS 3	15.4773	21.186	.589	.839
USAS 4	15.1591	20.090	.745	.823
USAS 5	19.3333	29.816	.157	.810
USAS 6	15.1818	20.757	.725	.826
USAS 7	15.1591	22.555	.435	.853
USAS 8	15.2955	20.725	.565	.842
USAS 9	15.2500	21.076	.514	.847
USAS 10	15.0682	21.274	.575	.840
USAS 11	18.8667	24.257	.620	.771
USAS 12	18.7667	22.668	.750	.754
USAS 13	19.1333	27.430	.432	.791
USAS 14	18.7333	23.237	.697	.761
USAS 15	19.0333	23.757	.779	.755
USAS 16	18.8667	26.878	.425	.792

USAS 17	18.8000	22.579	.813	.747
USAS 18	19.4000	29.628	.277	.803
USAS 19	19.3333	29.816	.157	.810
USAS 20	19.1667	29.592	.125	.817

APPENDIX VI

MDT INTERVENTION GROUP

MDT INTERVENTION GROUP

MDT INTERVENTION GROUP

MDT INTERVENTION GROUP

CT INTERVENTION GROUP

CONTROL GROUP

CONTROL GROUP


VOTER ED
Drug Abuse

APPENDIX VII

...IPINLE OMOLUABI

MINISTRY OF EDUCATION

PLANNING, RESEARCH AND STATISTICS DEPARTMENT

P.M.B. 4418 OSOGBO, STATE OF OSUN, NIGERIA

Your Ref. No.: .....

All communication should be
Addressed to "The Permanent Secretary"
Ministry of Education quoting

Our Ref: MOE/PRS/PL/132 Date: 03/10/18

The Principal
Gbongan/Odeomu
Anglican Unity
high school,
Abongan.

LETTER OF INTRODUCTION

I am directed to introduce ADEWUYI, Habeeb Omoponle, a Ph.D. student in the Department of Guidance and Counseling, University of Ibadan with Matriculation No: 176255.

2. He is on his research project titled "**MODE OF DEACTIVATION AND COHERENCE THERAPIES IN FOSTERING SELF-ACCEPTANCE AMONG IN-SCHOOL ADOLESCENTS WITH NEGATIVE BODY IMAGE IN OSUN STATE, NIGERIA**".

3. The permanent secretary ministry of education has graciously approved her visit to your school for his research and other necessary assistance you can render to make his research a success.

4. Your cooperation is highly essential.

5. Thank you.

Principal
GBONGAN / ODEOMU
ANGLICAN UNITY SCHOOL
GBONGAN
Date 31-10-2018

DIRECTOR
DATE

Alfoye A.B
Deputy Director (Planning)

...IPINLE OMOLUABI

MINISTRY OF EDUCATION

PLANNING, RESEARCH AND STATISTICS DEPARTMENT

P.M.B. 4418 OSOGBO, STATE OF OSUN, NIGERIA

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All communication should be Addressed to "The Permanent Secretary" Ministry of Education quoting

Our Ref: MOE/PRS/PL/132 Date: 03/10/18

The Principal
ATAOJA
GOVERNMENT
HIGH SCHOOL OSHOGBO.

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ATAOJA GOVERNMENT HIGH SCHOOL OSOGBO PRINCIPAL
29-10-18.

PLANNING RESEARCH & STATISTICS DIRECTOR
DATE

Adeyoye A.B
Deputy Director (Planning)

...IPINLE OMOLUABI

MINISTRY OF EDUCATION

PLANNING, RESEARCH AND STATISTICS DEPARTMENT

P.M.B. 4418 OSOGBO, STATE OF OSUN, NIGERIA

Your Ref. No.: .....

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Our Ref: MOE/PRS/PL/132 Date: 03/10/18

The Principal
Origbo Unity
School
Middle/High
Ipetumodu

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MINISTRY OF EDUCATION
ORIGBO COMMUNITY UNITY SCHL. IPETUMODU
SIGN DATE 18/10/18

PLANNING RESEARCH & STATISTICS
DIRECTOR
STATE
Ajiboye A.B
Deputy Director (Planning)