CHAPTER 5

SUMMARY AND CONCLUSION

5.1. Summary of the Findings

College students are constantly bombarded with idealized, often computer-enhanced, body images that are impossible to measure up to. These messages have the ability to manipulate individuals into thinking that they are too fat, too thin, too short, or too tall. And constant highlighting of what an ideal height and weight should be can lead to negative attitude towards one’s own body.

Body dysphoria is used to describe general feelings of sadness or an uncomfortable mood. It can include irritability or restlessness and feeling of great anxiety. Individuals suffering from dysphoria often tend to view themselves as being larger or smaller as compared to their real body image. They often have an impacted self esteem because of their image, and their mental state is drastically affected. They even avoid public situations in order to hide what they believe to be a very negative appearance.

Body dissatisfaction is a common cause of distress in women (Cash and Henry, 1995), and is growing among men (McCabe and Ricciardelli, 2004). Body dissatisfaction can have a negative impact on quality of life (Cash and Fleming, 2002) and lead to serious clinical disorder such as body dysmorphic syndrome, bulimia and anorexia (Stice and Shaw, 2002).

Although various issues are involved in defining body dysphoria like height and complexion, weight is the most common and important issue that is used in defining ones body image. A normally healthy weight range for an individual can be
perceived as overweight by someone with a distorted body image. An anorexic young woman may look at herself in a mirror and see a reflection that is greater than her actual size. Similarly, it is common for obese individuals to report that they did not realize they were as large as they are and had perceived their body as much smaller. As dissatisfaction towards body image can further lead to serious issues, the current study aims to analyze whether counting one’s blessings and being compassionate to one’s self can help individuals accept one's body image the way it is. To enhance and encourage positive thinking, Gratitude therapy and Compassion Focused therapy are used as interventions.

Gratitude is derived from the Latin word ‘gratia’, meaning grace, graciousness, or gratefulness. It can be expressed toward others, as well as toward impersonal (nature) or nonhuman sources (God, animals). Gratitude carries an inclination to be kind to many others as the heart experiences abundant joy and contentment.

Empirically, gratitude is a pleasant state and is linked with positive emotions, including contentment (Walker and Pitts, 1998), happiness, pride, and hope (Overwalle, Mervielde, and De Schuyter, 1995). In a Gallup (1998) survey of American teens and adults, over 90% of respondents indicated that expressing gratitude helped them to feel “extremely happy” or “somewhat happy.” Also, Emmons and Crumpler (2000) have reported that a conscious focus on gratitude makes life more fulfilling, meaningful, and productive. The expression of gratitude is inherently other-directed (Emmons and McCullough, 2003). Gratitude can be directed at both human and nonhuman entitles, such as God. Additionally, people can also experience transpersonal gratitude.
Compassion is simply a variation of love and a feeling of empathy for others. It is an emotion felt in response to the suffering of others that can lead to increased motivation to do something in an effort to relieve the suffering of others. Compassion consists of three major requirements: People must feel that situations that evoke their feelings are serious, people require that sufferers' problems are not self-inflicted, and that people must be able to picture themselves with the same problems. Self-compassion entails: (a) being kind and understanding toward oneself in times of pain or failure, (b) perceiving one's own suffering as part of a larger human experience, and (c) holding painful feelings and thoughts in mindful awareness (Barnard et al, 2011).

Compassion-focused therapy refers to the underpinning theory and process of applying a compassion model to psychotherapy. Compassionate mind training refers to specific activities designed to develop compassionate attributes and skills, particularly those that influence affect regulation. Compassion-focused therapy adopts the philosophy that our understanding of psychological and neurophysiological processes is developing at such a rapid pace that we are now moving beyond ‘schools of psychotherapy’ towards a more integrated, bio-psychosocial science of psychotherapy (Gilbert, 2009).

The present research aims to reduce the Body Image Dysphoria in college students of Goa through use of Gratitude therapy and Compassion Focused therapy. The objective of the study is to promote meaningful and fulfilling living, to cultivate best within one’s self and experience the best of what life has to offer. As it is our thoughts that affect our overall personality, the above therapy aims in correcting the thought process directing it towards positivity.
5.1.1. Objectives of the Study

1. To examine the effectiveness of gratitude therapy in reducing body dysphoria among college students in Goa.

2. To examine the effectiveness of compassion focused therapy in deteriorating body dysphoria among college students in Goa.

3. To investigate the difference in the impact of gratitude therapy and compassion focused therapy in decreasing body dysphoria among college students in Goa.

4. To compare the difference in body dysphoria among obese and non-obese students in Goa.

5.1.2. Research Questions

The problem under investigation comprises of the following major questions:

1. Does gratitude therapy reduce body dysphoria among college students in Goa?

2. Does compassion focused therapy reduce body dysphoria among college students in Goa?

3. Is there a difference in the impact of gratitude therapy and compassion focused therapy as compared to control group in reducing body dysphoria among college students in Goa?

4. Does body dysphoria differ between obese and non-obese students in Goa?

The following main hypotheses are formulated to seek answers for the above raised research questions:
5.1.3. Hypotheses

The following hypotheses and the sub-hypotheses were formulated based on the above objectives of the study.

**Ha₁** : There will be a significant difference in the pre-intervention and post-intervention scores of body dysphoria among college students from gratitude therapy group, compassion focused therapy group and, control group

**Ha₁₁** : There will be a significant difference in the pre-intervention and post-intervention scores of body dysphoria among college students from gratitude therapy group

**Ha₁₂** : There will be a significant difference in the pre-intervention and post-intervention scores of body dysphoria among college students from compassion focused therapy group

**Ha₁₃** : There will be a significant difference in the pre-intervention and post-intervention scores of body dysphoria among college students from control group

**Ha₂** : There will be a significant difference in the post-intervention scores of body dysphoria among college students from gratitude therapy group, compassion-focused therapy group and, control group

**Ha₂₁** : There will be a significant difference in the post-intervention scores of body dysphoria among college students from gratitude therapy group and compassion-focused therapy group
Ha2.2 : There will be a significant difference in the post-intervention scores of body dysphoria among college students from gratitude therapy group and control group

Ha2.3 : There will be a significant difference in the in post-intervention scores of body dysphoria among college students from compassion-focused therapy group and control group

Ha3 : There will be a significant difference in the scores of body dysphoria among obese and non-obese students in Goa

Ha3.1 : There will be a significant difference in the scores of body dysphoria among obese male and non-obese male college students in Goa

Ha3.2 : There will be a significant difference in the scores of body dysphoria among obese female and non-obese female college students in Goa

Ha3.3 : There will be a significant difference in the scores of body dysphoria among obese male and obese female college students in Goa

Ha3.4 : There will be a significant difference in the scores of body dysphoria among non-obese male and non-obese female college students in Goa

5.1.4. Measures Used in the Study

- Personal data sheet was used to collect demographic information of the subjects.
- Situational Inventory of Body Image Dysphoria (SIBID) by Cash (2002) was administered to study body dysphoria among college students.
- Body mass index was calculated to divide the sample further into normal weighed and obese participants.
• Gratitude therapy (Prof. Michael Hyland) works at a deeper unconscious level to help a person feel better about one’s own self. It helps the person think more positive about one’s self. In this therapy the task is to focus on things that a person is thankful for. This therapy helps in appreciating rather than criticizing.

• Compassion- Focused therapy (by Paul Gilbert) works at a deeper level to help a person feel better about one’s own self. When an individual becomes compassionate towards one’s self he or she thinks more positive about one’s self.

5.1.5. Method

This research study used a pre- and post- test design with Gratitude therapy and Compassion focused therapy as the interventions given to the individuals with body dysphoria. A pilot study was conducted on individuals with body dysphoria to test the effectiveness of the research study.

Situational Inventory of Body Image Dysphoria (SIBID) was administered on college students and those students who scored relatively higher (above 100) were considered in the study. The sample consisted of 180 college students (90 males and 90 females) who were further divided in three groups (see Table 5.01) and after the interventional program of 21 sessions, test was re administered to study the impact of the interventions exposed.
Figure 5.01

Distribution of the Sample in the Three Groups

- Control Group
  - 60 students (30 males and 30 females)

- Gratitude Therapy Group
  - 60 students (30 males and 30 females)

- Compassion Focused Therapy Group
  - 60 students (30 males and 30 females)

The response of the selected sample of the college students were collected through personal contact by the investigator and these responses were later scrutinized, coded and scored as per the instructions given in the manual of the respective scale. The information collected for the items in personal data sheet were given weightage on a priority basis and the scores were derived. The obtained raw scores were transformed into ‘T’ scores. These ‘T’ scores were subjected for statistical analysis such as t-test, one way ANOVA, Scheffe’s post hoc test and paired t-test and were computed with the help of SPSS (17th Version).

Means, Standard Deviations, mean Difference and ‘t’ values were computed and presented in the Tables and Figures of Chapter 4.
5.2. Major Findings

5.2.1. Impact of gratitude therapy and compassion focused therapy in deteriorating body dysphoria among college students in Goa.

Ha$_{1.1}$ and Ha$_{1.2}$ were tested by applying paired t-test. And the findings revealed that there was a significant difference in the pre-intervention body dysphoria scores and post-intervention body dysphoria scores. Thus indicating that the interventions did have significantly very high impact on body dysphoria.

However when Ha$_{1.3}$ was tested, no significant difference was obtained in the pre-intervention body dysphoria scores and post-intervention body dysphoria scores.

5.2.2. Difference in the impact of gratitude therapy and compassion focused therapy in reducing body dysphoria among college students in Goa.

The application of ‘ANOVA’ obtained F-ratios have shown that the three groups that is the Gratitude therapy group, Compassion focused therapy group and the Control group differed significantly in the post scores obtained (Ha$_2$).

Ha$_{2.1}$, Ha$_{2.2}$ and Ha$_{2.3}$ were tested by applying ‘Scheffè’s post hoc test’. And the derived ‘S’ values indicated that there was a significant difference in the post-intervention body dysphoria scores among Gratitude therapy group, Compassion Focused therapy group and the Control group. The findings further suggested that body dysphoria scores were higher for the Control group and that Compassion Focused therapy scored significantly lower in body dysphoria as compared to Gratitude therapy group indicating that Compassion focused therapy is more effective.
5.2.3. Body dysphoria among obese and non-obese college students in Goa.

Independent t-test was applied to Ha3, to study the significant difference in body dysphoria scores of obese and non-obese students. The statistical analysis revealed that obese students had significantly higher body dysphoria as compared to non-obese students.

Further on Ha3.1, Ha3.2, Ha3.3 and Ha3.4 were tested with the application of independent t-test to study the gender difference. The statistical analysis suggested that female obese students scored significantly higher than the male obese students and that male non-obese students scored significantly lower than female non-obese students. These findings state that females have higher body dysphoria.

5.3. Conclusions

5.3.1. Impact of gratitude therapy and compassion focused therapy in deteriorating body dysphoria among college students in Goa.

Body dysphoria scores are significantly higher in the pre-intervention test than the post-intervention test scores among college students from gratitude therapy group and compassion focused therapy group.

- Significant difference has been observed in the pre-intervention test and the post-intervention test scores among college students from Gratitude therapy Group, Compassion-focused Therapy and Control group.

- College students from Gratitude therapy group have shown significantly very low body dysphoria after the practice of gratitude therapy as compared to the scores obtained before the intervention (pre-intervention).
College students from Compassion-focused therapy group have shown significantly very low body dysphoria after the practice of gratitude therapy as compared to the scores obtained before the intervention (pre-intervention).

Students from Control group did not show any significance difference in body dysphoria.

5.3.2. Difference in the impact of gratitude therapy and compassion focused therapy in reducing body dysphoria among college students in Goa.

Significant difference is obtained in the post-intervention scores of body dysphoria among college students from gratitude therapy group, compassion-focused therapy group and control group

Compassion focused therapy have a better impact in lowering body dysphoria as compared to Gratitude therapy.

Students who were exposed to Gratitude therapy have scored significantly very low on body dysphoria as compared to students from Control group.

Body dysphoria is significantly very low in students who received Compassion-focused therapy than the students from Control group.

5.3.3. Body dysphoria among obese and non-obese college students in Goa.

Obese college students have significantly higher body dysphoria than the non-obese students.

Obese male students have significantly very high body dysphoria as compared to the male non-obese students.

Significant difference has been found in the scores of body dysphoria among female college students where obese females have scored significantly higher than female non-obese students.
Obese female students have significantly scored higher in body dysphoria as compared to male obese students.

Body dysphoria scores of non-obese male students are significantly lower than the female non-obese students.

5.4. Limitations

Despite detailed study and careful judicious implementation, there were some limitations to the study which occurred due to the nature of the study.

Presented below are some of the limitations of this research study:

1. The study was conducted on a small sample with only obese and non-obese college students.

2. The sample selected represented middle to high socio-economic background, and was not representative of population at large. Therefore the results of these findings need to be accepted and interpreted with caution.

3. The participants who scored below 100 in the pre-test administered were eliminated. Thus the sample was restricted and therefore could be biased, because only those participants who scored above 100 and volunteered to participate in the study were taken up for the therapeutic interventions.

4. It was not possible to relate the positive therapeutic outcomes to the interventions alone, as no strict safeguards were adopted against intervening variables.

5. Often the researcher’s bias and inclination towards certain philosophy of thought might have interfered with the therapeutic exposure.

6. A larger sample including underweight, Class 2 and 3 obese students, and students with other body image related problems would have helped to ascertain whether the psycho therapeutic program would be more effective with body dysphoria or body dissatisfaction.
5.5. Suggestion for Future Studies

Based on the results obtained, presented below are some of the suggestions for future studies.

1. A detailed study on the impact of cultural background, peer influence, parental attitude, and relationship status could be studied to arrive at definite conclusions.

2. Personality of individuals and the coping strategies adopted by individuals can also be closely studied to understand the possible contributing factors of body dysphoria.

3. Contribution of other body features towards body image could be studied in specific to understand the common contributors of body dysphoria.

4. The research study can be extended to all strata of the society since being grateful and compassionate are inbuilt in every individuals. It has to be revived and imbibed as a way of living in people.

5. The above research intervention of the therapeutic sessions can be used on a larger sample and covering other health related problems. It would be interesting to study the role of these interventions in individuals who are in denial stage after been diagnosed and informed of debilitating illness.

6. Apart from the variables studied in the present research, studies related to other variables such as any past traumatic events if occurred can be studied.

5.6. Social Implications

Positive psychology is the scientific study of how humans achieve happiness and mental satisfaction, in order to discover how people can lead the most productive lives possible. Positive psychology is based on the principle that all people want to
live happy, fulfilled lives. It is intended to build strengths in people to make the world a better place. Positive psychology, however, believes that positive emotions, such as joy or interest, are the actual cause of happiness, not simply an indicator that a person is already happy. To understand positive emotion, psychologists research what makes people have positive feelings about their past, present, and future. Positive psychologists believe that by scientifically researching how to cultivate positive emotions, they may ultimately be able to discover how to help people become happier.

The positive psychology research study undertakes the task to help the current generation to adopt healthy patterns of lifestyle despite of the societal pressures thus safeguarding human sustainability. The objective of the study is to promote meaningful and fulfilling living, to cultivate best within one’s self and experience the best of what life has to offer. As it is the psychological well being that affects our overall personality, the above therapies aim in correcting our thought process directing it towards positivity.

The findings of the study reflect that body dysphoria can be treated if the necessary cognitive corrections are done. These findings further suggest that if such interventions are introduced thereby leading to healthy thinking, than the problem can be alleviated before its birth. The findings are an eye opener to the researchers that such interventions can be introduced to the population across different age groups thus dealing with the issues faced by the individuals from different age groups.

As in the present study findings, most of the obese students scored significantly higher in body dysphoria, it necessitates exploring the other factors contributing to body dysphoria besides negative attitude towards one’s body. As
female students have scored significantly higher in body dysphoria, it also calls for the attention of the researchers to study other factors besides the age old societal expectation of women being thinner. As body dysphoria is also common amongst non-obese students, further research can be conducted to study the contributing factors. Further on researchers can also study and investigate if body dysphoria is prevailing in under weighed students and highlight its contributing factors.

As the interventions have a shown a significant change in the scores of body dysphoria, the study implies that counting blessings and tackling the issues by being compassionate to one’s self can promote healthy living.

The exercises of expressing gratitude and being compassionate to one’s self can contribute to the well-being of individuals in society at large. A society that is high on well-being will be one that is happier as a whole—and thereby, physically and psychologically healthier too.