CHAPTER 2

REVIEW OF LITERATURE

A vast amount of research is being conducted in the past to understand obesity as compared to body dysphoria. Various studies are being also conducted to understand how one being grateful improves ones living. Further on, various studies highlight on how being compassionate can bring in goodness in one’s life.

This chapter sites literature in some of the ways that Gratitude therapy and Compassion Focused therapy can be understood and studied from a psychological perspective. Empirical Studies of gratitude and compassion focused therapy and its relation to body dysphoria is also discussed.

2.1. Body Dysphoria (negative body image)

Schilder (1935) described body image as a tridimensional image where one could visualize the body from the front, sides, and back, but not all three at the same time. The psychodynamic perspective describes body image as “the cumulative set of images, fantasies, and meanings about the body and its parts and functions; it is an integral component of self-image and the basis of self-representation” (Krueger, 2002, p. 31). The cognitive-behavioral perspective proposes that body image develops from historical factors, such as past events, attributes, and experiences, which predisposes how people think, feel, and act in relations to their body (Cash, 2002). Body image is an important component of self-image. Beginning in early childhood, body image affects emotions, thoughts, and behaviors in everyday life, and can, in particular, affect the most intimate of relationships (Cash and Pruzinsky, 2002). Disturbances in body image have been linked to low self-esteem. Furthermore, body dissatisfaction, a
component of body image, is one of the most influential risk factors for eating disturbances.

✓ **Butters** and **Cash (1987)** conducted a study in which college women with a significant level of body-image dissatisfaction were randomly assigned to either a cognitive-behavioral treatment (CBT) program or to a waiting-list control group. The study revealed that relative to the control condition, the CBT program successfully improved affective body image, weakened maladaptive body-image cognitions, and enhanced social self-esteem and feelings about physical fitness and sexuality. Treatment effects were largely maintained at follow up. After post-test, the control group was also given a 3-week treatment with immediate effects that generally replicated those obtained in the 6-week program.

✓ **Paxton, Wertheim, Gibbons, Szmukler, Hillier** and **Petrovich (1991)** assessed Body image and weight loss beliefs and behaviours in 341 female and 221 male high school students. Estimates of body dissatisfaction varied depending on the measurement strategy used. Despite having similar weight distributions around the expected norm, girls were significantly more dissatisfied with their bodies than boys. Body Mass Index was positively related to body dissatisfaction in girls and boys, while higher exercise levels were related to higher body satisfaction in boys. Nearly two-thirds of girls and boys believed being thinner would have an impact on their lives, but the majority of girls believed this would be positive while the majority of boys believed this would be negative. Thirteen percent of female subjects reported using one or more extreme weight loss behaviour at least weekly.

✓ **O'Dea** and **Abraham (2000)** examined the effect of an interactive, school-based, self-esteem education program on the body image and eating attitudes and
behaviours of young male and female adolescents following the program and after 12 months. 470 eligible students (63% female) aged 11-14 years volunteered to participate. The intervention group students participated in the program, whereas the control group students received their scheduled personal development and health class. The findings indicated that the program significantly improved the body satisfaction of the intervention students and significantly changed aspects of their self-esteem; social acceptance, physical appearance, and athletic ability became less important for the intervention students and more important for control students. Female intervention students rated their physical appearance as perceived by others significantly higher than control students and allowed their body weights to increase appropriately by preventing the age increase in weight-losing behaviours of the control students. Further the study revealed that one year after the intervention, body image and attitude changes were still present.

**Stice, Mazotti, Weibel and Agras (2000)** tested a dissonance-based targeted preventive intervention. Female undergraduates ($N = 30$) with elevated body image concerns were assigned to a three-session intervention, wherein they voluntarily argued against the thin ideal, or a delayed-intervention control condition. Participants completed a baseline, termination, and a 1-month follow-up survey. The intervention resulted in a subsequent decrease in thin-ideal internalization, body dissatisfaction, dieting, negative affect, and bulimic symptomatology, with most changes remaining at the 1-month follow-up.

**Vincent and McCabe (2000)** examined perceived family and peer influences on body dissatisfaction, weight loss, and binge eating behaviours in adolescents. Three hundred and six girls aged 11 to 17 years were administered a questionnaire that examined the direct influence and quality of family and peer relationships on
body dissatisfaction and disordered eating. The study revealed that direct influences of family and peers, rather than the quality of these relationships, predicted body dissatisfaction and disordered eating in adolescent boys and girls. The research study also highlighted on the differences found between girls and boys in the nature of the influences and in the way they were expressed. In particular, parental and peer discussion and encouragement of weight loss predicted disordered eating behaviours in girls, while maternal and peer encouragement predicted binge eating and weight loss behaviours in boys. Fathers played a salient role in the expression of more severe forms of eating problems, while siblings played a small yet significant role in cognitive restraint among girls.

Nicolino, Martz and Curtin (2001) conducted two-group experimental study where they evaluated the effectiveness of a cognitive-behavioural body image intervention, adapted from an effective clinical intervention, with normal college females. Participants included nonclinical, freshman college women who were assigned randomly to either the experimental intervention or the control group (brief educational session). Participants were assessed prior to the intervention and again 1 month later on dieting behaviour, body image, fear of fat, and anxiety concerning physical appearance. Although it was hypothesized that each of these variables would be lower in the experimental group, none of these results, except for a trend for decreased dieting, were found. Overall these results of slightly reduced dieting behaviour are consistent with other research targeting primary and secondary prevention. This intervention's failure to impact body image and eating behaviours of college students illustrates the continuing challenge of eating disorders prevention.
✓ O'Dea and Abraham (2001) conducted a study to examine the knowledge, beliefs, and attitudes about weight control and eating disorders among trainee home economics and physical education teachers and to assess their body image and weight control practices. The association between actual body weight and body image was also examined. The study identified that males (85%) and females (87%) advised young overweight adolescents to diet to lose weight. Twenty percent of females and thirteen percent of males regularly skipped breakfast. The advice given showed a lack of specific nutrition education about weight control, adolescent nutritional needs, and fad diets. Participants held misconceptions about eating disorders, and a range of 14% to 72% answered these questions incorrectly. Fourteen percent of females self-reported that they currently had in eating disorder, but only six percent had received treatment. It was also found that some females used potentially dangerous methods of weight loss, including 19% who abused laxatives and 10% who induced vomiting.

✓ Strachan and Cash (2002) compared the relative effectiveness of selected components of Cash's (1997) body-image CBT program administered in self-help modality. 89 persons (body-dissatisfied) were enrolled in the program and randomly assigned to one of two 6-week, self-help conditions: (a) psycho education along with self-monitoring, or (b) intervention combined with procedures to identify and alter dysfunctional body-image cognitions. Study revealed that among program completers, both conditions produced statistically and clinically significant improvements in multiple facets of body image and psychosocial functioning. Despite high levels of program attrition (53%), results were confirmed by the more conservative intent-to-treat analyses. Predictors of attrition were identified. Further analyses ruled out several variables as
moderators of program effectiveness. The study further reported that unexpected lack of differential effectiveness between the two self-help conditions was possibly the result of low compliance with the added cognitive-change components.

✅ McCabe and Ricciardelli (2004) provided a review and evaluation of studies that have examined body dissatisfaction among males. The review was divided into three sections: body dissatisfaction among children, adolescents and adults. Within each section, levels of body dissatisfaction were examined, as well as the research that relates to sociocultural influences on body dissatisfaction. From the data obtained researchers found that there are strong similarities in the levels of body dissatisfaction of male and female children, with most children demonstrating high levels of body satisfaction. During adolescence, boys are about equally divided between wanting to lose weight and increasing weight, but few studies are found to have examined a desire for increased muscle size. The research data also indicated that in adulthood, men evidence a stronger desire to lose weight as they get older.

✅ Cash and Hrabosky (2003) evaluated two combined components of Cash’s (1997) self-administered body image CBT program—psychoeducation and self-monitoring. It was found that from pre- to post-test, participants became significantly more satisfied with their appearance and reported less situational body-image dysphoria, less weight related concern, and less investment in their appearance as a source of self-evaluation. Changes generalized to improved self-esteem, eating attitudes, and social anxiety. The research findings suggested that better self-monitoring compliance predicted greater reductions in body-image dysphoria.
✓ McVey, Davis, Tweed, and Shaw (2004) conducted a study to evaluate the effectiveness of a life-skills promotion program designed to improve body image satisfaction and global self-esteem, while reducing negative eating attitudes and behaviours and feelings of perfectionism, all of which were identified as predisposing factors to eating disorder. The findings of the study were that the intervention was successful in improving body image satisfaction and global self-esteem and in reducing dieting attitude scores at post intervention. The gains were not maintained at the 12-month follow-up.

✓ Caccavale, Farhat, and Iannotii (2012) examined whether the association between adolescent weight status and body image varies by social engagement. A nationally representative sample of 6909 students in grades 6–10 participated in the 2006 HBSC survey. Separate linear regressions for boys and girls, controlling for age, race/ethnicity and socioeconomic status, were conducted with an interaction term (weight status × social engagement). From the findings obtained, the research study reported that adolescents’ overweight/obese status was related to body dissatisfaction. It was also found that social engagement moderated the relationship between weight status and body image for girls but not for boys. Overweight/obese boys had more body dissatisfaction compared to their normal/underweight peers, regardless of their social engagement. However, overweight/obese girls with more social engagement were more likely to have body satisfaction compared to overweight/obese girls with less social engagement.

✓ Van den Berg, Paxton, Keery, Wall, Guo, and Neumark-Sztainer (2007) attempted to explore the role of media body comparison as a mediator of the relationships between psychological factors and socio cultural pressures to be thin and body dissatisfaction in both females and males. Path analysis was used to test
a cross-sectional model in which media body comparison mediated the impact of self-esteem, depressive mood, parent dieting environment, friend dieting, TV exposure, magazine message exposure, weight teasing and body mass index (BMI) on body dissatisfaction. Study revealed that in females, media body comparison partially or fully mediated relationships between self-esteem, depressive mood, friend dieting, magazine message exposure and BMI, and body dissatisfaction whereas in males, media body comparison was not a significant predictor of body dissatisfaction.

✔ Knauss, Paxton and Alsaker (2008) analyzed a theoretical model describing the relationships between body shame and body surveillance (components of objectified body consciousness), internalization of the media body ideal, perceived pressure from media, body mass index and body dissatisfaction in Swiss adolescent boys and girls. A sample of 819 boys and 791 girls aged 14–16 years completed self-report measures of the mentioned concepts. The results indicated that girls had higher body shame and body surveillance than boys. Structural equation modelling supported the proposed model in both boys and girls.

✔ Yager and O'Dea (2010) aimed in studying the impact of two interventions on body image, eating disorder risk and excessive exercise among 170 (65% female) trainee health education and physical education teachers of mean (standard deviation) age 21.6 (2.3) who were considered an ‘at-risk’ population for poor body image and eating disorders. From the findings obtained, the study revealed that the participants from group -Intervention 2 produced the best results, with males improving significantly in self-esteem, body image and drive for muscularity and females improved significantly on Eating Disorders Inventory Drive for Thinness, Eating Disorder Examination and excessive exercise. The improvements were consistent at 6-month follow-up for females.
2.2 Obesity

**Obesity** is a medical condition in which excess body fat has accumulated to the extent that it may have a negative effect on health, leading to reduced life expectancy and increased health problems. People are considered obese when their body mass index (BMI), exceeds 30 kg/m².

Obesity is a leading preventable cause of death worldwide, with increasing rates in adults and children. Authorities view it as one of the most serious public health problems of the 21st century. In 2011, more than 40 million children under the age of five were overweight. Once considered a high-income country problem, overweight and obesity are now on the rise in low- and middle-income countries, particularly in urban settings. More than 30 million overweight children are living in developing countries and 10 million in developed countries.

India has been the second most populous country in the world that comprises 17% of the world’s population and contributes to 16% of the world’s death. Obesity has reached epidemic proportion in India in the 21st century with morbid obesity affecting 5% of the country’s population (The Hindu 2007). Unhealthy processed food has become much more accessible following India’s continues integration in global food market

Overweight and obesity are linked to more deaths worldwide than underweight. For example, 65% of the world's population live in countries where overweight and obesity kill more people than underweight (this includes all high-income and most middle-income countries).

Obesity being a major and common problem, various studies are conducted to understand the possible causes and consequences. Garner’s report on a body image
study conducted by *Psychology Today* in the US (1997) found that 50% of female respondents smoked to control their weight. Amos and Bostock (2007) found that teenage boys and girls commonly use smoking as an appetite suppressant. Smoking cessation attempts may also be hampered by appearance concerns, particularly in relation to weight gain (King et al, 2005). Only one in ten women profess to be free of concern about their weight and shape (Etcoff, et al., 2006) and Prynn (2004) has reported that 1:4 men are actively dieting at any one time. Although on the face of it, increased exercise participation might be seen as an advantageous consequence of concern about appearance, there are increases in the numbers compulsively over-exercising. (Rumsey, 2008).

✓ **Stunkard and Rush (1974)** in their research article titled ‘Dieting and depression reexamined: a critical review of reports of untoward responses during weight reduction for obesity’ in the survey of the literature on untoward responses to dieting has established that there is a high incidence of symptoms of emotional illness in outpatients treated for obesity and that such responses occur also during prolonged inpatient treatment, whether by fasting or by caloric restriction. The researchers also stated that short-term fasting of inpatients is far less frequently associated with untoward responses and suggested that the three variables that can affect the incidence of untoward responses are: (a) persons with childhood onset of obesity seem more vulnerable than those with adulthood onset of obesity; (b) severe caloric restriction may produce symptoms more readily than total fast; and (c) outpatient treatment may be more stressful than inpatient treatment. Through the review of studies the researchers further suggested that variables should be controlled during evaluation of new methods of treating obesity, and further controlled studies of their influence are needed.
Foster, Wadden, and Vogt (1997) in their study titled ‘Body image in obese women before, during, and after weight loss treatment’, assessed body image, as measured by the Appearance Evaluation and Body Areas Satisfaction scales of the Multidimensional Body-Self Relations Questionnaire (T. F. Cash, 1994b), in 59 obese women before, during, and after 48 weeks of weight loss treatment. Before treatment, positive ratings of body image were associated with higher levels of self-esteem, lower levels of dysphoria, and fewer previous diets. After 24 weeks and a mean 6.5), participants showed significant ( = weight loss of 19.4 kg (p <.0001) improvements in body image. A small weight gain from Week 24 to Week 48 was associated with a slight but significant worsening in both measures of body image. Nevertheless, after 48 weeks and a mean 7.1), body image was significantly improved = weight loss of 16.3 kg (SD from baseline (p <.0001). Thus the study findings observed that changes in body image were not related to changes in weight.

Pesa, Syre and Jones (2000) in their empirical study titled ‘Psychosocial differences associated with body weight among female adolescents: the importance of body image’ aimed to determine whether overweight female adolescents differ from normal and underweight female adolescents with respect to a set of psychosocial factors, while controlling for body image. The sample consisted of female participants of the National Longitudinal Study of Adolescent Health (n = 3197). Multivariate Analysis of Variance (MANOVA) was used to test whether overweight subjects differed from normal and underweight subjects with respect to measures of depression, self-esteem, trouble in school, school connectedness, family connectedness, sense of community, autonomy, protective factors, and grades. The research findings revealed significant differences between
groups on the combined set of psychosocial factors. Self-esteem defined the difference in a positive direction while grades defined the difference inversely. When controlling for body image, multidimensional group differences were found to be evident; however, self-esteem was no longer a significant contributing variable. Thus the researchers concluded that overweight female adolescents seemed to suffer from low self-esteem, and that it may be explained by body image.

✓ Reas (2002) investigated the nature and extent of changes in body image following weight loss treatment in an obese sample and examined the role of weight loss in predicting body image improvement (53 obese individuals (BMI > 30). Measures of psychological functioning and a figural body image rating procedure (Body Image Assessment for Obesity; BIA-O, Williamson, et al., 2000) were administered at baseline and after a 6-month follow-up. Body image dissatisfaction was operationally defined as the discrepancy between BIA-O current body size and ideal body size estimations. Weight loss for the total sample averaged 30.66 lbs, or a loss of 12.7% body weight. Body image significantly improved between T1 and T2, resulting from a decrease in participant’s estimations of current body size, while selections of an ideal body size remained stable. Results from a stepwise MRA revealed that a higher initial BMI, the tendency to overeat, and depression were significant predictors of initial body image discrepancy at T1 (r= .712.). At follow-up, weight loss consistently performed as the strongest predictor of body image improvement. Data suggest that weight loss brought participants’ perceptions of current body size closer in congruence with their ideal body size, thereby reducing levels of body image dissatisfaction.
Friedman, Reichmann, Costanzo and Musante (2002) conducted a research titled ‘Body image partially mediates the relationship between obesity and psychological distress’. One hundred ten men and women in a residential weight control facility completed the Multidimensional Body Self-Relations Questionnaire, the Beck Depression Inventory, the Rosenberg Self-Esteem Scale, and the Binge Eating Scale. Results: For both men and women, body-image satisfaction partially mediated the relationship between degree of overweight and depression/self-esteem. Discussion: Socio demographic factors that may influence the relationships among weight, body image, and depression/self-esteem.

Annis, Cash and Hrabosky (2004) studied 165 women and compared three cohorts who were currently overweight, never overweight, or formerly overweight. Relative to never-overweight women, currently overweight women reported more body dissatisfaction/distress, overweight preoccupation, and dysfunctional appearance investment, as well as more binge eating, lower social self-esteem, and less satisfaction with life. Consistent with the “phantom fat” phenomenon, formerly overweight women were comparable to currently overweight women but worse than never-overweight women on overweight preoccupation and dysfunctional appearance investment. Correlations confirmed that, among overweight but not formerly overweight women, more frequent stigmatizing experiences during childhood, adolescence, and adulthood were significantly associated with currently poorer body image and psychosocial functioning.

Fabricatore and Wadden (2004) in their research article titled ‘Psychological aspects of obesity’ reviewed and presented the clinical implications of obesity. Obesity is a complex condition associated with a host of medical disorders. A
common assumption is that obesity must also be related to psychological and emotional complications. Research on the psychosocial aspects of obesity has grown more sophisticated over the years, from purely theoretical papers to cross-sectional comparisons of people with and without obesity to prospective investigations of the temporal sequence of obesity and mood disturbance. These studies have shown that obesity, by itself, does not appear to be systematically associated with psychopathological outcomes. Certain obese individuals, however, are at greater risk of psychiatric disorder, especially depression. The present paper reviews the research findings and presents their clinical implications. Chiefly, treatment providers should not assume that a depressed or otherwise disturbed obese person needs only to lose weight in order to return to psychological health. Significant mood disturbances should be treated equally aggressively, regardless of a patient's weight status.

James (2004) stated that over the last decade, the prevalence of obesity in Western and Westernizing countries has more than doubled. A standardized classification of overweight and obesity, based on the body mass index now allows a comparison of prevalence rates worldwide for the first time. In children, the International Obesity Taskforce age, sex, and BMI specific cut-off points are increasingly being used. BMI data are being evaluated as part of a new analysis of the Global Burden of Disease. Prevalence rates for overweight and obese people are very different in each region with the Middle East, Central and Eastern Europe and North American having higher prevalence rates. Obesity is usually now associated with poverty even in developing countries. Relatively new data suggest that abdominal obesity in adults, with its associated enhanced morbidity, occurs particularly in those who had lower birth weights and early childhood stunting.
Obesity is the accumulation of adipose tissue to excess and to an extent that impairs both physical and psychosocial health and well-being. The prevalence of obesity in Western and westernizing countries has doubled over the past decade, with 20% of males and 25% of females now classified as obese in the United States. Up to double these numbers of the American adult population are overweight. An estimated 315 million people worldwide are obese. The World Health Organization (WHO) recently published its Expert Technical Consultation on Obesity, held in Geneva in June 1997. Before this, the International Obesity Task Force (IOTF) had developed a comprehensive analysis of the obesity problem, with a draft report as the basis for the WHO technical report. Previously the WHO had been almost exclusively concerned with nutrition matters related to breast-feeding, protein-energy malnutrition, and micronutrient deficiencies; this was the first time that it considered over nutrition as a health issue. An earlier WHO report on physical anthropometry had considered overweight and obesity, but this publication focused on the measurement requirements, the definition of normal weight, and how to ensure appropriate analysis of a nation's prevalence of underweight or overweight in both children and adults.

Schwartz and Brownell (2004) stated that modern western culture emphasizes thinness, denigrates excess weight, and stigmatizes obese individuals, making it likely that obese people internalize these messages and feel badly about the physical presence that brands them. They further reported that obesity is linked with poor body image, but not all obese persons suffer from this problem or are equally vulnerable. Risk factors identified thus far were degree of overweight, being female, and binge eating, with some evidence of risk increasing with early age of onset of obesity, race, and several additional factors. They also reported
that treatments do exist for improving body image in overweight individuals and suggested a limitation as to how to identify those in need of body image intervention and, how such programs can be integrated with weight loss treatments, thus preventing body image distress.

✔ Olvera, Suminski and Power (2005) found that 79% of the mothers were overweight, and 32% of the boys and 34% of the girls were overweight or at-risk for overweight. BMI influenced the children's selection of perceived ideal size. Overweight or at-risk for overweight children were more likely to select thinner figures as the ideal size than non-overweight children. Gender and acculturation differences concerning children's perceptions of body size and attractiveness were also found. Girls perceived the obese figure as being less attractive than did the boys. More acculturated children were likely to select thinner figures as more attractive than their less acculturated counterparts. Maternal acculturation was associated positively with the girls' choice of thinner figures as an ideal body size, but not with the boys. Mothers viewed their daughters' actual body size and BMI as ideal, although 34% of the girls were at-risk for overweight. Mothers perceived average body size figures as more attractive for their sons.

✔ Wardle and Cooke (2005) reported poorer psychological well-being in treatment seekers when compared with population-based obese and normal weight controls. However, research in community samples suggested that despite moderate levels of body dissatisfaction, few obese children were depressed and had low self-esteem. The researchers also observed that a number of important moderators and mediators of the association between obesity and well-being had emerged, with females, Caucasians and adolescents being particularly at risk.
Backett-Milburn, Wills, Gregory and Lawton (2006) involved in-depth interviews with teenagers aged 13–14 years (n=36), drawn from families living in areas classified as socio-economically disadvantaged. Half of the sample had a Body Mass Index (BMI) classifying them as overweight or obese, whilst the remainder were classified as being ‘normal’ weight. Participants’ embodied perceptions of fatness were complex and sometimes contradictory. Researchers studied what young teenagers perceive the influences on fatness and body size to be; the professed consequences of being fat; participants’ experiences of attempting to lose weight; and, their reported interactions with friends and family relating to fatness and dieting. Participants rarely mentioned any health-related consequences of their own and others’ fatness, although wearing ‘nice’ clothes and being slowed down were raised as considerations by girls and boys, respectively. ‘Normal’ weight teenagers who disliked their bodies or who wanted to lose weight often claimed to be anxious about this. Being very obese also led to anxiety and reported attempts at ‘crash dieting’. Acceptance of body size/shape was, however, common amongst the overweight and obese teenagers, although some had attempted weight loss. The teenagers in this study were rarely supportive of friends or family who attempted to lose weight and frequently disagreed with others’ perceptions of fatness. These findings are important as they contradict the common perception that being overweight/obese is related to body dissatisfaction and that young people have a fear of fatness.

Pomerleau and Saules (2007) explored differences between women smokers and never-smokers in body image and eating patterns, and analyzed the data obtained from 587 women (18–55 years old) recruited to participate in laboratory investigations not focused on weight concerns. The sample consisted of 420
current smokers and 167 never-smokers; 44% of each group were overweight or obese (BMI ≥ 25). Questionnaires included measures of body image, body dissatisfaction, and restrained and dis-inhibited eating. Smokers did not differ from never-smokers on perceived body shape but endorsed a thinner preferred body shape and scored lower on body satisfaction than never-smokers. Smokers also scored higher on measures of dis-inhibited eating. Among smokers, those who were overweight/obese scored higher than normal-weight smokers on concerns about post-cessation weight gain and lower on self-efficacy to avoid relapse if weight increased. The study findings suggest that women smokers may require help in attaining a more realistic body image and attention to dysfunctional eating patterns if they are to achieve and maintain a healthful weight and/or to quit smoking successfully. They also indicate that overweight smokers may be at elevated risk of relapse in the face of post-cessation weight gain.

✓ Makara-Studzińska and Zaborska (2008) presented a literature review of the mutual relationship between obesity and body image. Obesity is becoming a worldwide problem that causes not only medical consequences but also disturbances in psychosocial functioning. Contemporary culture stigmatizes obese persons, which increases the probability of them internalizing negative information about themselves, and can cause obese persons feel psychologically discomforted about their physical appearance. Obesity then, is a source of distress related to a negative body image that plays a substantial role in the pathogenesis of eating disorders. Body image is an element of self-image and psychological well-being is substantially dependent on it. Research has clearly shown that obese persons are dissatisfied with their body and remain dissatisfied even after having lost weight. Obese persons more often tend to overestimate than underestimate
their body size. It turns out though that not all obese people have a disturbed body
image to the same degree. Most significant disturbances are characteristic of
people with childhood-onset or adolescence-onset obesity, women and people
suffering from a binge-eating disorder.

✓ Martin-Ginis, McEwan, Josse and Philips (2012) examined variables related to
body image change among 88 overweight and obese women participating in a 16-
week diet and exercise weight-loss intervention. Measures of body image and
potential mechanisms of body image change (actual and perceived physical
changes, self-efficacy) were administered at baseline, Weeks 8 and 16. In their
research findings they observed that body image improved significantly over the
study time-points ($p < .001$). They also perceived the physical changes accounted
for most explained variance (12–37%) in body image change. Further, the
findings also suggested that improved perceptions of body fat were a particularly
important predictor in each model ($p \leq .04$). The researchers through their
findings concluded that to improve body image, perceived changes to the body are
more important than actual changes.

2.3. Gratitude Therapy

Gratitude means grace, graciousness or gratefulness. As a psychological state,
gratitude is a felt sense of wonder, thankfulness and appreciation for life. The roots of
gratitude can be seen in many of the world’s religious traditions. Emmons and
Crumpler (2000) discussed the theological foundations of gratitude in Judaism,
Christianity and Islam. In addition to its association with religious tradition, the sense
of wonder and appreciation for life was one of the core characteristics of self-
actualizing individuals studied by Maslow (1970). The ability to freshly appreciate
everyday experience enabled self-actualisers to derive a sense of pleasure, inspiration and strength from even mundane happenings.

Gratitude serves to maintain people’s sense of personal goodness while linking them to a moral horizon towards which they might strive; it cultivates an individual’s sense of interconnectedness and personal growth. By way of contrast, ingratitude leads to a confining, restrictive and shrinking sense of self. From a clinical viewpoint, ingratitude can be viewed as a characterological defect. In case material, Heilbrunn (1972) illustrated various negative emotional sequels (such as rejection, depression, anger, anxiety and guilt) that people suffered following the failure to acknowledge gifts received. Schwarz (1971) writes, ‘The ungrateful, envious, complaining man... cripples himself. He is focused on what he has not, particularly on that which somebody else has or seems to have, and by that he tends to poison his world’.

- Emmons and McCullough (2003) conducted experimental studies of the effects of gratitude on well-being among college students. They were randomly placed into one of three conditions, (gratitude, hassles, or events), and reported that students in the grateful condition reported significantly greater life satisfaction, greater optimism for the upcoming week, fewer physical symptoms, and, perhaps most surprisingly, exercised significantly more than students in either the events condition or the hassles condition.

- Watkins, Woodward, Stone and Kolts (2003) in their study titled ‘Gratitude and happiness: development of a measure of gratitude, and relationships with subjective well-aimed.’ to develop a valid measure of trait gratitude, and to evaluate the relationship of gratitude to subjective well-being (SWB). Four studies were conducted evaluating the reliability and validity of the Gratitude Resentment
and Appreciation Test (GRAT), a measure of dispositional gratitude. This measure was shown to have good internal consistency and temporal stability. The GRAT was shown to relate positively to various measures of SWB. In two experiments, it was shown that grateful thinking improved mood, and results also supported the predictive validity of the GRAT. These studies support the theory that gratitude is an affective trait important to SWB.

Lyubomirsky et al., (2005) conducted a study in which they asked participants in the experimental condition to contemplate “things for which they are grateful” over the course of six weeks. Participants in the control condition completed only assessments of their happiness levels. In addition to the experimental and control condition, participants were asked either to complete the tasks once a week or three times a week. Results indicated that participants who completed the tasks only once a week showed increases in levels of well-being compared to the control group, but participants who completed the tasks three times a week showed no difference in happiness.

Tsang (2007) tested the effect of favor value on gratitude by inducing gratitude in a laboratory setting. Participants receiving a favor subsequently distributed more tickets to the other student; participants receiving a more valuable favor also distributed more (p<0.05). Self-reported grateful motivation predicted distribution better than did indebtedness. Grateful motivation mediated the relationship between favor and distribution (p<0.05). Increases in favour value were significantly related to increased prosocial behaviour toward the benefactor, but this effect paled in comparison to the effect of merely receiving a favour from another person. Likewise, an increase in favour value was not related to a corresponding increase in self-reported gratitude. The present study reported that
participants felt more gratitude than indebtedness in this paradigm, especially participants who believed they had received a favour from another participant. Both self reported grateful emotion and grateful motivation seemed to be better predictors of prosocial behaviour than was indebtedness, with stronger effects appearing for grateful motivation.

Wood et al., (2007) examined the direction of the relationships between trait gratitude, perceived social support, stress, and depression during a life transition. Both studies supported a direct model whereby gratitude led to higher levels of perceived social support, and lower levels of stress and depression. In contrast, no variable led to gratitude, and most models of mediation were discounted. Study 2 additionally showed that gratitude leads to the other variables independently of the Big Five factors of personality. Overall gratitude seems to directly foster social support, and to protect people from stress and depression, which have implications for clinical interventions.

Froh et al., (2008) examined the effects of counting blessings in a sample of sixth and seventh graders with the gratitude intervention resulting in happier students when compared to the students who wrote about their hassles, but not when compared to the neutral control students. Froh and colleagues found that students who were told to be grateful were more excited about life and satisfied with school than the students in the other conditions.

Algoe and Haidt (2009) demonstrated that emotions such as elevation, gratitude, and admiration differ from more commonly studied forms of positive affect (joy and amusement) in many ways, and from each other in a few ways. Sample consisted students from the University of Virginia (63 male, 99 female, 3 not reporting) from the age group of 17 to 22 years. The study was conducted in three
phases. That is in study 1, participants recalled a time when a specific type of situation, thought to elicit elevation, gratitude, admiration, or joy, had happened to them. In study 2, the researchers examined experiences of elevation and admiration right after they happened, triggered either by watching a video in the lab (Study 2a) or by observing an event in one’s daily life (Study 2b). And finally Study 3, compared the effects of gratitude and admiration on behavior relevant to relationship formation. The results of studies using recall, video induction, event-contingent diary, and letter-writing methods to induce other-praising emotions suggest that: elevation (a response to moral excellence) motivates prosocial and affiliative behavior, gratitude motivates improved relationships with benefactors, and admiration motivates self-improvement. Mediation analyses highlight the role of conscious emotion between appraisals and motivations.

☑ Krause (2009) predicted that feelings of gratitude will offset (i.e., moderate) the deleterious effects of chronic financial strain on depressive symptoms over time. The second hypothesis specified that people who go to church more often will be more likely to feel grateful and the third hypothesis predicted that individuals with a strong sense of God-mediated control will also feel more grateful. Data from a nationwide longitudinal study of older adults in the United States (N D 818) provided support for all three hypotheses. The data suggest that the effects of ongoing economic difficulty on depressive symptoms were especially pronounced for older people who were less grateful. But in contrast, persistent financial difficulties failed to exert a statistically significant effect on depressive symptoms over time for older individuals who were especially grateful. The results further revealed that more frequent church attendance and stronger God-mediated control beliefs are associated with positive changes in gratitude over time.
Wood, Joseph and Maltby (2009) conducted a study to test whether gratitude predicts psychological well-being above both the domains and facets of the five factor model. Participants (N=201) completed the NEO PI-R measure of the 30 facets of the Big Five, the GQ-6 measure of trait gratitude, and the scales of psychological well-being. Gratitude had small correlations with autonomy (r=.17) and medium to large correlations with environmental mastery, personal growth, positive relationships, purpose in life, and self-acceptance (rs ranged from .28 to .61). After controlling for the 30 facets of the Big Five, gratitude explained a substantial amount of a unique variance in most aspects of psychological well-being (r equivalent = .14 to .25). Gratitude is concluded to be uniquely important to psychological wellbeing, beyond the effect of the Big Five facets.

Geraghty, Wood, and Hyland (2010) conducted a study to identify the predictors of attrition from a fully self directed intervention, and to test whether an intervention to increase gratitude is an effective way to reduce body dissatisfaction. The gratitude intervention was as effective as monitoring and restructuring in reducing body dissatisfaction, and both interventions were significantly more effective than the control condition. Participants in the gratitude group were more than twice as likely to complete the intervention compared to those in the monitoring and restructuring group. Intervention content, baseline expectancy and internal locus of control significantly predicted attrition. This study shows that a gratitude intervention can be as effective as a technique commonly used in cognitive therapy and is superior in retaining participants.

Unsworth, Turner, Williams and Piccin-Houle (2010) reported on two studies that focused on grateful affect and grateful expression within low- and high-trust
postgraduate–supervisor working relationships. In Study 1, a sample of Canadian postgraduates and supervisors was interviewed to explore the consequences of expressed gratitude and identify supervisory behaviours for which postgraduates are grateful. Inductive grounded theory methods (Strauss and Corbin 1998) was used to explore the concept of gratitude from the narratives (cf. Lindén 1999) provided by the sample. In Study 2, a sample of Australian postgraduates was surveyed to study the determinants of grateful affect and expressed gratitude within a relational context. Results showed that perceptions of supervisors’ altruism and the perceived value of supervisors’ behaviours were positively related to the grateful affect felt by postgraduates in low-trust working relationships. In contrast, perceptions of supervisors’ altruism and the perceived value of supervisors’ behaviours were not related to grateful affect in high-trust working relationships. Implications for theory and practice are discussed.

✓ **Grant and Gino (2010)** reported that in Experiments 1 and 2, receiving a brief written expression of gratitude motivated helpers to assist both the beneficiary who expressed gratitude and a different beneficiary. These effects of gratitude expressions were mediated by perceptions of social worth and not by self-efficacy or affect. In Experiment 3, the effects were replicated in a field experiment and it was found that a manager’s gratitude expression increased the number of calls made by university fund raisers, which was mediated by social worth but not self-efficacy. In Experiment 4, a different measure of social worth mediated the effects of an interpersonal gratitude expression. The results support the communal perspective rather than the agentic perspective: Gratitude expressions increase prosocial behavior by enabling individuals to feel socially valued.
Wood, Alexander Mathew, 1983-, Maltby, John, Stewart, Neil, 1974-, Linley, A. and Joseph, S. (2008) tested a new model of gratitude, which specified the generative mechanisms linking individual differences (trait gratitude) and objective situations with the amount of gratitude people experience after receiving aid (state gratitude). In Study 1, all participants (N = 253) read identical vignettes describing a situation in which they received help. People higher in trait gratitude made more positive beneficial appraisals (seeing the help as more valuable, more costly to provide, and more altruistically intended), which fully mediated the relationship between trait and state levels of gratitude. Study 2 (N = 113) replicated the findings using a daily process study in which participants reported on real events each day for up to 14 days. In Study 3, participants (N = 200) read vignettes experimentally manipulating objective situations to be either high or low in benefit. Benefit appraisals were shown to have a causal effect on state gratitude and to mediate the relationship between different prosocial situations and state gratitude. The 3 studies demonstrate the critical role of benefit appraisals in linking state gratitude with trait gratitude and the objective situation.

Geraghty (2010) explored unguided self-help therapy, primarily using a gratitude technique. Retention (whether participants completed the intervention), outcome (whether the technique effectively reduced symptoms), and mechanisms (the psychological processes which antecedent outcome and retention), were investigated with participants engaging in procedures to improve a diverse range of symptoms, namely, mood, sleep disturbance, body dissatisfaction, depression and anxiety. Studies one and two investigated the role of two placebo mechanisms, response expectancy and motivational concordance, as predictors of outcome following a gratitude technique. Response expectancy contributed to
outcome to a greater extent in a laboratory setting, whereas motivational concordance explained greater outcome variance in a real-world setting. Studies three, four and five compared a gratitude technique to a problem focused technique and a waitlist control. Across all three studies, being randomly allocated to a gratitude technique resulted in greater retention than being allocated to a problem-focused technique. Use of a gratitude technique resulted in equivalent significant reductions in body dissatisfaction (Study three), depression (Study four) and worry (Study five), compared to a problem-focused cognitive restructuring technique, and was significantly more effective than being on a waitlist in all three studies. There was some evidence that different mechanisms affect outcome and retention. Placebo theory and the contextual model of psychotherapy provide useful insight into the factors that affect outcome and retention in self-help therapy.

✓ Chan (2013) conducted a study titled Counting blessings versus misfortunes: positive interventions and subjective well-being of Chinese school teachers in Hong Kong. This study compared a gratitude intervention approach with a coping intervention approach in promoting subjective well-being in a sample of 78 Hong Kong Chinese school teachers. Forty teachers were randomly assigned to the eight-week count-your-blessings condition and 38 teachers to the eight-week count-your-misfortunes condition. Participants of this study were informed that the research was an eight-week self-improvement project to enhance self-awareness and well-being through self-reflection. All participants were invited to attend a session on briefing of what they were to do during the eight weeks as described below under gratitude intervention and coping intervention. Forty participants (seven men and 33 women) were randomly assigned to the gratitude
approach condition, and 38 participants (eight men and 30 women) to the coping approach condition. The two groups of participants attended separate briefing sessions. After briefing, they were given a username and a password to gain access to the webpage to submit information online about what they did in the eight weeks. They were asked to respond to a pre-intervention baseline assessment questionnaire, and a post-intervention outcome assessment questionnaire. Increases in life satisfaction were observed in the post-intervention assessment for both approaches. However, statistically significant changes were observed on life satisfaction and the experience of negative and gratitude-related emotions only for the gratitude intervention approach, suggesting the relative effectiveness of the count-your-blessings exercise.

2.4 Compassion Focused Therapy

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-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).
Adams and Leary (2007) investigated the possibility that inducing a state of self-compassion would attenuate the tendency for restrained eaters to overeat after eating an unhealthy food preload (the disinhibition effect). College women completed measures of two components of rigid restrained eating: restrictive eating (desire and effort to avoid eating unhealthy foods) and eating guilt (tendency to feel guilty after eating unhealthily). Then, participants were asked either to eat an unhealthy food preload or not and were induced to think self-compassionately about their eating or given no intervening treatment. Results showed that the self-compassion induction reduced distress and attenuated eating following the preload among highly restrictive eaters. The findings highlight the importance of specific individual differences in restrained eating and suggest benefits of self-compassionate eating attitudes.

Laithwaite, O'Hanlon, Collins, Doyle, Abraham, Porter et al., (2009) evaluated the effectiveness of a recovery group intervention based on compassionate mind training, for individuals with psychosis. In particular, the objective was to improve depression, to develop compassion towards self, and to promote help seeking. A within-subjects design was used. Participants were assessed at the start of group, mid-group (5 weeks), and the end of the programme and at 6 week follow-up. Three group programmes were run over the course of a year. Nineteen participants commenced the intervention and 18 completed the programme. Significant improvements were found on the Social Comparison Scale; the Beck Depression Inventory; Shamer Scale; the Rosenberg Self-Esteem Inventory and the General Psychopathology Scale from the Positive and Negative Syndrome Scale. The results indicate the effectiveness of a group intervention based on the principles of compassionate focused therapy for this population.
Kelly, Zuroff, Foa, and Gilbert (2010) examined the impact and moderators of a self-compassion intervention on the self-regulation of cigarette smoking. One hundred and twenty-six smokers seeking to quit were randomly assigned to one of four interventions, of which one involved engaging in self-compassionate imagery and self-talk at every urge to smoke. Multilevel modeling revealed that over three weeks, the self-compassion intervention reduced daily smoking more quickly than a baseline self-monitoring condition but at the same rate as two other imagery-based self-talk interventions. Moderators of self-compassion training emerged. The self-compassion intervention reduced smoking more rapidly if participants were low in readiness to change; were high in the trait of self-criticism; and had vivid imagery during the intervention exercises. Findings suggest that training one-self to self-regulate from a self-compassionate stance might be especially effective for individuals who are able to visualize a compassionate image and whose personality and motivation would be expected to undermine the impact of traditional treatments.

Ashworth, Gracey and Gilbert (2011) in their article describe Jenny, a 23-year-old woman who suffered a traumatic brain injury 3 years prior to attending rehabilitation. Jenny presented with low self-esteem and mental health difficulties. Neuropsychological assessment revealed executive functioning difficulties. Jenny entered a holistic neuropsychological rehabilitation program aimed at improving complex interacting difficulties, receiving CBT as part of this. As CBT was of limited effectiveness, reformulation of Jenny's difficulties was presented to her based on CFT. The CFT intervention employed aimed to help Jenny develop self-validation and acceptance through producing feelings of kindness and warmth. Shifting the affective textures to the self is a key process for CFT. Self-report
measures of mental health and self-esteem showed positive changes and the usefulness of CFT for Jenny. Through the findings of the study, the researchers revealed that CFT can be useful in conceptualizing emotional responses and developing intervention in rehabilitation after ABI (Acquired brain injury), especially because CFT is based on a neurophysiological model of affect regulation that pays particular attention to the importance of affiliative emotions in the regulation of threat-focused emotion and self-construction.

Judge, Cleghorn, McEwan and Gilbert (2012) explored the benefits of a group-based compassion-focused therapy approach in a heterogeneous group of clients presenting with severe and enduring mental health difficulties to a community mental health team. Seven groups with an average of five clients per group were run over 12–14 weeks. The format of the group followed the procedures of explaining the evolutionary model, formulating client problems within the compassion-focused therapy model, introducing clients to the core practices of compassionate training, and using compassion based interventions to address core difficulties. Questionnaires were completed pre- and post-intervention: Self-criticism, shame, depression, anxiety, and stress. Significant reductions were found for depression, anxiety, stress, self-criticism, shame, submissive behavior, and social comparison post intervention. At pre-intervention the majority of patients were in the severe category of depression scores. At the end of therapy the majority were in the borderline category. A combination of self-report data and client feedback suggested that compassion focused therapy is easily understood, well-tolerated, seen as helpful and produces significant changes in objective measures of mental health difficulties in naturalistic settings.
Boden (2013) explored the experience of cancer patients undergoing a well-being programme which focused on compassion for self and others. The focus of the study concerned the ‘lived experience’ of applying compassion and self-compassion whilst learning a number of coping strategies and techniques, such as mindfulness and meditation and other compassion focused activities. The programme was developed to help people cope better in their everyday lives in relation to their ongoing journey through cancer and recovery. Five female participants who had undertaken an eight-week programme at a day hospice were interviewed. An interpretative phenomenological analysis was completed to draw out the emergent themes occurring within the dialogue. Emergent themes indicated that there was a reduction in anxiety levels and an increased sense of well-being; self-compassion was learnt from compassion; self-compassion was more difficult to apply than compassion. This difficulty was considered to be cultural and learnt. The participants reported an increased sense of well-being and had found the practice of mindfulness helpful. This enabled the participants to manage their day to day experiences less anxiously.

Braehler, Gumley, Harper, Wallace and Gilbert (2013) aimed to assess the safety, the acceptability, the potential benefits, and associated change processes of using group CFT with people recovering from psychosis. Forty adult patients with a schizophrenia-spectrum disorder were randomized to CFT plus treatment as usual (TAU; n = 22) or to TAU alone (n = 18). Group CFT comprised 16 sessions (2 hr each, 1 x week). Participants were assessed prior to randomization and at the end of treatment. Assessments included semi-structured interviews to elicit narratives of recovery from psychosis and self-report measures. At the end of treatment, participants were rated on the Clinical Global Impression Scale.
Narratives were coded using the Narrative Recovery Style Scale to provide measures of change in compassion and avoidance. Change processes were correlated with changes in depression, personal beliefs about illness, fear of recurrence, and positive and negative effects. The findings revealed that Group CFT was associated with no adverse events, low attrition (18%), and high acceptability. Relative to TAU, CFT was associated with greater observed clinical improvement ($p < 0.001$) and significant increases in compassion ($p = 0.015$) of large magnitude. Relative to TAU, increases in compassion in the CFT group were significantly associated with reductions in depression ($p = 0.001$) and in perceived social marginalization ($p = 0.002$). Findings support the feasibility of group CFT in psychosis and suggest that changes in compassion can be achieved, which appear to reduce depression in particular. Thus it was concluded that Compassion focused therapy appears safe, acceptable, promising, and evolving intervention for promoting emotional recovery from psychosis.

Lawrence and Lee (2013) explored the process of becoming self-compassionate for people with posttraumatic stress disorder, using interpretative phenomenological analysis. Semi-structured interviews were conducted with seven participants. Five super ordinate themes emerged from the data including: (1) the battle to give up the inner critic: who am I if I am not self-critical?; (2) an aversive and alien experience: how it feels to develop self-compassion; (3) the emotional experience of therapy; (4) self-compassion as a positive emotional experience; and (5) a more positive outlook in the present and for the future. Self-criticism formed an important part of the participants’ self-identity, and they experienced an initially aversive emotional response to self-compassion, describing it as a completely new experience and one to be feared. Despite this,
they were able to persist with therapy and subsequently experience positive emotional responses to self-compassion. The researchers state that therapists are should persist with compassion-focused therapy when met with resistance from clients, since overcoming this can be a key part of the therapeutic process.

Lincoln, Hohenhaus and Hartmann (2013) tested whether a brief intervention that targets negative emotions and self-esteem will reduce paranoid thoughts and whether this reduction will be mediated by a decrease in negative emotions and an increase in self-esteem. Healthy participants ($n = 71$) with varying levels of subclinical symptoms of psychosis (assessed with the Community Assessment of Psychic Experiences) were randomly assigned to a compassion-focused (CF) or a neutral control condition. Negative emotions were induced before the intervention by in sensu exposure to personally relevant distressing situations. Participants were then instructed to apply a previously trained compassion-focused versus a neutral image. Before and after the intervention paranoid thoughts were assessed by a state-adapted item from the Paranoia Checklist. Participants in the CF condition reported significantly lower levels of negative emotion, higher self-esteem and less paranoid thoughts compared to participants in the control condition. The effect of the CF-intervention on paranoid thoughts was mediated by reduced negative emotions but not by increased self-esteem. Persons with higher baseline scores on the CAPE responded to the intervention with a significantly stronger reduction of paranoid thoughts than persons with low or medium baseline scores. The researchers further suggested that interventions targeting the emotional processes involved in delusion formation might have potential to prevent the formation of paranoid beliefs in persons at risk of
developing psychosis and reduce delusions in persons with clinically relevant symptom levels.

✓ Lucre and Corten (2013) explored how CFT affected self-criticism and self-attacking thoughts, feelings, and behaviours, as well as the general symptoms of anxiety, stress, and depression of a personality disordered group within an outpatient group setting, and evaluated the extent of maintenance at a 1-year follow-up. A secondary objective was to identify some of the key characteristics that such an intervention would require. This was a pilot study exploring the feasibility, acceptability, and potential value of CFT in treating this difficult population and, as such, was designed as a pre-randomized controlled trial (RCT) to provide evidence to support applications for funding for an RCT. This study utilized a mixed method combining qualitative and quantitative methods to support a programme evaluation. Eight participants were introduced to the evolutionary-based CFT model and taken through explorations of the nature of self-criticism and shame. In subsequent sessions, participants were taught the main compassion-focused exercises, and any difficulties were addressed. The group was asked to share their personal stories and experiences of practicing self-compassion and to develop compassionate encouragement for each other. Self-report measures were administered at the beginning, end, and at a 1-year follow-up. The findings revealed that 16-week group therapy was associated with significant reductions in shame measured by the Others as Shamer Scale (OAS), social comparison on the Social Comparison Scale (SCS) feelings of hating oneself, and an increase in abilities to be self-reassuring on the Self-Attacking and Self-Reassuring Scale (FSCRS), depression and stress measured by the Depression Anxiety and Stress Scale (DASS). There were significant changes on
all CORE variables, well-being, risk, functioning, and problems. Further, all variables showed a trend for continued improvement at 1-year follow-up, albeit statistically non-significant. A content analysis revealed that patients had found it a moving and very significant process in their efforts to develop emotional regulation and self-understanding. The researchers concluded that CFT, delivered in a routine psychotherapy department for personality disorders, revealed a beneficial impact on a range of outcome measures.

✓ **Neff and Germer (2013)** conducted two studies which aimed to evaluate the effectiveness of the Mindful Self-Compassion (MSC) program, an 8-week workshop designed to train people to be more self-compassionate. Study 1 was a pilot study that examined change scores in self-compassion, mindfulness, and various wellbeing outcomes among community adults. Study 2 was a randomized controlled trial that compared a treatment group with a waitlist control group. Study 1 found significant pre/post gains in self-compassion, mindfulness, and various wellbeing outcomes. Study 2 found that compared with the control group, intervention participants reported significantly larger increases in self-compassion, mindfulness, and wellbeing. Gains were maintained at 6-month and 1-year follow-ups. The researchers through their study concluded that MSC program appears to be effective at enhancing self-compassion, mindfulness, and wellbeing.

✓ **Albertson, Neff and Dill-Shackleford (2014)** investigated whether a brief 3-week period of self-compassion meditation training would improve body satisfaction in a multigenerational group of women. Participants were randomized either to the meditation intervention group. Results suggested that compared to the control group, intervention participants experienced significantly greater reductions in
body dissatisfaction, body shame, and contingent self-worth based on appearance, as well as greater gains in self-compassion and body appreciation. All improvements were maintained when assessed 3 months later. Self-compassion meditation may be a useful and cost-effective means of improving body image in adult women.

✓ **Gale, Gilbert, Read and Goss (2014)** explored the outcome of introducing Compassion Focused Therapy (CFT) into a standard treatment programme for people with eating disorders. The aim was to evaluate whether CFT can be used with people with eating disorders and improve eating disorder symptomatology. Questionnaires were administered on the sample (n=99) to assess cognitive and behavioural aspects of eating disorders and social functioning/well being. The study findings revealed that there were significant improvements on all questionnaire measures during the programme. An analysis by diagnosis found that people with bulimia nervosa improved significantly more than people with anorexia nervosa on most of the subscales. Also, in terms of clinical significance, 73% of those with bulimia nervosa were considered to have made clinically reliable and significant improvements at the end of treatment as compared to 21% of people with anorexia nervosa and 30% of people with atypical eating disorders.

✓ **Kelly, Carter and Borairi (2014)** examined whether larger improvements in shame and self-compassion early in treatment would facilitate faster eating disorder symptom remission over 12 weeks in trans-diagnostic sample of eating disorder patients. Participants were 97 patients with an eating disorder admitted to specialized day hospital or inpatient treatment. They completed the Eating Disorder Examination-Questionnaire, Experiences of Shame Scale, and Self-
Compassion Scale at intake, and again after weeks 3, 6, 9, and 12. Multilevel modeling revealed that patients who experienced greater decreases in their level of shame in the first 4 weeks of treatment had faster decreases in their eating disorder symptoms over 12 weeks of treatment. In addition, patients who had greater increases in their level of self-compassion early in treatment had faster decreases in their feelings of shame over 12 weeks, even when controlling for their early change in eating disorder symptoms. The findings revealed that CFT theory - feelings of shame contribute to the maintenance of psychopathology, whereas self-compassion contributes to the alleviation of shame and psychopathology may help to explain the maintenance of eating disorders. Clinically, findings suggest that intervening with shame early in treatment, perhaps by building patients' self-compassion, may promote better eating disorders treatment response.

✓ **Mantzios, Wilson, Linnell and Morris (2014)** conducted a research on the usefulness of mindfulness and self-compassion for dieting has focused on meditative practices. As meditation can be difficult to maintain, especially while dieting the present research attempted to induce mindfulness and self-compassion by using food diaries that required the participant to either focus on concrete (i.e. how they are eating) construal or abstract (i.e. why they are eating) construal. The concrete construals were expected to increase mindfulness and self-compassion, as well as decrease avoidance and negative thoughts (which would further aid the development of mindfulness and self-compassion). It was found that mindfulness and self-compassion mediated the inverse relationship of avoidance and negative thoughts with weight loss. Further the study findings revealed that concrete construal diaries increased mindfulness and self-compassion, decreased avoidance and negative thoughts, and supported weight loss significantly more than the
abstract construal diaries. When compared the concrete construal diaries with a mindful self-compassionate meditation programme, there was no difference in weight loss at the end of the intervention, but at a three-month follow-up, the diaries performed better at weight maintenance. Thus, the concrete construal diaries may promote mindfulness and self-compassion and potentially promote long-term weight loss.

In summary, the review of literature confirms that psychological therapies can help in erasing emotional issues which in turn can help individuals live a better and balanced life. Various researches conducted suggest that being grateful helps individuals feel good as it is linked with positive emotions including contentment. Similarly, being compassionate is also linked with positive emotions as it gives one a feeling of being accepted and loved with unconditional regard. However as cited in review of literature, research studying the impact of love and compassion therapy suggests that love is a positive emotion that has a positive impact on individuals’ well-being. Therefore therapies like gratitude therapy and compassion focused therapy can be used as variables to study its impact on emotional issues like body dysphoria.

Research studies conducted down the years also point out a very important fact – that the human mind is yet a great, vast and unchartered field and however much new data and research is collected, it will yet continue to be elusive and incomplete, only to assimilated by the individual herself or himself.

2.5. Need for the Study

Thoughts, feelings and behavior affect our health and well-being. Recognition of the importance of these influences on health and disease is consistent with evolving
conceptions of mind and body which represents a significant change in medicines and the life-sciences.

This research study makes an attempt to study the effect of gratitude therapy and Compassion-focused therapy on the individuals with body dysphoria. Further the research study intends to study and highlight the difference in body dysphoria between obese and non-obese individuals.

2.6. Objectives of the Study:

The aim of the study was to introduce Gratitude therapy and Compassion-focused therapy as interventions and determine the effectiveness in helping individuals cope with body dysphoria.

This was carried out by exposing the individuals to Gratitude therapy or Compassion-focused therapy as interventions to diminish or lessen the negative feelings and negative attitude towards their own body image. And this would enhance a positive change in their body image.

The objectives of the study were as follows:

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.
2.7. Research 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?

2.8. Hypotheses

The following hypotheses are formulated based on the above objectives of the study.

\(H_{a1}\): 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.

From the above main hypothesis, following specific hypotheses are formulated and tested further:

\(H_{a1.1}\): There will be a significant difference in the pre intervention and post intervention scores of body dysphoria among college students from gratitude therapy group

\(H_{a1.2}\): 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

\(H_{a1.3}\): 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

From the above main hypothesis, following specific hypotheses are formulated and tested further:

Ha2.1: 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 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

From the above main hypothesis, following specific hypotheses are formulated and tested further:

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