A QUALITATIVE STUDY OF UNINTENTIONAL PROCRASTINATION, DEPRESSION AND BODY IMAGE IN INDIA

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Abstract

Procrastination can lead to depression and depression can result in procrastination. Depression is a withdrawal from normal psychological functioning. The way you perceive about your body is your cognitive body image. This can lead to excessive concern with body shape and weight. Behaviors in which you relate as a result of your body image encompass your behavioral body image. Depressed people interact less with the world than they did when they were functioning in a healthy way of thinking and behaving. Depressed people withdraw from the world because they may find human interaction too stressful and threatening. A notable symptom in depression is a lack of drive to initiate or perform any task. This study is interview research aims to assess the amount of unintentional procrastination in body image concerned depressed patients in efforts to justify the symptoms. The sample size consists of 30 depressed patients’ age ranging from 21-60 which includes both men and women, identified with symptoms of depression due to body image and patients who have been treated with antidepressants for 3months-6years. The Unintentional Procrastination Scale by Bruce A.Fernie (2016) is used in this study. Results revealed from the test conducted, Out of 30 depressed patients, above 25% to 40% of the patients responded with moderate agreement. Most of them face disturbances in their occupational lives, because of the unintentional procrastination that bothers them.

Keywords: Procrastination, Depression, Body Image

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Introduction

Procrastination can lead to depression and depression can result in procrastination. Depression is a withdrawal from normal psychological functioning. Depressed people interact less with the world than they did when they were functioning in a healthy way of thinking and behaving. Depressed people withdraw from the world because they may find human interaction too stressful and threatening. They live in fear of disappointment. Biological (innate) causes of depression are caused by a lack of serotonin in the blood stream. Serotonin has been dubbed the ‘happiness hormone’ and produces feelings of wellbeing and euphoria. Various illness and biological changes such as post natal depression, serious biological illness and disease, puberty, menopause, andropause, aging, malnutrition, drug addiction or adverse reactions to drugs, and accident trauma can cause bodily changes whereby the body fails to produce the required level of serotonin for a healthy life. A biologically depressed person, have low serotonin so they also experience low motivation. This turns into a loop where one leads to the other. What this means is that, they procrastinate about making serious decisions in their life and even feel incapable and unconfident about making decisions. The lack of motivation also results in starting, but not continuing or completing tasks. Part of that behavior is finding all sorts of excuses not to engage with life, make decisions and do tasks. If they experience reactive depression, they have had everyday functioning disrupted.

Reactive depression occurs when you have experienced a trauma in your life which has broken the normal hormonal functioning cycle that motivates you in your day-to-day life. The body has become overloaded with stress through an event, which may have been physical injury or psychological shock, causing the adrenal glands to overload then slow down. You feel like you do not have much energy or cannot be bothered do to do anything. You procrastinate about decisions or being involved with tasks. So for some of them who procrastinate, it is part of your depressive experience and avoidance strategy to engage with life thinking styles.

Paul Schilder, an Austrian neurologist and psychoanalyst coined the term ‘body image’. In The Image and Appearance of human body, (Schilder, 1950) argued that body image is not just a perceptual construct but also a reflection of attitudes and interactions. Body image can be defined as how people perceive their looks and their body functioning, which includes people’s thoughts and feelings about their weight, shape, color, size, height and their appearance. The development of body image is complex and various studies show that an individual’s mind- set, influence of peer groups, media, society and culture in which we live in can to a certain extent shape our body image. Thanks to these factors, two almost identical people can have a very different body image. The body image refers to the extent to which individuals perceive the facts pertaining to their body. This perception of the individuals on their body results either in satisfaction or dissatisfaction and has two components. The first component incorporates subjective knowledge of one’s physical attributes. . The second component is the degree to which an individual is satisfied with one’s present body attributes. The level of body satisfaction determines the degree of one’s body dissatisfaction, body confidence, and body esteem. Psychological well-being is a state of mind desirable for everyone. Some of the characteristics associated with psychological well-being are: optimism, positive work attitudes, understanding, reaching out to people, maintaining good health, ability to sustain relationships, able to handle crisis effectively etc. The above characteristics sound utopian in the context of present day life style.

Society today is driven by competition and is putting pressure on the people. The result is: individuals of all ages experience stress from one source or another. There are certain crucial stages in life during which people are more prone to vulnerability. One such stage is late adolescence and young adulthood stage. (Ryff and Keyes, 1995).

Every individual have different perceptions of their own body and their perceptions need not fit to the societal expectations. The self-realization of their personal attributes can affect their psychological well-being.
Literature Review

(Wolters, 2003) has examined the topic “Understanding procrastination from a self-regulated learning perspective”. Academic procrastination includes failing to perform an activity within the desired time frame or postponing until the last minute activities one ultimately intends to complete. As such, high levels of procrastination appear inconsistent with the behaviors typically attributed to self-regulated learners, however, research exploring the relation between these 2 constructs is lacking. Two studies (N = 168 and N = 152) examining procrastination and its relation to several key components of self-regulated learning using self-report surveys are reported here.

Results indicate that procrastination was related to college students' self-efficacy and work-avoidant goal orientation and, to a lesser extent, their use of metacognitive strategies. Findings are discussed with regard to prior research on self-regulated learning and procrastination and to future research.

(Ferrari, 2006) studied, the characteristic profile of arousal and avoidant motives of procrastinators were related to past, present, and future time conceptions. Participants (140 women, 135 men) completed measures of arousal and avoidance procrastination, and time orientation. Results indicated that avoidant procrastination was associated negatively with present-fatalistic time orientation, and arousal procrastination was associated positively with present-hedonist and negatively with future time orientations. The variance accounted for by time orientations was modest, yet provides further evidence that there are distinct motives for chronic procrastination.

A study conducted by (Anamika and Singh, 2014) aimed to assess the relationship between eating behavior and body image among adolescents. A total of 120 samples were selected (60 adolescent male and 60 adolescent female) in different government and private schools of Lucknow city using random sampling technique. A self-made questionnaire was used to assess eating behavior and Rosenberg self-esteem scale was used to assess the body image. The study found that there was a significant differences between eating behavior among adolescent boys and girls, and body image was positively correlated with eating behavior.

(Cristiana, 2016), conducted a study on the topic "Self-Esteem and Body Image Perception in a Sample of University Students" This cross-sectional study was conducted to determine the relationship established between self-esteem and body image dissatisfaction, as subjective variables among young, female Romanian university students. The hypothesis is that young women’s body dissatisfaction is related to their self-esteem level. The second major purpose of this study is to verify whether self-esteem level and body size acceptance, which are subjective variables, are significantly correlated with BMI as an objective variable. The data were collected using measurements and questionnaires from a random sample of 160 female students (19-21 y.o.) assumed to be healthy and educated, with constant physical activity and having an urban lifestyle. Using descriptive statistics for each variable, we analyzed summaries of the sample and the collected data. For pairs of variables the Pearson correlation coefficient® was calculated, and its statistical significance was tested using the “r” test. Prevalence of body dissatisfaction was reported, with 79% of girls reporting being dissatisfied with their physical appearance. Self-esteem and body dissatisfaction were during a significant negative correlation: r (158) = -0.36, p<.0005.

Consistent, statistically significant correlation between BMI and body dissatisfaction (r (158) = 0.56, p<.0005) was found. An important part (31%) of body dissatisfaction is decided by BMI and subsequently by weight and fat deposits.

(Deanna R. Puglia, 2017) conducted a study on "Social media use and its impact in Body Image: The effects of body comparison tendency, motivation for social media use, and social media platform on body esteem in young women". The purpose of this study was to examine the effects of social media use on body esteem in young women.
Through a self-report survey of college women (n=339), it was found that body comparison tendency was negatively correlated with body esteem and positively correlated with the motivation to use social media for body comparisons. This study also provided an exploratory investigation (n=58) of the impact that different social media platforms have on body satisfaction. Of the platforms examined, Facebook showed the largest negative correlation with body satisfaction (r=-.204). Participants who engaged in higher levels of Facebook use also displayed significantly lower body satisfaction than those with lower Facebook use (p<.05). This study suggests that social media is a new avenue for individuals to engage in maladaptive body comparison processes, creating a need for health communication and behavior change interventions that address this issue, especially among vulnerable populations.

(Alitaya Abbasi and Aisha Zubaier, 2017) conducted a study on the topic "Body Image, Self-Compassion, and Psychological Well-Being among University Students". The purpose of the present study was twofold; firstly, to determine the relationship between self-compassion, body image, and psychological well-being of university students; and secondly, to determine the role of various demographics (gender and parental education) in relation to variables of the study. The sample consisted of 123 male and 177 female students from universities in Rawalpindi and Islamabad. Self-Compassion Scale Multidimensional Body-Self Relations Questionnaire- Appearance Scale (Cash, 2002), and Affectometer-2 was used to measure self-compassion, body image, and psychological well-being, respectively. Results of the study showed that self-compassion was significantly positively related with psychological well-being and body-image. Similarly body-image was positively related with psychological well-being. Self-compassion and body-image significantly predicted the psychological well-being among these students.

Yazdani, Negar Sayed et al., (2018) conducted a study on the "Relationship between body image and psychological well-being in patients with morbid obesity. The purpose of this study was to assess the relationship between body image and psychological well-being in morbid obese patients. This cross-sectional study, using simple random sampling method, was done on 124 morbid obese patients who referred to obesity clinic in Shiraz from 2016 to 2017. The data were collected by body image index and psychological well-being questionnaire. Results were analyzed using descriptive statistics, Pearson correlation coefficient test, ANOVA, and Regression analysis. The results showed a significant relationship between body image and psychological well-being (r=0.43) (P<0.001), and between the total score of the body image I and all the subscales of psychological well-being except autonomy and purpose in life.

Research Gap:

From the review of available literature, it can be seen that "A Qualitative Study of Unintentional Procrastination, Depression and Body Image in India" form a new area of study and it has not yet been covered anywhere in the earlier studies. Therefore, the present study is a fresh area. The factors affecting this defined area are examined in detail by applying statistical tools.

Method of Investigation

The main purpose is to study the level of Unintentional Procrastination in Depressed Patients due to Body Image. Procrastination is the avoidance of doing a task that needs to be accomplished. A notable symptom in depression is a lack of drive to initiate or perform any task. This study aims to assess the amount of unintentional procrastination in depression patients in efforts to justify the symptoms. This is an interview research. The sample size consists of 30 patients with depression age ranging from 21-60 which includes both men and women, identified with symptoms of depression and patients who have been treated with antidepressants for 3months-6years. Stratified random sampling method has been used to collect data. The data have been collected from psychiatric hospitals in India. The Unintentional Procrastination...
Scale by Bruce A. Fernie is used in this study. Percentage analysis has been conducted in this study for the results.

**Result and Discussion**

1. I rarely begin tasks as soon as I’m given them, even if I intend to

<table>
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<tr>
<th>Do not agree</th>
<th>Agree slightly</th>
<th>Agree moderately</th>
<th>Agree very much</th>
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<tbody>
<tr>
<td>13.4%</td>
<td>33.3%</td>
<td>40%</td>
<td>13.3%</td>
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From the above, it is clearly shown the maximum number of people agreed to the statement moderately. This may be due to a lack of drives and motives in depressed patients. And very few people say that they "disagree". This may be because starting a task is not difficult for them, but staying stable and completing the task is fine.

2. Often, I mean to be doing something, but it seems that sometimes I just don’t get around it.

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<th>Do not agree</th>
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<th>Agree very much</th>
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</thead>
<tbody>
<tr>
<td>16.6%</td>
<td>20.2%</td>
<td>36.6%</td>
<td>26.6%</td>
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From the above is the maximum number of people who moderately agreed with the statement, and this means that they seem to start the work, but because of the thinking disorder, they cannot finish the given task, and fewer people also accepted it. Much shows that it is quite difficult for people with depression to get a task done right away.

3. I often seems to start things and don’t seem to finish them off.

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<tr>
<td>16.6%</td>
<td>16.6%</td>
<td>33.4%</td>
<td>33.4%</td>
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For this above, the number of people claims to “do not agree” and “agree slightly”, this shows that only few people don’t have difficulty in finishing the task as soon as it has been started.

4. I intend to get things done, but sometimes this just does not happen.

From what has been said above, the maximum number of people is strongly agreed, which clearly shows that depressed patients have difficulty completing tasks and inadvertently delaying them to the maximum due to low motives and impulses.
5. Often, I will set myself a date by which I intend to get something done or make a decision, but miss the deadline

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<tbody>
<tr>
<td>3.4 %</td>
<td>26.6 %</td>
<td>30%</td>
<td>40%</td>
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6. I really want to get things finished in time, but I rarely do.

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<th>Do not agree</th>
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<th>Agree moderately</th>
<th>Agree very much</th>
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</thead>
<tbody>
<tr>
<td>10 %</td>
<td>13.4 %</td>
<td>43.3%</td>
<td>33.3%</td>
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From the table above, it can be seen that the maximum number of people agreed moderately, which shows that they did not hesitate on purpose. Few people who disagree with the statement may use denial as their ego defense mechanism.

Summary and Conclusion

Procrastination can lead to depression and depression can result in procrastination. Depression is a withdrawal from normal psychological functioning. Depressed people interact less with the world than they did when they were functioning in a healthy way of thinking and behaving. Depressed people withdraw from the world because they may find human interaction too stressful and threatening. They live in fear of disappointment. Paul Schilder, an Austrian neurologist and psychoanalyst coined the term ‘body image’. In The Image and Appearance of human body, (Schilder, 1950) argued that body image is not just a perceptual construct but also a reflection of attitudes and interactions. Body image can be defined as how people perceive their looks and their body functioning, which includes people's thoughts and feelings about their weight, shape, color, size, height and their
appearance. The development of body image is individual’s mind-set, influence of peer groups, media, society and culture in which we live in can to a certain extent shape our body image.

This is a complete qualitative research based on percentage analysis. The level of unintentional procrastination among depressive patients with body image dissatisfaction have been studied and analyzed by using unintentional procrastination scale designed by Bruce A. Fernie. It consists of 6 questions which directly cover the aspects of unintentional procrastination, it is a four point scale with options – does not agree, agree slightly, agree moderately, and agree very much. It is surveyed with 30 depressive patients who have been clinically identified with depression and have been treated with antidepressants. The data are interpreted and analyzed using percentage analysis method, in which each option for each questions have been discussed. The result signifies that depressive patients possess moderate to high level of unintentional procrastination. Out of 30 depressive patients, above 25% to 40% patients responded as moderately agreed. This is the highest selected options in all questions. They have trouble is task completion which is due to their lack of drive and motives. People with depression due to body image will also have trouble in moods, understanding emotions and difference in reactivity state. Out of 30 samples, the maximum number of depressed people is procrastinating unintentionally. Most of them face disturbance in their occupational lives, because of the unintentional procrastination that bothers them.

Suggestions to avoid procrastination is to optimize your environment – your environment can help or hinder your productivity, Forgive yourself – stop beating yourself up about the past. Thoughts such complex and various studies show that an as “I should have started earlier” will only make matters worse. Determine what went into avoidance, Maintain deadlines – establish specific deadlines for completing any task.

Reference


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