CHAPTER VI

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The research study conducted rested its primary focus on psycho spiritual interventions and to ascertain the role of spirituality and ego-strength in helping clients cope with the debilitating illness of cancer. The impact of the psycho spiritual therapeutic interventions on the psychological well-being of the clients and the changes in their personality profiles were also its objectives.

The four different parameters studied were as follows:

1. Impact of the exposure to the psycho spiritual therapeutic sessions in helping clients to cope better with the debilitating illness (cancer).

2. Impact of the psycho spiritual interventions on the levels of spirituality, ego-strength and health status and its consequent effect on the psychological well-being of the clients coping with debilitating illness (cancer).

3. Changes in the personality dispositions of the cancer-afflicted clients after exposure to the psycho spiritual interventions.

4. A qualitative analyses of the clients' feedback responses along with detailed case studies covering the psycho spiritual interventions.

The results are grouped under different subtopics as below:

A. Psycho spiritual interventions and coping with the debilitating illness (cancer).

In hypotheses 1 and 1.1 the role of high levels of spirituality and ego-strength were assumed as predictors to better coping and recovery from the debilitating illness after exposure to the psycho spiritual therapeutic interventions. These results were confirmed in Table 8 and Table 8.1 respectively. Herein seventeen out of twenty-two clients who had
high levels of spirituality improved, whereas only two out of eight clients who had low levels of spirituality improved after exposure to psycho spiritual interventions (Refer Table 8). Clients who have high levels of spirituality expressed greater levels of contentment and joy in their lives. They were more relaxed and at peace and were able to accept themselves and others in totality, more easily than others. A number of studies have reported that individuals who perceive God to be a loving, compassionate, and responsive figure report higher levels of personal well-being (Pargament, et al. 1998.) On the other hand, people who describe God in more distant, harsh, fearful or punitive terms indicate higher levels of psychological distress (Pargament, Smith, et al, 1998; Schwab & Petersen, 1990). In other studies of religious coping, people who see God as a partner in the problem solving process report better mental health, whereas those who passively defer their problems to God, particularly in controllable situations, show lower levels of mental health (Pargament, et al., 1988). Consequently, when clients are able to bring themselves closer to God through exposure to the psycho spiritual therapeutic interventions, they are able to endure, accept and cope better with their illness.

It was assumed in hypothesis 1.1 that high levels of ego-strength would also help the clients to cope better with the disease. High levels of ego-strength internalize in the clients feelings of being able to take personal responsibility in adopting positive health habits and behaviors, such as sticking to a proper regimen of diet and exercise. Clients with high levels of ego-strength have the capacity to endure, sustain and not give up easily on the goals they have set for themselves. Thus, they do not get as easily discouraged when their prayers are not answered, but sustain their hope and faith in God, despite any observable
results. These results were confirmed in Table 8.1 wherein fourteen out of eighteen clients who had high levels of ego-strength improved, whereas only five out of twelve clients who had low levels of ego-strength improved after exposure to psycho spiritual interventions. The concepts of optimism, explanatory style, and self-esteem appear to have shown promise as predictors of physical health, especially in individuals experiencing stressful events or distress. Measures of dispositional optimism (i.e. general positive expectations) predicted reports of few physical symptoms in relatively healthy populations and active coping responses during stress (Aspinwall & Taylor, 1992), as well as faster physical recovery and high quality of life after bypass surgery. A non-optimistic explanatory style — making internal, stable, and global attributions for negative events — predicted subsequent physician-diagnosed poor health in mid-life, controlling for initial health status, in a sample of male Harvard undergraduates (Peterson, et al. 1988). This style was also associated with lowered immunocompetence in elderly individuals (Kamen-Siegel, et al. 1991). Other studies have reported that on days following a stressful day, individuals with low self-esteem and poor social networks reported more health problems, such as flu, sore throat and backaches (DeLongis, et al. 1988). Self-efficacy, a more situation specific variable, may affect health through its impact on health-related behaviors (Bandura, 1989). Individuals with high levels of ego-strength have high levels of self-efficacy i.e. they believe in their capabilities to produce desired effects by their own actions. Self-efficacy influences the adoption of healthy behaviors, the cessation of unhealthy behaviors and the maintenance of behavioral changes in the face of challenge and difficulty. Self-efficacy beliefs influence a number of biological processes that, in turn, influence health and disease (Bandura, 1997).
However the psycho spiritual interventions did not improve the health status of the clients as assumed in hypothesis 1.2. Essentially the clients in the research sample continue to be under medical treatment and therefore show fluctuations on their health status. Having weathered the storm of the illness in its peak period, many of the clients reported that they had learnt to accept their physical distress that occurred on and off, with the knowledge that it was a part of the nature of their disease.

The results also showed a significant improvement in the prognosis of the clients with the debilitating illness after the exposure to the psycho spiritual interventions (Refer Table 8.3). Nineteen out of the thirty clients had shown a good prognosis, whereas eleven of them showed a fair prognosis. Both the variables i.e. Spirituality (F: 4.29; p< 0.04) and Ego-Strength (F: 6.34; p< 0.01) were found to have made a significant contribution to the process of coping and recovery indicating efficacy of psycho spiritual therapy, whereas there was no significant impact on the health status of the individual (F: 0.00; p< 0.99) (Refer Table 8.3a). In Table 8.3b, the Eigen value which is considered as a measure of importance for showing the relative magnitude of the function’s total discriminatory power was found to be 0.32. It explains 100 per cent of the total variance and is thus significant. Wilks’ Lambda was found to be 0.75 which was significant at the 0.06 level (Refer Table 8.3c). Applying the standardized coefficients procedure in discriminant analyses, the contribution of the variable of ego-strength was the highest (β: 0.75), followed by the variable of spirituality (β: 0.52), whereas the contribution made by the variable of Health was found to be the lowest (β: 0.40). As most of the clients in the research sample
continued to be on treatment with medications and therefore experienced changes in their physiological health parameters (Refer Table 8.3d).

These results signify that a healthy balance of spirituality and ego-strength is necessary for effective coping and recovery in the clients. According to Baute (1992), a psychologically healthy spirituality accepts that it is often through pain, failure or crises that we are brought to a deeper spirituality, using a foundation based on honesty, self-knowledge and a willingness to accept reality to cope with life’s problems. When dependency on religious rites and rituals alone is not perceived as the magic solution of life’s problems and rigorous efforts are made to improve one’s imperfections by honest self-examination and prayer combined, a healthy balance is achieved to optimize recovery from any crises situation. The discriminant analyses carried out on the research data showed a 73.3 per cent hit rate in terms of accuracy of classification. (Refer Table 8.3e). Thus the psycho spiritual therapeutic program was successful in accurately classifying 73.3 per cent of cases for effective coping and high levels of prognosis.

Coping is a complex multidimensional process that is sensitive both to the environment, and its demands and resources, and to personality dispositions that influence the appraisal of stress and resources for coping. According to Kiecolt-Glaser and Glaser, et al. (1986), relaxation training and related techniques can be helpful in combating the negative effects of prolonged stress on the immune system components. A dysregulated immune system can affect everything from one’s susceptibility to colds to one’s ability to kill cancer cells or AIDS viruses, and may also be a factor in asthma, allergies, diabetes, multiple sclerosis,
rheumatoid arthritis, lupus and other autoimmune diseases in which the body attacks itself. Meditation exercises help patients to relax and de-stress themselves to gather greater courage and inner strength to cope better with the debilitating illness.

B. Psycho spiritual interventions and its impact on the psychological well-being of the clients coping with the debilitating illness.

The research study placed its emphasis on the role of spirituality and ego-strength in helping clients cope with illness and its aftermath. The clients’ levels of neuroticism which also affects the clients’ psychological well-being, was also assessed to determine its role in helping clients to cope with the debilitating illness. Hypotheses 2, 2.1 and 2.2 assumed a significant raise in the levels of spirituality and ego-strength and an improvement in the health status of the clients after exposure to psycho spiritual interventions. Since the inner strength of the clients would be fortified and their anxiety levels would reduce, they would show an improvement in their psychological well-being. The results of the study have confirmed these hypotheses (See Table 9, 9.1 and 9.2).

Table 9 reported that the majority of the clients showed an increase in their spirituality levels on post-treatment evaluation (m: 38.73) as compared to the pre-treatment evaluation (m: 36.67). The significant 't' value (t: 5.56, df: 29, p: 0.00) indicated that the psycho spiritual interventions used with the clients were significantly effective in terms of raising their spirituality levels. During the course of the psycho spiritual intervention program, the clients reported specific changes in their outlook towards God or a Higher Force in the following manner:
Clients reported a tendency to increasingly turn towards God for help, support and relief from the consequences of the long-drawn treatment procedures that included radiation and chemotherapy. This helped them to endure the consequent side-effects that resulted from the treatment procedures, namely nausea, vomiting, loss of appetite, difficulty in sleeping, and many others. In addition, the psychological trauma of having hair loss, having to adjust to prosthesis for women having breast cancer, and the psychological fear of the recurrence of the disease was dealt with by taking recourse to God or Higher Forces. Similar findings were reported by Ferraro & Kelley-Moore (2000), in their article titled ‘Religious consolation among men and women: Do health problems spur seeking?’ The authors reported that chronic conditions were associated with increased religious seeking over time, and cancer was associated with higher religious seeking, especially among women. Depression was associated with greater seeking of religious consolation among both men and women. Their results revealed that women are more likely than men to seek religious consolation, but men seek religious consolation for a wider range of health and situational problems (e.g., unemployment). Their findings thus demonstrate the importance of considering the role of religious consolation in studies related to health.

Table 9.1 reports that the majority of clients showed an increase in their ego-strength levels on post-treatment evaluation (m: 86.47) as compared to the pre-treatment mean score (m: 80.53). A significant ‘t’ value (t: 6.17, df: 29, p: 0.00) obtained, indicated a positive impact of the psycho-spiritual interventions on the ego-strength levels of the clients coping with the debilitating illness. Ego-strength is characterized by a realistic appraisal of the life
events and their acceptance, and possessing the confidence to deal with crises situations with positivism. The psycho spiritual interventions helped the clients to refocus their energies and strengths to engage in positive health-related behaviors. During the psycho spiritual interventions it was observed that one client suffering from many physical ailments including cancer of the colon, scar epilepsy, cardiac and respiratory problems with severe spondolytis remarked, “In my suffering, He gives me the strength and compassion to pray for others who are suffering more than me. I am better able to endure my illness because I know it is His will and He will give me the strength to face it.” Apart from an element of surrender to a Higher Force which is clearly evident in his statement, there is unmistakably also an acceptance of reality ‘as it is’ in the heart of this client which comes from possessing a high level of ego-strength. Through the psycho spiritual interventions, this client learnt to cope with his various illnesses in the most noble and courageous ways: accepting the fact that he was unable to be physically active or productive, yet utilizing his quiet time to pray for the relief of the sufferings of others and thereby, giving meaning to his own life. Lockhart (1977), the Jungian psychotherapist, who also suffered from cancer tells, ‘Perhaps cancer (and I would say, that the same could be said of any illness) is an experiment in the creation of greater personality, urging it on to the frontier of its existence, in order to constellate there the meaning and purpose of one’s destiny previously denied ...Sickness can be a road to individuation, holding within it the confused mass, not yet transformed. Sickness pulls consciousness to ever deeper recesses of the self.’ Increased individuation reflects a high degree of self-actualization. Research has cited that the important positive characteristics demonstrating self-actualization include “increased acceptance of self, of others and of nature’s superior perception of reality”
(Maslow, 1968). These characteristics parallel some of the fundamental objectives of meditation and having an increased acceptance of self and reality also marks as an important contributor to developing a strong ego-strength and therefore the most widely measured positive psychological outcome in the meditation literature is self-actualization (Cranson, et al. 1991).

Table 9.2 indicates that the majority of clients showed a decrease in their neurotic tendencies on post-treatment evaluation (m: 4.63) as compared to the pre-treatment mean score (m: 9.37), with a significant t value (t: 4.92, df: 29, p: 0.00) pointing out to the decrease in the level of neuroticism after the psycho-spiritual interventions which consequently improved their health status. Relevant research has described the role of neuroticism in producing negative affect and its impact upon health. Neuroticism is defined as a broad dimension of individual differences characterized as the tendency to experience negative emotions, including anger, anxiety and depression. Experimentally induced negative mood increases reports of physical symptoms. Neurotic persons clearly report more stressful events and experiencing uncomfortable physical symptoms (Affleck, et al. 1992; Aldwin, et al. 1989) and magnify the effects of a given stressful event (Bolger, 1990). For instance, fear of the recurrence of the disease was a major deterrent for leading a stress-free life in one of the clients, suffering from breast cancer. A constant preoccupation with the past or a constant brooding about the future is evidenced in many neurotic individuals. After the psycho-spiritual interventions, which involved providing the client with scriptural texts and using the techniques of ‘reframing’ and ‘decatastrophizing’, the
client was helped to keep a check on her anticipatory anxiety about the future and facilitated to cope with her life in positivism.

Hypotheses 2.3 proposed that there will be a significant correlation between spirituality and ego-strength which will have a positive impact upon the psychological well-being of the clients coping with cancer. The results of the study supported the hypothesis (Refer to Table 9.3). A high and positive correlation was found between spirituality and ego-strength (pre- and post-scores), (r = 0.52; p= 0.00) as well as between spirituality (pre- and post-test scores) (r = 0.56; p = 0.00) and ego-strength (pre- and post-test scores) (r = 0.72; p = 0.00). Thus the psycho spiritual interventions had helped to increase the spirituality and ego-strength levels in the clients. Additionally, a negative correlation was demonstrated between health pre- and post-test scores (r = -0.60; p = 0.00). These results hone in an important fact - that in raising the spirituality and ego-strength levels after the psycho spiritual interventions, clients were able to significantly alleviate their anxieties, and adopt a more calm and realistic approach towards their debilitating illness to experience positive health outcomes. A decrease in the neurotic tendencies produced a consequent positive impact upon the clients’ psychological well-being, thus enabling them to lead more productive and meaningful lives. Thus in one instance, a client suffering from colon cancer started devoting a few hours over the weekend to work for the welfare of the visually handicapped in the National Association for the Blind.
Relevant literature also supports the fact that individuals who spend time in meditation are able to experience a positive subjective well-being and experience more satisfaction in life. Nystul and Garde (1979) conducted two studies to examine changes in personality brought about by the practice of Transcendental Meditation. The first experiment, with 41 subjects, compared short-term meditators (mean practice time, 9 weeks) with nonmeditating controls and reported significant reductions in physical and social inadequacy, neuroticism, depression and rigidity, whereas, no change was found in the control condition. The second study, with 68 subjects, compared long-term meditators with nonmeditating controls. Long-term meditators showed remarkably higher levels of self-esteem, satisfaction, ego strength, self-actualization and trust in others, as well as improved self-image. Arguably, these results may be related to the finding that attrition from meditation practice is predicted by poor self-esteem and a negative self-concept. Those with positive self-esteem or self-concept initially, therefore, tend to continue practice. In a prospective study, Taylor (1995) found significant increases in self-esteem in HIV-positive men after an intervention involving meditation.

Thus the study confirmed hypotheses 2, 2.1, 2.2 and 2.3, wherein the clients were able to significantly improve their psychological well-being by increasing their levels of spirituality and ego-strength after exposure to the psycho spiritual therapeutic sessions. Research has cited the use of insight-oriented psychotherapy in treating depressive symptomatology in patients suffering from cancer. Symptoms are also managed with some combination of crises intervention, brief supportive psychotherapy, and
cognitive/behavioral techniques. Therapies consist of exploring methods of enhancing coping skills, direct lowering of distress, and problem-solving skills; mobilizing support; reshaping negative or self-defeating thoughts; and developing a close personal bond with a knowledgeable, empathetic staff member (Forester, et al. 1985 and Holland, Morrow, Schmale, et al. 1991 and Worden & Weisman, 1984 and Lovejoy & Matteis, 1997 and Greer, Moorey, Baruch, et al. 1992). Consultation with a member of the clergy or pastoral care department is also found to be helpful for some individuals.

C. Psycho spiritual interventions and the personality traits of the clients coping with the debilitating illness.

The results of the findings supported hypotheses 3 wherein it was proposed that the clients suffering from the debilitating illness after the psycho spiritual interventions would be able to show positive changes in their personality and coping styles. (Refer Table 10). After the psycho spiritual therapeutic sessions, the clients improved on their mental abilities. This was indicated by an increase on the post-treatment average mean sten score on Factor B (Concrete Mental Ability vs. Abstract Mental Ability). Having raised their spirituality and ego-strength levels, the clients began to show more insightful, intuitive thinking into their own behavior. Less anxious and tense after the psycho spiritual sessions, they were able to focus their thought processes to develop more intellectual interests, sustain a high morale and not give up easily when faced with difficult situations. The results demonstrated that the clients showed an increase in their ego-strength levels i.e. Factor C (Lower ego-strength vs. Higher Ego-strength) on the 16 PF Personality Questionnaire. Thus the clients had turned more emotionally mature and were able to face and deal with the realities of their
lives without losing courage or getting unduly sentimental after the psycho spiritual interventions.

Research has cited that Factor C is one of dynamic integration and maturity as opposed to uncontrolled, disorganized, general emotionality. Interestingly, the pattern has been shown to exist among normals as well as in groups of neurotics and in the latter it has been called by Eysenck (1960), “general neuroticism”, though research now shows it to be characteristically low in all kinds of clinical disorders. The C- person is easily annoyed by things and people, is dissatisfied with the world situation, his family, the restrictions of life, and his own health, and he feels unable to cope with life. Thus individuals having a low ego-strength show more generalized neurotic responses in the form of phobias, psychosomatic disturbances, sleep disturbances and hysterical and obsessional behaviors. In contrast, individuals with high ego-strength show greater leadership qualities. In experimental group dynamics, it has been shown that groups of high average C sten scores maintain better group morale. Thus an increase on the post-treatment average mean sten score on Factor C clearly indicated a positive contributor to the clients suffering from cancer in helping them to cope with the disease.

The results also demonstrate that the sample tested had shown an increase in Factor H (Shy vs. Venturesome) on the 16 PF Questionnaire. The clients tested became more active and responsive in their daily lives instead of showing fearful, withdrawn and cautious behavior in their daily lives. Consequently they were able to accept and deal with difficult situations with greater resiliency and inner strength.
Research has cited that the high shyness pole in Factor H corresponds to the innate temperament of being over-reactive and tense in stressful situations. The H- individual reports himself to be intensely shy, tormented by an unreasonable sense of inferiority, slow and impeded in self-expression, preferring one or two close friends to large groups, and not able to keep in contact with all that is going on around him. The H- person has an over-responsive sympathetic nervous system which makes him “threat-reactive” (threctic). In contrast the H+ person is comparatively insensitive (Cattell & Stice, 1954) and thus able to face the wear and tear of daily life stresses without being unduly agitated.

In demonstrating an increase in the H factor, the clients suffering from the debilitating illness (cancer) were benefited, as they were able to express their pent-up emotions and grief in therapy. Burdened less by their negative emotions, they were able to renew taking an active interest in their surroundings as well as pursue their hobbies despite their fluctuations in health. As noted earlier, both Hay (1987) and Siegel (1990) have reported that when clients are able to release their pent-up emotions of grief, bitterness and resentment in the therapy process, they experience faster healing at the cellular level.

The results on Table 10 show a decrease in the post-test mean ten score on Factor O (Placid vs. Apprehensiveness) of the 16 PF Questionnaire. The clients brooded less about their illness and the past events that had caused trauma and pain, having developed more inner strength and faith in the Divine. They also showed a reduction in their guilt-proneness behavior becoming less dependant on other’s approval and disapproval of their behavior. In
being able to regulate their anxiety levels they turned more confident and secure after receiving the psycho spiritual interventions.

Factor O has been associated with terms such as “depressive tendency”, “moodiness”, “emotional sensitivity”, “self-deprecation” and even “neuroticism”. The O+ person feels that he is unstable, reports over fatigue from exciting situations, is unable to sleep through worrying, feels inadequate to meet the rough daily demands of life, is easily downhearted and remorseful, is inclined to piety, and shows a mixture of hypochondriachal and neurasthenic symptoms, but with phobias and anxieties more prominent. It is thus broader than guilt in its most specific sense, though guilt proneness and piety are central in the general “oceanic emotionality”.

It was anticipated that the clients would become more relaxed and less tense after the psycho spiritual therapeutic sessions. This was confirmed in the post-test mean ten score being decreased on the Factor Q4 (Relaxed vs. Tense) of the 16PF Questionnaire. (Refer Table 10). Individuals high in Q4 have high ergic tension. They tend to be frustrated, tense, overwrought and fretful. In contrast, Q4 – individuals have low ergic tension. They are more relaxed, tranquil, composed and to a large extent unfettered and not frustrated in their lives. Amongst the 16PF factors, Q4 has the largest demonstrated association with clinical depression. Therefore the reduction of depression in the clients with the debilitating illness after the psycho spiritual interventions definitely predicted positive health outcomes and better prognosis, since research has confirmed the view of physical and mental health as the absence of disease and negative emotions (Ryff & Singer, 1998). Literature research
has cited in a well-controlled study that chronic depressed mood was linked to cancer risk; after (Penninx et al. 1998).

Significant correlations between the variables under study and the personality factors were also obtained supporting hypothesis 3.1 (Refer Table 10.1) after the psycho spiritual interventions. A negative correlation between Factor C (Lower Ego-Strength vs. Higher Ego-Strength) and the variable of health, confirmed the finding that when clients show poor health and an increase in the consequent neurotic tendencies, their ego-strength gets lowered. Clients turn emotionally less stable, easily upset and affected by their feelings. In neurotics, the low Factor C pattern is associated (Cattell, 1957; Eysenck, 1960) with poor muscle tone and posture, with a history of symptoms of neurotic behavior in childhood, and with an increase in neurotic symptoms when away from home, under military regimentation, or other stress. There is evidence that a perceptible rise in Factor C follows frontal lobectomy (Petrie, 1952) and successful psycho therapy.

Clients with the debilitating illness show fluctuations in their health due to the nature of their disease. The physical discomfort and pain with the emotional stress caused by such fluctuations tends to make these individuals withdraw and be restricted in their activities. They begin to develop neurotic tendencies, becoming insecure and unconfident in their behavior and withdraw into themselves. This is reflected in the negative correlation obtained between Health and Factor H (Shy vs. Venturesome) (Refer Table 10.1)
Studies have reported that when individuals are able to express and process their emotions, they are able to cope better with the difficult situations in their life. In one of the earlier studies, Stanton, et al. (1994) demonstrated that emotional approach coping (which combined expression and processing items) was associated with decreased depression and hostility and increased life satisfaction over a one month period for women but increased depression and decreased life satisfaction for men. In a subsequent set of studies in which emotional processing and expression were analyzed as separate subscales, neither was associated with depression but emotional expression was associated with life satisfaction for both men and women. In a study of women with stage I or II breast cancer (Stanton et al., 2000), coping with cancer through emotional expression was associated with improved perceptions of health, decreased distress, fewer medical visits, and increased vigor at a three-month follow up. Coping through emotional processing, however was associated with increases in distress over the three month-study period. Stanton, et al. (2000) suggest that although emotional processing appears to be adaptive in the shorter term, if it continues over the longer term may become ruminative and therefore less beneficial in terms of adjustment.

Spiritually inclined individuals although possessing a rich inner mental life are more practical and down-to-earth in their approach to life. This is demonstrated in the results as a negative correlation existing between Spirituality and Factor M (Practical vs. Imaginative) on the 16 PF Questionnaire (Refer Table 10.1). Thus the findings reveal that the spiritually inclined individual is able to utilize his practical abilities to implement options and make them work in real-world contexts. Guided by objective realities, they possess sound
practical judgment and are thus able to remain calm and steady in the face of crises or emergencies. The individual is thus earnest and concerned, steady in his approach without being unduly worried or hassled. Research shows that practical knowledge is acquired through mindful utilization of experience, that it is relatively domain specific, that its possession is relatively independent of conventional abilities, that it predicts criteria of job success about as well as and sometimes better than IQ (McClelland 1973, Sternberg & Wagner 1993, Sternberg, et al. 1995).

As shown in Table 10.1 a positive correlation is seen between Health and Factor Q2 (Group-dependency vs. self-sufficiency). These results are explained by the fact that though the clients in the sample tested would experience painful and distressing health symptoms in the course of their treatment and recovery, they did not wish to turn excessively dependent and become a burden unto others. They pursued in their efforts to remain self-sufficient and resourceful in stressful situations whilst their treatment process was on, and even thereafter in the care and management of their own disease.

A positive correlation is seen between Health and Factor Q4 (Relaxed vs. Tense) (Refer Table 10.1). Thus when the neurotic tendencies of the clients with the debilitating illness increase due to negative thoughts and increased fear, they begin to experience great anxiety and tension, producing an overall negative impact on their psychological well-being. Factor Q4 represents a level of excitement and tension, expressing undischarged (usually frustrated) and poorly controllable "libido". Clinically, Factor Q4 shares with Factor C (Lower Ego-strength vs. Higher Ego-strength), Factor O
(Placid vs. Apprehensive) and I (Tender-Mindedness vs. Tough-Mindedness) much of the
differentiation of neurotics from normals and is one of the three highest-loaded factors in
general anxiety. Since neurotics are found to be more agitated, excitable and more prone to
express negative emotions, it follows that those who have greater neurotic tendencies will
tend to possess high ergic tension and be more tense and fretful in their daily lives.

A regression analysis was carried out to study the combined effect of spirituality, ego-
strength and health on the personality traits of the clients suffering from the debilitating
illness after exposure to the psycho spiritual interventions.

Results of the regression analyses found no significant correlation between Factor A and
the predictor variables (spirituality, ego-strength and health) on post-treatment evaluation
(Refer Table 10.1a & Table 10.1b). These results are explained as follows:
The A- pole is now referred to as sizothymia. The sizothymic individual has a
temperamental inclination to be cautious in emotional expression, uncompromising and
critical in outlook, and awkwardly aloof in manner. The more consistent features of
affectothymia are easygoingness, accessible emotions, interest in people and predominance
of affect. Spiritually inclined individuals are neither too critical nor aloof and neither too
gregarious nor overtly expressive of their emotions. Hence, the results are consistent in
terms of the personality dispositions of the spiritually inclined individuals. As the analyses
was carried out after the exposure to the psycho spiritual therapeutic interventions and the
clients had shown a significant increase in their spirituality and ego-strength levels as
shown in Tables 9 and 9.1 and an improvement in their psychological well-being as shown
in Table 9.2, it would follow that there would be no significant relationship between Factor A and the other three predictor variables.

There was no significant correlation between Factor B and the predictor variables (spirituality, ego-strength and health) on post-treatment evaluation (Refer Table 10.2a & Table 10.2b). These results are explained as follows:

Factor B (Concrete Mental Ability vs. Abstract Mental Ability) is measured in the 16PF not to add to personality information as such, but to complete the data on the range of source traits important in most predictions, for general ability is obviously an important dimension in individual differences. Factor B has been found valuable in gathering information on vocational selection. Therefore, presumably no significant relationship was found between Factor B and the predictor variables.

Results of the regression analyses found a significant correlation between Factor C and the predictor variables (spirituality, ego-strength and health) on post-treatment evaluation (refer Table 10.3a& Table 10.3b). A 27 per cent variance on Factor C (Lower Ego-Strength vs. Higher Ego-Strength) was accounted by the three predictor variables in combination which was highly significant. Amongst the three predictor variables, the variable of Health shows a negative correlation with Factor C (β:-0.54, t: 0.31, p: 0.01). Thus lower the level of the psychological well-being in the clients as reflected in increased tendencies towards neuroticism, lower is the level of ego-strength in the sample. A general impulsive emotionality and lack of control occurs on the Factor C- profile (Cattell, et al 1950). This pattern of heightened excitability and emotionality is also observed in the neurotics.
Neurotics are generally dissatisfied with their lives and are unable to handle difficult situations due to high levels of anxiety. Factor C+ individuals on the other hand show restraint in avoiding difficulties. They do not let emotional needs obscure realities of a situation and adjust to realities more effectively. Personality traits are predictive of adjustment. According to Krause & Rohe (1998) elements of neuroticism and extraversion were associated with life satisfaction among community-residing individuals with spinal cord injuries. A high level of neuroticism was related to a maladaptive coping style (McCrae & Costa, 1986) which may include forgoing pleasurable activities. Thus the result findings are in expectation that high levels of neuroticism would incapacitate the clients to cope effectively with their debilitating illness.

Results of the regression analyses found no significant relationship between Factor E (Humble vs. Assertive) and the predictor variables (spirituality, ego-strength and health) on post-treatment evaluation (refer Table 10.4a & Table 10.4b). After exposure to psycho spiritual interventions the post-test mean sten score of the high spirituality group was lower than the post-test mean sten score of the low spirituality group (Refer Table 11) on Factor E. The sample tested had become less dominant and aggressive after the psycho spiritual interventions. However, the regression analyses carried the combined effects of two other variables besides spirituality i.e. ego-strength, besides the Health Factor. Individuals high in ego-strength are assertive in facing the realities of life and do not give up easily. Therefore, plausibly the combined effects of the three predictor values failed to show a significant relationship with Factor E.
No significant relationship was obtained between Factor F (Sober vs. Happy-go-lucky) and the predictor variables (spirituality, ego-strength and health) on post-treatment evaluation (Refer Table 10.5a & Table 10.5b). This was explained by the fact that the health status of the clients continued to fluctuate and also the sample size was small (N = 30). Consequently, no significant relationship was found between Factor F and the three predictor variables.

Factor G (Weaker super ego-strength vs. Higher super ego-strength) and the predictor variables (spirituality, ego-strength and neuroticism) did not show any significant relationship on post-treatment evaluation (Refer Table 10.6a & Table 10.6b). The results are explained as follows: Spiritually inclined individuals tend towards being G + i.e. having strong superego strength. The essential attributes consist of being conscientious and being dominated by a sense of duty. They are persevering and show consistent behavior. They are minding of moral standards and rules and do not disregard their obligations to people. Since the regression analyses also involve the impact of ego-strength and levels of health in the sample studied, the Factor G does not hold a significant relationship with these in combination.

Applying regression analyses, a significant relationship was found between Factor H and the predictor variables (spirituality, ego-strength and health) on post-treatment evaluation (Refer Table 10.7a & Table 10.7b). These results are explained as follows: A 23 per cent variance on Factor H (Shy vs. Venturesome) was accounted by the three predictor variables in combination which is highly significant. Amongst the three predictor variables, the
variable of Health showed a negative correlation with Factor H ($\beta: -0.47; t = 2.55, p: 0.02$). High levels of neuroticism tend to instill shy and withdrawal behavior in the clients. They turn diffident and timid and are unable to deal with grueling emotional situations. High levels of neuroticism also correspond to having low levels of ego-strength and being unable to sustain or persevere in their goals or tasks. Consequently, there is also a tendency to avoid spiritual practices when the situation turns more difficult and there is no observable improvement.

Results of the regression analyses found a significant relationship between Factor I and the predictor variables (spirituality, ego-strength and health) on post-treatment evaluation (refer Table 10.8a & Table 10.8b). These results are explained as follows:

A 24 per cent variance on Factor I (Tough minded vs. Tender-minded) was accounted by the three predictor variables in combination which was highly significant. A positive relationship was observed between Factor I and Health, ($\beta: 0.36, t: 2.00, p: 0.05$). Higher the level of fluctuation in the health status of the clients, greater was the level of their neurotic tendencies which make them more dependent, over-protected and sensitive. Neurotic individuals share common traits with the $I+$ individual. They show clingy and insecure behavior. They show attention-seeking behavior, especially in times of trouble and expect others to take charge of situations and resolve the same. They tend to be hypochondriacal, exaggerating upon the smallest issues and are highly anxious about self. The clients in the sample tested showed increasing concern for the welfare of others and showed sensitivity towards other’s problems, having gone through tremendous suffering themselves.
No significant relationship was found between Factor L (Trusting vs. Suspicious) and the three predictor variables (spirituality, ego-strength and health) on post-treatment evaluation (Refer Table 10.9a & Table 10.9b). The results are explained as follows: Spiritually inclined individuals are perceptive and insightful of worldly issues. They are neither too trusting nor suspicious. Additionally, those who have a high ego-strength show variability on this factor. Neurotics on the other hand can be either too trusting or too suspicious. Thus no significant variance can be accounted to Factor L by the three predictor variables in combination.

Factor M (Practical vs. Imaginative) and the three predictor variables (spirituality, ego-strength and neuroticism) did not show any significant relationship on post-treatment evaluation (Refer Table 10.10a & Table 10.10b). Spiritually inclined clients show a more practical down-to-earth approach and are guided by objective realities. In contrast the Factor M + individual have an intense subjectivity and inner mental life. They show occasional hysterical swings of “giving up” which is also viewed in neurotic individuals. It is possible that in a larger sample, the three predictor variables would have shown a significant variance on Factor M. The present sample (N =30) showed a 14 percent variance on Factor M which although not significant, is adequately high.

Results of the regression analyses found no significant relationship between Factor N (Forthright vs. Shrewd) and the three predictor variables (spirituality, ego-strength and
health) on post-treatment evaluation (Refer Table 10.11a & Table 10.11b). The sample size is also small to arrive at a conclusion specifically on this particular factor.

Applying regression analyses no significant relationship was found between Factor O (Placid vs. Apprehensive) and the three predictor variables (spirituality, ego-strength and health) on post-treatment evaluation (Refer Table 10.12a & Table 10.12b). These results are surprising as customarily clients with high levels of spirituality and ego-strength and lower levels of neuroticism would show a significant variance on this factor. Since the t – value was found to be significant on Factor O (t: 3.15, df: 29, p: 0.00) as seen in Table 10, it is possible that a significant variance on factor O would have been accounted by the three predictor variables using a larger sample.

No significant relationship was found between Factor Q1 (Conservative vs. Experimenting) and the three predictor variables (spirituality, ego-strength and health) on post-treatment evaluation (Refer Table 10.13a & Table 10.13b). The sample size was small to demonstrate any significant correlation on this factor with the three predictor variables.

Results of the regression analyses found a significant relationship between Factor Q2 (Group-dependency vs. Self-sufficiency) and the three predictor variables (spirituality, ego-strength and health) on post-treatment evaluation (Refer Table 10.14a & Table 10.14b). A 21 per cent variance on Factor Q2 (Group-dependent vs. Self-sufficient) was accounted by the three predictor variables in combination which is highly significant. A positive correlation was observed between Factor Q2 and Health (β: 0.40, t: 2.21, p: 0.04).
Table 10.1 also shows a positive correlation between Factor Q2 and Health Post-Test scores \( (r = 0.36, p: 0.05) \). The clients in the sample tested were undergoing health fluctuations and some of them continued to be on medical treatment. They did not wish to become a burden unto others, despite going through a lot of stress. Thus they turned inner-directed to become more self-dependent and self-sufficient. Thus a high percentage of variance on Factor Q2 is accounted by the three predictor variables which was significant.

Results of the regression analyses found no significant correlation between Factor Q3 (Low self-sentiment integration vs. High strength of self-sentiment) and the three predictor variables (spirituality, ego-strength and health) on post-treatment evaluation (Refer Table 10.15a & Table 10.15b). Clients in the high spirituality group are more self-controlled and socially precise. However the sample size was too small to demonstrate any significant correlation or show any variance on this factor by the three predictor variables.

No significant correlation was found between Factor Q4 (Relaxed vs. Tense) and the three predictor variables (spirituality, ego-strength and neuroticism) on post-treatment evaluation (Refer Table 10.16a & Table 10.16b). These results are surprising as customarily clients with high levels of spirituality and ego-strength and lower levels of neuroticism would show a significant variance on this factor. Since the t-value was found to be significant on Factor Q4 \( (t: 4.70, df:29, p: 0.00) \) as seen in Table 10, it is possible that a significant variance on Factor Q4 would have been accounted by the three predictor variables by using a larger sample in this study.
Thus a significant percent of the variance on Factors C (Lower ego-strength vs. Higher ego-strength), H (Shy vs. venturesome), I (Tough minded vs. Tender-minded) and Q2 (Group-dependent vs. Self-sufficient) is accounted by Spirituality, Ego-Strength and Health in combination. Amongst the three predictor variables, the variable of Health had a negative correlation with Factors C and H and a positive correlation with Factors I and Q2. These results confirmed Hypotheses 3.1 wherein changes in the personality profiles of the clients coping with the debilitating illness were predicted depending on their levels of spirituality, ego-strength and neuroticism.

The research study revealed the following personality profile of the spiritually inclined client with the debilitating illness after exposure to psycho spiritual interventions.

Clients with high levels of spirituality showed significant changes on Factors E, F, H, M, N and Q3 on the 16 PF Questionnaire as against those having low levels of spirituality after exposure to psycho spiritual interventions.

On Factor E (Humble vs. Assertive) it was found that those clients having high levels of spirituality, had their post-test mean sten score (m: 4.33) lower than the post-test mean sten score (m: 5.85) of those having low levels of spirituality (Refer Table 11). Thus they had become less assertive and dominant in their behavior and approach towards life. The spiritually inclined clients were more accommodating and considerate of others. They often showed self-sacrificing behavior, keeping other’s needs in the forefront and disregarding
their own. They showed obedient behavior towards authority and became more humble and submissive. Often observed in those who are religious is the customarily refraining from unconventional, rebellious and headstrong behavior.

On Factor F (Sober vs. Happy-Go-Lucky), the results demonstrated, that the clients with high levels of spirituality were more sober and serious. The post-test mean stern score (m: 5.10) of those who were less spiritually inclined had decreased to a post-test mean stern score (m:3.44) in those who were more spiritually inclined. The Factor F- individual is more silent, introspective and reflective in one’s approach towards life and not prone to being over communicative. Those who are highly spiritual abide by their inner values and although slow and cautious, are concerned of other’s welfare, at times tending to be full of cares and preoccupations. These attitudes and approaches to life are definitely viewed in the religious and spiritually-inclined individuals who view life and its events with care and caution rather than with a happy-go-lucky approach.

Clients with high levels of spirituality showed a lower post-test mean stern score (m=4.22) on Factor H (Shy vs. Venturesome) than those having lower levels of spirituality (m: 6.00) (Refer Table 11). Thus those having high levels of spirituality in the sample tested tended to be restrained and rule-bound rather than being care-free and adventurous in their approach towards life and people. The Factor H- individuals are emotionally cautious rather than impulsive. They are also shy and withdrawn and do not indulge in overfriendly relations with the opposite sex. Some of these behaviors are known to be characteristic of the spiritually-inclined individuals.
Table 11 reported a decrease in the post-test mean sten score (4.00) of the high spirituality group on Factor M (Practical vs. imaginative) as compared to the post-test mean sten score (5.95) of the low spirituality group. Thus the high spirituality group showed a practical, careful conventional approach towards life. They were guided by practical judgment and objective realities. They do not show the immature, demanding and overwrought behavior as invariably shown by the Factor M+ individual. A quiet, concerned and a realistic attitude is often the cloak of the spiritually inclined individuals which the results of the finding also demonstrated.

Table 11 demonstrated an increase in the post-test mean sten score (m: 7.88) of the high spirituality group on Factor N (Forthright vs. Shrewd) as compared to those having low levels of spirituality having a post-test mean sten score (m: 5.90). Thus the high spiritual group was found to be more astute and insightful in its approach towards life, self and others. Characteristic of those individuals who show a high score on Factor N is their ability to remain emotionally detached and disciplined. They are also intelligent and socially aware, showing keen insight in worldly matters. Often viewed in those who are highly spiritual is the innate predisposition of showing a keen interest in the welfare of others, but at the same time keeping themselves attuned to the practicalities of the situation and its demands. Consequently, they are able to exercise a disciplined practical solution to the situation, using an unsentimental and analytic approach without any bias.
The results also demonstrated that the high spirituality group was high on the Factor Q3 of the 16PF Questionnaire. The post-test mean sten score (m: 7.11) on Factor Q3 (Low self-sentiment integration vs. High strength of self-sentiment) had increased in the high spiritual group after the psycho spiritual interventions from the post-test mean sten score (m: 5.76) in the low spirituality group. The Factor Q3+ person shows socially approved character responses, self-control, persistence, foresight, consideration of others and conscientiousness. The Factor Q3- individual on the other hand is uncontrolled, follows own urges and is careless of social rules. Those who are spiritually inclined do possess a great amount of self-control in their behavior and are seen to be socially precise. They show a special concern of their self-image in society and have a strong control over their emotions and behavior in society. A high self-concept control is thus seen in those who possess high levels of spirituality. These results are graphically depicted in Fig. 6.

Conclusively in the sample tested, the clients having a high level of spirituality are more accommodating and conforming instead of being dominant or aggressive. They often place importance to fulfilling other's needs, often at the risk of neglecting their own. They are also dependable individuals and have a sober and serious approach to life. They are responsive but show a measure of emotional cautiousness in expressing themselves. They have a strong sense of self-control over their emotions and behavior, careful of protocol and socially precise. The spiritually inclined prefer a few close contacts rather than mixing in large groups. They are practical in their approach to life and are able to deal with emergencies in their life with calmness, without being unduly perturbed and agitated. They
possess a keen insight into worldly matters and are able to view situations with an objective and analytical approach, whenever needed without being unduly sentimental or weak.

D. Qualitative analyses of the clients' most frequently occurring responses and their verbatims and case studies with excerpts from the psycho spiritual therapeutic sessions.

The findings of these results have been presented in two sections, namely A and B.

SECTION A

The first section consists of the qualitative analyses of the clients' feedback responses to the exposure of the psycho spiritual therapeutic sessions. Verbatims of the clients across each response are also noted. The frequently occurring responses identified from the text of the feedback responses along with their percentage are also shown (Refer Table 12). Not all the clients suffered from guilt feelings or problems in self-expression or harbored or any major issues to forgive others. Therefore the sample size in each of these areas, wherein clients experienced difficulties has been quoted different across the respective construct.

1. Developing Insight (97%)

A client shared, 'To a great extent I have gained insight into my positive and negative traits. I need to overcome my negative points and nurture the positive.'

Another client reported, ‘I have realized that I get very angry at my children and husband for every small thing, which affects my health. I need to lower my expectations and learn how to manage my anger.'
2. Regularity and More Time in Prayers (73%)

"During the sessions because of my commitment to pray everyday, I have now got into the habit and it helps me a lot. It gives me peace and calmness and to accept things as God wants it to happen in His manner for my good."

3. Alleviation of Guilt (n: 14: 93%)

A client with breast cancer and who had stopped praying to God due to the accidental fall of her infant daughter from her living room balcony, shared: "I used to blame myself for many things for situations that were not within my capacity to change. Because of my commitment made in the sessions to pray everyday, which has now become a habit, I have started to have more positive thoughts. It helps me a lot and gives me peace and calmness. It helps me to accept things as God wants it to happen in His manner, for my good. I have stopped blaming myself and better able to accept what happened."

4. Self-Expression (n: 14: 93%)

A client reported, "Before the sessions, I always used to think, think and think to express myself. I used to think what others will think and what they will comment and in that fear I was keeping myself quiet. I have now learnt to express myself and face the consequences." In another instance, a client suffering from throat cancer and having a conflictual relationship with her in-laws shared, "I used to feel very very bad. I used to keep things within myself. Now I am able to express myself to my mother-in-law and to my husband and I feel much relieved."
5. Experiencing Peace and Quietness (73%)

A client suffering from the cancer of the stomach shared, "I have learnt to be grateful in life. I do not hold as much ill-will or resentment towards others, after these sessions. Therefore feel more at peace and quiet within."

6. Living in the Present moment (83%)

A client with breast cancer and also suffering from asthma, hypothyroidism with high cholesterol and high uric acid levels shared after the sessions. "Now each moment is filled with joy. I now choose to experience the sweetness of today. I thank God for giving me a beautiful life and beautiful people around me."

7. Appreciation of Life and People (93%)

This verbatim was shared by a client suffering from colon cancer, 'I am grateful to all my Angels, including you ... all who have held me through troubling times to help me realize the lessons that I needed to learn. I have received so much love and keep receiving abundantly from the Creator through so many people and situations that I consider myself blessed and taken care of as I never did before."

8. Being Grateful (90%)

Reported by a client, "I have stopped being self-piteous. I can see myself very healthy after having cancer in my breast. I know there are people in this world suffering more than me. I am grateful to God that he has saved me and given me a new life."
9. **Care of Body (Food/ Sleep/ Exercise/ Prayers) (83%)**

A breast cancer survivor working for an NGO organization for the cancer patients reported after the sessions, “I have learnt to pack a sandwich for myself for lunch. Being a Yoga teacher myself, and so busy looking after others, I forgot that I need to look after myself too”.

10. **Developing Patience (67%)**

A client with breast cancer, who was always trying to do too many things at a time and found 24 hours in a day always insufficient remarked, “I was always agitated.. in the sessions I have learnt that I even don’t sit still and talk ... I am walking and talking at the same time... doing multiple things. The sessions have helped me to be quiet within. I am beginning to learn to be patient .. accept life’s flow.. as well as be patient with others.”

11. **Increasing Surrender (77%)**

This verbatim was reported by a client who had been sexually abused in her childhood by her own father, had got into illicit relationships after marriage, a troubled marriage and breast cancer: “I have learnt to accept that a lot of things in my life cannot change. I have surrendered my pain and sorrow of very hurtful memories to God. Despite every thing, I know that He is protecting me and loves me. I have learnt to take responsibility for my life and am in the process of forgiving myself and others.”

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12. **Greater Awareness of Spirit / God / Creator: (97%).**

A client reported ‘I am very happy with the sessions as it has given importance to the Almighty and not giving science the priority. I had always one persistent thought because of the sickness “Why me?” But now I think that ‘God is loving, protective and merciful’. He will not give suffering more than what I can bear. I have learnt that God gives us suffering and difficulties to learn some lessons and live a better life, so that we will get courage to face life.’

13. **Learning to Forgive (n: 11: 82%)**

A client reported, “I used to carry the guilt of my father’s death. I felt I had not done enough for him. I have also included in my friends in my prayer, who I felt had died because of my negative thoughts and ill-will feelings in my mind towards them. I have expressed myself in these sessions and have prayed more intensely. I have joyously released the past after these sessions.”

14. **Increased Self- Confidence: (90%)**

A housewife recovering from breast cancer wrote: “Living in a joint family as a housewife, I used to give last priority to myself and always look after other’s needs. First, I always needed someone, especially my husband to make decisions for me. Now I have stopped that, after having built strong confidence in myself. I have started giving respect to my opinions and needs.”
15. **Courage (73%)**

A client remarked: ‘I have started looking myself in a better way, in the sense that I do things with more confidence and also I have stopped to underestimate my capacity to do things. Spending more time in prayer, I feel has build up in me courage to deal with my problems.

16. **Developing Tolerance (80%)**

A client with breast cancer and a cytotechnician by profession shared, ‘I have learnt to be more tolerant towards others shortcomings, to have less expectations and be more human towards others and myself. This has helped my inter-personal relations at work and home.’

17. **Acceptance: Self/ Others/ Past. (83%)**

**Acceptance of Self**

A client suffering from breast cancer shared, “I used to feel that I am physically unattractive. Now, I am able to accept myself and feel more at peace. I am able to relate better with my husband and others”.

**Acceptance of Others**

In another instance, a client who was experiencing immense difficulty in accepting her brother-in-law reported after the sessions: “I have learnt one important fact. Accept people as they are. It makes life easier. Now I no longer get as upset with my brother-in-law.”
Acceptance of Past

Harboring a lot of grief due to the demise of her father many years back, a client shared

"After the sessions, I have been able to accept my father's death. I no longer live in the past. I remember him with fondness."

18. Increased Contentment (77%)

A client shared, "I used to be very dissatisfied with life... always complaining. The sessions have taught me that there are many others in the world suffering more than me. I had the financial resources and my family members with me when I was ill. I am grateful and have learnt to be content in life."

19. Reduced Anxiety (77%)

A client who was obsessively preoccupied regarding her son's academic results in Std.X, would always be nagging at her son to devote all his time for studies. Consequently she was also not able to sleep well with this concern in her mind. She reported, 'Prior to the sessions I used to be very anxious in everything. My anxiety used to spoil everything, giving me tension and worry and increasing my health problems. Because of my worries I used to take wrong decisions. Now I have understood the principle of 'letting go'. I am not taking everything so deeply, and take life as it comes. Now I am less worried about my son's studies and whether he will do well or not'.

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20. Value of Pain and Suffering (83%)

A Muslim client whose husband had another wife shared, “My suffering and pain was unbearable when I got to know about my husband having another lady. But I have firm faith in Allah. He can take care of us and sustain us. I have learnt through this experience and during my illness period, values of tolerance and acceptance. Your sessions have affirmed me as a person in my own sight and I am grateful. I have also become aware of my own strengths.

21. Becoming Aware of a Mission in Life (53%)

A client with cancer in multiple sites shared, “I know that any thing can happen to me any day. Yet I am not afraid. I have strong faith in God. There is a purpose in living. I will continue to teach and look after the children in the school. All of us have a mission to fulfill. Your advice on prayers to be recited in the early hours of the morning is slowly being acted upon and I see its value.”

22. Recollection of Painful Memories (n: 1; 10%)

One of the clients out of thirty reported, “The sessions have helped me to grow in self-awareness. But they were difficult at times, as they have resurrected some painful memories.”
23. Reduction of Negative Thoughts (87%)

A client having a low self-esteem said, “I have begun carrying out the tasks which I could not start, in the tension of doing it incorrectly. Before receiving the quote by Swami Vivekananda from you, ‘You can do relative good in the world and not absolute good’. I would always be thinking negatively, but this quote has changed my style of working as well as thinking. I feel more positive... I think positive.

24. Living Life Meaningfully (77%)

A client recovering from cancer of the brain shared, ‘... that I now try to concentrate on the value of my life. .. not think of pessimistic thoughts, because I have understood the value of my life...I will not drown in self-pity or blame others for my condition, for whatever I am today. I have resolved to take this experience of cancer to look after the senior citizens and building a home for them.’

The verbatims of the feedback responses of the clients with the debilitating illness show that most of them experienced positive benefits in their physical, mental and emotional health, in addition to increasing their spiritual practices, belief in God and increasing surrender to His Almighty grace. Most of the clients were able to receive insight into their problems, spend regular time in prayers and experience quietness and contentment in their lives. In addition, many of them were able to accept their disease and adopt positive health behaviors. The clients were able to bring about a reduction in their negative thought patterns, and be more relaxed and at peace with themselves. The psychic energy that was
being expended in brooding about the past and worrying about the future was now released to live their lives more meaningfully in the present moment. Many of them were able to think of future goals that centered upon helping the cancer-afflicted and the disadvantaged such as the blind and the underprivileged children in the society. The clients were appreciative and grateful for the second lease of life bestowed to them by God and were willing to accept and face any challenging issues in their life with greater courage and self-confidence. Having experienced pain and suffering, they had learnt the value of being tolerant and patient in life towards themselves and others. Those who had issues regarding holding grievances against others had begun the process of making a conscious choice to forgive and also learn to be gentle and patient with oneself. Most important of all, they had learnt to take care of their own selves and pay heed to their own needs. Those who had adopted a perfectionist and a sacrificial attitude, learnt in the psycho spiritual therapy sessions to be more realistic and surrender to a Higher Force after doing their best.
SECTION B

This section represents three in depth case studies with excerpts from the psycho spiritual interventions.

CASE HISTORY I

CLIENT K

Relevant Data

Client K is aged 46 years, married since the past 22 years and issueless. She has completed her Intermediate with a Diploma in Home Science. She is in charge of handling a retail chemist shop. Her husband, aged 50 years, is a broker in the Stock exchange. He suffers from diabetes. Client K had a mastectomy in her right breast in 2005 and continues to be on medications. K has also been asthmatic since 2005. K’s family history consists of her father who expired in 2002 from a cardiac failure and who also had a scerosis of the liver. Her mother too had breast cancer in 2001. K’s paternal grandfather’s mother died of blood cancer.

Client K came across as an extremely sensitive young lady, but having a strong will of her own. Her major anxieties consist of not being able to accept her illness, fear about her husband’s diabetes and having not been able to come to terms with her father’s demise. K starts her day with doing Yoga exercises or walks. She returns home after work and does her household chores, watches a little television and then retires for the day. K shares good marital relations with her husband. Client K believes in God but does not carry out daily
prayers or spend time in meditation. Client K carried many negative beliefs about her illness and her life. Her belief that ‘only disasters are made for me’ served as a self-fulfilling prophecy in her life.

**Pretesting Results and Analyses**

Pretesting results showed client K to have low levels of spirituality (28) and low levels of ego-strength (64). She also had many neurotic tendencies as shown in her score on the PGI health Questionnaire N-2 with an N score of 22 (clinical cut off score = 9) is reasonable. She was depressed and verbalized that she did not feel that life was worth living. She experienced no peace in her life and visualized God as a ‘punishing God’, who was punishing her for her ‘bad karmas’ committed in the prior lives.

**Interventions covering the psycho spiritual therapeutic sessions included:**

1. To change her negative belief patterns about her illness (cancer) through Christian Science teachings and scriptural quotes of The Mother (Sri Aurobindo’s disciple).

2. Helping her to mourn the loss of her father and surrendering the care of her father to God, through Gestalt Therapy and reflecting upon the teachings of the religious Jewish Masters.

3. Spending time in prayer and quiet reflection, to be able to forgive and not blame herself for her father’s demise, as she was herself hospitalized during the same time period that he was ailing.

4. Helping her to accept her husband’s illness (diabetes) and change the negative belief patterns associated with it, using scriptural teachings and cognitive therapy.
5. To value her life as a ‘gift of God’ and live life meaningfully using the teachings of The Bhagawad Gita and Reality Therapy.

The above goals were met with by providing her scriptural texts and using the Gestalt and cognitive therapy approach with Reality Therapy.

The first session focused on establishing a rapport with client (K) and having the questionnaires filled.

**Excerpts from the Psycho spiritual Therapy Sessions**

**Session II**

K reports: “I was devastated when I got to know that I had cancer. CANCEr MEANS CANCEL. Life is over when you have cancer. Nothing is the same any more”.

Note that the client was currently keeping good health after her mastectomy. However she lived under a constant dread of having a recurrence of the disease as well as living her life in a state of quiet desperation and hopelessness. In repeating these ominous words, she continued to reinforce at her mind level and in her psyche, feelings of loss, despair, hopelessness and even worse, helplessness. In her belief that ‘cancer means cancel’, the client was depriving herself from leading a healthy life, as well as abdicating her responsibility from taking charge of her own life. When such negative beliefs occur, the client can start experiencing a number of other psychosomatic problems due to the negative attitudes being projected in their daily functioning. It is well known that beliefs shape the
power of the treatment as well as the seriousness of its side effects, in addition to influencing the recuperative process with its impact upon the quality of life. Herein the client had to be helped to change her belief regarding cancer. She was helped to be aware as to how her perceptions on cancer was creating barriers in her daily functioning and preventing her from living a normal life with joy and gratitude. Client K was reminded of the famous axioms – ‘You are what you think’ and ‘Thoughts maketh a man’ as taught by Gandhiji. She was also orientated to the teachings of Christian Science propounded by Mary Baker Eddy. wherein one must understand the unreality of disease in science and the complete control which mind holds over the body. The psycho spiritual therapy sessions using the teachings of Mary Baker Eddy guided client K on how the mortal mind seems to induce disease by certain fears and false conclusions and how the Divine mind can cure by opposite thoughts.

Th: When we keep thinking negative thoughts and keep repeating negative words, we create a negative imprint in our mind. Slowly depression steps in and we begin to feel more sick than before, not just physically, but also mentally and emotionally.

K: I agree. I feel very very low when these thoughts keep coming in my mind.

Th: In the Christian Science teachings, Eddy says, ‘Sin and disease must be thought before they can be manifested’. She talks of a spiritualised consciousness, wherein we need to become aware that the body will utter no complaints if we become conscious of the fact that Life and Intelligence are purely spiritual, and not matter. When you can begin to believe this, you will find yourself feeling energetic and well.
K: True, after all our scriptures also teach us that more important than this body is the divine soul residing within each one of us.

Gradually client K was able to accept that mind and not matter is causation and reflecting upon Eddy’s quote in her prayers, she was gradually able to change her negative self-talk regarding her cancer. She began to realize that she needed to remove all her pessimistic thoughts of her disease to help her move on to the recovery process.

Client K was also provided with quotes on recovering from illness given by The Mother, a disciple of Sri Aurobindo and was asked to reflect upon it in her ‘quiet times’. These words read as follows: ‘The real disease is fear Throw the fear away and the disease will go. If you want to get cured there are two conditions. First, you must be without fear, absolutely fearless, and secondly you must have a complete faith in the Divine protection. These two things are essential.... Do not worry. Turn your attention and your interest elsewhere; you increase the possibilities of cure.’ Equipped with these words, the client was further able to reduce her anxiety regarding her illness.
Session III

In continuing with client K. apart from having fixed schemas regarding her life after her cancer, she also carried a deep grief regarding the demise of her father. She felt guilty of having been unable to look after her father when he was sick in the hospital, as she herself was hospitalized at the same time with severe debilitating spondolyitis. Her emotional attachment to her father continued to a great extent, and her mourning regarding the loss of her father was incomplete. She received insights during the psycho spiritual therapeutic sessions as to how she had been unable to let go of her past, whether it be her illness or the demise of her father.

K: I feel so angry and upset with myself that I had to be hospitalized around the same time when I was hospitalized.

Th: What would you have done if you were not hospitalized?

K: Looked after my Dad . . . saved him from the pain and suffering.

Th: You wish you could have done that.

K: ( looks at the therapist blankly) . . . and after e few minutes suddenly starts crying.

Th: (softly)You miss your Dad very much.

K: Yes... Yes.

Th: You haven’t let go of your Dad.

K: I guess, not. But I feel bad I was not with him in the hospital.

Th: You are feeling guilty and blaming yourself for a situation that was entirely not under your control.
K: I wish ... (crying in frustration).

Th: What do you feel right now?

K: Angry... as well as sad.

Th: Hmm...

(after several minutes)...

K: I love my father very much... but I must learn to let him go, now that he is no more... (still crying).

Th: Yes... (softly). You realize that.

The client continues to cry for a while. In this session, the client in being able to get in touch her with her feelings of anger and sadness that she was experiencing in the present moment was able to receive insight into herself (Gestalt approach of focusing in the here-and-now to resolve situations).

Client K was receiving an injection every month for her treatment of the disease. It was imperative that she reduce her anxiety levels and accept her father’s demise, learning to let go, as well as not blame herself for his early demise and as accept the outcome of her treatment process in an optimistic and positive way. In this case, client K had to learn to forgive herself for not being able to be present with her father in the hospital. During the session, she was able to receive insight that she had always kept her needs aside, to look after others, at the cost of neglecting her health. She was also referred to the Jewish mystical teachings that speak about Mitzrayim that suggests, 'narrow straits,' or more...
colloquially 'a tight place'. Jewish mystics saw Mitzrayim not only as a geographical place but as a symbol of constricted consciousness. Israel's exile and suffering in Mitzrayim are emblematic of the different forms of suffering we experience when we lose touch with our true nature and become stuck in narrow states of consciousness, or when we become enslaved by inflexible roles, behaviors and mind-sets. For our understanding one must note that, Mitzrayim or 'narrow straits' was also the focus of Freud's early work in psychoanalytic theory. Coming out of Mitzrayim involves letting go of an overly repressive and punitive superego — a judgmental inner voice that inhibits our self-expression and prevents us from fully enjoying our lives.

Healing for client K thus focused on liberating her from the harsh superego that she had been carrying and alleviating her from the guilt of blaming herself for her father's slow recovery.

Client K was asked to pray for her father's happiness and good health in her daily prayers. The prayer suggested was, "Dad I love you very much. May God keep you safe, happy and well in His hands. Dad, help me to accept this loss and give me the strength to accept this loss. I ask God, that we may be reunited again, if we are to be born again and that God may give me a chance to serve you better in my next lifetime. I remember you with love Dad, and I know that you too love me very much." In praying to God, client K was able to come in touch with her own true nature as a sensitive, kind, endearing daughter, who now had to grow up leaving her father's side to become more independent and learn to take care of her own needs and her family. Additionally Rabbi Shneur Zalman of Liadi's teaching
was shared with client K that we leave mitzrayim every time we open ourselves to an awareness of God’s oneness and experience ourselves as included within God’s infinite being. Client K was able to experience the essence of this teaching, as she had realized at the soul level that her Dad was united with God and that in essence we are all God’s children.

Th: You can leave your mitzrayim, when you widen your consciousness to the infinite. Thus when you continue to focus only on those thoughts and situations that are sad and painful, you get stuck and lose viewing life from a higher perspective.

K: Higher perspective?

Th: Yes, higher perspective... your mission in life... God’s love for you and fulfilling what He wants you to do in your life.

According to the Hasidic masters, we continually leave Mitzrayim each day of our lives, as we move from the state of consciousness known as small mind, or katnut d’mochin, to the state of consciousness known as the big mind, or gadlut d’mochin. The bottom line is that any time we allow a narrow part of the self, rather than the whole of our being, to become our sole focus, we enter into a state of mitzrayim.
Session IV

Client K had realized that she had not outgrown her dependency needs and needed to get more and more in touch with her own inner being. She realized how she had masked her dependency needs by becoming overprotective of her husband who was suffering from diabetes. Another fixed belief that client K carried was uncovered during the session which was ‘Diabetes is slow poison’. Intense psychotherapeutic work using the treatment interventions such as ‘Understanding the idiosyncratic meaning’. ‘Questioning the evidence’... ‘Developing alternatives’... ‘Decatastrophizing’... ‘Developing replacement imagery’... were covered to help her understand her dysfunctional patterns of responding and behaving, develop options and alternatives for thinking and behaving, generating noncatasstrophic possibilities and coping strategies for dealing with catastrophes and developing coping images to effectively deal with her anxiogenic thoughts. Self-esteem building exercises were carried out to help her build her self-worth and self-esteem, such as making a list of activities that she was carrying out successfully everyday independent of her husband’s supervision and guidance.
Session V

The therapy process was further continued and client K was provided with the following scriptural passage to help her come to terms and accept her own illness, husband’s illness and the demise of her father.

*Man’s real nature is primarily spiritual life, which weaves its threads of mind to build a cocoon of flesh, encloses its own soul in the cocoon, And, for the first time, the spirit becomes flesh. Understand this clearly: The cocoon is not the silkworm; In the same way, the physical body is not man but merely man’s cocoon. Just as the silkworm will break out of its cocoon and fly free, So, too, will man break out of his body-cocoon and ascend to the spiritual world when his time is come. Never think that the death of the physical body is the death of the man. Since man is life, he will never know death.*

*Seicho-no-Ie.*

*Nectarean Shower of Holy Doctrines.*
Session VI

Client K who had verbalized in the prior sessions about experiencing life as a big burden was given the following passages to reflect upon.

'Vedanta holds that human birth is very rare, and therefore, very precious and should not be wasted. The Srimad Bhagavatam (11.9.29) states, "having obtained, after many births and deaths, this rare human body, though ephemeral, affords one the opportunity to attain the highest perfection (liberation from samsara, the perennial cycle of birth and death.)

Thus the wise and heroic human being should earnestly strive for the ultimate perfection of life before death overtakes him. After all, sense pleasures are available even through the bodies of other life species." Additionally the rarity and usefulness of the human body is highlighted by Lord Krishna himself, during His last discourse with his friend and devotee, Udhava, in the Srimad Bhagavatam. "The human body is very rare and available by one's good fortune. It is a most suitably built ship, which when captained by a competent guru and favored by the wind of God's grace can be used to cross the ocean of samsara. If a man fails to utilize all these favorable conditions, then he should be called a suicide, a killer of his own spiritual self."

K: This passage is beautiful. I am better able to appreciate now that God has given me a second lease of life and that I must use it wisely. With my suffering, I can probably help my customers who come in my shop to buy medicines, not to just rely on medicines but also to have faith in themselves and the Divine.
Th: Yes. Take responsibility for your life. The Divine is always with us at every step and He guides us at every step. We have to only become conscious of this fact. Then we will be able to lead happier lives.

In the concluding session after a period of one month, the client duly filled in all the questionnaires once again and provided qualitative feedback regarding the psycho spiritual therapeutic exposure.

**Analysis of the post-test questionnaires** showed a decline in her neurotic tendencies. In her **qualitative feedback** she reported feeling better and more in control of her life. The client was complimented for her progress. She was reminded to keep a conscious check on her belief systems, which would prevent her from sinking into negative thought patterns. Focusing on daily prayer and thanking God for all the blessings received in life was also suggested, to help her keep a balanced perspective towards life.

Although still to improve in her spirituality and ego-strength scores, she had shown considerable improvement in terms of not being so despondent about life and having renewed her faith in God. She had also turned less self-reproaching and not feeling as guilty as before, which was a major impediment in her life, as shown by her scores on the 16PF (lowered scores on Factor O which also measures ‘untroubled adequacy’ vs. ‘guilt proneness’). Client K’s prognosis was good, but she yet has to resolve many issues and
needs further counseling in areas such as, the acceptance of her husband's illness (diabetes) and building more of her inner strength to view herself as a capable and loving human being and face life with greater endurance and quietude.
Table 13a: Comparative status of client K on Health, Ego-strength and Spirituality

<table>
<thead>
<tr>
<th>Tools</th>
<th>Pre-test Score</th>
<th>Post-test Score</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health PGI-H-Q-N2</td>
<td>22 (N)</td>
<td>12 (N)</td>
<td>Overall</td>
</tr>
<tr>
<td>Ego-Strength Scale</td>
<td>64</td>
<td>74</td>
<td>Improvement</td>
</tr>
<tr>
<td>Spirituality Check-list</td>
<td>28</td>
<td>34</td>
<td></td>
</tr>
</tbody>
</table>

Table 13b: Comparative changes in Client K’s status on personality factors on the 16PF Test Profile.

<table>
<thead>
<tr>
<th>Factor</th>
<th>Personality Factors</th>
<th>Pre-test Sten Score</th>
<th>Post-test Sten Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Reserved vs. Outgoing</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>B</td>
<td>Concrete mental ability vs. Abstract mental ability.</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>C</td>
<td>Affected by Feelings vs. Emotionally stable (Lower Ego-Strength vs. Higher Ego-Strength)</td>
<td>2</td>
<td>4*</td>
</tr>
<tr>
<td>E</td>
<td>Humble vs. Assertive</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>F</td>
<td>Sober vs. Happy-Go-Lucky</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>G</td>
<td>Expedient vs. Conscientious</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>H</td>
<td>Shy vs. Venturesome</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I</td>
<td>Tough-Minded vs. Tender-Minded</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>L</td>
<td>Trusting vs. Suspicious</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>M</td>
<td>Practical vs. Imaginative</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>N</td>
<td>Forthright vs. Shrewd</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>O</td>
<td>Placid vs. Apprehensive</td>
<td>10</td>
<td>7*</td>
</tr>
<tr>
<td>Q1</td>
<td>Conservative vs. Experimenting</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Q2</td>
<td>Group Dependent vs. Self-Sufficient</td>
<td>6</td>
<td>7*</td>
</tr>
<tr>
<td>Q3</td>
<td>Low self-sentiment integration vs. High strength of self-sentiment</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Q4</td>
<td>Relaxed vs. Tense</td>
<td>7</td>
<td>6*</td>
</tr>
</tbody>
</table>

* Denotes a positive change shown by the subject upon the factors marked.
CASE HISTORY II

CLIENT (X)

Relevant Data

Client X aged 51 years, is a housewife and has been married since the past 33 years. She has an Intermediate Arts Degree. Her husband, aged 56 years is a general physician. Since the past five years, he has been suffering from Parkinson’s disease, but still attends to his patients in the clinic. Due to his illness he is dependant on his wife for many of his self-care activities. The client has two grown-up children, a son who is aged 25 years old and a married daughter who is aged 28 years old. Her daughter, who is working in a pharmaceutical company, has separated from her husband and is living with her mother since the past three years. The client’s son is pursuing his medical studies.

Client X underwent a mastectomy in her right breast in February 2003. She underwent six cycles of chemotherapy and is currently on medications. She received good support from the doctors and adequate support from her family members during her illness period. Client X has other medical problems, i.e. being overweight and having borderline diabetes, high cholesterol and high uric acid. The client also suffers from migraine headaches since the past 15 years and is unable to sleep well at nights. Client X’s mother expired exactly a month before her surgery. She had been looking after her mother since the time she suffered from a brain hemorrhage in May 1996. The client’s father passed away from cancer of the stomach in the year 1982. Her family history consists of her deceased
maternal cousin who had the cancer of the uterus and her deceased paternal aunt’s son who had suffered from the cancer of the throat.

Client X came across as a sensitive and sober individual. Her morning prayers consist of reading the Hanuman Chalisa and the teachings of Sai Baba. After her household chores, she utilized her free time in watching television and doing a little bit of reading.

Client X reported feeling very tense, anxious and sad. Her major concerns were her fears regarding her husband’s illness, and the future of her daughter after the separation from her husband. She also held painful memories of being the sole caretaker of her ailing mother and having received minimal support from her siblings during this period. Soon after her mother’s demise, she had to combat with her cancer. Her current preoccupations with her husband’s illness and her daughter’s welfare, served as constant sources of worry and trepidation. Client X felt engulfed and overwhelmed by her problems.

**Pretesting Results and Analysis:**

Pre testing revealed client X as having many neurotic tendencies on the PG I Health Questionnaire N-2 with an N score of 19 (clinical cut off score: N=9) is reasonable. On the Spirituality Checklist, she had average levels of spirituality (31). The client was grateful to God for all blessings received in life. She spent time in prayers, faced reality and tried her best to carry out her daily duties. She took responsibility for her actions and was compassionate towards others. Results on the Ego-Strength Scale reported the client as having low levels of ego-strength (71). She felt unworthy and unconfident of herself. She
perceived herself as being unable to take risks in life or meeting any of her set goals. The client carried a very negativistic and helpless approach towards life.

On the pre test scores as well as in the therapy sessions that ensued, it was evident that the client was very depressed and pessimistic. She spent most of her time in brooding over her past and worrying about her future, especially regarding her husband’s health and her daughter’s future. She was also very demanding on herself, being a perfectionist in her attitude. She claimed being impatient in life with herself and others. She had been reticent to express her needs or take care of herself in the many years of her life, being sacrificial and overburdening herself with others problems. When she started therapy, she had lost all hopes of seeing a better and brighter future.

Psycho spiritual therapy sessions focused on helping her use her faith and belief in God to understand and accept the past and surrender her future to a merciful, caring and protective God.

In the therapy sessions she was able to appreciate herself as a strong human being, who had weathered many traumatic situations in life with courage and fortitude, especially in the care of her ailing mother and coping with her own trauma of cancer. The sessions also aimed in helping her accept herself as a humane being and to take care of her own needs, besides serving others. She was helped to value life and live life in the present moment. Consequently, she was able to stop ruminating on her self-destructive and negative thoughts and be more calm and relaxed to cope with her daily activities with greater ease.
Interventions covering the psycho spiritual therapy sessions were as follows:

1. Spending more time in prayer and asking for wisdom and courage from God to face the day.

2. Using the technique of ‘thought-stopping’ in cognitive-oriented therapy to abstain from negative thinking.

3. Becoming aware of her thought processes to help her live in the present moment through the use of The Mother’s teachings. This involved adopting a fearless attitude and not brooding about the past or worrying about the future, which was leaving her anxious and depressed.

4. Building her self-esteem levels so that she could actualize her potentialities and live a meaningful life through insight-oriented therapy and scriptural teachings.

5. The need to take care of her own body which is ‘the temple of God’, through adequate nutrition, exercise and rest.

6. Accepting the situations unfolding in her life in a matrix of ‘chronos’ time and kairos’ time.

7. Developing faith in God and learning to surrender to God through the use of The Mother’s teachings.

Excerpts from the Psycho Spiritual Therapy Sessions

The first session focused on establishing a rapport with the client and having the questionnaires filled.
Session II

This session focused upon helping the client remember the Divine and seek His support, after she has shared about her traumatic period of looking after her mother and receiving minimal support from her siblings, weathering through her own period of cancer and her daughter’s ill-fated marriage.

Th: You really are dealing with a lot. How do you manage?

X: It is very very difficult. I feel so disinterested. I don’t feel like doing anything.

Th: You have dealt with a lot... a lot. Did you receive your husband’s support when you had cancer?

X: His initial reaction was, ‘I am finished.’ He sought help from my mother’s siblings. He managed thereafter. He changed a little, became a little more concerned.

Th: Thank God for that.

X: Yes, but I say to myself, “God, how much more... will the troubles never end!”

Th: You have endured and you have come out strong. You have been able to help yourself, your daughter and now you are looking after your husband. You possess a great deal of inner strength

X: Yes, but how much more?

Th: Take one day at a time. When you say your prayers in the morning, offer a simple prayer with simple heartfelt words, say ‘God I offer this day unto you.’

X: (silent)
Th: When we offer the day to God, we accept His will to offer what He thinks is best for us. He will never give you more than what you can bear. He will keep you protected and safe. Never doubt that.

X: I don’t. I believe in God. It’s just that sometimes one starts to question, when you get so many problems to deal with one after the other.

Th: I agree with you. We are all but human. We increase our faith in proportion to the amount of difficulties that we can face. And you have been brave, very brave. You need to know that.

X2: I worry what will happen to my husband.

Th: Yes, you have reasons to worry. Nevertheless, you can pray and surrender your future in God’s hands. Pray for your husband’s health. Worrying about the future is affecting your present ... your daily functioning.

X: That’s why I don’t sleep well in the nights.

Th: Too much worry keeps the mind overactive, even at nights. Take one day at a time. Continue to trust in Him and not lose courage.

X: I say my ‘Hanuman Chalisa’ and read from Sai Baba prayer book and I also light the ‘Diya’.

Th: Please continue to do that and spend some more time in prayer. It will give you the courage and peace that you need.

X: Yes, I will. Thank you.
Session III

The objective of the session was to help the client focus living in the present moment.

X: I feel very tired... I just keep thinking about so many things.

Th: What is persistent in your thoughts?

X: It does not end... the troubles... everything... my husband’s health... my daughter.

Th: It is necessary to concentrate in the ‘Now’.

X: I find that difficult.

Th: You need to try to consciously focus on what constructive action you can take in the present moment to help yourself. Worrying about your husband’s health will tire you and give you sleepless nights. Be grateful that your daughter has come out of her crises and has resumed her job. Thank God for every little blessing and your life will be richer.

X: I agree. I too have been given a second lease of life by God.

Th: Do not carry the excess baggage of worsome thoughts. It will deplete your energy.

Think positive. Invite positive energy ‘You are what you think.’ Be hopeful. Let go and let God... Trust God.

X: Yes. yes. but the negative thoughts keep coming.

Th: I suggest, the moment you become conscious that you are worrying or having pessimistic thoughts, forcibly push yourself out of that state. Tell yourself, ‘STOP!’ ‘STOP!’ ‘STOP!’ Snap out of you negative thinking.
Herein the technique of 'thought stopping' used in cognitive therapy, was used to help the client deal with her unproductive ways of thinking as soon as she became aware of them.

Th: Get into some another activity. Do what you like to do. Pray, read. Watch television. Take a walk. Listen to some music. Talk to a friend. In doing something positive, you will be in better control of your life. It may take a while for the negative thoughts to stop attacking you but you need to keep telling yourself 'Stop' to the recurrent negative thoughts.

X: Yes. I will definitely try. Thank you.

The session continued to focus into motivating the client to take up activities which she had stopped doing as a result of her inner state of abject discouragement and despondency. The client responded to beginning her walks every morning, which she had stopped since a long time. The client was complimented and reinforced in this activity by reminding her of the fact that walking is an exercise known to reduce stress in the system.

..........................................................
Session IV

This session focused on helping the client build her self-esteem, as well as to continue reinforcing her not to brood over her past or worry excessively about her future. The client reported that she had begun her walks regularly in the evenings and feeling more relaxed. The session revealed that the client had equated the fact of not having many friends, with being perceived as an unlikable and unacceptable human being. The client described herself as a reserved person and not having many friends. During the counseling process, her misperceptions were cleared, and she was able to get an insight into her own need of actually desiring to have more friends in life.

Th: In a questionnaire wherein it is asked, 'whether you essentially believe that you are a good person', you have responded 'Sometimes'.

X: Yes, I remember that. That is so, because I am a reserved person. I am not outgoing by nature.

Th: Hmmm....

X: I find it difficult to make friends and mix with people.

Th: You have no friends at all?

X: No I do, but, how so many people have so many friends, I don’t.

Th: Being surrounded by many people... they are not necessarily all friends.

X: I know, but I still feel I have very, very few friends. I also keep to myself a lot.

Th: Hmm..

X: Maybe something is wrong with me, that’s why people don’t want me as a friend.
Th: You are associating being reserved by nature with not being a good human being?

X: (quiet) in reflection.

X: I guess so.

Th: When a person does not socialize very much, does become less of a good human being?

X: I see what you mean.

Th: Maybe you feel the need of having more friends in your life.

X: Yes. Essentially routine takes control of my life and I was too busy with looking after my mother and other household chores to nurture friendships.

Th: And you have taken care of your duties well. What was needed at that point of time, you did well, with courage and good will. Now is the time to take care of yourself and entrust your husband’s health in the hands of God. You know in your heart that you have not neglected or forsaken your care for him. But worrying about him will not help. *The Mother says that ‘one must cultivate an attitude of cheerfulness in life. Have hope’.*

X: Yes, I did my best. You are right. Introversion and extroversion have nothing to do with being a good human being.

Th: You have gained much insight into yourself. Thus do not get discouraged. Focus on positive activities. Do your walks regularly. Pray. Trust God and He will take care of you.

X: Hmmmm....

Th: Be attentive to the moment. By doing that, you will neither moan about the past nor have anxiety about the future.
The following scriptural passage by The Mother was read out to the client to widen her consciousness and be more at peace with herself.

_The Mother says, 'Be more conscious and you will no more be injured.'_ She explains, 'We are conscious of only an insignificant portion of our being; for the most part we are unconscious. It is this unconsciousness that keeps us down to our unregenerate nature and prevents change and transformation in it. Once you are conscious, it means that you can distinguish and sift things, you can see which are the forces that pull you down and which help you on. And when you know the right from the wrong, the true from the false, the divine from the undivine, you are to act strictly up to your knowledge; that is to say, resolutely reject one and accept the other. The duality will present itself at every step, and at every step you will have to make your choice.'

X: May I have a copy of that passage. It will remind me not to keep worrying all the time. (copy of the scriptural passage was provided to Client X).

Th: When you reflect on this passage, you will be calm and quiet in your heart and not be afraid anymore.

X: Yes...yes. Thank you. I will definitely try. I know I fear inside and therefore I keep thinking, thinking, thinking and having negative thoughts.

Th: You realize this. Fear robs us from acting positively in our lives.

_The Mother says, 'Fear is a phenomenon of unconsciousness. Fear attracts the object of fear. One of the great remedies for conquering fear is to face boldly what one fears.' She also explains that if one has faith in the Divine, one must say, 'Let your_
will be done. Nothing can frighten me because it is You who are guiding my life. I belong to you and You are guiding my life' and that acts immediately to remove the fear.

X: True.. very true. I shall pray to God to give me more strength.

Th: Sincere prayers to God are always answered. Have faith and trust that He knows and He cares. Take one day at a time. Face your day as it comes and God will provide you the strength. But if you worry too much, you do not give God a chance to work in your life.

X: True. Many times we say 'Yes God, I trust you, but keep worrying.' This is a chance to increase my faith and trust in God.

Th: Pray to God to keep your husband well and safe. Worry will spoil the present moments that you can share with your husband.

X: Yes, I understand. Thank you.

Th: Thank you.
Session V

The next session focused on reinforcing upon helping the client to appreciate her self and to decide what she could do to take care of her own needs as well as experiencing God’s and unfailing love and protection in her life.

Th: How are you?
X: I am well. I continue my walks, I feel calmer as I am beginning to realize that God takes care of us.

Th: How is your sleep?
X: Better. I don’t wake up in the middle of the nights as much as before.

Th: What do you do with so much free time on your hands as both your husband and daughter are out of the house for major part of the day?
X: My husband never wanted me to work or even take up courses.

Th: What course would you like to take up?
X: I always wanted to learn bridal dressing. Initially my husband said ‘No’. Now I have lost interest.

Th: Ask him now. Maybe he will agree now. He knows that you do not neglect your chores. Also a few hours every week at this course is not going to tax your everyday schedule. You will be able to nurture your creative potential and fulfill your heart’s desire.

X: Yes, I know.
Th: Joining a hobby class will also give you an opportunity to make new friends. Here’s a chance to do something for yourself. Actualizing your abilities and aptitudes will help you to evolve and grow.

X2: I know I am very artistic.

Th: In building oneself, one must balance and harmonize all aspects of our personality. *An Indian axiom says, ‘Everyone is a house with four rooms, a physical, a mental, an emotional and a spiritual. Most of us tend to live in one or two rooms most of the time, but unless we go into every room every day, even if only to keep it aired, we are not a complete person.*

X: I have most of the times kept my emotional needs aside.

Th: Hmm. You realize it…. The Mother says, ‘Evolve, grow, widen your consciousness…’

X: Bridal dressing is what my heart wants…

Th: You have learnt to take care of your body with regular walks. You are beginning to sleep better…now pay attention to your heart’s desire.

X: I think you are right. Being absorbed in doing what I like to do, will stop me from thinking about my unpleasant experiences in the past.

Th: Yes, you have realized it. In your quiet moments read the scriptural passages, reflect upon what we have spoken and we will soon meet again.

X: Thank you.

Th: Thank you. Be at peace.
Session VI

The session focused on reinforcing client X’s faith in God, accept her past and build courage to face the future. The client shared that her daughter had finally obtained her divorce from her husband but was worried as to how she would emotionally cope with her life.

X: Yes, but how will my daughter cope emotionally?

Th: Your maternal instincts for her well-being are but natural. She has been living with you since the past three years. That in itself is a source of great solace and support to her. Yes, it will definitely take some time for her to fully accept her situation and to come to terms with it emotionally.

X: (pensive).

Th: You appear thoughtful .. sad.

X: Yes.

Th: Hmm...( pause )

Th: Remember that after she attempted to take her life, it was your prayers, love and support that gave her the courage to live once again.

X: Yes, and I am very thankful to God for that.

Th: Do you know about ‘Chronos’ time and ‘Kairos’ time?

X: No. What is that?
Th:  *Chronos time* is what we all know...like what is today’s date and what is your age, e.t.c. *Kairos time* is that which is not visible to the eye and which cannot be measured, but is a period of time when infinitesimally small changes are taking place, whether it be in the physical structure of the body or an object, or whether in the nature, temperament and personality of a person.

X:  Hmmm.

Th:  In this context, your daughter may not be totally okay according to you in her emotional state, but be assured, that in these three years, in receiving her parent’s love and support, as well in the own inner working of her mind, with God’s support, she is definitely emerging slowly from her traumatic period.

X:  I guess you are right. I should be happy that she goes to work and has started socializing.

Th:  There, you see! God is looking after her.

X:  I must increase my faith in God.

Th:  *Faith...in God has three aspects... trust* ... trust that God will take care of all our matters. He knows what is best for us. Secondly to have a *vision* of fulfilling His plans for us for our own growth and evolution *and hope*... hope for a better future...hope in mankind’s goodness and hope in ourselves that we can succeed and be happy despite all obstacles.
X: I trust God. I pray to God... and yet I am facing so many crises situations in life.

Th: *The Mother says,* 'When men will understand that the Divine knows better than they do what is the best for them, many of their difficulties will disappear.'

X: Yes, but why one must suffer so much, despite trying one’s best to do well and mean good for everybody?

Th: Sometimes there is no why. Since you are open to all religions, I will share with you the teaching of the *Talmud.* It says that when we are suffering we need to go within. It urges us to self-reflect when we are suffering. If after much thought, you feel that you are not guilty of anything, ask yourself if you are praying with enough sincerity. If you still find no answers, then know that your suffering is suffering from love.

X: Suffering from love?

Th: Yes, suffering from love... When we suffer, we sometimes begin to think that God has forsaken us and that He doesn’t love us anymore. Yet such suffering brings us closer to God...our God within. It makes us more open to feel love and gentleness within.

X: That’s true. During my cancer and my mother’s illness, I would cry out and pray to God with a deeper intensity and feel very close to Him.

Th: Yes, that’s how it is.

(Pause)

Th: Trust that God will look after your daughter and your husband. He is being treated by the doctors for his illness. In the meantime be patient and quiet within. Say to
yourself 'Peace, Peace, Peace' and know that God knows the best and He will look after you.

X: Yes (with a sigh of relief.)

The client also reported in this session that she had started making enquiries about bridal dressing courses. She was provided a quote from The Atharva Veda "Upward is thy way, O man, not downward", to help her remain focused in making time and space for her own growth and progress in life. This quote also emphasized the fact that we need to persist in the path of self-evolution and keeping our vision towards what we want to be in Divine realization.

The concluding session after a period of one month consisted of the client duly filling in all the questionnaires once again and providing qualitative feedback regarding the psycho spiritual therapeutic exposure.

**Analysis of the Post Test Questionnaires** given to client X after a period of one month reported the following: On the PG I Health Questionnaire-N2, questionnaire, X had improved considerably receiving a N-score of 5, as against her pretest score of 19 on the same, thus reflecting an overall improvement in her psychological well-being.

The Spirituality Check-List revealed the client having been able to realize a deeper meaning in her crises situation, gaining inner courage and finding more hope in life. The
client had gained insight into the need of living in the present moment and not brooding excessively on her past or worrying about her future. She had learnt to discipline herself into taking care of her physical needs, such as giving adequate exercise, recreation and rest to her body as well as being more consistent in her prayers. Experiencing more quietness and peace, she had begun to increasingly surrender herself to God. She had received a post test score of 39 as against her pre test score of 31 on the Spirituality Check-List, thus reflecting gains in her levels of spiritual consciousness.

The Ego-Strength Scale revealed the client becoming more realistic and objective of her actions. She had developed more positivism in herself and was utilizing her time more constructively. She was thus able to report living a more productive life having turned more self-confident, appreciating and respecting herself for what she was. She had received a post test score of 80 as against her pre test score of 71 on the Ego-Strength Scale, thus reflecting a rise in her ego-strength levels.

The 16PF Questionnaire test profile reported distinct changes for the better. Less tense and more relaxed, she showed a greater amount of emotional stability. Alertness and awareness had increased, reflecting an increase in her capacity to stay alert and involved in mental tasks. Note that the client prior to the psycho spiritual therapy sessions was very preoccupied with her problems and had become averse to tasks such as reading, which involves mental concentration. Towards the end of the sessions, she had regained her interest in reading activities. The client had also turned more confident and self-assured, keeping intact her need for maintaining regard for social conventions. There was a
reduction in her negative thoughts and a revival of hope in her life. She had also become more open, responsive and receptive towards her surroundings and people.

Client X’s qualitative feedback on the sessions reported that she had gained insight into her problems. Initially very depressed, she had now begun to experience life as worth living. She had gathered courage to face life, and live in the present moment without excessive worries. She had learnt to think positively and accept the fact, that what cannot be changed with best efforts needs to be surrendered at the feet of God. She also experienced feeling more calm, quiet and relaxed after the sessions. The cycle of excessive worrying had finally stopped, with a greater awareness of the power of God, to help her live life meaningfully. She felt no longer depressed. She also reported having no migraine headaches from which she had suffering since many years.

Client X showed very good prognosis. The psycho spiritual therapeutic exposure had helped to lift her out of depression. Her frequent crying episodes had stopped and the memory of her past negative events did not leave her as disturbed as before. Further counseling sessions would need to focus upon helping the client gain further insight into not overburdening herself with other’s problems, accepting the flow of life and remaining focused in the present moment. Having got rid of her migraine headaches, it is hoped that in due course of time, she will continue to enjoy restful sleep in the nights, and also enrich her faith in God and to face life with courage and wisdom.
Table 14a: Comparative status of Client X on Health, Ego-Strength, and Spirituality.

<table>
<thead>
<tr>
<th>Tools</th>
<th>Pre-test Score</th>
<th>Post-test Score</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>19-3</td>
<td>5-1</td>
<td>Overall Improvement</td>
</tr>
<tr>
<td>PG 1-H-Q-N2</td>
<td>(N) (L)</td>
<td>(N) (L)</td>
<td></td>
</tr>
<tr>
<td>Ego-Strength Scale</td>
<td>71</td>
<td>80</td>
<td></td>
</tr>
<tr>
<td>Spirituality Checklist</td>
<td>31</td>
<td>39</td>
<td></td>
</tr>
</tbody>
</table>

Table 14b: Comparative changes in Client X’s status on personality factors on the 16 PF Test Profile.

<table>
<thead>
<tr>
<th>Factor</th>
<th>Personality Factors</th>
<th>Pre-test Sten Score</th>
<th>Post-test Sten Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Reserved vs Outgoing</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>B</td>
<td>Less Intelligent vs More Intelligent</td>
<td>5</td>
<td>7*</td>
</tr>
<tr>
<td>C</td>
<td>Affected by Feelings vs Emotionally stable</td>
<td>4</td>
<td>6*</td>
</tr>
<tr>
<td></td>
<td>(Lower Ego-Strength vs Higher Ego-Strength)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>Humble vs Assertive</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>F</td>
<td>Sober vs Happy-Go-Lucky</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>G</td>
<td>Expedient vs Conscientious</td>
<td>7</td>
<td>9*</td>
</tr>
<tr>
<td>H</td>
<td>Shy vs Venturesome</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>I</td>
<td>Tough-Minded vs Tender-Minded</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>L</td>
<td>Trusting vs Suspicious</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>M</td>
<td>Practical vs Imaginative</td>
<td>3</td>
<td>7*</td>
</tr>
<tr>
<td>N</td>
<td>Forthright vs Shrewd</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td></td>
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</tr>
<tr>
<td>0</td>
<td>Placid vs Apprehensive</td>
<td>6</td>
<td>5*</td>
</tr>
<tr>
<td>Q1</td>
<td>Conservative vs Experimenting</td>
<td>5</td>
<td>6*</td>
</tr>
<tr>
<td>Q2</td>
<td>Group Dependent vs Self-Sufficient</td>
<td>4</td>
<td>6*</td>
</tr>
<tr>
<td>Q3</td>
<td>Undisciplined Self-conflict vs Controlled</td>
<td>5</td>
<td>7*</td>
</tr>
<tr>
<td>Q4</td>
<td>Relaxed vs Tense</td>
<td>8</td>
<td>7*</td>
</tr>
</tbody>
</table>

* Denotes a positive change shown by the subject upon the factors marked.

### CASE HISTORY III

#### CLIENT (Y)

**Relevant Data**

This is an endearing case study of a client with two types of debilitating illnesses, i.e. cancer and juvenile diabetes. Client Y is aged 50 years, a Hindu by religion and has a Master of Arts in Sociology and a Nursery Teacher’s Training Diploma. She had been working as a Primary Teacher for a period of 11 years and for the last 10 years she has been giving tuitions from home to students of the primary classes. She is single and lives with her elder brother and his son. She was detected having thalesimia (minor) at the age of seventeen years and juvenile diabetes at the age of thirteen. Client Y is currently on insulin for her control of diabetes. She was detected as suffering from breast cancer in October 1999. She underwent a lumpectomy in her right breast with forty sittings of radiation. The client’s family history consists of her father who expired from a cardiac problem and her brothers suffering from hypertension. Her mother expired when she was two years old. Devoid of her mother’s love she experienced a traumatic childhood. Her father’s time and attention also got divided between looking after his eight sons, besides the client. The client also forsakes getting married to one whom she loved, to look after her nephews after her brother’s divorce.
Client Y came across as a very patient and extremely sensitive individual. Spiritually inclined since a young age, she believes in the teachings of the Bhagawad Gita and also shares it with others. She volunteers for an NGO organization called ‘Passages’ and helps the cancer patients. Her day activities consist of carrying out her household chores, giving tuitions, prayers, walks in the evenings and watching television.

**Pretesting Results and Analysis**

Pre-testing revealed Y as an adequately well-balanced individual having a score of 6 on the PGI Health Questionnaire N-2 (clinical cut off score: N = 9). She also had high levels of spirituality (40) and ego-strength (81) as depicted on the Spirituality Check –List and Ego-Strength Scale. Y was extremely humble and accommodating in her relations towards others. She would put aside her own needs to fulfill the wishes of others.

Her personality profile brought her across as an extremely tolerant and generous individual. Her actions in life were more governed by her emotions. A sober and shy individual, client Y reported that she had been unable to meet her goals in life.

Psycho spiritual interventions focused on helping her get in touch with her feelings of pain and loss, from significant others in her life at an early age. The sessions aimed at helping her become aware of the deep spiritual resources within her, and to utilize these to make her compassionate towards her own self. Consequently, she was helped to achieve her inner need and long standing desire of writing a book to make her life more meaningful and productive.
Interventions covering the psycho spiritual therapy sessions included:

1. Becoming more aware of the power of God working in her life, through spending more time in prayer.

2. Helping her to accept the void of her mother's loss of love with supportive counseling and the use of bibliotherapy.

3. Building detachment through emotional management techniques, cognitive therapy and scriptural teachings of The Bhagawad Gita and others.

4. Helping her to become more assertive and learn to pay attention to her own needs through the use of scriptural teachings, fables and insight-oriented therapy.

5. Helping her through the use of scriptural teachings of the Bhagawad Gita, and a tenet in Judaism, to build her self-worth and actualize her potentialities, by writing a book regarding her own experiences of working with children.

Excerpts from the Psycho Spiritual Therapy Sessions

The first session focused on establishing a rapport with the client and having the questionnaires filled.
Session II

In this session the client revealed her past, essentially her childhood traumas and how she had received immense strength from God in combating her cancer. The client was helped to express her of grief in a supportive atmosphere. The lack of her mother’s love was dealt with in a gradual process of empathizing with her feelings, and helping her to understand and accept her loss through bibliotherapy and bereavement therapy.

Y: I always used to believe in God. But prior to my illness, I used to participate more in rituals rather than actually getting into the essence of being close to God. Though deep down, I always used to surrender to God, I became more and more aware of actually surrendering to God, after my cancer.

Th: Hmm.

Y: Whilst, I was receiving my radiation, I used to say within, “All my cells are healthy and the white light from God above is helping me to keep away from all the ill effects of radiation. Therefore, I believe the discoloration on my skin also was very slight.

Th: That’s remarkable. Your prayers were answered.

Y: Yes. Thank you God.

Th: Indeed, you are in deep touch with God. However, I see you become very emotional whilst sharing much about yourself. There is so much emotion within you.

Y: Yes. I am very sensitive.

(Pause)
Y: I think of my mother very often.

Th: Yes (in a soft voice).

Y: As a child I missed my mother. My father died of a heart attack when I was nine years old. All my brothers love me very much. But when we were young, each one was with their own self. Now, all of them are very protective of me. But it was not easy as a child to move from one brother's house to another.

Th: You would take turns to live with each one of them.

Y: Not always, but it was difficult, very difficult, not easy at all (voice breaking).

Th: Yes. One feels one does not have roots...an anchor...or a base.

Y: I used to cry a lot, almost everyday after my Dad's demise. At around 13 years of age, I was detected to have juvenile diabetes. The doctors said it was due to stress. At age 17, I was diagnosed with Thalesemia (minor) which was a late detection. I had tuberculosis immediately a year later by eating outdoors. My immunity had become very low. My brother had just got married and there was no one to look after me.

Th: You have indeed been through a lot. How did you finally come to terms with it?

Y: With time... in due course of time.

Th: You have been brave... very brave.

(Pause)

Th: The void for love, especially your mother's love looms large.

Y: Yes, I guess so. It hurts many a times.
Th: I would like to relate to you a story which I had seen on television when I was in college. This was a Chinese or Japanese film with English subtitles. It showed two very close friends, both girls, going to school everyday and sharing their lives. On one day, one appeared to be very sad and her friend asked her reason for the same. Her friend did not reply and said she wanted to be left alone and walked away. Her friend although hurt at her response, followed her at a distance. To her surprise, she found her friend entering a cemetery and kneeling near a tombstone. After some time, her friend taking courage, went up to her and kneeled beside her. Both walked out of the cemetery in silence and the friend asked, ‘Who is there?’ and her friend replied, ‘That’s the grave of my mother. She died when I was two years old’, and broke out crying. Her friend was quiet and empathetic and after her friend had quietened down, she said in a serious tone of voice, ‘You are lucky!’ ‘Lucky!’ the other one retorted, ‘You call me lucky. I don’t have a mother’, to which her friend replied, ‘At least, you have seen your mother’s face and know that she lies here and whenever you wish, you can come by her side and pray for her, and she is there with you in spirit. Do you know, that I was raised as an orphan in an orphanage and I don’t even know who my parents are, that’s why I say you are lucky. Her friend then said shamefacedly and sadly, ‘I am sorry, I misjudged you. I did not know you were carrying so much pain in your heart. (Y listens attentively).

Th: That’s the film I saw when I was very young, and it remains etched in my heart for many years. It made me learn, that we have to be always thankful to God and always count our blessings.
Y: That's a very touching story. I will remember it.

Th: A mother's loss in life is irreplaceable. However I share with you this story to humbly remind you thank God for the gift of having a mother in your life... however short a time period.

Y: (quiet and pensive).

Y: I couldn't bear to see my nephews being brought up without a mother. Therefore I made a decision to look after them.

Th: Losing your parents at an early age left a deep impact on your life. It prompted you to take a decision of looking after your nephews.

Y: Yes... but I love them and they love me and it makes up for every thing.

Th: You are surrounded with love by God's grace and have the protection of your brothers, too.

Y: Yes. I feel God has given me a purpose. Everything has shaped out so that I can give love to all children... even the children who come to me for tuitions.

Th: I am glad you perceive it that way and hold no regrets or bitterness.
Session III

The session below focused on helping the client in learning not to get over involved in her relationships, build fewer expectations from her nephews and students and have a more detached approach to life through the use of emotional management techniques and scriptural quotes.

Th: How do you try to remain detached?

Y: Now I tell myself, ‘Do your bit and even if they don’t respond, it’s Okay. For my nephews, I would say, ‘Even if they don’t call, it’s probably they are busy.’

Th: Are you at peace, then?

Y: No, not really. I have realized that I get over involved and at times unnecessarily so.

Th: It is good that you have some insight into yourself and are aware of how you react to situations.

Y: But it does not help. I still feel little hurt.

(Pause)

Th: Being emotionally sensitive is a positive asset. However, being emotionally vulnerable can make you weak.

Y: I am aware. But what do I do?

Th: The sages have said, ‘Go beyond the mind to get to the true intelligence.’ Therefore, if you can keep away from thinking excessively or being over sentimental, you can discern the right from the wrong and be more at peace.

Y: How do I control myself from thinking or feeling too much?
Th: Do not control. That's harmful. Get in touch with yourself. Become aware of your thoughts and emotions. You will slowly be able to do this, if you can spend more time in prayer and quiet reflection.

Y: (listens attentively).

(Pause)

Th: Feelings come from the heart. Thoughts come from the mind. So whenever you feel very upset, you have to use the power of your mind to balance it. From the feeling level go to the thought level and then to an action level... an action which will be peaceful, quiet and positive, when your thoughts are positive.

Y: I guess you are right. When my nephews don't contact me and I feel dejected, I need to understand it is my own inner state of loneliness, instead of rationalizing on their behavior.

Th: Right... and when you understand that the core emotion i.e. your loneliness is causing you distress, you will be able to redirect your thoughts into doing something about managing your loneliness rather than having expectations from others.

(Pause)

Y: Generally I sit and brood or cry, when I feel very hurt.

(Pause)

Th: Whenever you feel very angry or hurt, use your mind to understand the causes and consequences of your emotions. If you can control yourself from immediately reacting at that time, you will see how emotions lose their intensity over a period of time. You will then, experience calm and quietness within.
Y: I will keep your suggestions in mind and practice on it.

Th: Since 'The Bhagawad Gita' is your holy book, I borrow from it a passage to remind you about Arjuna's response to Lord Krishna on his teachings to remain detached in this worldly life 'Krishna, Thou Lord of the senses, though moving amongst the objects of sense, remain unaffected by them. Thou hast indeed shown us the ideal: to live in the world and yet not be immersed in it.' You are a strong and sensitive human being. Be involved in life but avoid getting too immersed in the sea of human relationships. I feel this quote might help you to not get overtly attached to your students...to be involved in your work and yet remain detached from it.

Y: I agree (smilingly).

The technique of 'developing alternatives' in cognitive therapy was also used to provide the client options and alternatives for thinking and behaving and experiencing greater freedom of choice. The client responded that she would learn to engage in activities that she liked, such as listening to music, writing and attending spiritual discourses more frequently. She realized the fact that though these activities may not eliminate her loneliness to the fullest extent, it would prevent her from experiencing negative emotions, which in the long run might have further detrimental effects on her body.
Session IV
This session focused on helping the client to be more assertive and to refrain from being too emotionally cautious and restricted in the expression of her feelings and needs. During the session it was revealed that the client would accommodate and tolerate, most of the times any unjust, harsh or critical behavior from others in the environment. In finding it difficult to assert herself, she was also unable to look after her own needs, as she always kept herself in the service of others.

Th: You go out of your way to fulfill other's needs and then sometime, somewhere you realize that you have forgotten to take care of yourself.

Y: Yeah... left behind.

Th: What happens?

Y: I feel if I refuse, the person might get hurt.

Th: And what happens to you?

Y: It's okay.

Th: Hmm... There's nothing wrong in doing things for others. There are a few people who do that and not receive anything in return, but at the same time you have to exercise wisdom and judgment to not allow people take advantage of you.

Y: Yes, but it's not easy to express.

Th: Here again let me narrate to you an ancient Indian fable. Have you read about the

*Indian Fable on 'Lord Shiva and the King Cobra'?

Y: No.
Th: There was an Indian village, wherein the King Cobra was highly worshipped by the villagers. Every morning, when the villagers would enter the Shiva Temple, the cobra would be given milk. Many years passed and the cobra and villagers lived happily. Then the next generation came, wherein the villagers’ children would not follow the religious traditions. They would come to the temple and throw sand, gravel, mud and stones at the cobra. One day, the cobra got hurt by the stones thrown at him. He was highly traumatized, angry and shaken, but he did not do anything to defend himself. He went up to Lord Shiva and said, ‘This particular village has been nurturing me since over many years. I owe a debt of gratitude to their forefathers. What shall I do?’ Lord Shiva said, ‘You don’t need to be mean and cruel to the children. But for what have I given you this... (Therapist makes a hand gesture with her hand and says ‘Hsss’). You need to protect yourself. Each time, someone comes to hurt you, say menancingly ‘Hsss’. The next day the villagers’ children again tried to make fun and hurt the cobra. The cobra showed them their hood with a violent ‘Hsss’.... The children were frightened realized that they could get bitten and thus stopped hurting the cobra.

Y: Hmm..... I understand.

Th: You need to draw a line, when someone tries to take advantage of you. You cannot change others, but you need to make that change within and learn to assert yourself. You may want to avoid conflicts but absence of conflicts does not mean peace within yourself.

Y: True... there are times when I do feel bad... hurt.
Th: You keep quiet. You pile emotions within you and then it comes out suddenly.

Y: Yes. I know.

Th: Have an increased awareness. Initially, expressing and asserting yourself will not take place without any discomfort. You might feel odd and awkward. On some occasions you might feel scared as to what might be the consequences.

(Pause)

Th: Slowly and gradually, you will be able to express yourself more and more. These will be small victories. In the long run, you will be able to overcome your fear and be more confident to handle bigger issues in life.

Y: True... I need to develop more courage within.

Th: You have faith in God... with His power and protection you will succeed in expressing yourself and also take responsibility for the consequences.

Y: I will definitely think about what you said. I must learn to be not so sensitive.

Th: Hmm... I would like to share with you what Louise Hay has written in her book, 'You can Heal your Life'. She suffered from the cancer of the vagina and is now a metaphysical lecturer. She has assisted many people to discover their own creative powers for self-healing and personal growth. In her book, she has provided the correlation of many diseases and its probable causes.

Y: Very interesting. What does she write about cancer and diabetes?

Th: She writes that the probable cause of cancer is harboring deep hurt and grief within. According to her the new thought pattern that needs to be created in order to heal oneself is to say to oneself, "I lovingly forgive and release all of the past. I choose to fill my world with joy. I love and approve of myself." She relates diabetes also with
having a deep sorrow within and harboring a longing for what might have been. The healing message to oneself in this case is, "This moment is filled with joy. I now choose to experience the sweetness of today".

Y: I will write down these words. True, I have experienced lots of sadness and sorrow in my life. However I am grateful to God for the lessons taught. It’s not easy, but I will try to value the second lease of life that God has given me... I will try to pay heed to my own needs.

Th: You may want to reflect upon Louise Hay’s statements and include them in your prayers. When you are determined to change, God will surely help you in your efforts.

.................................
Session V

The session focused on helping the client make time for her needs and actualizing her potentialities. In this case the client’s own faith in Lord Krishna and a tenet in Judaism were used to motivate her to pay attention to her own needs, and fulfill her desire to write a book containing her experiences of working with children and the innovative, creative ideas that she had developed to work with them.

Y: I have been thinking of writing since the past ten years. I think about it, but I haven’t pushed myself. I start and then stop.

Th: If God has given you a gift, you must use it for the service of others. What comes in the way since you have been thinking about it since so long?

Y: Just …too much to do.

Th: Anything else?

Y: Lack of motivation. Nobody to push me.

Th: It’s the first step that is difficult to take. But once you take the first step, you get a breakthrough. Remember, ‘A thousand mile journey begins with one step’.

Y: Yes, but that first step is difficult to take and I lack confidence.

Th: There is a tenet in Judaism which says, ‘Free will is the decision, between ‘what you want to do’ and ‘what you feel like doing’. When you say you feel like doing something and you do it, then you are capturing the actual power of the free will which is a gift given by God for every human being.

Y: What about if I want to do it, but yet not able to do it?
Th: I want to do it... I feel like doing it, but I was not able to do it... well, to bridge the gap between the two is the actual measure of your free will with faith.

Y: My faith levels have to increase to a large extent.

(Pause)

Th: Let me ask you a question... what makes you give tuitions to the children?

Y: Because I love children and I like to teach.

Th: Hmm... you like to teach... so maybe you don’t like to pray enough... or write enough...

(Pause)

Y: Yeah... the way you put it... then, yes. I must search the answers within.

Th: Yes. In your questionnaire you have reported, that you have been unable to meet your goals.

Y: Yes, throughout my life, I have gone out of my way to fulfill the needs of others and keeping my needs aside.

Th: You are a very caring person. Your life is governed more by your heart than reason.

Y: I agree with that.

Th: For your own personal growth, you need to include reason so that a healthy balance can be created to look after yourself as well as others.

Y: I have been taking care of others for such a long time. How does one draw the line to distinguish whether you are caring too much about others’ welfare or one’s own?

Th: We have discussed in the previous sessions how you neglect your needs to fulfill others’ needs, and that you need to remind yourself that God tells us to look after ourselves too.
Y: Yes, I know I must look after myself because God has given me a reason to live.

Th: You know what that reason is?

Y: My life shaped out in such a way that I can look after children. I love children and therefore one of the reasons would be to write this book.

Th: There, you see! You have all the answers within. So make time for yourself. Start writing.

Y: You mean I should just start writing, just like that!

Th: Not just like that. Select your topics and write. The first step taken, to make time for yourself and pick up the pen to write is the most important hurdle crossed. It is the greatest victory. As of now you have a fear within you.

Y: Yes, I lack confidence. Initially when I was unable to make decisions, then I used to pray to Lord Krishna and surrender...ask him for help since I did not know what to do.

Th: Then why not pray to Lord Krishna for His blessings. He will guide you and inspire you to start the task.

Y: Yes, I will. I have not done that so far.

Th: What came in the way?

Y: I pray everyday. But I did not think about praying for this.

Th: We think we can do everything... but we can’t. We need God’s help... we are children in the eyes of God. Have a child-like attitude. At the end of the day God will tell us, ‘My dear child, you didn’t ask me to help you to write, but whether we ask for His help or not, He is always looking after us. But we must put our efforts’ Also bear
in mind the Judaism Tenet on ‘Free Will’... only you can choose what you want. A choice of a decision can change the course of your life this way or that way.

Y: Yes...

Th: The wisdom needed to take the right action will depend upon the regularity of your quiet time and prayer. Whilst praying reflect and ask yourself, ‘Do I love myself enough? ‘Can I have some control of my life?’ ‘Do I want to be a better human being and do good for others? ... and then give yourself a little extra push... understand yourself... love yourself... do what your heart desires to do... begin writing.

Y: I need to spend more time in prayer.. and read my Gita more sincerely.

Th: Please do. Ask Lord Krishna for His blessings when you pray in the morning. *Tell Him, “Lord, I need to do this task for Your sake” and He will definitely help you.*

Y: Yes, I will. Also I will keep a reminder in front of me on my table to start writing at once.

Th: Great! Also visualize the fact that by writing this book that by writing this book, you will be able to help many parents and children.

Y: Yes, I must make time. I will surely make time (emphatically).

Th: Additionally, you know yourself. You are such a giving person, that even if you remove some time for your own activities, you will never forsake your duties towards others...you will never turn selfish or self-centered.

Y: Yes.

Th: You have built a strong faith in God after your cancer. You have been given a second lease of life. Now is the time to return your debt of gratitude to God and to the world.

Y: Very true.
Th: And although God does not ask anything from us in return, we need to evolve in our spiritual growth by being grateful and sincere.

Y: Yes. I have come more close to God after my cancer and I am grateful.

Th: Prayer and action. Both are needed. Pray to Lord Krishna who will guide and provide you the motivation to write and move your efforts.

Y: Yes. God helps those who help themselves!

Th: That's right.
Session VI

Session focused upon reviewing the salient insights received by the client and following up on her writing assignment. The excerpt below reports the latter.

Th: Have you started finding time to write?

Y: Yes. Actually a miracle occurred on the New Year Day. I was praying and putting the flowers around the little temple that I have at home, and this one tiny flower kept falling off and it wouldn’t stay at its place. I was reading my Bhagawad Gita and this one flower kept hopping off from the altar to the book and I was just... it was so experiential that I can’t describe it... and yes, this is exactly what I’m supposed to do, and this is a blessing I’m getting in my ‘sloka’.

Th: What was it in the ‘sloka’?

Y: The theory of Karma... in action. Lord Krishna said you have to keep working, whether it’s in the house or outside... you just can’t sit around doing nothing. This flower could have even fallen earlier, or from one level to another, but it fell straight on my book.

Th: What did it signify for you?

Y: This was an affirmation... it was needed. It told me I must go ahead, so I started writing away, and since then I have been writing regularly.

Th: Wonderful! The first step has been taken.

Y: Yes, I feel the flower is a miracle... and you also told me, pray about it, God will help you and I’ve been really praying, that if it’s really what God wants me to do and if I
can help others, then please God give me the strength and let me start writing and I continued to pray in my own words.

Th: This is God’s message and gift to you on New Year’s Day.

Y: On that day especially… I felt very good. Right away I started writing.

Th: *I had spoken to you about lighting the Divine light in your heart. When you say this mystical experience happened to you on the Diwali New Year Day, it’s time to light the Divine flame in your heart… the reason to live for and there are many reasons to live for and one of them is to write about the works with your children that you love so dearly… so the Divine Flame… Diwali … Diya.*

Y: Yes, it’s all significant.

Th: About the Diwali and Diya, I see it as raising our consciousness levels… you light your consciousness and raise it to a higher plane.

Y: Yes! The light within you.

Th: The light within you… the Divine spark within you.

Y: Yes… yes…yes.

Th: So you have finally broken the shell.

Y: Yes, a lot of people had been telling me to write, but when it comes this way then you feel…

Th: There is no turning back.

Y: No turning back.

Th: It’s a wonderful blessing and I think you received it because you prayed and asked for His guidance in prayer.
Y: Thank you. You encouraged me to write and asked me to pray, and once I started praying it didn’t take long to start.

Th: Thank you... but more so it has been a result of your patience, faith in God and prayers that every thing has worked.

Y: Thank you very much.

The concluding session after a period of one month consisted of the client duly filling in all the questionnaires once again and providing qualitative feedback regarding the psycho spiritual therapeutic exposure.

**Analysis of the Post-test Questionnaires** given to Y after a month showed an improvement in her physiological symptoms. Y felt more energetic after the psycho spiritual interventions. She had become more confident and had also improved in her perceptions of being able to contribute to society. Thus she had begun to reaffirm her self-worth and view herself as a capable and worthy human being.

**Y in her qualitative feedback** of the sessions reported that she had gained further insights and had become aware of her strengths. The sessions had made her more positive and hopeful towards life and therefore more zestful and enthusiastic. In the sessions, she became more aware of the role that God had played in her life and thus be more receptive and open to His Grace and unfailing love. She was very glad with the sessions which she felt had enabled her with a head start to write a book with God’s guidance and Grace.
Thus the psycho spiritual interventions brought significant positive changes in client Y’s life. It helped her to accept her mother’s loss at an early age in her life. She learnt to become more assertive and mindful of her own needs. Reawakening her confidence in herself, through her prayers to Lord Krishna, she was able to fulfill a deep-seated desire of commencing to write a book. This activity served as a reward for her, in return for all the sacrifices made in her own life to take care of her nephews after her brother’s divorce. Herein, one witnesses how an individual having high levels of spirituality was able to raise her levels of ego-strength through psycho spiritual interventions and live a more meaningful life. Her belief and trust in the Divine were further reinforced, when she was able to propel her motivation and skills to write a book, after prayers offered to the Divine. She also believed that God had kept her protected and safe whilst combating with two debilitating illnesses.

Client Y would need further psycho spiritual therapeutic exposure to help her remain enforced in meeting her goal of writing a book, as also to make time in her life for her own self-renewal and rejuvenation by refraining from being over sentimental or self-sacrificial.
Table 15a: Comparative status of Client Y on Health, Ego-Strength, and Spirituality

<table>
<thead>
<tr>
<th>Tools</th>
<th>Pre-test Score</th>
<th>Post-test Score</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Pg I-H-Q-N2</td>
<td>6 (N) 1 (L)</td>
<td>4 (N) 2 (L)</td>
<td>Overall Improvement</td>
</tr>
<tr>
<td>Ego-Strength Scale</td>
<td>81</td>
<td>91</td>
<td></td>
</tr>
<tr>
<td>Spirituality Checklist</td>
<td>40</td>
<td>40</td>
<td></td>
</tr>
</tbody>
</table>

Table 15b: Comparative changes in Client Y’s status on personality factors on the 16 PF Test Profile.

<table>
<thead>
<tr>
<th>Factor</th>
<th>Personality Factors</th>
<th>Pre-test Sten Score</th>
<th>Post-test Sten Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Reserved vs Outgoing</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>B</td>
<td>Less Intelligent vs More Intelligent</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>C</td>
<td>Affected by Feelings vs Emotionally stable (Lower Ego-Strength vs Higher Ego-Strength)</td>
<td>5</td>
<td>7*</td>
</tr>
<tr>
<td>E</td>
<td>Humble vs Assertive</td>
<td>3</td>
<td>4*</td>
</tr>
<tr>
<td>F</td>
<td>Sober vs Happy-Go-Lucky</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>G</td>
<td>Expedient vs Conscientious</td>
<td>6</td>
<td>8*</td>
</tr>
<tr>
<td>H</td>
<td>Shy vs Venturesome</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>I</td>
<td>Tough-Minded vs Tender-Minded</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>L</td>
<td>Trusting vs Suspicious</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>M</td>
<td>Practical vs Imaginative</td>
<td>7</td>
<td>5*</td>
</tr>
<tr>
<td>N</td>
<td>Forthright vs Shrewd</td>
<td>10</td>
<td>7*</td>
</tr>
<tr>
<td>O</td>
<td>Placid vs Apprehensive</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Q1</td>
<td>Conservative vs Experimenting</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Q2</td>
<td>Group Dependent vs Self-Sufficient</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Q3</td>
<td>Undisciplined Self-conflict vs Controlled</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Q4</td>
<td>Relaxed vs Tense</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

* Denotes a positive change shown by the subject upon the factors marked.
On the basis of the above discussion of findings it can be summarized that:

Both the variables of spirituality and ego-strength had significantly contributed to better coping from the debilitating illness (cancer) after exposure to the psycho spiritual therapeutic interventions.

The psycho spiritual interventions were distinctly effective in increasing the levels of spirituality and ego-strength to help the clients cope better with the debilitating illness.

The psycho spiritual interventions also distinctly helped to lower the levels of neuroticism in the clients. Consequently the clients were able to experience an enhanced positive well-being and live more meaningful and satisfying lives.

Changes were observed in the personality profiles of the clients that helped them to face their lives realistically and with lesser tension and anxiety. The high spiritual group had distinctive personality markers that set them apart from the low spirituality group and these traits helped them to cope better with the debilitating illness.

The in depth case studies elaborated in detail along with the qualitative feedback of the clients conclusively demonstrated that the psycho spiritual interventions had definitely aided the clients to cope better with the debilitating illness. The practice of spirituality was instrumental in helping them to cope with cancer and its aftermath.