CHAPTER VII

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Dialogues and researches continue regarding the confluences and divergences of the traditions of the Eastern contemplative practice and the western psychotherapy. Questions have been raised about whether these two methods of human growth are compatible. Can meditation offer access to dimensions of human experience that are largely untouched by psychotherapy, and possibly augment or improve the efficacy of the same? Does spirituality lead to improvement or difficulties in psychological adjustment? How significant are meditations' physiological and cognitive effects? In answering these questions, the subjects of spirituality and religion with its effect on health are no longer off-limits for therapists, either in counseling within specific cultures or in cross-cultural counseling.

In this chapter a brief summary and conclusion of results is presented along with the limitations of the study and scope for future research. The main aim of this study was to study the effect of spirituality and ego-strength in helping clients cope with the debilitating illness. Coping is a process that unfolds in the context of a situation or condition that is appraised as personally significant and as taxing or exceeding the individual's resources for coping (Lazarus & Folkman, 1984). One of the earlier nomenclatures, proposed by Folkman & Lazarus (1980) distinguished between two major theory based functions of coping: problem-focused coping, which involves addressing the problem causing distress, and emotion-focused coping, which is aimed at ameliorating the negative emotions associated with the emotion. Research has also
identified meaning-focused coping as a different type of coping in which cognitive strategies are used to manage the meaning of the situation.

Park & Folkman (1997) have proposed a meaning-making factor as a useful way to think about coping efforts in which the person draws on values, beliefs and goals to modify the meaning of a transactional situation, especially in the cases of chronic stress that may be amenable to problem-focused efforts. Individuals who have experienced a severe stressful event such as tornado or hurricane, being diagnosed with cancer, or losing a loved one to AIDS, often report that something positive has come out of the experience, such as closer relationships with family and friends, reprioritizing of goals, and greater appreciation of life. These benefits and personal changes have been called stress-related growth (Park, et al. 1996). post-traumatic growth (Tedeschi, et al. 1998), and benefit finding (Affleck & Tennen 1996; Tennen & Affleck, 1999). Religious coping has also become one of the most fertile areas for theoretical consideration and empirical research. The recent interest in religious coping has been fueled by increasing evidence that religious involvement affects mental and physical health (Seybold & Hill, 2001). Studies by Holland, et al. (1999) and Baider, et al. (1999) show a relationship between a measure of religious and spiritual beliefs and practices and active forms of coping. Fuzzy boundaries exist between the concepts of religiosity and spirituality (Zinnbauer, et al. 1997). Spirituality can exist outside the boundaries of formal religion, but spirituality is also a part of religion. This research study puts its emphasis on spiritual coping, which includes efforts to find meaning and purpose in life, increasing awareness in daily life, and raising consciousness levels to evolve into better humane beings to fulfill our mission in life.
Presented below are the significant findings of the research study.

SUMMARY OF THE RESULTS

1. The research study confirmed the finding that high levels of spirituality (χ²: 5.62, df:1, p: 0.02) and high levels of ego-strength (χ²: 4.04, df:1, p:0.05) in the clients would help them cope better with the debilitating illness (cancer) after exposure to the psycho spiritual therapeutic interventions.

2. The study had also assumed a significant enhancement in the prognosis of the cancer-afflicted clients after the psycho spiritual interventions which were confirmed by discriminant analyses. Both the variables i.e. spirituality and ego-strength were found to have a significant positive impact on the prognosis of the clients. The classification matrix of discriminant analyses indicated a 73.3 per cent hit rate in terms of accuracy of classification. Therefore, whatever generalizations and conclusions have been drawn from the classification results reflected accurate prediction.

3. The results of the study confirmed the efficacy of the psycho spiritual therapeutic interventions in improving the psychological well-being of the clients with the debilitating illness by improving their levels of spirituality, ego-strength and reducing their neurotic tendencies and thus improving their health status.

- Spirituality levels (pre-exposure mean: 36.67 had increased to a post-treatment mean: 38.73).

- Ego-strength levels (pre-exposure mean: 80.53 had increased to a post-treatment mean: 86.47).

- Health status (pre-exposure mean: 9.37 had decreased to a post-treatment mean: 4.63).
Clients turned towards seeking help from God or the Divine increasingly whilst coping with the cancer and its aftermath. They were able to receive greater insight into themselves, affirm their faith and thus increasingly surrender to a Higher Force/God in their lives. They were able to face and accept reality and thus adopt positive behaviors to cope better with their disease. Thus clients reported feeling less anxious and tense and being able to cope better with their lives, which brought an overall improvement in their psychological well-being.

4. The exposure to the psycho spiritual interventions enabled the clients to show positive changes in their personality dispositions and coping styles. The clients showed an increase in their post-treatment average mean ten scores on Factor B (Concrete Mental Ability vs. Abstract Mental Ability), Factor C (Lower ego-strength vs. Higher ego-strength), Factor H (Shy vs. Venturesome) and a decrease in the post-test mean ten scores on Factor O (Placid vs. Apprehensive) and Factor Q4 (Relaxed vs. Tense). The clients showed a greater emotional stability, courage and self-confidence to face the illness and its associated consequences. Fearful and withdrawn behavior was replaced by taking a stand to be more courageous and willing to face life's challenges. The clients also turned less moody and depressed. They brooded less on any of the traumatic events of their past or their illness. Calmer and quieter in their state of mind, they were able to improve in their psychological well-being and live more productive lives. Thus were they able to revitalize their interests on pursuing their hobbies and other intellectual interests and also develop insight-oriented thinking.
5. The correlation results between the different variables under study demonstrated an important fact - that when clients experienced distressing health symptoms over a period of time, there was an emergence of certain neurotic tendencies such as becoming anxious about self and family and showing a decrease in their confidence levels, which had a negative impact on their psychology well-being and their coping styles. There were pertinent findings in the correlation of the 16PF factors and the factors of spirituality, ego-strength and health. Factor C (Lower ego-strength vs. Higher ego-strength) and Factor H (Shy vs. Venturesome) showed a negative correlation with the variable of health. The results thus confirmed the fact that higher the level of neuroticism in the clients, lesser was their ability to cope with the debilitating illness. They were unable to face reality, avoided conflict situations, which prolonged the psychological impact of the stress-related issues. Clients showing neurotic tendencies were shy and timid in their expressions of their emotions and thoughts or at the other extreme, showed restlessness and agitation in their behavior. The internalization and suppression of their emotions and their hyperexcitability imposed a negative impact upon their health and their coping behavior. A positive correlation was obtained between Factor Q2 (Group-Dependency vs. Self-Sufficient) and the variable of health. The clients in the sample tested did not wish to become a liability unto others despite the nature of their disease and thus turned more inner-directed to cope with the stressful situations. Additionally, the self-sufficiency exhibited by the clients was associated with the fact that the sample tested had high levels of educational background as well as a sound financial status. All the clients studied in the sample with the exception of four were professionals or had
work placements in various offices. A positive correlation was also obtained between Factor Q4 (Relaxed vs. Tense) and the variable of health. Thus high levels of neuroticism were also associated with high tension levels existing in the sample studied. A negative correlation was obtained between Factor M (Practical vs. Imaginative) and the variable of spirituality, indicating that high spirituality instilled more practical, down-to-earth approach behavior in individuals.

6. A regression analysis was carried out to determine the impact of spirituality, ego-strength and health in combination on each 16PF factor. The three predictor variables in combination after the psycho spiritual interventions showed significant percentage of variance on some of the 16PF Factors after the psycho spiritual interventions i.e., 27 percent variance on Factor C (Lower Ego-Strength vs. Higher Ego-Strength), 23 percent on Factor H (Shy vs. Venturesome), 24 percent on Factor I (Tough-Minded vs. Tender-Minded) and 21 percent on Factor Q2 (Group-Dependent vs. Self-Sufficient). Amongst the three predictor variables, the variable of Health showed a negative correlation with Factor C ($\beta: -0.54, t: 3.01, p: 0.01$) and with Factor H ($\beta: -0.47, t: 2.55, p: 0.02$) which was significant. Thus clients in the sample tested became increasingly emotionally disturbed and unconfident to deal with reality, when their health status declined. There was a greater emergence of neurotic tendencies, partly due to the anxieties and uncertainties that the nature of the disease posed on the clients. The clients became more careful and restricted in their daily life. Factor I ($\beta: 0.36, t: 2.00, p: 0.05$) and Factor Q2 ($\beta: 0.40, t: 2.21, p: 0.04$) showed a significant positive correlation with the variable of health amongst the three predictor variables on post-treatment evaluation. Since the clients in the sample
studied, did not wish to be a burden to others. they turned more resourceful and self-sufficient to effectively manage their daily life as well as face and deal with difficult situations. However clients with the debilitating illness and high in levels of neuroticism did tend to get discouraged and show dependent behavior. They became more vulnerable and the smallest traumas became major stress-bearing issues in their life. However, in the struggle of their pain and suffering, the clients turned more sensitive and aware of the subtleties of life and thus showed tender minded emotionality.

7. The findings showed that the high spirituality group had a different personality disposition profile as compared to the low spirituality group. The high spirituality group was found to be more accommodating and modest as opposed to the low spirituality group which was more demanding and assertive. Clients who were spiritually inclined were more sober, practical and realistic in their approach towards life as compared to the low spirituality group who maintained a carefree, happy-go-lucky approach to life. Spiritually inclined individuals were found to be introspective and reflective, whereas those who were low in spirituality were more prone to be impulsive and needy of social contacts. Those high in spirituality are practical, considerate individuals, able to make rational unbiased decisions and remain calm even in crises situations. The low spirituality group on the other hand is more absorbed in their world of imagination and fails to be guided by objective realities. The high spirituality group was found to be insightful, astute and sagacious. High in their levels of spirituality, they were also emotionally stable and showed high levels of self-discipline. They showed high superego strength, showing self-control in their behavior, mindful about social rules. The low
spirituality group on the other hand was careless about social protocol and tended to satisfy their needs and urges, at times lacking consideration for others. The high spirituality group was found to be more calm and serene than the low spirituality group who showed greater agitation, tension and anxiety levels.

8. The psycho spiritual interventions brought significant positive impact on the psychological well-being of the clients with the debilitating illness as revealed from the clients’ feedback responses and the detailed case studies. Most of them reported receiving insight into their traumas after the sessions and sought meaning in their suffering. They reported that the cancer had made them stronger and wiser human beings, which they would not have been able to become otherwise. In addition, their suffering had made them more compassionate towards others and they had begun to value life in greater depth, cherishing moments with greater joy and hope. The increase in the levels of spirituality and ego-strength helped them to view life from a higher perspective rather than being confined to the limitations of their disease and pain. The sessions had also made them become aware of their inner strength to be able to face reality and understand life in greater depth. The clients have been able to take recourse to spirituality and surrender to a Higher Power to face their debilitating illness, and in the process become calm and composed to move with the flow of life with greater awareness and tranquility. Thus the psycho spiritual interventions helped the clients to cope better with the debilitating illness and its aftermath.
In conclusion, the study confirms that both, the psychotherapeutic approaches from the different schools of psychology with a spiritual approach can be integrated as an intervention in psychological practice to help patients cope with the debilitating illness (cancer).

LIMITATIONS OF THE STUDY

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

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

1. Spirituality by itself is a vast domain which is difficult to tackle at an individual level due to individuals’ differences in perception of what is spirituality and philosophy of spirituality.

2. The study was conducted on a small sample with only one debilitating illness (cancer).

3. The sample selected represented middle to high socioeconomic background with higher educational levels, and was not representative of population at large. Therefore the results of these findings need to be accepted and interpreted with caution.

4. The clients with the debilitating illness who had reservations in undergoing psycho spiritual exposure had to be eliminated. Thus the sample was restricted and therefore could be biased, because only those cancer patients who volunteered
to participate in the study were taken up for psycho spiritual therapeutic interventions.

5. The psycho spiritual intervention program could not be standardized due to multiple religious representations in the sample.

6. It was not possible to relate the positive therapeutic outcome to the psycho spiritual interventions alone, as no control group had been introduced in the study and no strict safeguards were adopted against intervening variables.

7. Often the researcher's bias and inclination towards certain philosophy of thought might have interfered with the psycho spiritual therapeutic exposure.

8. A larger sample with different types of cancer would have helped to ascertain whether the psycho spiritual therapeutic program would be more effective with any particular type of cancer or other debilitating illnesses.

9. The Spirituality Check-List should be further subjected to normative standards by making it an exhaustive tool on various issues of spirituality on a larger sample.

10. The Ego-Strength Scale could be validated with other ego-strength tools for standardization on a larger population.
The recommendations suggested are:

1. A control group could be introduced to study the process of coping in the clients with the debilitating illness and the efficacy of the psycho spiritual intervention program.

2. A larger sample would help to make more accurate predictions and generalizations of the research study.

3. Psycho spiritual interventions could be rigorously studied vis-à-vis other therapeutic interventions to bring out the efficacy of the psycho spiritual therapeutic program.

The research study helped in understanding in greater depth the effect of spirituality and ego-strength in coping with the debilitating illness. Personality traits in the high spirituality group were also delineated, to further understand the role of spirituality and its impact on the psychological well-being of the clients coping with the cancer.

This study throws light on future areas of related research, suggested as below:

**SCOPE FOR FUTURE RESEARCH**

1. The above research design using the intervention of the psycho spiritual therapy sessions can be used on a larger sample and covering other debilitating illnesses such as cerebral strokes, AIDS, and many such others. It would be interesting to study the role of spirituality and ego-strength specifically in coping with AIDS, as it is yet a socially stigmatized debilitating illness, unlike cancer which is more accepted by society.
2. The research study can be extended to all strata of the society since spirituality is inbuilt in the Indian psyche. It has to be revived and imbibed as a way of life in people.

3. Additionally, the study can be extended to specifically study the importance of each spirituality related construct, for e.g. love, hope, humor and others with its impact upon the life of the individual coping with the debilitating illness.

4. The study can be modified to devise a psycho spiritual therapeutic program specifically for children suffering from the debilitating illnesses. Herein there would be a need to understand how spirituality evolves at different developmental stages.

5. The psycho spiritual therapeutic programs devised must necessitate the inclusion of the particular culture in which it is being used, as different cultures view a divine being with different interpretations.

6. The psycho spiritual intervention program could be designed for differential diagnoses of cancer and various stages of cancer. This would help to delineate intervention strategies that are common and exclusive for specific types of cancer.

7. Physiological measures could also be included like changes in respiration rates, blood pressure and immunity measures of the cellular and the humoral immunity to evaluate the holistic effect of the psycho spiritual intervention program.
8. Spirituality is a vast topic of study. It is one realm, wherein the unknown is more present than the known. Since one continues to grow in this area, there is always further scope to modify and improve the psycho spiritual therapeutic program. Therefore any research study that covers the study of spirituality and religiosity must be modified over a period of time, to include societal changes and its impact upon the daily lives of the individuals coping with the debilitating illness.

9. Spirituality ‘East and West’ conceptualization could be integrated in the psycho spiritual therapeutic outcome.

10. Therapists who use spirituality as an adjunct with psychotherapy would need to train themselves to be multiculturally sensitive to become sensitive to the diverse spiritual and religious beliefs and practices.

These are some of the very relevant and major possibilities of future research.

Thus in conclusion, in answering the perennial question common to all cultures as to why one suffers even when seemingly one has not harmed anyone, apart from the Bible, even the Talmud acknowledges that there are times when suffering cannot easily be accounted for. It advises the afflicted, ‘If you find that suffering is upon you, search your ways. If you have searched and not found any wrong-doing, consider the possibility that you are remiss in spiritual work or study of Torah. If after extensive soul-searching, you can find no hint or guilt or spiritual lacking, know that your suffering is suffering from love.’ It is not entirely clear, what the Talmud means by
'suffering from love'. On the surface, it may appear that what seems bad on the surface may mask some hidden goodness. It may feel that God doesn't love us, when we suffer without any obvious reason, yet the Talmud tells us that such suffering often has the effect of bringing us closer to God. There is no causality operating in this case, but simply the mysterious phenomena that suffering has the potential to bring us to intimate terms with the spirit. It can awaken love.

Man is constantly in the process of evolving into a better human being. This research study makes a humble attempt to understand the role of spirituality i.e. God or a Higher Force in coping with debilitating illness. Hence God is not taken as a crutch but a force that governs the workings of the universe in wise, unfathomable ways that is not discernible to the human eye. This research study also makes a humble attempt to impart a very important message, i.e. to 'Never say die', or 'Never give up hope' as there is present within every individual, reservoirs of unlimited strength and courage to withstand every traumatic situation with the grace of God and believing in oneself. As Sri Aurobindo puts it, 'A conscious power has drawn the plan of life...' and therefore experiencing this conscious power, never losing faith in God or oneself can work miracles and at times also reverse the disease.

The ancient Talmudic sages also stated, 'God creates the healing before the illness.' Thus when we need to heal in a particular way (for example: removing dysfunctional thoughts and patterns of behaving, or eliminating our addictive behaviors), the divine healer may bring about symptoms or situations that will force us to manifest that healing power. The intended outcome is healing; the means to healing, at certain times, may be illness or other unanticipated crises. When illness and adversity is seen as a rite of
initiation, rather than as a disfiguring or disabling force, every illness becomes a path to a particular healing or personal gifts. In ancient times, the art of healing was left to the divine physician. He was the sickness and the remedy.