ABSTRACT

Any chronic illness brings about the onset and recurrence of physical, emotional, and psychological stress to the individual affected. Stress and other emotional responses are components of complex interactions of genetic, physiological, behavioral and environmental factors that affect the body’s ability to remain or become healthy or to resist and overcome disease. Since religious practices and spirituality have been known in all cultures over the world to bring about healing in the human body and psyche, this research study made an attempt to understand the role of spirituality and ego-strength in helping clients cope with the debilitating illness (cancer).

Coping is embedded in a complex, dynamic stress process that involves the person, the environment and the relationship between them (Folkman & Moskowitz, 2004). Over the past decade, there has been much research devoted to conceptualizing religion and spirituality than to any other topic in the psychology of religion. Elkins (2001), a vocal proponent of humanistic-oriented spirituality, offers six qualities of spirituality: Spirituality is universal; it is a human phenomenon; its common core is phenomenological; it is our capacity to respond to the numinous; it is characterized by a ‘mysterious energy’ and its ultimate aim is compassion. Contemporary scientific psychological research has also examined the relationship between the self or personality and spiritual transformation.

The major emphasis of this research work was to help the clients develop spiritual coping, apart from the problem-focused coping and the emotion-focused coping to deal with the
debilitating illness. Spiritual coping enables the clients find meaning in their suffering and gather inner strength to lead productive lives by connecting with God/Divine Force/Creator or a divine being. For this purpose, clients were exposed to psycho spiritual therapeutic sessions to help them raise their levels of spirituality and ego-strength. The psycho spiritual interventions consisted of using the principles of various schools of psychology such as the existential-humanistic approach, William Glasser’s Reality Therapy, the Jungian school of thought, the cognitive-behavioral approach and the Gestalt approach along with the spiritual resources embedded in the sacred texts of various religions, along with the quotes, scriptural messages and lessons learnt from the autobiographies and experiences of saints and individuals who have shown extraordinary courage in the most traumatic situations. Coping is strongly associated with the regulation of emotion, especially distress, throughout the stress period. Therefore the roles of personality dispositions in health were studied and psycho spiritual interventions were used to help the clients improve their psychological well-being.

The research design was a pre-post design test. The clients with the debilitating illness were administered a series of measures to determine their levels of spirituality, ego-strength and health status. Herein the neurotic tendencies that the clients exhibited under the stress of the disease or due to their personality dispositions were noted and studied. The tools used were, the Biodata Questionnaire (self-constructed), the Spirituality Check-List (self-constructed), the Ego-Strength Scale (self-constructed), the PGI Health Questionnaire N-2 and the 16PF Questionnaire. The Spirituality Check-List and the Ego-Strength Scale were formulated with a sample size of 40 individuals (non-cancer population) to establish item reliability
and validity. Thereafter a pilot study was carried out on a small sample size of five individuals who were cancer patients. Once the efficacy of the self-constructed tools were established for use with cancer patients, the main study was carried out on a sample of thirty cancer patients of different diagnostic categories i.e. breast cancer (n:24), colon cancer (n:1), cancer of the uterus (n:1), cancer of the throat (n:1), cancer of the urinary bladder (n:1), cancer of the brain (n:1) and cancer in multiple sites (n:1). These clients who volunteered to participate in the study were exposed to the psycho spiritual therapeutic sessions, totally comprising of seven sessions. The same measures were then re-administered one month after the completion of the psycho therapeutic process and the pre- and post-treatment scores were compared and analyzed by the Statistical package for Social Sciences (Version 11). Inferential and descriptive statistics, namely, t-test, correlation analyses, chi square analyses, regression analyses and discriminant analyses was carried out on the data to find out the relation and significant differences between the variables. The qualitative feedback of the clients' was analyzed and the percentage of frequently occurring responses was calculated by simple mathematical calculation. In-depth case studies were also discussed.

The results indicated that the majority of the clients had significantly benefited from the exposure to the psycho spiritual therapeutic sessions. The study confirmed the fact that clients with high levels of spirituality ($\chi^2$: 5.62; df: 1; p: 0.02) and high levels of ego-strength ($\chi^2$: 4.04; df: 1; p: 0.05) would be able to cope better with the debilitating illness after exposure to the psycho spiritual interventions.
Applying discriminant analyses, both the variables of 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 and it had no significant impact on the health status of the individual (F: 0.00; p < 0.99). The Eigen value which was found to be 0.32 explained 100 per cent of the total variance and was thus significant. Applying the standardized coefficient procedure in discriminant analyses amongst the three variables, the contribution of the variable ego-strength was found to be highest (β: 0.75), followed by the variable of spirituality (β: 0.52) and the contribution made by the variable of health was found to be lowest ((β: 0.40) to coping with the debilitating illness. Discriminant analyses confirmed a significant hit rate of the prognosis of the clients with the debilitating illness (cancer). The discriminant analyses classification matrix indicated a 73.3 per cent hit rate in terms of accuracy of prediction.

Both the variables of spirituality and ego-strength on pre- and post evaluation were positively correlated with each other which was significant at p < 0.00 level. In addition the psycho spiritual therapeutic program had aimed to improve the overall psychological well-being of the clients by increasing their levels of spirituality and ego-strength as well as decreasing their neurotic tendencies as shown by an increase in the post-treatment means as compared to the pre-treatment means on the scores of spirituality and ego-strength and a decrease in the post-treatment mean on the variable of neuroticism (Health) following the psycho spiritual interventions. Pre-treatment mean for spirituality (m = 36.67) had increased to (m= 38.73) for the post-treatment group. The post-treatment mean (m = 86.47)
for ego-strength had also increased compared to the pre-treatment mean \((m = 80.53)\). There was a decrease in the post-treatment mean on the Health score \((m = 4.63)\) as compared to the pre-treatment mean \((m = 9.37)\) due to a reduction in their neurotic tendencies. Thus clients turned increasingly to seek the support of the divine whilst coping with their illness and its aftermath. They also became more emotionally stable and learnt to face reality courageously and adopt positive coping measures to deal with their illness and its consequences.

Another significant finding was that the clients showed significant positive changes in some of their personality dispositions on the 16PF Questionnaire after exposure to the psycho spiritual interventions. The clients showed an increase in their post-treatment average mean sten score 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 sten score on Factor O (Placid vs. Apprehensive) and Factor Q4 (Relaxed vs. Tense). Thus they were able to persevere and focus on mental tasks after having received insight into themselves and being able to clear themselves of the emotional baggage of the past. Increased levels of ego-strength helped them to develop greater inner strength to deal with their fluctuating health problems and the other stresses of their lives. Less fearful and less depressed after the psycho spiritual interventions, they were able to lead more productive lives, experiencing greater measures of quietness and peace in their minds.
Pertinent findings were obtained in the correlation of the 16PF factors and the factors of spirituality, ego-strength and health on post-treatment evaluation. Factor C (Lower ego-strength vs. Higher Ego-strength) and Factor H (Shy vs. Venturesome) showed a negative correlation with the variable of health. Thus when clients continued to experience extreme distress over their health, their neurotic tendencies increased and they became emotionally unequipped to deal with their illness in coherent, mature ways. They tended to withdraw into themselves, rather than seek support from others. The variable of health also showed a positive correlation between Factor Q2 (Group-dependency vs. Self-sufficiency) and Factor Q4 (Relaxed vs. Tense). The high emergence of neurotic tendencies in the clients over their debilitating health status made the clients tense and anxious. Due to their mental and emotional constrictions, they did not wish to become a burden unto others and turned within to seek resourceful solutions for their problem situations. A negative correlation was obtained between Factor M (Practical vs. Imaginative) and the variable of spirituality indicating that high spirituality evoked more practical judgment and balanced behavior in individuals.

A regression analysis was carried out to determine the impact of the predictor variables (spirituality, ego-strength and health) in combination upon each 16PF Factor on post-treatment evaluation. The results showed that a 27 percent of the variance on Factor C (Lower Ego-Strength vs. Higher Ego-Strength), a 23 percent of the variance on Factor H (Shy vs. Venturesome), a 24 percent of the variance on Factor I (Tough-Minded vs. Tender-Minded), and a 21 percent of the variance on Factor Q2 (Group-Dependent vs. Self-
Sufficient) were accounted by Spirituality, Ego-Strength and Health in combination after exposure to psycho spiritual interventions which were highly significant. Amongst the three predictor variables, a negative correlation was observed between Factor C (Lower Ego-Strength vs. Higher Ego-Strength) and Health ($\beta$: -0.54, t: 0.31, p: 0.01) as also with Factor H (Shy vs. Venturesome) and Health ($\beta$: -0.47, t: 2.55, p: 0.02). The variable of Health reflects the level of the psychological well-being of the clients coping with the debilitating illness. Neurotic tendencies were observed in some of the clients as they were still under medical treatment and they experienced anxiety and distress over their health symptoms. Consequently, when the health status of the clients declines, they show increased neurotic tendencies and poor levels of psychological well-being. Thus higher the levels of neuroticism of the clients in the sample tested, greater was their inability to cope effectively with the realities of life, as they become emotionally perturbed and easily affected by their feelings. The clients withdraw into themselves and try to cope with stressful situations as they fear becoming a burden unto others. A positive correlation was obtained between Factor I (Tough-Minded vs. Tender-Minded) and Health ($\beta$: 0.36, t: 2.00, p: 0.05) and between Factor Q2 (Group-Dependent vs. Self-Sufficient) and Health ($\beta$: 0.40, t: 2.21, p: 0.04) The experience of the debilitating illness and its associated pain and suffering makes them more gentle, kind and sensitive towards self and others and they begin to turn inner-directed to cope and deal with the difficult and traumatic situations in their life.

The study also highlighted the personality profile of the clients having high levels of spirituality. These individuals are shown to be more humble, but diplomatic as well as considerate in their relations with others. They adopt a serious and sober approach to life, at
times overtly preoccupied with the cares and concerns of others. They are disciplined in life and abide by their inner values and convictions. They show astuteness and insight into worldly matters and their behavior and decision-making is guided by keeping the objective realities in the forefront. They are insightful regarding self and others and they can be depended upon to remain emotionally considerate and disciplined in the face of emergencies. They show a high self-control over their emotions and behavior and possess a strong will-power to remain calm and brave, even whilst encountering the most difficult situations in their lives.

The qualitative feedback responses of the clients revealed a high percentage on various responses namely being able to gain insight into themselves (97 %), becoming more regular and spending more time in prayers (73%), alleviation of guilt (93%), self-expression (93%), experiencing peace and quietness (73 %), living in the present moment (83%), appreciation of life and people (93%), being grateful (90%), care of body: food/ sleep/exercise/prayers (83%), developing patience (67%), increasing surrender (77%), greater awareness of God/spirit/creator (97%), having learnt to forgive themselves and others (82%), increased self-confidence (90%), developing courage (73%), developing tolerance (80%), acceptance of self/others/past (83%), increased contentment (77%), having found meaning in pain and suffering (83%), becoming aware of a mission in life (53%), reduction of negative thoughts (87%) and living life meaningfully (77%). The in-depth case studies also show that clients had benefited greatly from the psycho spiritual interventions and were willing to view life in a new perspective by pursuing higher goals and committed to positive values.
Thus the research study proved the efficacy of the psycho spiritual therapeutic program to help clients cope better with the debilitating illness (cancer) and significantly improving their prognosis levels. Further it pointed out that spiritual coping is a vital positive adjunct to maintain and augment physical and emotional health. Ego-strength was found to be a more important variable in the coping process and recovery from the debilitating illness. An individual high in ego-strength refrains from indulging in spirituality as having answers to all problems to escape self-responsibility. She/he is committed to self-examination and utilizes spirituality to accept the vulnerability of being human and therefore accepting of self and others, involved in a cycle of growth and evolution with the support of God/Higher Force. The variable of health was found to be insignificant as clients fluctuate in their health status due to the nature of their disease. The research study had its limitations as only a small sample was used. The psycho spiritual program was only carried out with one debilitating illness and with multiple religious representations in the sample. Despite its limitations, the research study serves as a significant contributor to devise psycho spiritual therapeutic programs for different kinds of debilitating illnesses across different cultures.