

# *INTRODUCTION*

## CHAPTER – I

### INTRODUCTION

*“While planning for a year, sow corn  
While planning for a decade, plant trees  
While planning for life, train and educate people”*

- Kwan Tsu

Life is a wonder, a mystery beyond any definition and description. Life unfolds along certain uncertain paths, experiencing the joyful and the sad, the ups and downs (Muarus, 2000). People are looking for meaning in their life and to understand the meaning they look for some models and guides. But if they do not find anyone who can guide them in their search, they may easily settle down to a shallow life and take refuge in a world of their own. Today there are new questions, new challenges, doubts, disenchantments, expectations and dreams. We do not live in isolation. Nor can we grow in isolation. We live in a society. The only way for a person to grow to maturity is to get involved in action while trying to develop a personal relationship with others (Ignacimuthu, 2001).

Most of the people get depressed from time to time. Sadness, discouragement, pessimism and hopelessness about being able to improve matters are familiar feelings to most people. Depression is unpleasant when one is in it but it usually does not last long. Sometimes it seems to be self-limiting, turning off after a period of days or weeks or after it has reached certain intensity level. Sometimes people may experience it as having been in some sense useful: we were stuck and now we can move on; what bothered us was easier to get out of than we thought it could be and our new perspective may offer new possibilities (Carson et al., 2003).

#### **DEFINITION OF NUN**

Oxford dictionary (2003) defines nun as “a member of a community of women living apart under religious vows”. The institution of nuns and sisters, who devote themselves in various religious orders to the practice of a life of perfection, dates from the first ages of the Church. Women may claim with a certain pride that they were the first to embrace the religious state for its own sake, without regard to missionary work and ecclesiastical functions proper to men. A Nun is a woman who has taken special

vows committing herself to a religious life. She may be an ascetic who voluntarily chooses to leave mainstream society and live her life in prayer and contemplation in a monastery or convent.

The term 'nun' comes from a Latin word 'nonna' and is applicable to the Catholics (both eastern and western traditions), Eastern Orthodox, Anglicans, Lutherans, Jains, Buddhists and Taoists. While in common usage the terms 'nun' and 'sister' are often used interchangeably. A nun lives a contemplative life of prayer and meditation within a monastery while a sister (in the Christian religions) lives an active vocation of service to the needy, sick, poor and uneducated (Rose, 1998).

### **CATHOLIC NUNS**

In the Catholic Church, a nun is a female monastic who has taken solemn vows. Nuns are cloistered to the degree established by the rule of the religious institution they enter. In the Roman Catholic tradition, there are a number of different orders of nuns each with its own charism or special character (Canon, 1983).

In general, when a woman enters a convent she first undergoes an initial period of 'testing the life', known as postulancy, for a period of six months to a year. If she, and the order, determine that she may have a vocation to that life, she receives the habit of the order (usually with some modification to distinguish her from professed nuns) and undertakes the novitiate, a period (that lasts one to two years) of living the life of a nun without yet taking vows. Upon completion of this period she may take her initial, temporary vows. Temporary vows last one to three years, typically and will be professed for not less than three years and not more than six. Finally, she will petition to make her "perpetual profession", taking permanent, solemn vows.

In the various branches of the Benedictine tradition, nuns take vows of "stability" (that is, to remain a member of a single monastic community), "obedience" (to an abbess or prioress) and "conversion of life" (which includes the ideas of poverty and chastity). The "poor clares" (a Franciscan order) and those Dominican nuns who lived a cloistered life take the three-fold vows of poverty, chastity and obedience. Most orders of nuns follow one of these two patterns, with some orders taking an additional vow related to the specific work or character of their order (for example, to undertake a certain style of devotion, praying for a specific intention or purpose).

Cloistered nuns (Carmelites, for example) observe “papal enclosure” rules and their monasteries typically have walls and grills separating the nuns from the outside world. The nuns rarely leave (except for medical necessity or occasionally for purposes related to their contemplative life) though they may have visitors in specially built parlors that allow them to meet with outsiders. They are usually self-sufficient, earning money by selling jams or candies or baked goods by mail order or by making liturgical items (vestments, candles, bread for Holy Communion). They sometimes undertake contemplative ministries that is, a monastery of nuns are often associated with prayer for some particular good or supporting the missions of another order by prayer.

A nun who is elected to head her monastery is termed an ‘abbess’ if the monastery is an abbey, a ‘prioress’ if it is a priory or more generically may be referred to as the Mother Superior and styled ‘Reverend Mother’. The distinction between abbey and priory has to do with the terms used by a particular order or by the level of independence of the monastery. Technically, a convent is any home of a community of sisters or indeed, of priests and brothers. The term “monastery” is often used by communities within the Benedictine family and “convent” (when referring to a cloister) is often used by certain other orders (Millais, 1858).

### **GUIDELINES FOR NUNS**

To be a Catholic nun, one must

- Live in a convent, cloister or monastery;
- Belong to an order in which the members eventually take the solemn vows;  
and
- Recite the Liturgy of the Hours or other prayers together with her community.

Nuns are restricted from leaving the cloister, though some may engage in teaching or other vocational work depending on the strictness of enforcement, which is up to the monastery itself. Visitors are not allowed into the monastery to freely associate with nuns. In essence, the work of a nun is within the confines of her monastery, while the work of a sister is in the greater world. Both sisters and nuns are addressed as "Sister".

There may be both nuns and sisters within a religious order. For instance, the Poor Clares (sometimes known as "Second Order Franciscans") are cloistered nuns following the Franciscan tradition, while the Sisters of St. Francis are among the many groups of

"Third Order Franciscan Regulars" who exist to teach, work in hospitals or with the poor or perform other ministries; there are also groups of cloistered Dominican nuns and groups of Dominican sisters who are dedicated to teaching or working with the sick (Jones, 1980).

### **ATROCITIES TOWARDS NUNS**

Giving embarrassment to Catholic Church in Kerala, a nun released her autobiography revealing what is happening behind the closed doors of convents. "Amen", an autobiography written by former nun Dr. Sister Jesme in 2009 claims that harassment and sexual repression take place in convents. Sr. Jesme, former principal of St. Mary's College in Thrissur alleged of harassment from superiors and she quit the congregation, but the church has termed her mentally sick. Former nun said that she wanted the society to know what is happening to the nuns and what she suffered there. This autobiography comes after the Central Bureau of Investigation (CBI) arrested two priests and one nun in sensational Sr. Abhaya case (<http://news.oneindia.in/2009/02/20/catholic-church-amen-autobiography-sr-jesmi-nuns.html>).

A study by the Catholic Church in Trivandrum (2009) found that 25% of the nuns in Kerala were unhappy with life inside the four walls of a convent. Cardinal Varkey Vithayathil, who is the president of Catholic Bishops Council of India, says that the nuns are humiliated by priests and they live in fear. In his biography titled 'Straight from the heart' the cardinal tells his biographer Paul Thelakat, the spokesperson of Syro-Malabar Church, that the time has come to free the nuns from the pitiable situation they are in. Nuns are often kept under submission by the fear of revenge by priests. A big complaint of nuns is that the diocesan priests are treating them like servants, making them wash their clothes, prepare their food, wash the churches, etc. and that too without getting paid. Vithayathil admits that there has been erosion in values in religious life. He also points to the growing gap between the clergy and laity ([http://agrasen.blogspot.com/2009\\_04\\_01\\_archive.html](http://agrasen.blogspot.com/2009_04_01_archive.html)).

## **SPIRITUAL QUOTIENT**

*“Soul receives knowledge from soul and not by book nor from tongue”*

- Mevlana Jelaludin Rumi

The terms ‘Spirit’ and ‘Spiritual Quotient’ are not the part of scientific vocabulary. Man’s interest in extra sensory process has always been multiplying despite his scientific bent of mind coupled with well-focused empirical zeal. Religion and Spiritualism have always involved greater number of believers and followers than non-believers, it is to say that the number of believers has always been higher than others, throughout the world.

Greatest scientists and scholars at some stage of their life have recognized the existence of some kind of intelligence, which cannot be measured or touched, perhaps referring to Spiritual Intelligence. It is the intelligence that makes us whole, that gives us our integrity. It is the soul's intelligence, the intelligence of the deep self. It is the intelligence with which one asks fundamental questions and with which one reframes his/her answers.

The word “spiritual” in relation to the intelligence has no necessary connection with organized religion. A person may be high in SQ but have no religious faith or belief of any kind. Equally, a person may be very religious but low in SQ (Behrman, 2007).

### **DEFINITIONS OF SPIRITUAL QUOTIENT**

Robert Emmons (2000) defines spiritual intelligence as "the adaptive use of spiritual information to facilitate everyday problem solving and goal attainment." According to Danah Zohar and Ian Marshall (2000) “Spiritual Intelligence is the intelligence with which we access our deepest meanings, purposes, and highest motivations”.

### **QUALITIES OF SPIRITUAL QUOTIENT**

Danah Zohar and Ian Marshal claim that spiritual intelligence is the ultimate intelligence. The word spiritual in the Zohar/Marshal concept comes from the Latin word spiritus, which means “that which gives life or vitality to a system”. This is the intelligence used to solve problems of meaning and value. “Is my job giving me the fulfillment I seek?”, “Am I relating to people in my life in a way that contributes to their happiness and mine?” Answers to these questions determine whether one finds happiness

or not. IQ (Intelligent Quotient) and EQ (Emotional Quotient) are inadequate in such issues.

“Spiritual Intelligence”, “is about the growth of the human being; it is about moving on in life; about having a direction in life and being able to heal ourselves of all the resentment we carry. It is thinking of ourselves as an expression of higher reality. It is also about how we look at the resources available to us. Ultimately we discover freedom from our sense of limitation as human beings and attain moksha” (Ram Mohan, 2003).

Anand Tendolkar (2003), a workshop leader says, “For me spiritual intelligence is about pondering over my life’s purpose. Finally I realize that there is immensity to me. As I move along the path, deeper levels of myself gets unfolded, leading to fulfillment.” Humans are essentially spiritual beings, evolved to ask fundamental questions. “Who am I?” “Where am I going?” “What do others mean to me?” It is an inability to answer these questions that lead people to personal growth workshops. Spiritual Intelligence motivates people to balance their work schedules and to spend time with the family. Or an executive with high SQ might look beyond profit margins and devote time for voluntary work with orphans. Spiritual Intelligence also addresses the need to place one’s life in shared context of value.

The transformative power of SQ distinguishes it from IQ and EQ. IQ primarily solves logical problems. EQ allows a person to judge the situation he/she is in and behave appropriately. SQ allows a person to ask if he/she wants to be in that situation in the first place. It might motivate him/her to create a new one. SQ has little connection with formal religion. Atheists and humanists might have high SQ while someone actively religious may not.

“The awakening of our spiritual intelligence may be a time of great joy and meaning”, says Anita Pandey (2003), who frequents personal growth programs.

In their book *Spiritual Intelligence – the Ultimate Intelligence* Zohar and Marshal discussed the scientific evidence for SQ. In 1990’s, research by neuropsychologist Michael Persinger and neurologist V.S. Ramachandran at the university of California led to an identification of a ‘God-spot’ in the human brain. This area is located among neural connections in the temporal lobes of the brain. During scans with positron emission topography (PET), these neural areas light up whenever research subjects were exposed

to discuss spiritual discussion. Of course this is culture specific, with Westerners responding to ideas of 'God' and Buddhists and Hindus responding to certain symbols. While the 'God-spot' does not prove the existence of God, it does indicate that the brain is programmed to ask fundamental questions.

People use spiritual intelligence to transform themselves and others, heal relationships, cope with grief, and move beyond conditioned habits of the past. To develop high SQ, each person needs to approach the task according to his/her personality (<http://www.sanatan.org/weekly/2003/157/nfs.htm>).

Spiritual quotient is emerging as a new concept of spiritual ability. It is obviously different from materialistic ability (Qian Hui, 2007). The following are the qualities of spiritual quotient:

- Self-Awareness: Knowing what one values and believes in and what motivates the person deeply
- Spontaneity: Living in and being responsive to the moment
- Being Vision- and Value-led: Acting from principles and deep beliefs, and living accordingly
- Holism: Seeing larger patterns, relationships, and connections; having a sense of belonging
- Compassion: Having the quality of "feeling-with" and deep empathy
- Celebration of Diversity: Valuing other people for their differences, not despite them
- Field Independence: Standing against the crowd and having one's own convictions
- Humility: Having the sense of being a player, in a larger drama, of one's true place in the world
- Tendency to ask fundamental "Why?" Questions: Needing to understand things and get to the bottom of them
- Ability to Reframe: Standing back from a situation or problem and seeing the bigger picture; seeing problems in a wider context
- Positive Use of Adversity: Learning and growing from mistakes, setbacks, and suffering

- Sense of Vocation: Feeling called upon to serve, to give something back ([http://en.wikipedia.org/wiki/Spiritual\\_intelligence](http://en.wikipedia.org/wiki/Spiritual_intelligence)).

## COMPONENTS OF SPIRITUAL INTELLIGENCE

Robert Emmons (2000) originally proposed 5 components of spiritual intelligence:

1. The capacity to transcend the physical and material
2. The ability to experience heightened states of consciousness
3. The ability to sanctify everyday experience
4. The ability to utilize spiritual resources to solve problems
5. The capacity to be virtuous

With the help of religion, people can increase their will power and become stronger. Simplicity comes from worshiping God and religion. Simplicity is needed for the entire world. Every person desires to have true people around them. Religion gives huge satisfaction and relaxation to our body. It has also been seen that a person can make his/her future bright with the help of religion. A person can bring abundance of happiness and pleasure with the help of spiritual life. Spirituality teaches us peace and happiness, which every person desires and deserves (Tocqueville, 2008).

The main business of religions is to purify, control and restrain that excessive and exclusive taste for well-being which people acquire in times of equality. People and their religion must be judged by social standards based on social ethics. No other standard would have any meaning if religion is held to be necessary good for the well-being of the people (Stevens, 2009).

Danah Zohar having coined the term Spiritual Quotient for the first time did not establish any mathematical relationship for this. Deepak Chopra, on the other hand has given a formula of spiritual quotient in terms of Deed (D) and Ego (E). According to Deepak Chopra  $S.Q. = D/E$ . According to him if E is 'zero' the S.Q. will be infinite. This appears to be very fascinating but it is highly abstract which can not be measured experimentally accurately and precisely. However, this formula has immense value to understand S.Q. (Alex, 2009).

## **DEPRESSION**

*“Blessed are those who mourn, for they shall be comforted”*

-The Bible

Depression is a common disorder affecting at least 10% of the population directly at some stage or other in their lives. In addition to the marked impact it may have on many facets of the patient's life and that of the family, mood disorders have had a major influence on the artistic, political, religious and financial spheres of most cultures. The forecast is that by 2020, depression would be the single leading cause of death (Murray and Lopez, 1996). It has also been estimated that depression would be the second largest illness by 2010 keeping in mind its pace by which it is affecting people world over (Kohli, 2004)

### **DEFINITION OF DEPRESSION**

According to World Health Organization (WHO, 2008) “Depression is a common mental disorder that presents with depressed mood, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy and poor concentration. These problems can become chronic or recurrent and lead to substantial impairments in an individual's ability to take care of his or her everyday responsibilities. At its worst, depression can lead to suicide, a tragic fatality associated with the loss of about 850000 lives every year”.

The Diagnostic and Statistical Manual of Mental Disorders (DSM), 2008 states that a depressed mood is often reported as feeling depressed, sad, helpless and hopeless. In traditional colloquy, "depressed" is often synonymous with "sad" but both clinical and non-clinical depression can also refer to a conglomeration of more than one feeling”

### **TYPES AND SYMPTOMS**

#### **Reactive Depression**

Reactive depression, the most frequently encountered type of mood change is an extension of the normal upset feeling following an unhappy event in a person's life. Death of a close relative or friend, family strife or the unexpected losses of employment etc. are some of the events that can evoke an extreme state of unhappiness. The mind's state of sadness is an appropriate response to an unwelcome event.

Typically the person with reactive depression will feel low, anxious, often angry and irritable and will tend to be preoccupied with the upsetting event and usually will have difficulty getting to sleep. This type of depression is usually not particularly severe in that the person will get relief when engaged in some social or leisure interest and will be able to continue with their work which will help to distract them from their upset feelings.

### **Neurotic Depression**

Some people are particularly prone to reactive depression; at one end of the vulnerability spectrum is the well adjusted individual who will only experience a reactive depression when faced with exceptional loss or a profound emotional trauma and at the other extreme is the person with an unstable personality who finds minor misfortunes intolerable. Those who are unable to manage the problems of everyday life in an emotionally efficient manner will experience repeated episodes of reactive depression and these moods are referred to as neurotic depressions. Personality traits which typically pose a psychological handicap are extremes of perfectionism, timidity, unassertiveness, dependency and narcissism (Tommy, 2010).

### **Endogenous Depression**

Endogenous depression means depression coming from within. Here the patient is unable to point to any major upsetting event in his or her life that might explain the mood change. Although this is primarily a chemical or biological type of depression, traumatic events in a person's life act as provoking agents bringing the depression to the fore.

Unexplained tiredness progressing to fatigue is an early symptom of this form of depression. Other distinguishing features include a sense of hopelessness and despair, self doubt and low self-esteem, poor concentration and indecision. The patient's night sleep characterizes frequent waking, being unable to sleep beyond 5 to 6 am. The person feels worse in the morning. The mental and physical slowness which is so characteristic of this type of depression can make even the simplest task seem impossible, thus affecting every sphere of the patient's life. Such depressions which are left untreated frequently result in suicide. False beliefs or delusions may also be present during the depths of depression (Slonim and Marcucci, 2010).

## **Bipolar Depression**

The symptoms of bipolar depression are indistinguishable from those of the endogenous variety except for the unique spells of elation or mania with which it alternates. Elation, the opposite of depression, although usually a pleasurable experience often has a devastating effect on the person's life.

Manic individuals are unaware of their abnormal mood and feel uncharacteristically zestful and enthusiastic. In this elated state the patient is overactive, restless, over talkative, is full of energy and may be involved in a multiplicity of plans and events. He/she will have difficulty going to sleep. Initially the person's excessive energy and enthusiasm may be productive, but with time their grandiose plans and impaired judgment can lead to disaster. Heavy drinking, extramarital affairs, overspending, financial blunders are just some of the complications that make mania such a serious disorder. An intensely elated person experience false ideas just as a severely depressed experience delusional thought. These are usually of a grandiose quality and concern the person's ability or mission in life (Reagen, 2010).

## **Secondary Depression**

Secondary depression refers to the mood changes caused by some underlying medical or other psychiatric disorder. A common one in this category is a depression following a bout of flu. Depression can occur with many other viral infections, anemia, vitamin deficiencies, thyroid and other hormonal disorders. Certain treatments such as steroids and other drugs can also induce mood changes (<http://en.wikipedia.org/wiki/Depression>).

Individuals who show some of the following symptoms of depression, chronically, may be clinically depressed. They are continual sadness, weariness, bad temper, changes in appetite, changes in sleep patterns, aches and pains, and/or suicidal tendencies (Robinson, 2004).

## **CAUSES OF DEPRESSION**

The different types of depression have different causes and in most instances depression results from a combination of factors producing a mood change. Reactive depression is a response to a major loss in the person's life for which he/she is usually unprepared. A person with depression relies emotionally on somebody or something

which is important to them and when they lose this valued relationship the thinking or knowing part of the mind is immediately aware of the loss, while the emotional or feeling part is slower to recognize the change. Recognition of the loss and the disparity between the knowing and the feeling part of the brain appears to explain the feeling experienced during a reactive depression.

Everybody is vulnerable to this form of depression when stress is great. Some people, because of previous experiences are more prone to reactive depression. People who are unable to fully grieve the loss may find themselves becoming depressed in response to subsequent but relatively normal losses in their life.

People who experience neurotic depressions have a low vulnerability to stress, which leaves them ill-prepared to deal with the everyday problems of life. Perfectionism leads to disappointments; unassertiveness brings frustration and avoiding situations because of anxiety results in a sense of failure leading to depression (Jain, 2005).

It is generally believed that clinical depression is most often caused by the influence of more than just one or two factors. For instance, a person whose mother had recurrent major depression may have inherited a vulnerability to developing clinical depression (genetic influence). This combined with how the person thinks about him or herself (psychological influence) in response to the stress of going through a divorce (environmental influence), may put him or her at a greater risk for developing depression than someone else who does not have such influences (International Society for Mental Health, 2004).

A combination of genetic, psychological and environmental factors is often involved in the onset of depression (Holmes, 2010). Burnout can contribute to depression; depression can contribute to burnout; both burnout and depression can be related to some other factor (Sears, 2000).

Some of the most common factors involved in depression are:

- Family history: Genetics play an important part in depression. It can run in families for generations.
- Trauma and stress: Things like financial problems, the breakup of a relationship or the death of a loved one can bring on depression. One can

become depressed after changes in his / her life, like starting a new job, graduating from school or getting married.

- Pessimistic personality: People who have low self-esteem and a negative outlook are at higher risk of becoming depressed. These traits may actually be caused by low-level depression (called dysthymia).
- Physical conditions: Serious medical conditions like heart disease, cancer and HIV can contribute to depression, partly because of the physical weakness and stress they bring on. Depression can make medical conditions worse, since it weakens the immune system and can make pain harder to bear. In some cases, depression can be caused by medications used to treat medical conditions.
- Other psychological disorders: Anxiety disorders, eating disorders, schizophrenia and (especially) substance abuse often appear along with depression.

([http://www.depression.com/causes\\_of\\_depression.html](http://www.depression.com/causes_of_depression.html))

### **TREATMENT FOR DEPRESSION**

Reactive depression is best treated by helping the person to understand the personal significance of the upsetting event in their life and getting them to identify their emotional "blindspot". This is done through a process called psychotherapy of which there are many varieties. Essentially it involves getting the person to talk about what they are going through and to express their feelings or loss. Interpreting such feelings in the light of the person's previous experiences and helping them to see how their approach to such situations in the future could be better managed will also be of help. Some of the more severe varieties of this form of depression is treated initially with some sedative medication before psychotherapy can proceed (<http://counsellingresource.com/ask-the-psychologist/2008/07/10/chronic-depression/>).

Depressions, which are particularly severe or have been shown to be resistant to antidepressant medication will require ECT (electro-convulsive therapy), which is an effective therapy for patients with severe biological depressions.

Supportive psychotherapy involves showing an understanding of the patient's distress and supporting them through their ordeal, explaining their symptoms and

reassuring them of a favourable outcome. Coping with depression requires the joint functioning of doctors and relatives (Fortinberry, 2007).

The depression of manic-depression is treated in a similar way to that of the endogenous form but every effort is made to use antidepressant medications in a limited way as they carry a certain risk of precipitating elation. Bipolar manic-depression, the alternating mood swings of depression and elation, is best treated on a preventative basis.

Depressions have a marked effect on many facets of the patient's life and that of their families. Depressed people have difficulty relating to family members, feel isolated and unwanted. In such instances the patient might find it hard to confide in their next of kin and will often feel that they are existing in an emotional vacuum. They need help to understand the facts about mood disorders, need time and encouragement to come to terms with what is happening and how to handle the different aspects of the illness. All of this can be best achieved by a combined approach involving patient, relative and doctor, where each understands the true nature of the problem so that they can be at one on how it should be best managed (HealthLine Networks, 2010).

Acute/Sudden and chronic depression have similar neurobiological components. Both respond to antidepressant medications. In chronic depression the depressive lifestyle and near-total loss of self-confidence and self-esteem of the patient must be considered. In a sudden depression, the patient knows they felt better only six months prior to the episode so they have an idea of where they want to be in treatment. In chronic depression, they have experienced these feelings for years (Carver, 2008). For this reason, a community-based treatment plan often includes:

- individual therapy/counseling,
- a gradual return to social activity,
- rebuilding relationships and hobbies,
- confidence building activities,
- relationship damage repair etc.

(<http://counsellingresource.com/ask-the-psychologist/2008/07/10/chronic-depression/>). The most popular methods of relieving depression related symptoms include (Borne, 2009).

### **Prescription Medications**

Antidepressant, antipsychotic and anti-anxiety drugs are used in treating depression. The most commonly used drugs are Prozac, Lithium, Valium etc.

### **Alternative Treatment**

The alternative treatment for depression includes Acupuncture, Aromatherapy, Biofeedback, Breath work, Colour Therapy, Chiropractic, Diet and Nutrition, Herbal Medicine, Hypnosis / Hypnotherapy, Fitness and Exercise, Light Therapy, Massage Therapy, Medical Systems, Meditation, Supplements, Yoga, Clay Therapy, Dance Therapy, Music Therapy, etc. (Insight Journal, 2010).

### **Cognitive Behavior Therapy**

Cognitive Behavior Therapy is one of the best approaches in treating depression. Its strategies include exposing the client's ambivalence, generating alternatives and reducing problems to manageable proportions (Gerald Corey, 2001). Most CBT programs follow the same basic principles, which are:

- Identify automatic thoughts
- Determine the core beliefs they are rooted in
- Find evidence to counteract current, negative core beliefs
- Find evidence to create adaptive coping techniques
- Utilize these new coping techniques whenever the person feels depressed in day-to-day life (Mental health and Psychiatry articles, 2005)

([http://www.health.am/psy/more/depression\\_treatment\\_real\\_solutions/](http://www.health.am/psy/more/depression_treatment_real_solutions/)).

### **WOMEN AND DEPRESSION**

As girls reach adolescence, they tend to become more depressed than boys do. This gender difference continues into older age. There are several theories as to why more women than men are diagnosed and treated for depression:

- Women are more willing to accept that they have emotional symptoms of depressed mood and feelings of worthlessness or hopelessness.
- Men are less willing to acknowledge their emotional symptoms and more apt to suppress their depression through the use of alcohol or other substances. In such cases depression is "masked" or viewed only as alcohol or drug dependency/abuse rather than as clinical depression.

- Women tend to be under more stress than men. In today's society women often have to manage a variety of conflicting roles. They have many responsibilities and full schedules at home and work.
- Women are more prone to depression because of the possible effects of hormones. Women have frequent changes in their hormone levels, from their monthly menstrual cycles, to the time during and after pregnancy, to menopause. Some women develop a depressive illness around these events.
- Women who are unhappily married, divorced, or separated, have high rates of major depression. The rates are lower for those who are happily married (Burns, 2009).

### **DEPRESSION IN THE ELDERLY**

It's not normal for elderly people to feel depressed. Older people feel satisfied with their lives. Depression in the elderly is sometimes dismissed as a normal part of aging, causing needless suffering for the family and for the individual. Depressed elderly persons usually tell their doctor about their physical symptom but may be hesitant to bring up their emotions (Holmes, 2010).

Some symptoms of depression in the elderly may be side effects of medication the person is taking for a physical problem or they may be caused by a co-occurring illness. If a diagnosis of depression is made, treatment with medication and/or psychotherapy will help the depressed person return to a happier, more fulfilling life. Psychotherapy is also useful in older patients who cannot or will not take medication (<http://mentalhealth.about.com/od/depression/a/depressioncause.htm>).

### **GENERAL WELL BEING**

*“Men must necessarily be the active agents of their own well-being and well-doing, they themselves must in the very nature of things be their own best helpers”*

-Samuel Smiles

General well being refers to the state of being or doing well in life. Well being has many aspects. It is based on self-esteem-how one feels about oneself and behavior that is appropriate and healthy. The characteristics of an emotionally healthy person are:

- Understands and adapts to change
- Copes with stress

- Has a positive self-concept
- Has the ability to love and care for others
- Can act independently to meet his or her own needs

([www.people.vcu.edu/~swharkin/swhpages/glossary.htm](http://www.people.vcu.edu/~swharkin/swhpages/glossary.htm)).

## **DEFINITIONS OF GENERAL WELL BEING**

The American Heritage Dictionary of the English Language, 2000 defines Well Being as “The state of being healthy, happy or prosperous”. According to Collins English Dictionary, 2003 well being is “the condition of being contented, healthy or successful”. Researchers at the University of Toronto's Quality of Life Research Unit define quality of life as “The degree to which a person enjoys the important possibilities of his or her life” ([http://en.wikipedia.org/wiki/Quality\\_of\\_life](http://en.wikipedia.org/wiki/Quality_of_life)).

“The state or condition of being well; welfare; happiness; prosperity; as, virtue is essential to the well-being of men or of society” (<http://www.brainyquote.com/words/we/wellbeing239220.html>).

## **MEANING OF GENERAL WELL BEING**

The term quality of life is used to evaluate the general well-being of individuals and societies. The term is used in a wide range of contexts, including the fields of international development, healthcare and political science. Quality of life should not be confused with the concept of standard of living, which is based primarily on income. Instead, standard indicators of the quality of life include not only wealth and employment but also the built environment, physical and mental health, education, recreation and leisure time, and social belonging, according to ecological economist (Costanza, 2006).

While Quality of Life (QOL) has long been an explicit or implicit policy goal, adequate definition and measurement have been elusive. Diverse "objective" and "subjective" indicators across a range of disciplines and scales and recent work on subjective well-being (SWB) surveys and the psychology of happiness have spurred renewed interest. Also frequently related are concepts such as freedom, human rights and happiness. However, since happiness is subjective and hard to measure, other measures are generally given priority. It has also been shown that happiness, as much as it can be measured, does not necessarily increase correspondingly with the comfort that results

from increasing income. As a result, standard of living should not be taken to be a measure of happiness

Quality of life is an important concept in the field of international development, since it allows development to be analyzed on a measure broader than standard of living. Within development theory, however, there are varying ideas concerning what constitutes desirable change for a particular society and the different ways that quality of life is defined by institutions therefore shapes how these organizations work for its improvement (Dereck, 2009).

Organizations such as the World Bank, for example, declare a goal of working for a world free of poverty, where poverty is defined as “a low quality of life”. Using this definition, the World Bank works towards improving quality of life through neoliberal means, with the stated goal of lowering poverty and helping people afford a better quality of life (The World Bank, 2009).

Because of the differences in the theory and practice of development, there are also a wide range of quantitative measures that are used to describe quality of life. The term quality of life is also used by politicians and economists to measure the liveability of a given city or nation.

Some crimes against property (e.g., graffiti and vandalism) and some "victimless crimes" have been referred to as "quality-of-life crimes". American sociologist James Q. Wilson (2008) encapsulated this argument as the Broken Window Theory, which asserts that relatively minor problems left unattended (such as public urination by homeless individuals, open alcohol containers and public alcohol consumption) send a subliminal message that disorder in general is being tolerated and as a result, more serious crimes will end up being committed ([http://en.wikipedia.org/wiki/Quality\\_of\\_life](http://en.wikipedia.org/wiki/Quality_of_life)).

### **ENHANCEMENT OF GENERAL WELL BEING**

The sacredness of life demands that we make every effort to make its quality better. The inalienable dignity of each person, the preciousness of each one's potential, the specificity of each situation of need is met by the solidarity with others. People can choose their moods. Indeed if they could not they would have no control over their life at all. Moods habitually entertained produce the characteristic disposition of the person concerned and it is this disposition that finally makes or mars a person's happiness. In

order to have a general well being people must train themselves in the habit of thought selection and thought control (Emmet, 2009).

A human being is a positive asset and a precious national resource, which need to be cherished, nurtured and developed with tenderness and care, coupled with dynamism. Each individual's growth presents a different range of problems and requirements at every stage from the womb to the tomb. The catalytic action of discovering the whole person for well being involves appreciating oneself, identifying the inner self, living in the present and a mature retrospection (Kuriapilly, 2000).

Among all the very many things created by God in the world, man is considered as the crown of His creation. In the human body, there is unlimited power and energy. The potentiality of the human mind is beyond our estimation. A strong and steady mind is the greatest asset of a human being and a flimsy mind, shaken by every passing fancy will retard fulfillment in every department of life. Thus a healthy mind leads to a better quality of life (Grimaldi, 2001).

The Doctrine of Karma is a direct outcome of the extension of the age-old and well-established principle "as you sow, so you reap" to the spiritual sphere. According to the karma doctrine the course of life of every living being here and hereafter is determined by his Karma or his deeds and a pious life leads to comforts, contentment and general well-being in the present life and rebirth in higher and better forms of existence (Kumar, 2007).

### **Women and General Well Being**

Some women are concerned with lack of self esteem, their inability to assert themselves and their inability to exert power or control over their lives (Franks, 1986). When difficulties or conflicts arise between themselves or others, most of the women tend to blame themselves and harbor mixed feelings of guilt, shame, resentment and hostility. Self-blame often leads to depression. To enhance the general well being, counselors help them become aware of the anger and frustration underlying their passive behavior, assist them to assert their needs and teach them problem solving and competency skills (Blechman, 2006).

## **NEED FOR THE STUDY**

In the current scenario many studies and findings suggest that certain religious cognitions, emotions or experiences may generate an internally focused state that enhances health and attenuates disease through self-soothing psycho physiological mechanisms.

Nuns, who live a secluded religious life, sacrifice their life to God from all quarters and undertake a divine service. They are proposed to render their services to the welfare of the society through the two main streams, education and health care. Living a routine of prayer and devotion they have relatively high levels of Spiritual Quotient. Nevertheless, they undergo depression due to many reasons such as separation from the family, strict rules, adjustment problems, work stress etc. This in turn affects their general well being. Particularly during their old age they retire themselves on ploughing a lonely furrow.

Depression is one of the common disorders existing right from Adam's age. Depression eats out people's heart and affects both the physical and mental health, leading to various psychosomatic and psychological disorders. Under conditions of depression, even a previously stable person may develop temporary psychological problems and lose his/her capacity to gain pleasure from life. This breakdown may be sudden as in the case of death of a loved one, loss of a job etc. or it may be gradual as in the case of being under a monotonous job, prolonged periods of tension, dissatisfaction in life etc. Hence it is important to manage depression without undergoing physical or psychological damage.

Given the high prevalence and burden associated with depression and the existence of treatment barriers, there is a clear need for brief, inexpensive and effective psycho educational interventions. Positive Therapy is one such effective intervention, which aims at modifying negative thoughts, beliefs, emotions and behaviour by using a number of techniques. In this study an attempt is made to assess the Spiritual Quotient of the nuns and correlate it to their depression and well being. Since Positive Therapy has been proved to be a panacea for preventing the hazardous effects of depression, it was chosen to help the selected nuns to manage their depression and enhance their general well being.