

## *RESULTS AND DISCUSSION*

## **CHAPTER – IV**

### **RESULTS AND DISCUSSION**

In the present study an attempt was made to appraise the Spiritual Quotient, the presence of Depression, its management and Enhancement of General Well Being in elderly nuns. For this, the mean, Standard Deviation, F ratios, the levels of significance and the time differences in pre, post and follow up phases were examined.

The results of the study are analyzed, tabulated and discussed in the following pages.

**TABLE – I**  
**LEVEL OF DEPRESSION OF THE SAMPLE**  
**BEFORE AND AFTER INTERVENTION**

N = 51

Level of Depression	Before Intervention		After Intervention	
	Number	Percentage	Number	Percentage
Severe	10	20	0	0
Moderate	35	69	8	16
Mild	6	11	20	39
No Depression	0	0	23	45

*Percentages are rounded off*

Nuns, called as “the brides of Christ” commit their lives in convent, which involves sacrifice, obedience and chastity. Virgins, voluntarily accept this life with pleasure and dedication. Nevertheless, they also undergo depression due to a variety of reasons, as human life is not always a bed of roses. As Table I divulge, initially, 69% of the sample who were nuns had ‘Moderate’ depression and 20% of them had ‘Severe’ depression.

The strategies of Positive Therapy namely, Relaxation Therapy, Counselling, Exercises and Behavioural Assignments helped to manage their depression in a quick and easy way. A complete relaxation of the whole body from head to foot was ensured with relaxation training thus facilitating them to overcome depression. Autosuggestions helped the subjects to instill positive personality traits such as, courage, confidence, cheerfulness, optimism etc., and removed negative traits such as pessimism, low self-esteem etc.

Individual Counselling was given to the subjects using techniques namely, Rational Emotional Therapy, Thought Stopping, Cognitive Restructuring and Assertiveness Training. Rational Emotive Therapy helped the sample to identify their irrational beliefs such as ‘No one loves me’, ‘I am always sick’, etc. They were taught to accept their problems boldly and solve them successfully with a positive and realistic approach. The recurring negative thoughts of the sample were removed through Thought

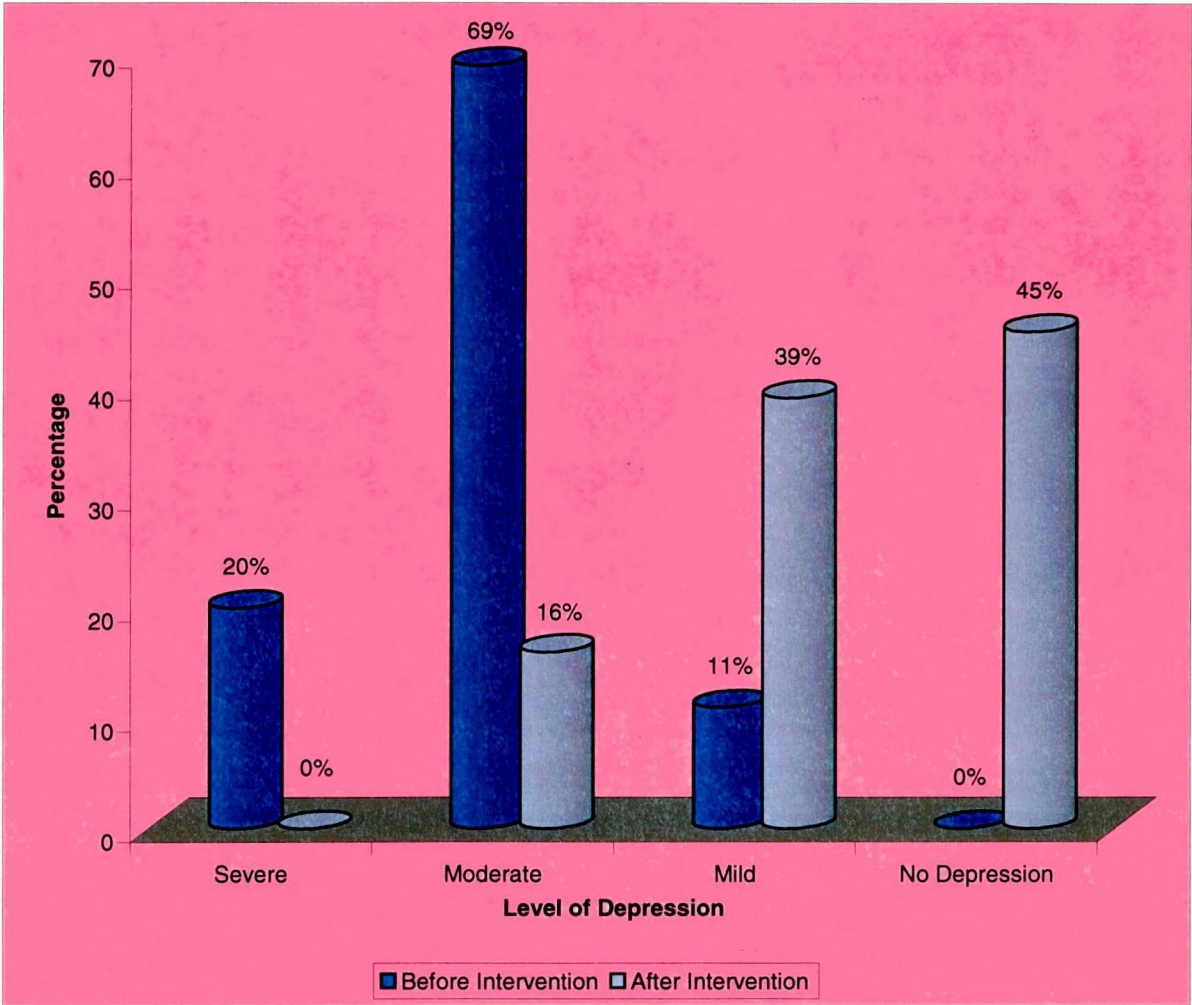
Stopping. They were taught to develop positive, self enhancing thoughts such as 'Everyone loves me', 'I am healthy', etc through Cognitive Restructuring. Few of the subjects were depressed due to lack of assertiveness. Assertiveness Training through Role Play favoured the subjects to act assertively and thereby helped them to avoid depression due to unassertiveness.

Exercises such as Tension Releasing Exercise helped the sample to release the tension accumulated in the body due to depression; Smile Therapy and Laugh Therapy aided having cheerful mood and in preventing the negative emotions. Behavioural Assignments were effective in ensuring the continuity of Positive Therapy.

From the first re-assessment it is heartwarming to know that, after the administration of Positive Therapy, none of the sample had 'Severe' depression; majority of them (49%) had 'No Depression'; many had 'Mild' depression (39%) and a few had moderate depression (16%).

**FIGURE – I**  
**LEVEL OF DEPRESSION OF THE SAMPLE**  
**BEFORE AND AFTER INTERVENTION**

**N = 51**



**TABLE – II**  
**SIGNIFICANCE OF DIFFERENCE BETWEEN MEAN DEPRESSION**  
**BEFORE AND AFTER INTERVENTION**

N = 51

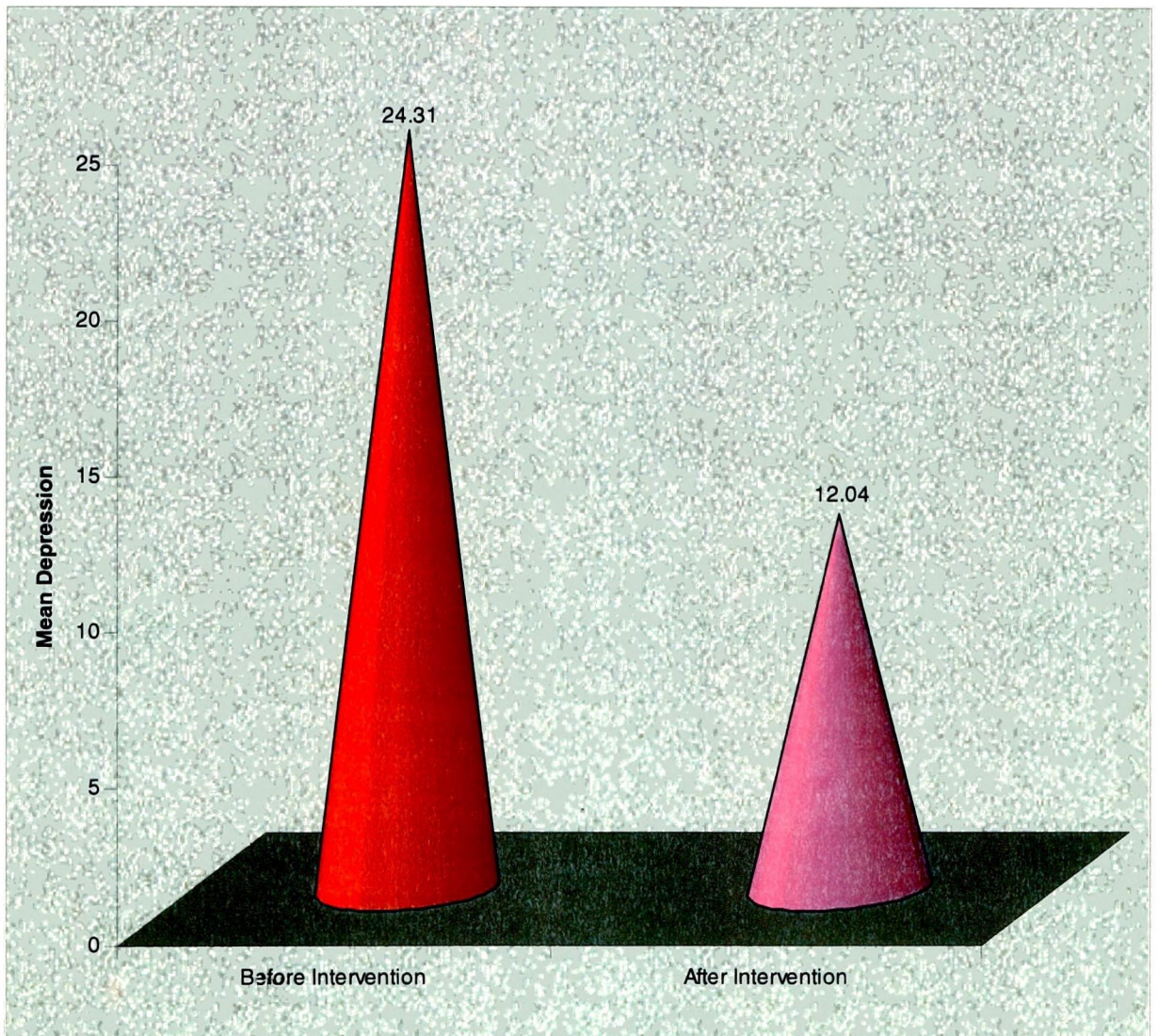
Condition	Mean (SD)	Mean Difference	t
Before Intervention	24.31 (5.63)	12.27	*17.12
After Intervention	12.04 (5.67)		

*\*Significant at 0.01 level*

The mean depression (24.31) was ‘Severe’ before the intervention namely, Positive Therapy. Positive Therapy guarantees sound mental health, leading to better adjustment through its techniques such as, Relaxation Therapy, Counselling, Exercises and Behavioural Assignments. It is amazing to note that the mean depression (12.04) is ‘Mild’ after the intervention. The t value (17.12) is highly significant at 0.01 levels. This clearly indicates the efficacy of Positive Therapy in the management of depression in aged nuns. The mean difference (12.27) in depression before and after intervention indicates that there was a reduction in depression to the tune of almost 50%. Hence the null hypothesis, ‘Positive Therapy does not help in the management of depression in nuns’ is rejected.

**FIGURE – II**  
**SIGNIFICANCE OF DIFFERENCE BETWEEN MEAN DEPRESSION BEFORE**  
**AND AFTER INTERVENTION**

**N = 51**



**TABLE – III**  
**LEVEL OF GENERAL WELL BEING OF THE SAMPLE**  
**BEFORE AND AFTER INTERVENTION**

N = 51

Level of General Well Being	Before Intervention		After Intervention	
	Number	Percentage	Number	Percentage
Very Good	0	0	22	43
Good	11	22	25	49
Average	23	45	4	8
Poor	15	29	0	0
Very Poor	2	4	0	0

*Percentages are rounded off*

The general well being of a person is so intimately bound up with his/her's thoughts, ambitions, pleasures and destiny. The sacredness of life demands every effort to make its quality better. Regrettably, as Table II disclose, primarily none of the sample had 'Very Good' possibility of life; majority of them had average possibility of life (45%); some had 'Poor' possibility of life (29%), and a few had 'Very Poor' possibility of life (4%).

As Relaxation Therapy helped the sample to overcome depression, simultaneously it also favoured in enhancing well being. The core of general well being is a healthy thinking pattern. This was achieved through Autosuggestions, which helped the sample to feel confident, worthy, cheerful and buoyant.

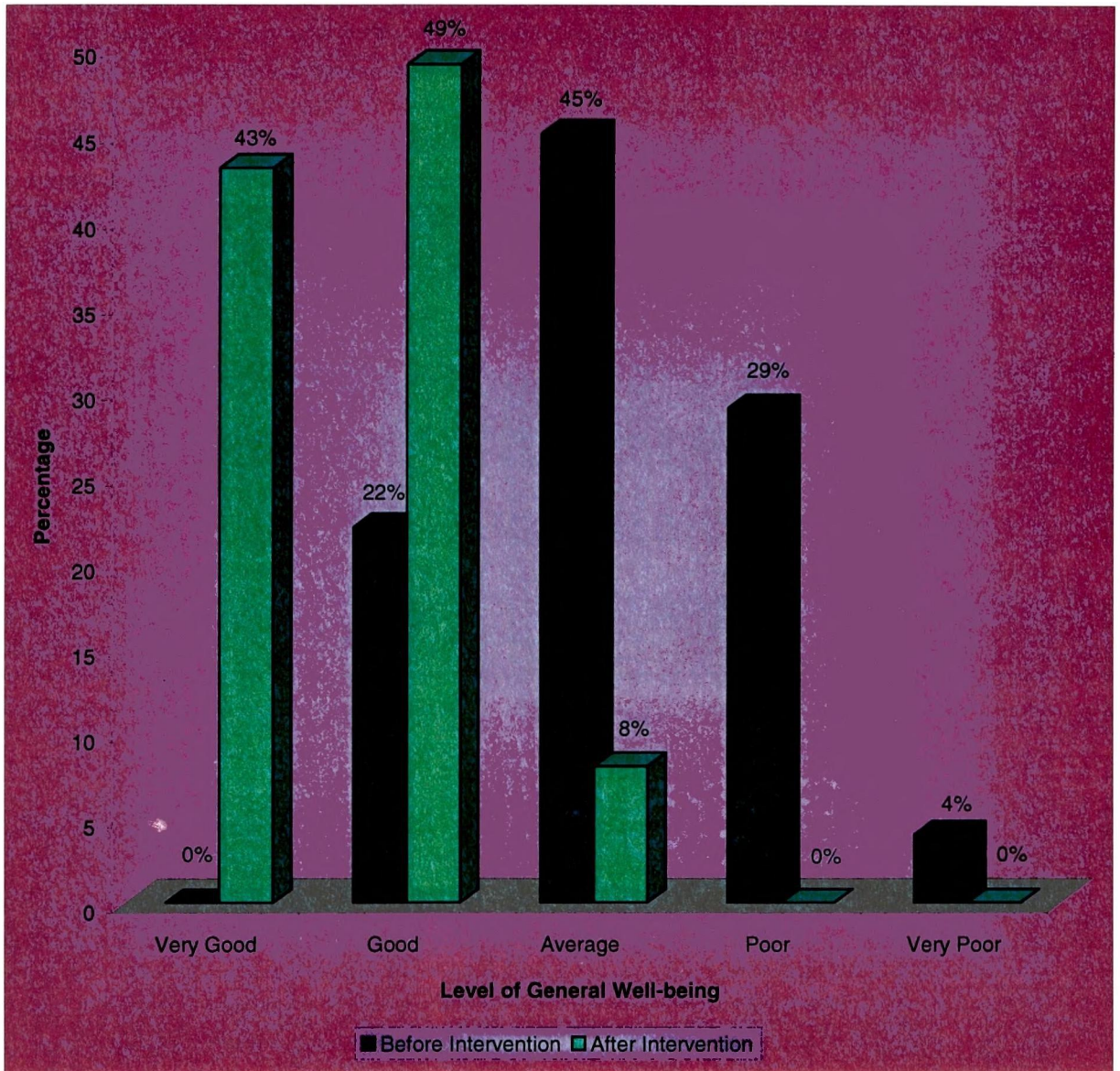
During individual counseling, Rational Emotive Therapy helped the sample to spot out their irrational beliefs that were an encumbrance to their well being. Those recurring thoughts of the sample were removed and replaced with constructive thoughts using Thought Stopping and Cognitive Restructuring respectively. Assertiveness Training helped them to have a good possibility of life by standing for their rights without hurting other's feelings.

Tension Releasing Exercise, Smile Therapy and Laugh Therapy also played a vital role in enhancing the general well being of the sample. Behavioural Assignments were effectual in helping the sample to have an unrelenting well being.

It is rewarding to note that after the administration of Positive Therapy a lot of the sample had 'Very Good'/ 'Good' possibility of life (43% & 49% respectively); none of them had 'Very Poor'/'Poor' possibility of life; 8% of the sample had 'Average' possibility of life.

**FIGURE – III**  
**LEVEL OF GENERAL WELL BEING OF THE SAMPLE**  
**BEFORE AND AFTER INTERVENTION**

**N = 51**



**TABLE – IV**  
**SIGNIFICANCE OF DIFFERENCE BETWEEN MEAN GENERAL WELL**  
**BEING BEFORE AND AFTER INTERVENTION**

N = 51

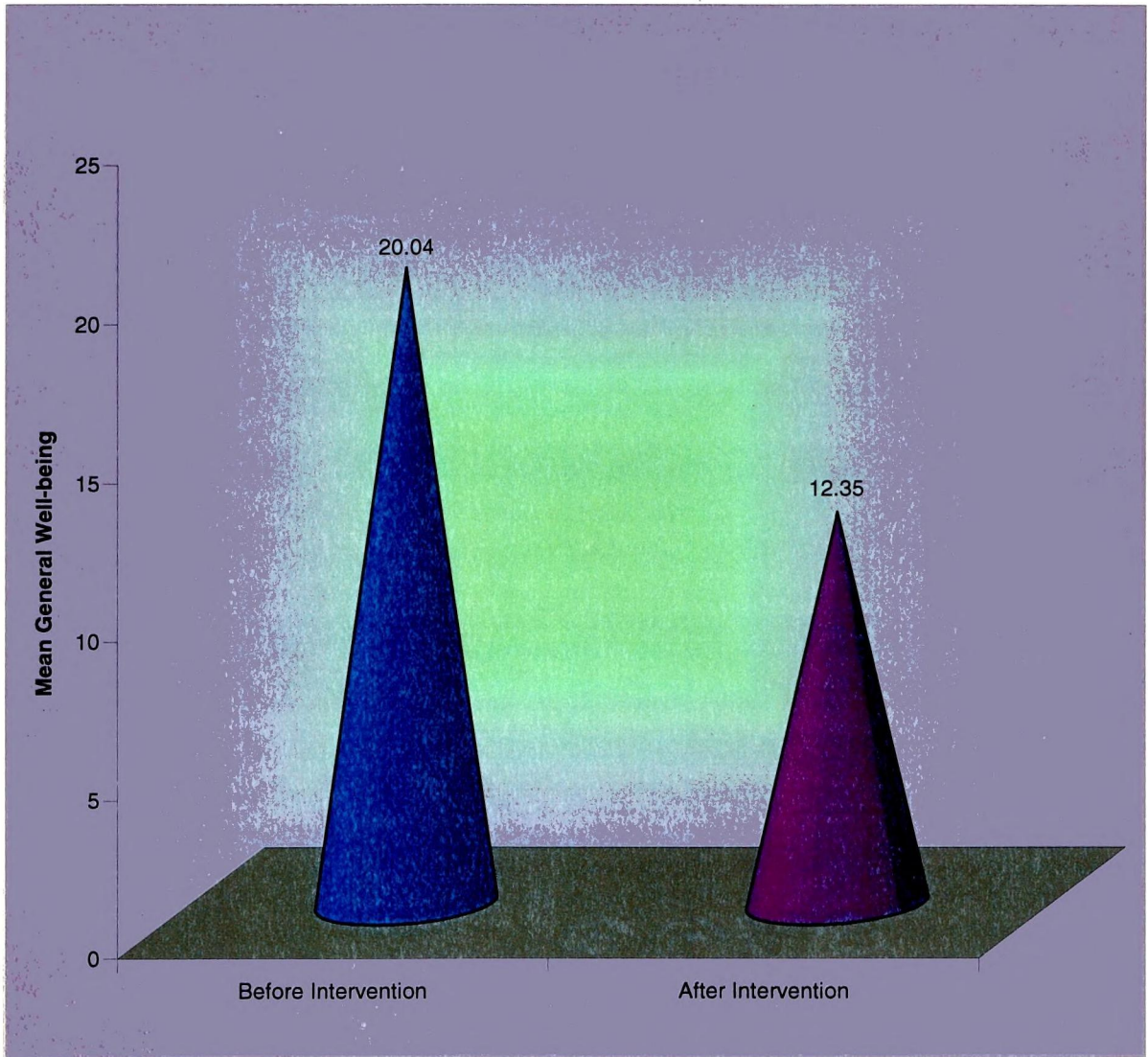
Condition	Mean (SD)	Mean Difference	t
Before Intervention	20.04 (2.46)	7.69	*16.69
After Intervention	12.35 (3.35)		

*\*Significant at 0.01 level*

The mean General Well Being (20.04) was ‘Poor’ before the treatment namely, Positive Therapy. Positive Therapy is a simple psychological approach that has been proved to be effective in treating psychological problems. It is astounding to note that the mean general well being (12.35) is ‘Very Good’ after the intervention. The highly significant t value (16.69) suggests that general well being can be effectively enhanced through Positive Therapy. The mean difference (7.69) in general well being before and after treatment is statistically significant at 0.01 levels. Hence, the null hypothesis ‘Positive Therapy does not help in the enhancement of general well being in nuns’ is rejected.

**FIGURE – IV**  
**SIGNIFICANCE OF DIFFERENCE BETWEEN MEAN GENERAL WELL**  
**BEING BEFORE AND AFTER INTERVENTION**

**N = 51**



**TABLE – V**  
**LEVEL OF SPIRITUAL QUOTIENT OF THE SAMPLE**

**N = 51**

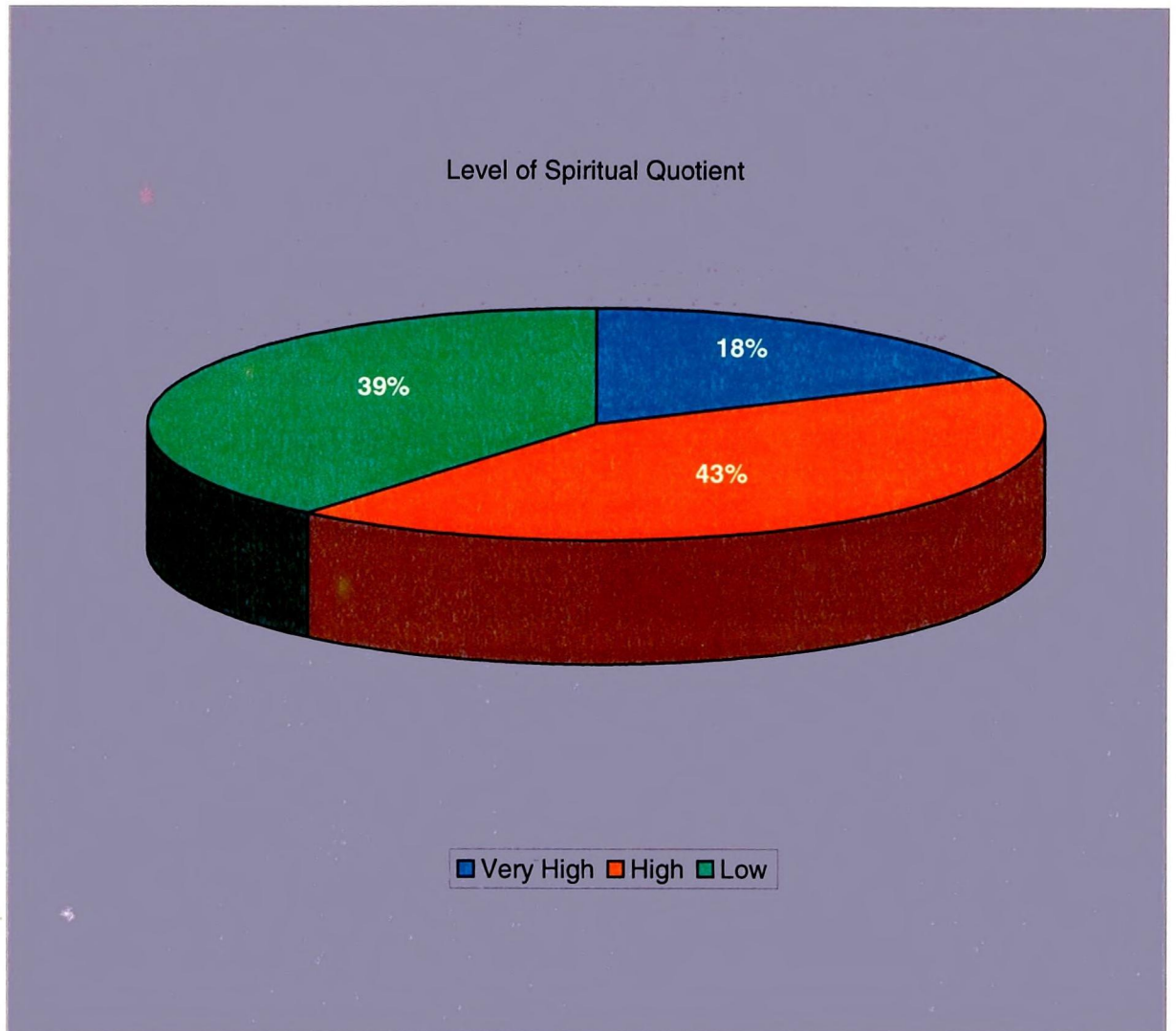
<b>Level of Spiritual Quotient</b>	<b>Number</b>	<b>Percentage</b>
Very High	9	18
High	22	43
Low	20	39

*Percentages are rounded off*

Spirituality has become a concept of foremost significance in the current scenario. Both religious and non religious folks are in the exploration for spirituality. In nun hood the ultimate goal is to foster the essence of spirituality. Table III demonstrates that a good number of the sample had ‘High’ SQ (Spiritual Quotient, 43%). Not many of them had ‘Very High’ SQ (18%) and 39 % of them had low SQ. Old age can also be accredited as an aspect of relatively low SQ among many of the subjects.

**FIGURE – V**  
**LEVEL OF SPIRITUAL QUOTIENT OF THE SAMPLE**

**N = 51**



**TABLE – VI**  
**SYMPTOMS OF THE SAMPLE BEFORE AND AFTER INTERVENTION**

**N = 51**

Symptoms	Before Intervention		After Intervention	
	Number	Percentage	Number	Percentage
Sleep Disturbance	47	92	8	16
Trembling	35	69	35	69
Pain	32	63	21	41
Loss of Appetite	29	57	23	45
Loss of Interest	27	53	16	31
Short Temper	26	51	11	22
Irritability	20	39	6	12

*Percentages are rounded off*

Some individuals develop troublesome symptoms due to depression. It is distressing to find from Table VI that the sample of this study suffered from various symptoms. The largest part of the sample had sleep disturbance (92%). As reported by the sample, their sleep disturbance was due to pain in different parts of the body, causing depression. Trembling in 69%, Pain in hands / legs / back in 63% and loss of appetite in 57% of the sample were due to old age and other physical complaints.

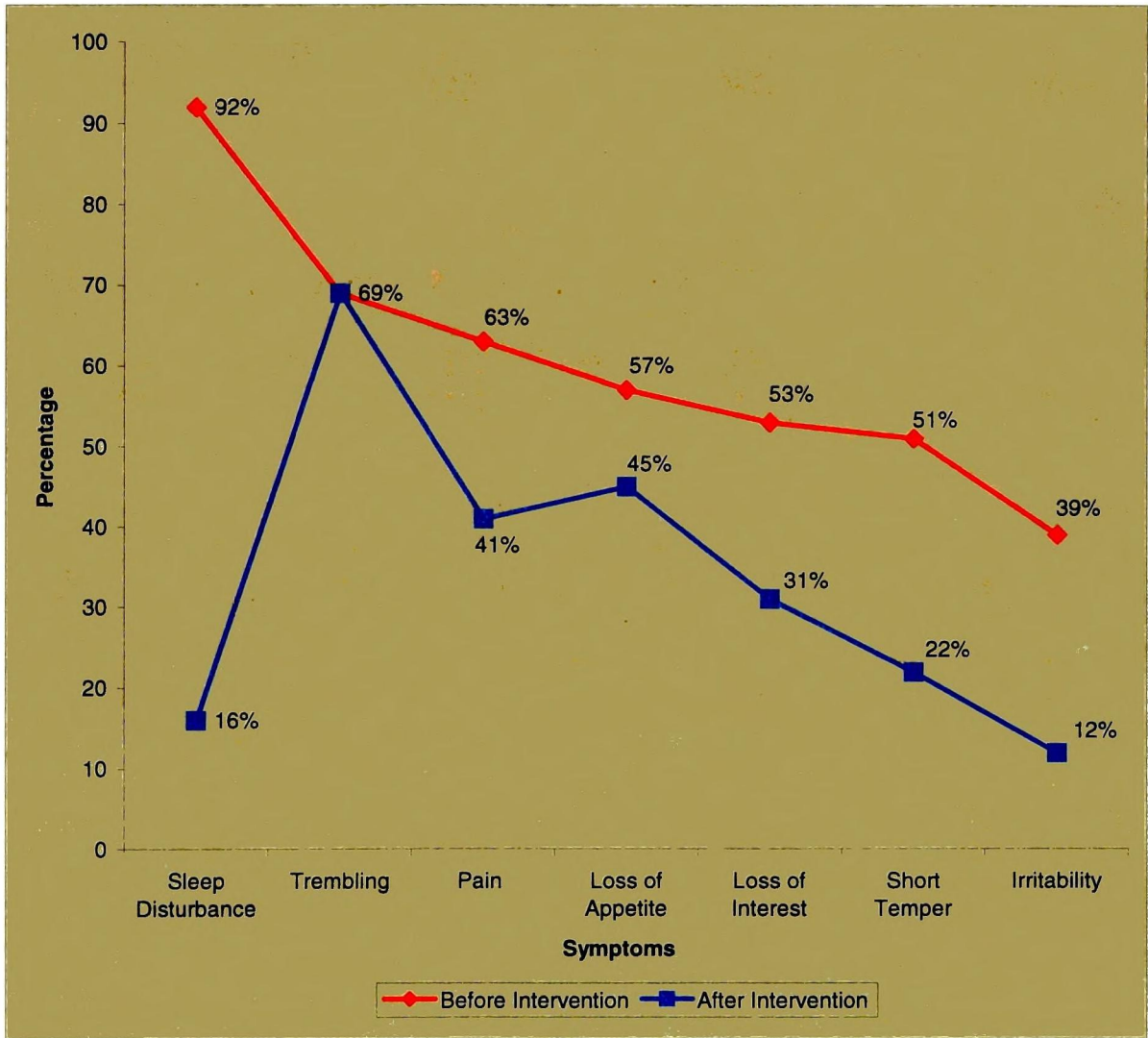
Loss of interest reported by 53% of the sample was due to recurring negative self-talks such as, 'No one cares for me', 'I am always sick' etc. Short temper was reported by 51% of the sample. The various causes of short temper as stated by the subjects were, the same type of routine, solitude life style, physical ailments etc.

Relaxation Therapy, which included Deep Breathing Practice, Relaxation Training and Autosuggestion, helped the sample to get rid off sleep disturbances. It also helped the sample to have a control over breathing and clarity in thinking as result of which only a small number of the sample had loss of interest (31), short temper (22) and irritability (12) after the treatment. During relaxation opioids, the natural pain killers are secreted in the human body. Thus after the treatment only 41% of the sample had pain.

These symptoms were more subjective rather objective in nature. Once the perception of the subjects towards their symptoms was changed, the symptoms reduced to a significantly low level.

**FIGURE – VI**  
**SYMPTOMS OF THE SAMPLE BEFORE AND AFTER INTERVENTION**

**N = 51**



**TABLE – VII**  
**NEGATIVE EMOTIONS OF THE SAMPLE**  
**BEFORE AND AFTER INTERVENTION**

**N = 51**

Negative Emotions	Before Intervention		After Intervention	
	Number	Percentage	Number	Percentage
Worry	49	96	20	39
Anxiety	41	80	25	49
Fear	36	71	16	31
Anger	29	57	12	24
Hostility	11	22	2	4

*Percentages are rounded off*

Fear, anxiety, anger, worry etc. may cause stress and tension. Table VII reveal that 96% of the sample suffered from worry. A good number of the sample (80%) suffered from anxiety. The other negative emotions were fear (71%), anger (57%) and hostility (22%).

A person with negative perception will also have negative thoughts, which leads to negative beliefs, which are more often irrational. These negative beliefs pave the way for negative emotions and in the long run, affect the person's mental health, as well as physical health.

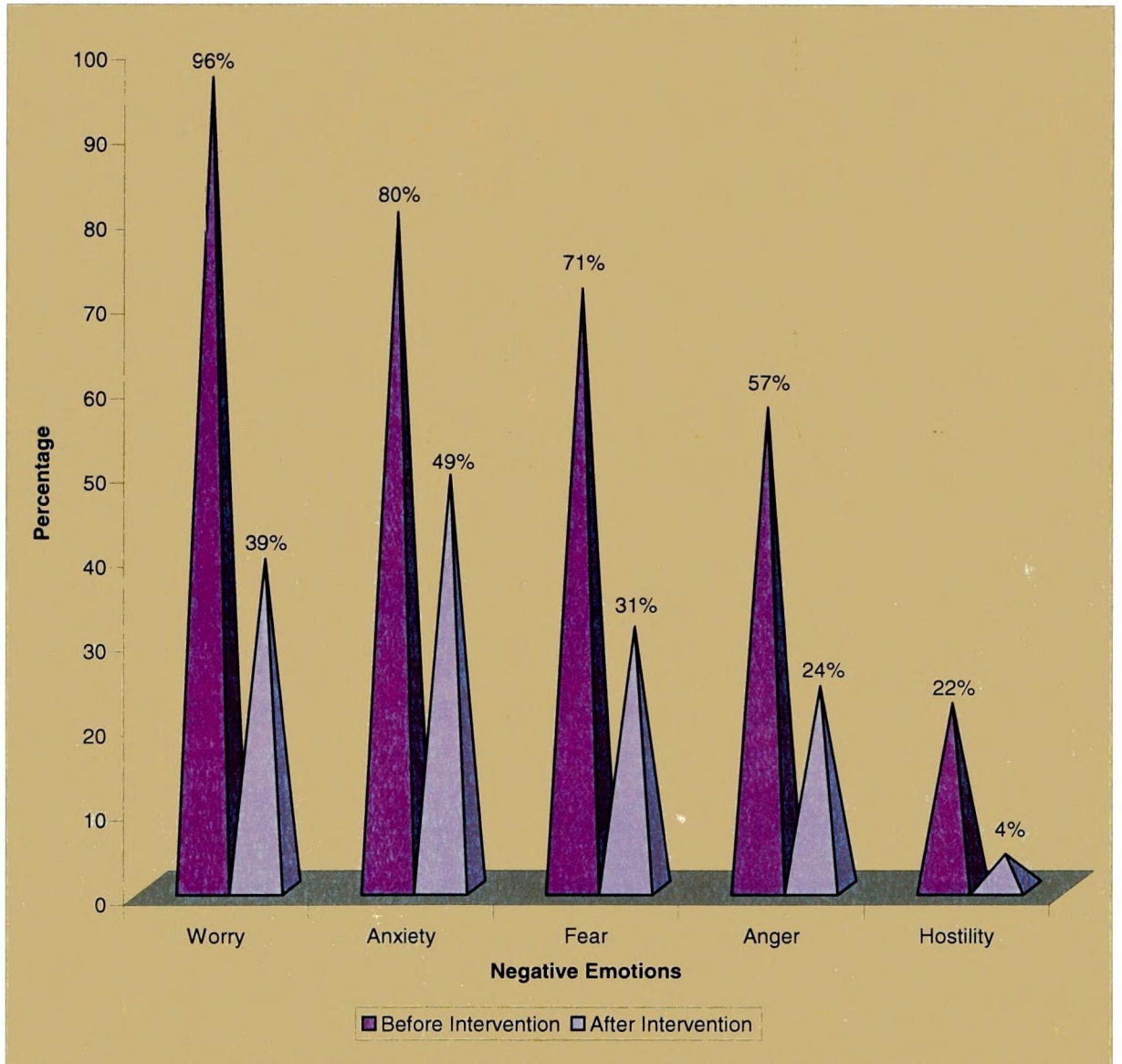
Positive Therapy aims at modifying the negative thoughts with the assumption that when the negative thoughts are replaced by positive thoughts, the individual becomes more realistic and reasonable in his/her perception. Most of the sample had negative thoughts like 'No one loves me', 'I am always sick' etc.

Using Rational Emotive Therapy, the subjects were made to realize that to be loved by everyone is aberrant and one must primarily be ready to confer his/her love to others in order to acquire its reflection on them. They were made to comprehend that falling sick is inevitable during old age and they should accept the reality rather than undergoing depression.

The administration of Tension Releasing Exercise was effective in letting out the negative emotions of the sample. Smile Therapy and Laugh Therapy which the subjects enjoyed the most, helped them to have a cheerful mood. Unfortunately many subjects were unable to do the exercises since they were cardiac patients. The results thus prove that after Positive Therapy 49% of the sample had anxiety, 39 % of them had worry. The rest had fear (31%), anger (24%) and hostility (4%).

**FIGURE – VII**  
**NEGATIVE EMOTIONS OF THE SAMPLE**  
**BEFORE AND AFTER INTERVENTION**

**N = 51**



**TABLE – VIII**  
**MEAN AND STANDARD DEVIATION OF**  
**BEFORE, AFTER AND FOLLOW UP OF DEPRESSION IN NUNS**

Source	Condition	N	Mean	SD
Depression	Before	51	24.31	5.63
	After	51	12.04	5.67
	Follow - up	51	16.43	6.88
	Total	153	17.59	7.91

**BETWEEN GROUPS ANOVA**

Source		Sum of Squares	Df	Mean Square	F	Sig.
Depression	Between Groups	3945.46	2	1972.732	53.284	<b>0.000</b>
	Within Groups	5553.41	151	37.023		
	Total	9498.88	153			

**DIFFERENCE IN BEFORE, AFTER AND FOLLOW UP OF**  
**DEPRESSION IN NUNS**

Source	Mean	SD	Group	Before	After	Follow up
Depression	24.31	5.63	Before		*	*
	12.04	5.67	After	*		*
	16.43	6.88	Follow up		*	

The ANOVA worked out to identify the distinction in the three time periods of before, after and follow up of Depression in Nuns is presented in Table VIII. It is inferred from the results that, the psychological intervention of Positive Therapy imparted to the elderly nuns has had a tremendous impact on their state of depression. The evidence is

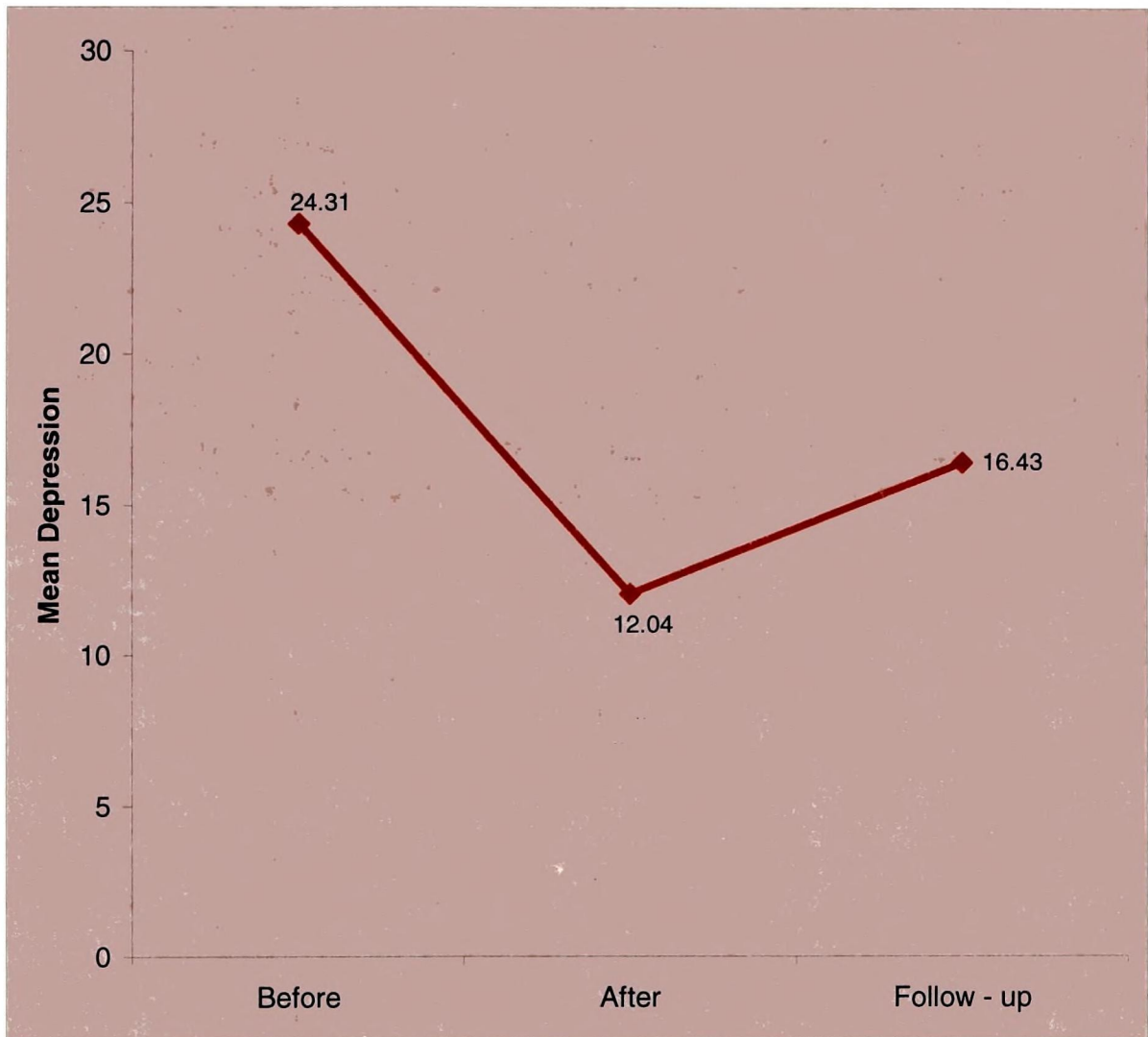
clear as observed from the Mean and SD, Mean values during conditions of Before (24.31) and After (12.04) with a mean difference of 12.27 is almost a 50% reduction in depression which is gratifying.

The strategies of Positive Therapy, Relaxation exercise and Autosuggestions enmeshed within Personal Counselling sessions executed to the elderly nuns was beneficial. The need of elderly being on of companionship and interaction to ward off their loneliness, the time spent with the counselor is a breather.

In the III condition of follow up phase, having carried out the II reassessment the effect of intervention is sustained with reduction in depression as is observed from the means (After 12.04 & Follow up 16.43). In that, the follow up, having been evaluated as also observed from the line graph indicate a fall back in depression, which clearly indicate that given the companionship helps fight boredom in the elderly as was observed between condition I and II while between condition II and III was latent.

**FIGURE – VIII**  
**MEAN DEPRESSION OF THE SAMPLE DEPRESSION**  
**BEFORE, AFTER AND FOLLOW UP**

**N = 51**



**TABLE – IX**  
**CORRELATION BETWEEN SPIRITUAL QUOTIENT AND DEPRESSION**

<b>Condition</b>	<b>Mean (SD)</b>	<b>Coefficient of Correlation</b>	<b>Significance</b>
Spiritual Quotient	25.65 (6.08)	0.09	NS
Depression	24.31 (5.63)		

Table IX shows the correlation between Spiritual Quotient and Depression of the sample. The coefficient of correlation between SQ and Depression is 0.09, which is not significant. This can be attributed to the old age of the sample and the loneliness they suffer nevertheless of their spirituality.