

### **Chapter 3**

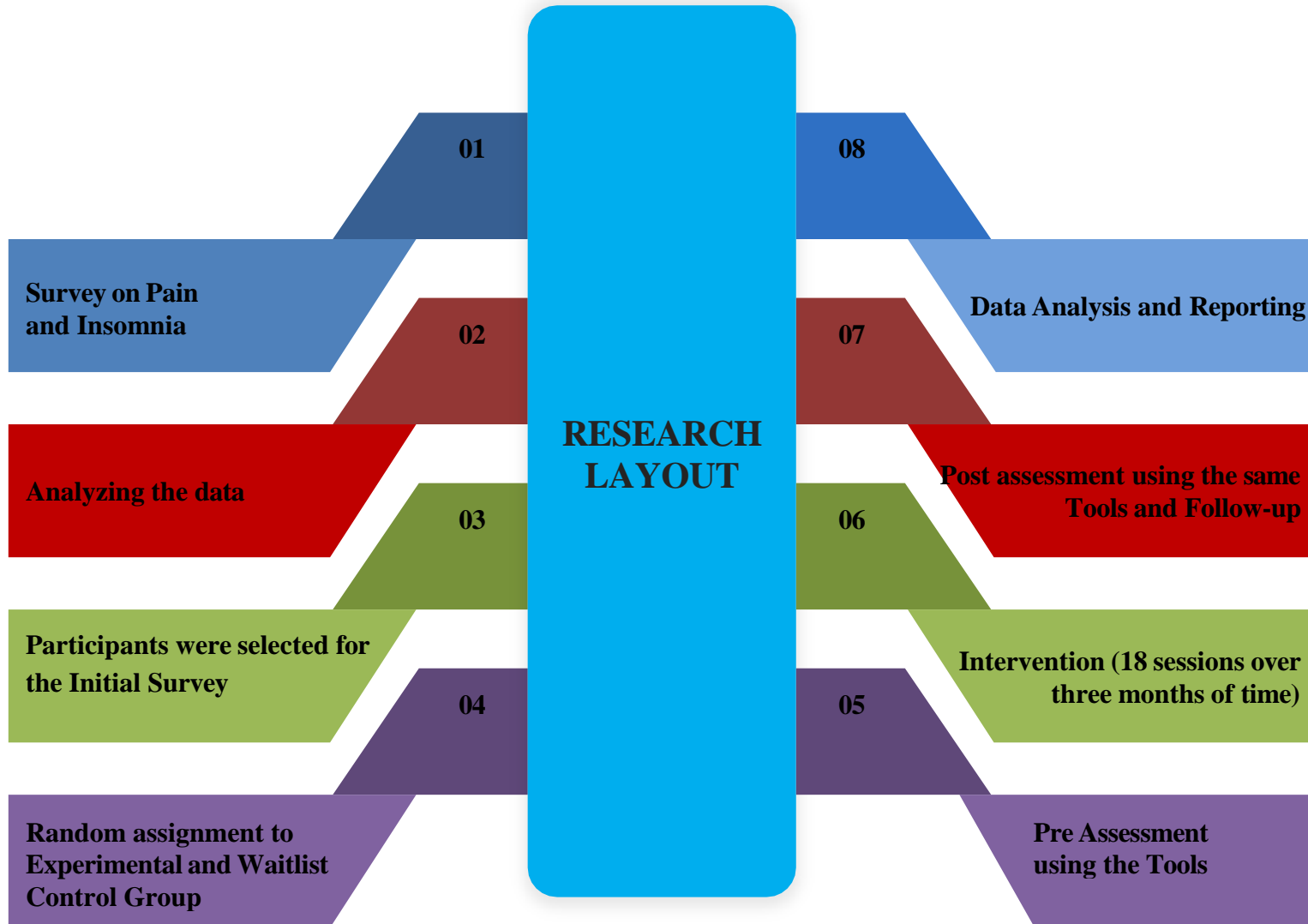
#### **METHOD**

A methodical approach to addressing the research topic is known as research methodology. 'Effectiveness of Reiki and Existential Therapy in Managing Body Pain Intensity and Insomnia Among Women' is a study that describes the methodological approaches in detail in this chapter. The aim is included in the first section. The second section of this chapter covers the objectives, and the third section covers the hypothesis of the study. The fourth section includes sampling techniques. The area in the fifth section. The next, sixth section outlines inclusion and exclusion criteria of the Participants. The seventh section includes description of variables. The eighth and ninth section of the chapter includes Research design that is, the blueprint of the study and description of the tools used for data collection. Tenth section is about the stages and the procedure of the study.

The eleventh section is about the participants and the phases in the study with assessment and intervention. Twelfth section is all about the Narration on the Intervention Program, where Reiki and Existential therapy activities and steps were discussed, followed by the informed consent, and the ethical standard in the last section of the study.

*Figure 10*

*Research layout for the study*



### 3.1. Aim

The study aims to evaluate the effectiveness of Reiki and Existential Therapy, separately and in combination, for reducing Body Pain and Insomnia among Women.

After detailed analysis of the literature collected for the study, these research questions were arrived at

What are the psychological perspectives of pain and insomnia?

What is the relationship between pain intensity and sleep disturbance among midlife women?

Will a Complementary alternative healing technique (Reiki) be effective in managing pain and insomnia?

Will psychotherapy (Existential Therapy) be effective in managing pain and insomnia?

Will an integrated psychological therapy (Reiki and Existential therapy) be effective in managing pain and insomnia?

### 3.2. Hypotheses

- There is a significant relationship between Body Pain and Insomnia among Women
- There is a significant difference between the before, after and follow-up phases in managing body pain through Reiki among women
- There is a significant difference between before, after and follow-up phases in managing body pain through Existential Therapy among women
- There is a significant difference between before, after and follow-up phases in managing body pain through Reiki and Existential Therapy among women
- There is a significant difference between before, after and follow-up phases in managing Insomnia through Reiki among women
- There is a significant difference between before, after and follow-up phases in managing insomnia through Existential Therapy among women
- There is a significant difference between before, after and follow-up phases in managing insomnia through Reiki and Existential Therapy among women

### **3.3. Sampling Technique**

For the present study purposive sampling was used. Purposive sampling is also known as judgement sampling. Participants in this study were chosen for the intervention using the purposive sampling technique. When using purposive sampling, the following points were taken into account: whether the participants are available and willing to participate in the study and to express their opinions and experiences in an expressive and introspective way (Patton, 2002). A minimum sample of 30 participants per arm was targeted based on the power calculations ( $\alpha=.05$ , power =.80, medium effect size). This indicates that a wide range of characteristics and qualities from a variety of age groups (36–64 years) were included in the sample that were chosen for the intervention. The participants aged 36-64 were selected by Purposive sampling and they were allotted into two groups by simple random sampling method.

### **3.5 Area**

Participants were selected from private hospitals outpatient and inpatient departments of three multipseciality hospitals in Coimbatore that routinely manage chronic pain and sleep complaints (Instructed by the authority not to disclose the identity), the data was collected and the intervention was administered for the selected women. The reasons for selecting this area are as follows

- Willingness of authorities to grant permission to conduct the action research
- Consent from the women to participate in the study

### **3.6 Inclusion criteria**

- Age ranges from 36-64 years
- Only female participants were included
- Women residing in Coimbatore district who self-report chronic pain and insomnia
- Participants who gave consent to participate in this study
- Women scoring  $\geq 5$  on BPI and  $\geq 13$  on RIS with symptoms persisting for last 3 months, were included.

### Exclusion criteria

- The participants who are not willing to participate
- The participants without Insomnia and pain were not included
- The participants who had chronic disease were not included
- Participants who were not regular for the intervention
- Women with severe psychiatric disorders were excluded

### 3.7 Description of the Variables

- Independent Variable

Reiki and existential therapy

- Dependent Variable

Pain and Insomnia

Body pain intensity: BPI worst pain score, 0-10; higher scores = greater pain.

Insomnia: RIS total score, 0sz-40;  $\geq 13$  = clinically significant psychophysiological insomnia.

#### Genesis of reiki

Early in the 20<sup>th</sup> century, in Japan, Reiki first emerged. A Buddhist from Japan named Mikao Usui created it. "Reiki" is a combination of the Japanese terms "ki" (life energy) and "rei" (universal). The term literally translates to "universal energy". Usui learned to channel healing energy during a 21 days retreat on Mount Kurama and experienced deep spirituality. By transferring universal life energy to the receiver through the practitioner's hands, he started teaching and practicing this healing art, which promotes both emotional and physical recovery.

The Reiki energy has been existing for at least thousands of years; some people believe it has existed since the beginning of time. In addition, there are numerous original systems of Reiki healing that do not trace their ancestry back to Usui Sensei. It seems reasonable to infer that any method that uses Reiki energy can be referred to as Reiki, not only ones that can be traced back to Usui Sensei, as anybody can utilize it and many people in fact do.

But because of the post World War II conditions in Japan and the introduction of Reiki to the west by Hawaya Takata, Usui Reiki became the most popular type of Reiki practiced worldwide. Because of this, it is crucial to have a solid grasp of Usui Reiki since it will provide with a basis for comprehending Reiki and facilitate the ability to connect with its essence.

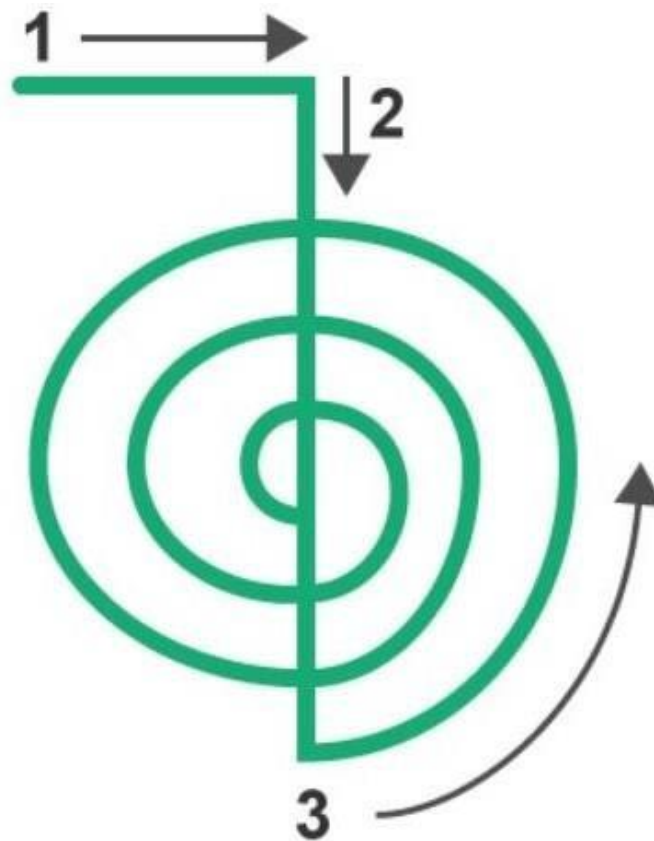
### **Reiki symbols**

Almost every culture, religion and energy healing technique uses symbols. They might take on intricate shapes or be straightforward writing. An iconic figure or a higher spiritual meaning can occasionally serve as a symbol. They have shaped the understanding of the world over time and many people continue to utilize them as a guide in their day today activities.

It is crucial to understand that there is never a superior sign when it comes to Reiki. Rather, each plays a distinct role, and use of it determines its potency. Numerous more symbols could be used in the Reiki practice in addition to the conventional Usui Reiki Symbols. There are numerous Usui Reiki symbols, and each one has a distinct significance and function. Usui Reiki symbols that are frequently used include

*Figure 1*

*Reiki Symbol- Cho Ku Rei*

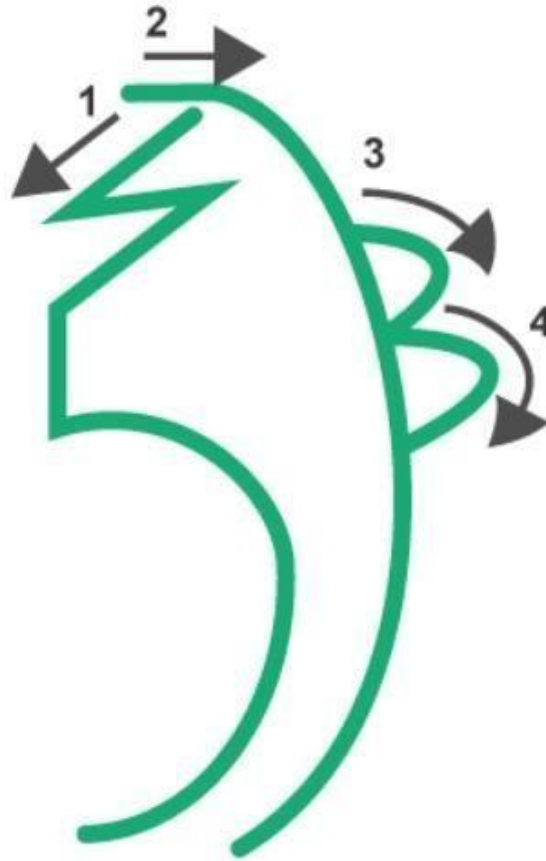


source <https://www.centreofexcellence.com/reiki-symbols-meanings/>

Cho Ku Rei is the symbol of power. In addition to providing protection and grounding, it can also remove energy blockages and boost the potency of Reiki. Cho Ku Rei, also referred to as the "Power Symbol" means "Placing all the power of the Universe here, now." Before beginning self treatment or treatment for others, it serves as a light switch. By clearing the body of energy obstacles, Cho Ku Rei generally facilitates the smooth flow of energy. Additionally, it protects, activates and cleanses any structure to be applied for. Its versatility stems from the fact that it may be utilized to create energy shields, cleanse food and drink and purify crystals.

*Figure 2*

*Reiki Symbol - Sei Hei Ki*

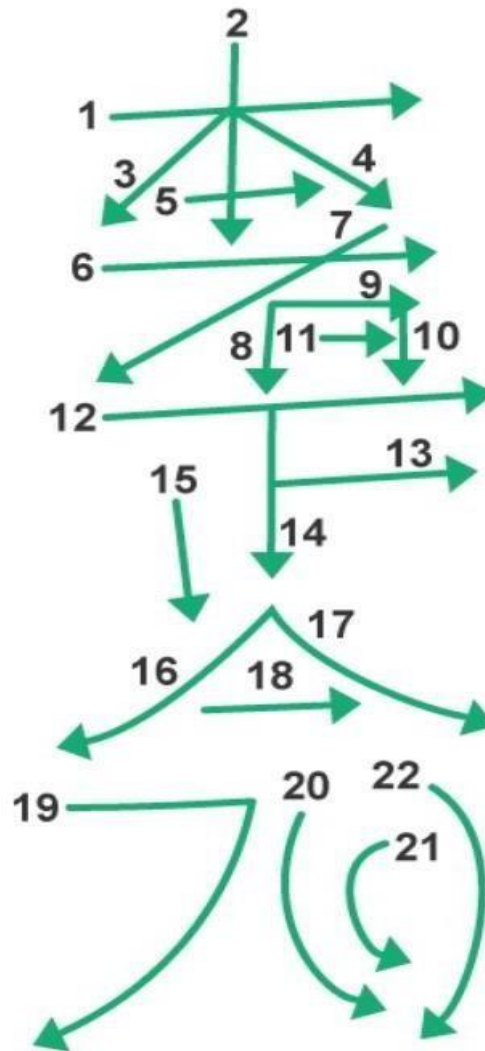


source <https://www.centreofexcellence.com/reiki-symbols-meanings/>

Sei Hei Ki is the sign of the mind and emotions. Emotional and mental issues like addiction, sadness and anxiety are treated with it. Sei He Ki is similar like opening a window to let in fresh air. It attracts positive vibrations and releases bad energy that have been trapped. Since it will aid in reestablishing equilibrium and tranquilly, it is the ideal symbol to employ when someone is feeling overburdened and anxious.

Figure 3

*Reiki symbol - Hon Sha Ze Sho Nen*

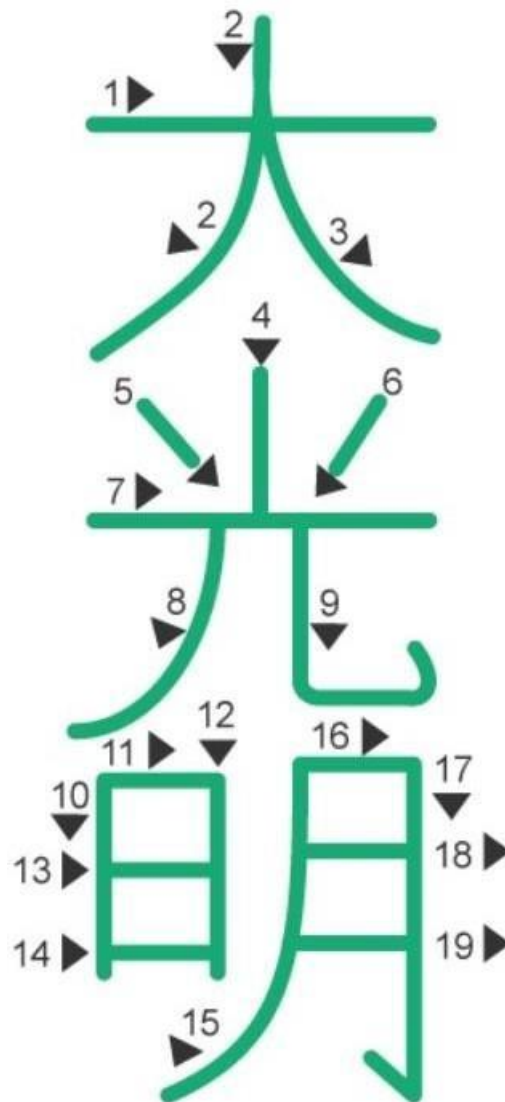


source <https://www.centreofexcellence.com/reiki-symbols-meanings/>

Hon Sha Ze Sho Nen is the symbol for distance. Sending Reiki energy to someone who is not physically there or connecting with past or future events are two uses for it. One effective technique to convey Reiki energy to someone is through distance healing. Healer may help the patient feel more at ease and open up their energetic structure to get the most out of the Reiki treatment by incorporating Hon Sha Ze Sho Nen into a regular healing session.

*Figure 4*

*Reiki symbol - Dai Ko Myo*

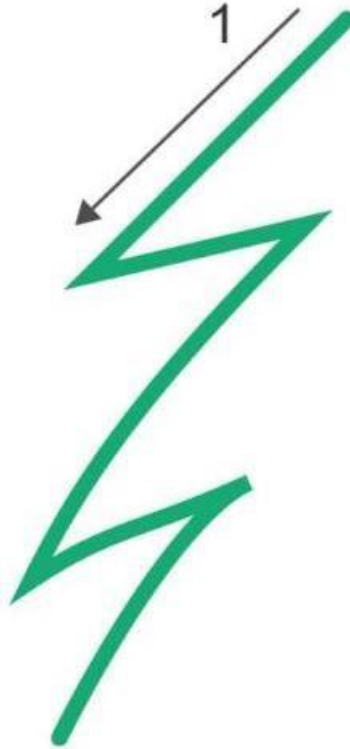


source <https://www.centreofexcellence.com/reiki-symbols-meanings/>

Dai Ko Myo is the supreme emblem. It is essential for attunements and connecting with the spiritual world, and it is used to trigger the greatest degree of Reiki energy. It is the most revered, potent and intricate symbol in Reiki practice, facilitates spiritual pinnacle and divine energy connection. It is frequently employed to encourage enlightenment, spiritual development, and a stronger bond with universe. In a way, the healer who uses it also healed!

*Figure 5*

*Reiki symbol - Raku*



source <https://www.centreofexcellence.com/reiki-symbols-meanings/>

Raku is the emblem of completion. At the conclusion of treatment, it is utilized to ground and settle the body, enclosing all of the positive energy within. In order to establish a connection with the earth's energy and foster a feeling of steadiness and equilibrium, some practitioners utilize it as a grounding symbol. The practitioner can encourage inner calm and emotional balance by visualizing the symbol and wishing for it to assist in releasing old patterns or energies. Raku is typically drawn from head to ground, but it can also be used alone to provide a brief moment of grounding in the midst of daily chaos.

### **Levels in Reiki**

Everyone is infused with healing energy. This energy is amplified and activated to new heights with the aid of the three Reiki levels. One of the rare forms of healing that takes into consideration a person's physical, emotional, mental and spiritual well-being is Reiki.

In Reiki, there are three distinct levels or degrees that one can attain

1. Hands on healing is done at Level 1, or first degree. An individual will receive first level energy activations in this stage, along with practical therapy techniques for both them and others.

2. Distance healing is second degree of healing and is the Level 2 in Reiki. This training enhances the healing energy and builds upon Reiki 1. Reiki 2, which is referred to as remote Reiki, allows one to heal remotely. From a distance, a person may clear energy in people, places, and objects by using and directing energy outside of their physical body.

3. Reiki Master Level, or third degree, enables the practitioner to activate others. This master's course is intended for people who feel called to go further in healing. One can activate people to Reiki Levels 1, 2, and with Level 3. All the level, each degree enhances the universal healing energy and fosters an enlarged consciousness.

### **Origination of Existentialism**

A form of psychotherapy (talk therapy) called existential therapy helps people who feel lost, despairing or alienated to utilize their free choice to find a sense of significance in their lives. Existentialism, a philosophy that holds that existence is "meaningless" and that meaning can only be discovered via one's own decisions, is the foundation of existential therapy. It supports the idea that every individual is accountable for their own actions. —Existential attitude seeks to bring back to contemporary notions of psychotherapy a stance that reemphasizes a crucial aspect that is contained within the original meaning of therapeia – namely, the enterprise of attending to another via the attempt to be besides, or with, that other as he or she is being and acts in or upon the world (Evans, 1981).

The first existential therapist was Otto Rank (1884-1939), an Austrian psychotherapist who split from Freud in the middle of the 1920s. Ludwig Binswanger (1881–1966), a psychiatrist at the Kreuzlingen Sanatorium in Switzerland, made an effort to incorporate existential ideas into his patient care at about the same time. He was greatly impacted by Paul Tillich's existential writings. The existential and phenomenological works of Husserl and (particularly) Heidegger would serve as the foundation, which Binswanger and Medard Boss (1903–1990) would later develop. Rollo May (1909–1994) had a significant impact on American existential philosophy, which ultimately resulted in a particular approach to treatment (Bugental, 1981; May & Yalom, 1985; Yalom, 1980). Concepts like "existential crisis" proliferated in everyday speech, and existentialism grew in popularity.

The great existential thinkers such as Søren Kierkegaard (1813–1855), Friedrich Nietzsche (1844–1900), Edmund Husserl (1859–1938), Max Scheler (1874–1928), Martin Heidegger (1889–1976), and Jean-Paul Sartre (1905–1980) were the main conceptual influences for existential therapy. Unlike the analytic philosophers who came after them, these existential philosophers did not see philosophy and psychology as distinct fields. Just as the ancient Greek philosophers were interested in "eudemonia," or human flourishing, and how to live "the good life," so too have the existential philosophers of the past two centuries been interested in how people ought to live. What it means to live a complete, meaningful, authentic, and free existence in the modern world has piqued the interest of existential philosophers. The existential worldview promoted individual autonomy and the development of one's own meaning systems. Because existential philosophers tend to concentrate on the human condition, they have written a great deal about topics such as death, the nature of freedom and responsibility, the nature of existence itself, and how to find meaning in life when there is no obvious objective purpose or value to human life. The majority of existential therapists support a phenomenalist approach in therapy, which always respects the patient's subjective experiences and meanings rather than attempting to impose meaning and thought systems from outside sources.

### **Irvin Yalom's Theory in 1980**

Irvin Yalom (1980) released "Existential Psychotherapy" in 1980. Hugely influential, it is ranked as the second most influential text behind Viktor Frankl's "Man's Search for Meaning" in one study. He addresses developmental changes, psychopathology, and psychological approaches in relation to the four ultimate issues of life - death, freedom, loneliness and meaninglessness. Many people believe that Yalom's 1980 work succinctly encapsulates the main issues of existential psychotherapy. He is one of the most prominent theorists in all areas of existential therapy.

Humans naturally seek meaning and value, according to Yalom, since one needs to "make sense of the world." In the case of values, these needs assist to navigate life, social connections, and how to live. In the face of an uncaring, unpatterned universe, one feels uneasy and dysphoric and look for explanations, patterns and the purpose of life.

One can respond to this by developing value and meaning systems. According to Frankl, humans are always striving for and finding an "out there" meaning that is determined by outside forces, but Yalom sees the human condition as fundamentally about generating meanings, purposes and values.

#### ***1.5.2.1. Yalom Terrestrial and Cosmic Meaning***

—My approach assumes that life (including human life) has arisen from random events; that an individual finite creatures; and that, however much to desire it, can count on nothing besides oneself to protect, evaluate the behaviour, offer a meaningful life schema. An individual may not know the predestined fate, and each one must decide how to live as fully, happily and meaningfully as possible|| (Yalom,1980).

### **3.8 Research design**

Before, After and Follow-up with Waitlist Control Group Design (Randomized Control Trial method) was employed. The current study was carried out using a mixed method research methodology. A parallel-group randomized-control trial with three intervention arms (Reiki, existential therapy, integrated therapy) and one waitlist control group was employed, embedded in an explanatory sequential mixed-methods design. The act of collecting, evaluating and ultimately "mixing" qualitative and quantitative data and methodologies in a single study to comprehend the research problem is known as a mixed method research design.

### **3.9 Description of the Tools**

**3.9.1. The Brief Pain Inventory (BPI)** was developed from the Wisconsin Brief Pain Questionnaire by **Cleeland (1994)** assess the pain severity and interference (0-10). In this study Cronbach alpha reliability ranges from 0.77 to 0.91

**3.9.2. Regensburg Insomnia Scale (RIS):** It is a rating scale for the assessment of psychological symptoms and sleep in insomnia by **Croenlein (2013)**.

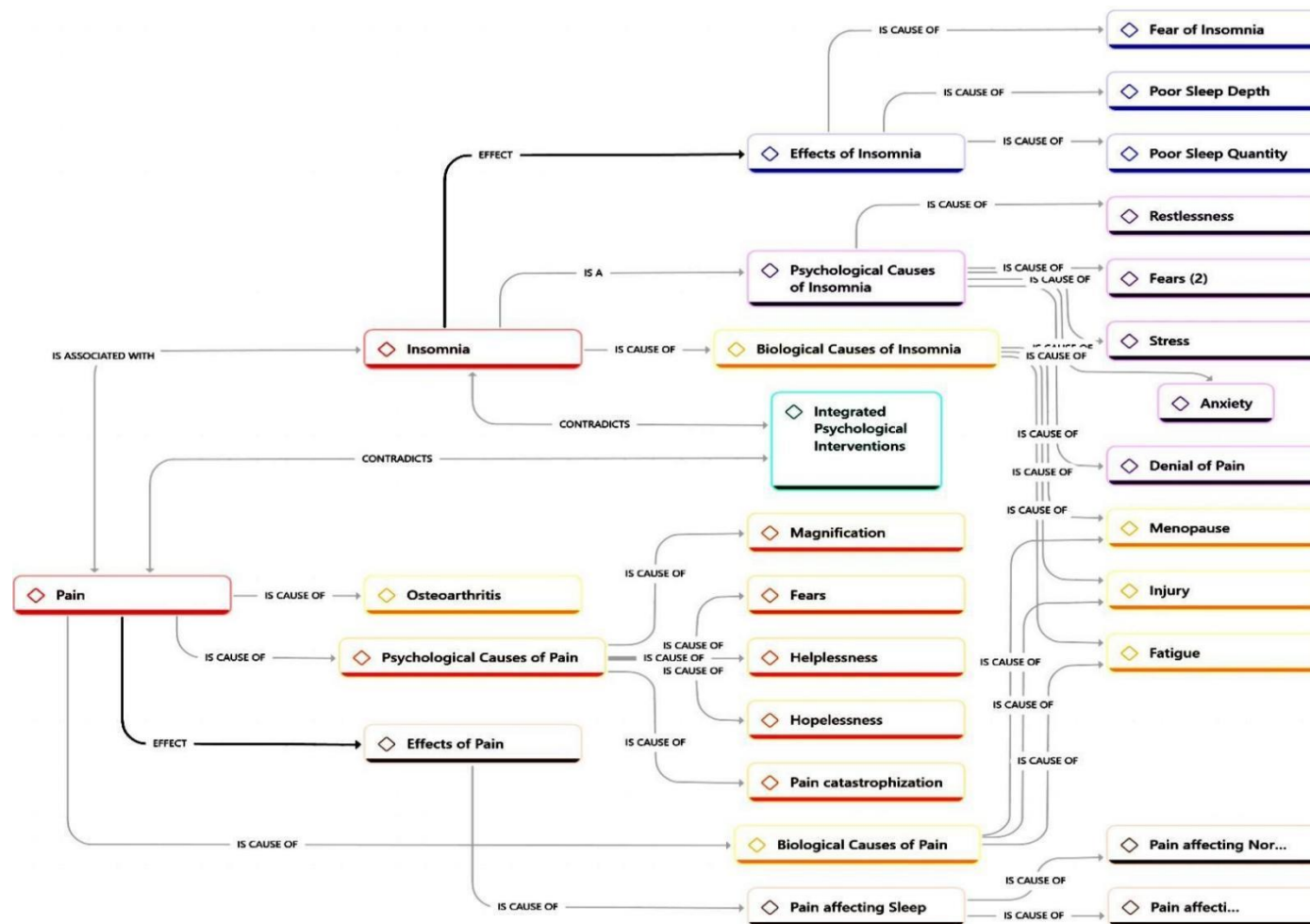
### **3.10 Procedure**

#### **3.10.1 Survey using interview**

A survey on pain and insomnia experience was completed with 347 participants. Semi Structured interviews were conducted with 253 participants. The participants expressed their opinions, experiences and feelings about Pain and Insomnia. The interview lasted for about 5-10 minutes and was transcribed verbatim. The Semi structured interview information was used for the qualitative analysis of pain and insomnia; codes were assigned in Atlas ti 25 for the network analysis of biopsychological causes and effects of pain.

Figure 11

Atlas Hierarchical Routing Network diagram

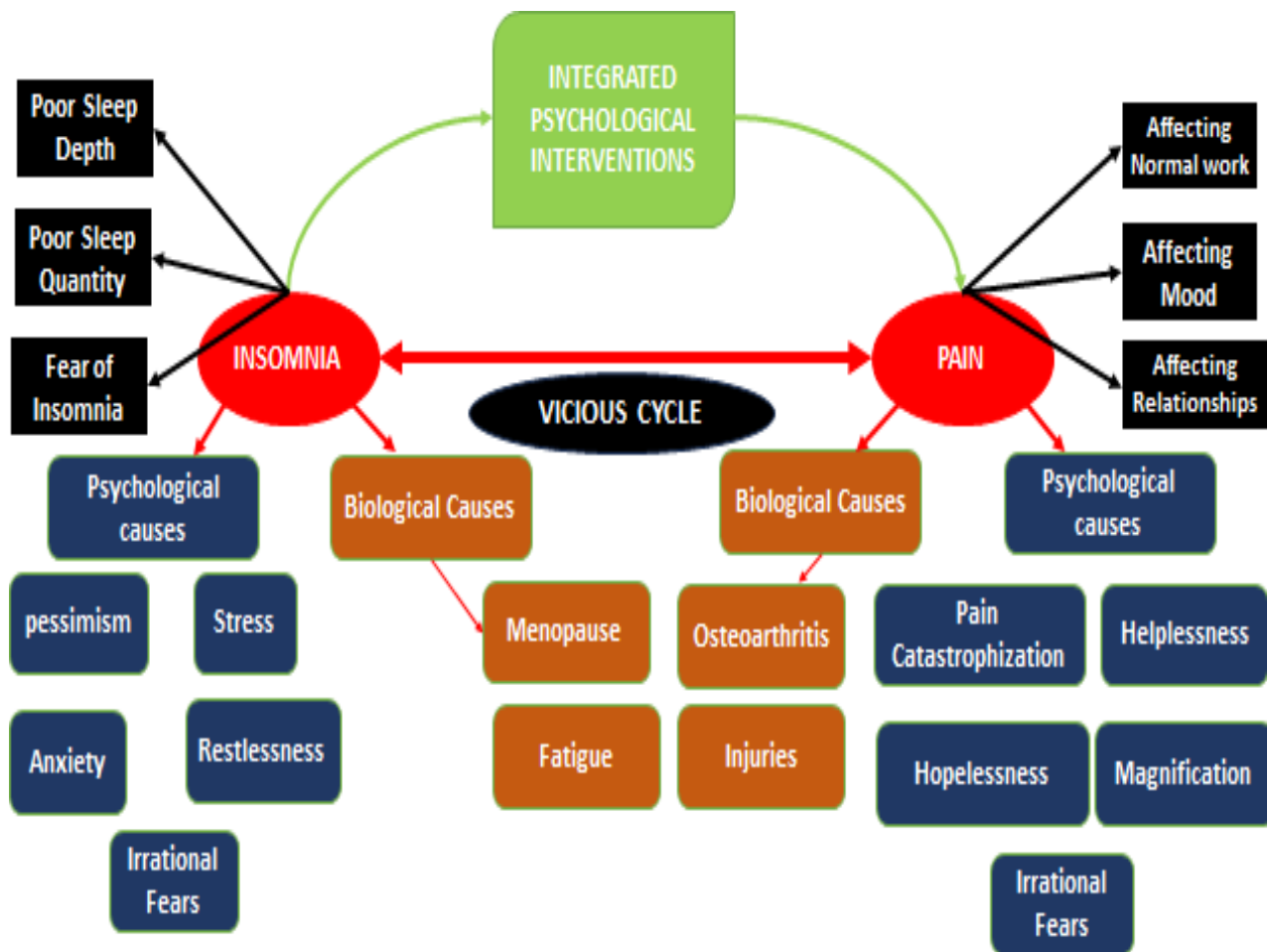


**3.10.2 Qualitative analysis**

This analysis paved way for the integrated psychological model which was used as the intervention module for the participants to address both the physiological and psychological causes of pain and insomnia.

*Figure 12*

*Integrated Psychological Intervention*



**3.11 Participants**

**Phase I**

In the first phase, the participants were selected using the inclusion and exclusion criteria. Pain and insomnia scales were administered to the participants. Before completing the forms, each participant provided their consent and was given the choice to withhold their names and identities if they were uncomfortable doing so. As both the scales were self rating scales and had 9-10 items, participants took around 15-20 minutes

to complete the questionnaires. Scoring was done as per the scoring norms in pain intensity and insomnia scale. Along with the scales the demographic details of the participants like initials, age, gender, area of residence, occupation and socioeconomic status were collected.

## **Phase II**

Out of 124 participants 93 participants in experimental group and 31 in waitlist control group were randomly assigned. The number of participants in the experimental group 1 (Reiki), experimental group 2 (Existential therapy) and the experimental group 3 (integrated intervention-Reiki and Existential therapy) was more, but due to dropouts some participants could not continue with the intervention and the participants who missed four consecutive intervention session were not included in the study. Finally, the participants count in the experimental group1 was 30, in the experimental group 2 was 31, and the integrated intervention group 3 (Reiki and Existential therapy) was 32, and the waitlist control group had 31 participants.

## **Phase III**

The third phase commenced with the interventions (Reiki, Existential Therapy and Integrated Therapy) for all the three experimental groups. The participants were given intervention accordingly, for a period of three months with 15-18 sessions each with every session duration ranging from 30-60 minutes.

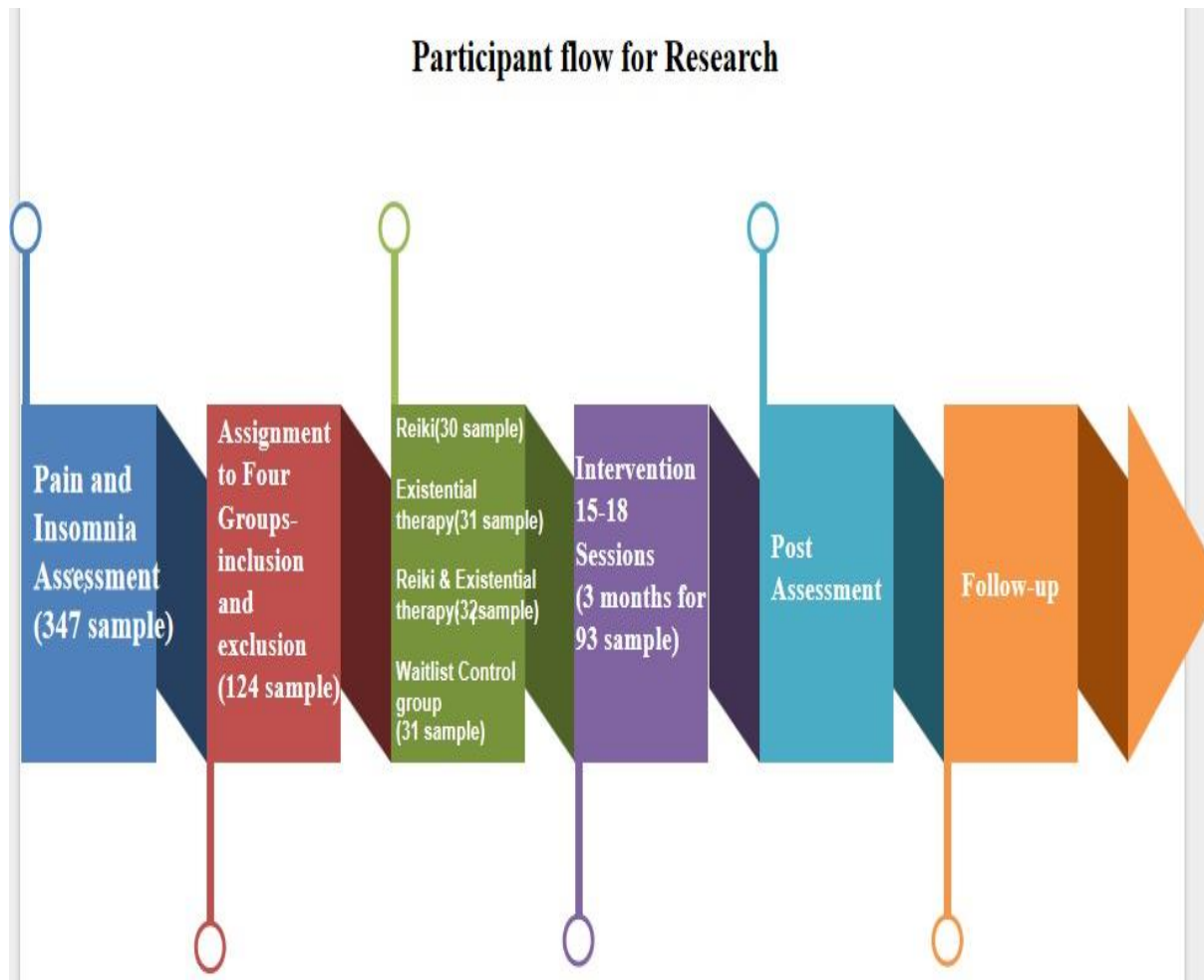
## **Phase IV**

After the intervention period of three months, the Pain Intensity and Insomnia assessment was done using the same scales. Feedback was also taken from the participants on the intervention sessions and the experience during the course of time. For the waitlist control group the assessment was given as well.

## **Phase V**

Next process in the study was done with the follow-up, which was administered three months after intervention period. Again, the assessment was done using the same Pain Intensity and Insomnia Questionnaire. Follow-up assessment was done for all the four groups in the study (Experimental Group 1, Experimental Group 2, Experimental

Group 3 and waitlist control group). Also, the intervention was given to the waitlist control group after the follow-up assessment was done.



### **3.12 Narration on the Intervention Programme**

The intervention was developed and planned to address all the areas of Pain and Insomnia. Numerous methods have been employed to manage pain and insomnia including stress reduction, anxiety management and relaxation techniques. When a person has pain, these methods can help them accept their condition and carry out their daily activities with little difficulty. Thought, beliefs and irrational fears on pain and insomnia was alleviated using the healing technique Reiki and also through the psychological counselling with Existential therapy. The interventions were administered to promote self-awareness, personal growth and inner strength. While Reiki help one develop a closer relationship with their inner self, fostering relaxation and lowering stress, which gives them more control over their feelings and responses to pain and insomnia. Existential therapy explores issues of authenticity, meaning and purpose in life.

#### **3.12.1 Reiki**

Reiki is a safe, noninvasive alternative therapy technique that has the potential to reduce symptoms of insomnia, pain and improve holistic well-being in participants. The Experimental group1 and experimental group 3 was given information on the procedure of administering Reiki. Preparing the client for the session by interacting and understanding the physical and emotional hurdles of the person. Then collecting information by giving the client intake form and informed consent from them. Also, instructions on how they might feel warmth or tingling in certain places while giving Reiki healing and the beginning and the closure of the sessions. Based on the energy blocks in the client, will process and administer Reiki was told to the participants. Also, if there is a necessity using power symbols to remove the energy blocks in any of the 7 meridians. The 7 meridians /chakras in a person are Crown, third eye, throat, heart, solar, sacral and Root. Each chakra indicates certain aspects of an individual like connection, intuition, insight, communication, truth, love, compassion, confidence, power, creativity, emotions and security.

Figure 13

Seven Chakras and their significance



Source: <https://www.totalhealthsystems.com/energy-centers-of-the-body-chakras/>

### 3.12.2 Steps in giving Reiki healing

Phase	Administration	Benefits
Client Intake form	Collect client details and their physical and emotional state before the healing	To be aware of their present state
Preparation	The client was instructed to sit in a comfortable chair or lie on a Table	To be in a quiet environment for the healing
Attunement to the client	Hovering the palms in position over the body (crown to toe)	Receiving and sending the universal energy
Focusing on the Meridians and Removing Energy Blocks	Identifying the aura blocks and facilitating the positive energy	Relaxation and overall well-being
Power Symbols	Using reiki symbols	Achieve different healing goals (alleviate pain and insomnia)
Closure and feedback	By crossing hands on the Shoulders	To know client's experience after healing

Reiki was delivered by a Master level certified practitioner with 5+ years experience. Each participant received 15 sessions(45-50 minutes and as the sessions progress based on the energy flow the session timing is reduced to 20-30 minutes) over 12 weeks following the standardized hand positions.

### 3.12.3 Reiki Groups Discussions

After the intervention which was given for 18 sessions to the experimental group1, there was a discussion with the participants to understand how they felt and to know what they experienced during the intervention. Meetings and discussions provided a forum for growing and fortifying their beliefs. As they shared a common suffering both physically and psychologically, they had lot of situations to analyze and explore. Members attained a

joyful life state by speaking and listening to one another honestly, sympathetically and giving each other the support they need to overcome their circumstances. Many had an interest to know and learn reiki for healing themselves and others.

### 3.13. Existential Therapy

Existential psychotherapy accepts the constraints that all people confront while simultaneously advocating for a positive approach that celebrates the potential and goals inherent in the human condition. All of us have to face challenging circumstances eventually, yet they usually make individuals have irrational fear. This is known as existential anxiety. In addition to having an impact on social and spiritual awareness, there may be a notable bodily and psychological impact. There may be long term repercussions when problems worsen and life becomes challenging. With pain and insomnia, anxiety, denial, meaninglessness, loneliness, pain catastrophizing, restless and pessimistic are the restricted existence of the participants.

#### Existential techniques to the participants

<b>Existential conflicts</b>	<b>Activities</b>	<b>Benefits</b>
Anxiety	Meditation (with breathing techniques)	Relaxation and introspection
Denial	self-reflection (journaling, mindfulness)	To live in the present without self-blaming or blaming others
Meaninglessness	finding personal meaning (value worksheets)	Encouraging growth and fostering new opportunities
Loneliness	Group therapy (sharing the reason for it and involving in discussions to overcome it)	Builds confidence and importance of socializing
Restlessness	Identifying and Accepting the conflicts and dealing with it	Keeps the client calm and starts coping with the situation
Pessimistic	Writing the negative statements and replacing it with positive Statements	More compassionate to self and others, optimism

**Session wise intervention**

<b>Session 1</b>	<ul style="list-style-type: none"> <li>▪ Building rapport with the participants</li> <li>▪ Asking their expectations out of the intervention</li> </ul>
<b>Session 2</b>	<ul style="list-style-type: none"> <li>▪ Talking to the clients to understand what difficulties they face in their day today activities due to pain and insomnia</li> <li>▪ How it affects their personality, emotions, health and their relationships</li> <li>▪ Exploring and understanding their existential crisis</li> </ul>
<b>Session 3</b>	<ul style="list-style-type: none"> <li>▪ Addressing their anxieties and fears</li> <li>▪ Administering relaxation therapy by giving basic meditation with breathing techniques</li> </ul>
<b>Session 4</b>	<ul style="list-style-type: none"> <li>▪ Giving worksheets on the reflecting their emotion (sad, anger, happiness, fear, envy, hopeful, sadness) most of the time</li> <li>▪ Substituting them with what they look forward to change it to</li> </ul>
<b>Session 5</b>	<ul style="list-style-type: none"> <li>▪ Considering client values, bring awareness on their values by asking probing questions like             <ul style="list-style-type: none"> <li>• <i>How do you want to live your life?</i></li> <li>• <i>How do you want to treat others and be treated?</i></li> <li>• <i>How do you build/evolve a sense of overall meaning and purpose?</i></li> </ul> </li> </ul>
<b>Session 6 and 7</b>	<ul style="list-style-type: none"> <li>▪ Role playing with the clients to explore their emotions, values and Behaviour</li> </ul>
<b>Session 8 and 9</b>	<ul style="list-style-type: none"> <li>▪ Working on the negative thoughts and situations and how to modify those thoughts with positive affirmations</li> </ul>
<b>Session 10 and 11</b>	<ul style="list-style-type: none"> <li>▪ Exploring the values worksheet responses</li> <li>▪ Giving home assignments to execute it</li> </ul>
<b>Session 12, 13 and 14</b>	<ul style="list-style-type: none"> <li>▪ Formed into Groups</li> <li>▪ Discuss commonalities</li> <li>▪ Exploring the challenges and coping strategies they face</li> </ul>
<b>Session 15</b>	<ul style="list-style-type: none"> <li>▪ In pairs, take turns interviewing the other person regarding how their <i>most meaningful life</i> might look</li> <li>▪ <i>What sort of friends would you have?</i></li> </ul>

	<ul style="list-style-type: none"> <li>▪ <i>What job would you have in your most meaningful life?</i></li> <li>▪ <i>What interests you the most?</i></li> </ul>
<b>Session 16</b>	<ul style="list-style-type: none"> <li>▪ Things that went well or bad in my life</li> </ul>
<b>Session 17</b>	<p>Finding the answers to</p> <ul style="list-style-type: none"> <li>• <i>What I look forward to do with my life?</i></li> <li>• <i>What do I owe myself in life, and how do I get it?</i></li> </ul>
<b>Session 18</b>	<ul style="list-style-type: none"> <li>▪ Values client have rediscovered from the therapy</li> <li>▪ Feedback on the therapeutic process</li> </ul>

Existential therapy was delivered by a counselling psychologist trained in existential approaches, 18 weekly sessions of 45-60 minutes, using a manual developed for this study and supervised fortnightly.

### **Feedback from participants**

Participants had lot of self-doubts and questions in the beginning of the therapy and as the sessions progressed, they started enthusiastically participating in the sessions. The way they looked at life and their restricted existence gradually changed. Especially after addressing the values, involving the role play and group activities. When working with clients, few words used in conversation like negative words or phrases... I can't do that.... I am not good enough.... I can't cope on my own....

Had changed to .... I am good enough.... I will give it a try.... I can handle....

They were delighted to find their purpose and meaning to their life and gave them the strength and different outlook towards pain and their sleeplessness.

### **Significance of the Study**

This research supports integrative health approaches for midlife women and provides empirical evidence on non-pharmacological interventions.

### **Ethical considerations**

Ethical clearance was obtained from the Institutional Ethics committee of