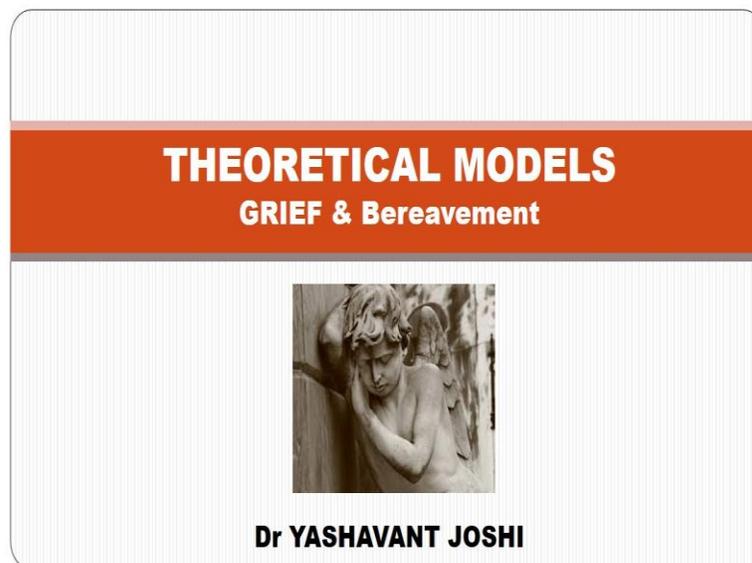


**Basic Certificate in Palliative Care**  
**Dr. Geeta Joshi**  
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**Week-06**

**Lecture 05: Theoretical Models of Grief and Bereavement**

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Week number 6, lecture number 5. Hello friends. So, as you all know, we are half way. It's a 12 weeks course, basic certificate in palliative care and now 6th week is running. And basically, we are on to post death psychological support. In that, we will be taking this lecture that is theoretical models of grief and bereavement.

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## **CONTENTS**

- PART: I**  
**TERMINAL ILLNESS**
- PART: II**  
**THEORIES OF BEREAVEMENT  
& GRIEF**
- PART: III**  
**MEANING CENTERED  
PSYCHOTHERAPY**



We will tackle this lesson in three parts. Basically, for the easy understanding, I divided into three parts. Part 1 is the terminal illness. Part 2, we will see the theories of bereavement and grief.

Earlier, we already discussed one very famous model that is the Ross model. Five stages, we call it Dabda model because it starts with DABDA. So, that one also, but we will not touch upon it. And in part 3, another new therapy has started that is called meaning centered psychotherapy. So, we will see about that.

Can you see this picture on this slide? You see how these plants and everything, the living plant, they just come up from nowhere, from the stones. That is the life, beautiful life God has given us. But it is also certain that whoever and whichever thing takes birth on this planet, we all have to go. We are mortal and we are not immortal. We have to die sometimes.

And therefore, it is necessary to talk about terminal illness because that eventually leads us to death.

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## PART: I TERMINAL ILLNESS



### Terminal illness involves...

- Loss of Meaning
- Loss of Personhood and Dignity
- Guilt or Shame Questioning of Faith and God
- Sense of Abandonment
- Desire for Forgiveness



Terminal illness. This involves loss of meaning. Loss of meaning with because there are two reasons. Firstly, you have in a very ripe age, you have crossed 70, 80 years, 90 years and now you have already seen the whole life. Another thing that your body does not match your thought process.

Your mind is still young, but body has gone out, you know, very old. And therefore, you think there is no meaning in the life. You can't walk around, can't go out, sometimes you don't hear, you can't eat, can't digest. And this leads to loss of personhood and dignity because in a family also when you are of no use and rather you become a sort of not

exactly, but then yes, an old person is a sort of burden to the family. A family has to look after.

They will never say that you are a burden, but yes, old persons, they need to be looking after and sometimes if they are bedridden patient, they need looking after 24 by 7. A constant attention, constant care is required day and night. Guilt or shame, questioning of faith and God and that's the time that you start thinking about God, you know. And you just say, child age is fine. When you are young, it is still fine.

When we become adult, still we enjoy the life. But when we become old and very old, you know, there is no life left until and unless you have already decided the purpose of your life, there is no problem. But we, most of us, we do not decide upon the purpose of life. We generally believe in that thing, eat, drink and be married, be happy, you know. Kaana pina kaavo kush raho (Hindi phrase meaning eat and drink be happy). And therefore, in the older age, lots of problems we have to face and that is where we start questioning God.

We ask God, why did you give this old age to us? Sense of abandonment, sometimes children, grandchildren, they do not look after their elderly parents, grandparents and these people, they feel that, they feel isolated, they feel left out and sometimes they have to go to age, old age home also. Desire for forgiveness, at the same time if you are on a right track, you just start thinking in right terms, ki chalo (Hindi words meaning let's go), forget, forgive, you know. You want to go nearer to God, you try and accept certain virtues. So, this is all what terminal illness. In addition to that, that illness is always there.

It is there in addition to that, all these things, psychological things, what I said, what we discussed, they exist.

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## **The Role of Hope**

**“Hope implies a sense of ongoing connection with the world. Goals can shift according to medical realities. New focus for hope can energize patients during their last days of life. Such goals as saying goodbye, reminiscing about ones life, communicating ones wishes and achieving pain relief may be met”.**

Here comes the role of hope. Hope is a very big word, *asha amar hai* (Hindi phrase meaning hope is eternal) and hope is still eternity, you know. Hope never dies, hope is evergreen. Therefore, you should not lose hope.

Hope implies a sense of ongoing connection with the world, ongoing connection with the worldly life in which we are living presently and goals can shift according to medical realities. It is a very, in earlier lessons also I generally said you know that man is that sort of creature of God, that beautiful you know, architecture wise. But at the same time, God has given us one quality that is called adaptability. We can adapt ourselves to any situation and therefore because of that quality of adaptability, our goals also shift according to medical realities and therefore most of the times we do not generally feel very very unhappy. We can live in poverty also and we can live with riches also.

New focus for hope can energize patients during the last days of life. It is very important that we keep changing our goals as per our medical realities. When you are walking around, fine, we can go out, sit down in a park or somewhere, we can meet friends on some corner. But when we cannot move out of our homes on our own, then again we have to change the goals. We have to sit at home in our rooms, we can call the friends if it is possible.

Otherwise we have to just depend on internal activities like reading newspapers or seeing TV or talking to somebody or opening the window or looking at outside and enjoying the nature. So these are the things as per our physical, physiological and medical realities, we need to change our focus. Such goals, such saying goodbyes, reminiscing about one's life, communicating one's wishes and achieving pain relief may be made. These are the things on end of life, you know. We must say goodbye to everybody, forget everything, forgive everybody, communicate always the best wishes to everybody and little bit of pain relief that will keep you happier.

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What is hope?

**“The perceived possibility of achieving a goal.”**

\_Jerome Frank



What is hope? The perceived possibility of achieving a goal. Now this particular plant has come up in stones, that fissure is there, little crack and this plant has come up. Plant still hopes that it will survive, it will get some water, oxygen and other things. And I am certain if it has come up over here and already flowered, it will survive.

This is the hope. Hope you should not. Keep changing your goals of hope and then you will survive. You must have seen so many people, I am forgetting the name of that girl, she was a very good sports person, decorated by central government and she was thrown out of a train. She lost her legs but no nothing doing. She survived and with those crippled legs she climbed Mount Everest.

So that is the story. She changed the goals. It is a resilience that against any difficulties you have got a willpower to overcome, willpower to adjust you know. So that is with hope also.

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### What is hope?

- Hope is a construct reflecting a sense of goal-directed determination and ability to generate plans to achieve goals. Individuals who are high in hope are able to conceptualize their goals clearly, generate multiple pathways towards goal pursuit, and have high motivation to pursue goals.
- Coping with illness experiences by turning to spiritual beliefs is more effective for less hopeful women than for those with high levels of hope

What is hope? Hope is a construct reflecting a sense of goal directed determination and ability to generate plants and achieve goals. Individuals who are high in hopes are able to conceptualize their goals clearly, generate multiple pathways towards goal pursuit and have high motivation.

Motivation is very important part to achieve success. The number of motivations are there but the most important motivation is self-motivation. If you can motivate yourself, you can reach higher and higher. Coping with illness experiences by turning to spiritual belief is more effective for less hopeful women than for those with high levels of hope.

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## What is hope?

Hope is the  
one thing that  
can help us get  
through the  
darkest of times.



What is hope? Hope is the one thing that can help us get through the darkest tunnels.

After all when you view your I say tunnel means it will have certain opening and when opening is there, there are light rays visible. When you enter a tunnel, it may be very very dark but when you proceed further, may be after few hundred meters or may be a kilometer or more, you will find beautiful illuminating rays coming from the other end of the tunnel. That is hope.

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## Hope!

**“Spirituality (understood as the self-defined core beliefs that women use to make sense of their illness experiences) plays a role in increasing a sense of control, comfort, ability to find meaning and intimacy and belonging.”**

(Stanton AL, Danoff-Burg S, Huggins ME. Psycho-oncology. 2002 Mar-Apr11(2)93-102. The first year after breast cancer diagnosis hope and coping strategies as predictors of adjustment.)

Hope spirituality understood as the self-defined core belief that women used to make sense of their illness experience plays a role in increasing the sense of control, comfort, ability to find meaning and intimacy and belonging.

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### **What Is Grief?**

"Grief is the emotion people feel when they experience a loss. There are many different types of loss, and not all of them are related to death. For example, a person can also grieve over the breakup of an intimate relationship or after a parent moves away from home."

What is grief? Before that when we are talking about illness during the old age, I just want to discuss a little about what is after all our aim is to achieve good death.

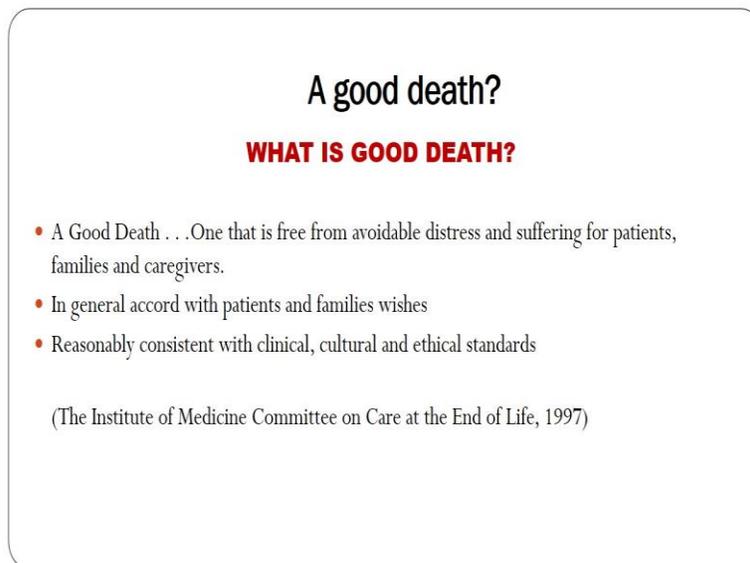
What is good death? Think over what is good death is death you must be thinking but I am saying what is good death? What sort of death you envisage, you visualize that you should have? I am sorry I am talking about death again but it is a reality that we have to face it sometime may not be now, may be after couple of decades, few decades or anything you know. What is good death? What sort of death you want? Particularly the death you will be wishing to have is always I am certain that it will be a good death and that death should have the death that is free from avoidable distress and suffering. There shouldn't be any suffering or distress in my death. I must have peace of mind and I should die. In general accord with patients and family wishes, death should be always particularly if you are dying in hospital or somewhere then this death should be as per the wishes of the patient as well as the family members.

Nothing else should be done during the time of that terminal illness because then we will be violating the principle of right of patient to die, to die the way he wants to. It should be consistent with clinical, cultural and ethical standards. It should be consistent with clinical, cultural and ethical standards. That is good death. To me good death means I must die with peace of mind, walking around, doing my job.

I don't want to be a burden to anybody including myself. I do not want to be a burden to myself also. I don't mind what is my age when I die, no that is immaterial. I lived enough. I must die happily, healthily, doing my own work myself.

That is good death to me. What is grief? We had been talking about grief number of times. Now we will not talk more. Let's go further.

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**A good death?**

**WHAT IS GOOD DEATH?**

- A Good Death . . . One that is free from avoidable distress and suffering for patients, families and caregivers.
- In general accord with patients and families wishes
- Reasonably consistent with clinical, cultural and ethical standards

(The Institute of Medicine Committee on Care at the End of Life, 1997)

A good death, one that is free from avoidable distress and suffering for patients, families and caregivers in general accord with patients and families wishes and reasonably consistent with clinical, cultural and ethical standards.

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### **What Is Grief?**

"Grief is a natural reaction to the loss of someone important to you. Grief is also the name for the healing process that a person goes through after someone close has died. The grieving process takes time, and the healing usually happens gradually."

Grief is a natural reaction to the loss of someone important to you. Grief is also the name for the healing process that a person goes through after someone close has died. The grieving process takes time and the healing usually happens gradually. It is not something that, Fata fat kaliya (Hindi words meaning quickly done), no it takes time.

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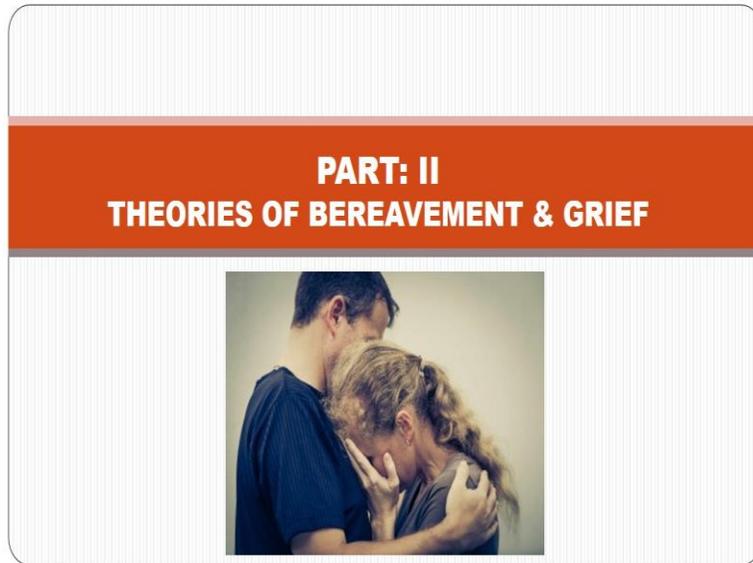
### **Coping With Grief!**

"The grieving process is very personal and individual - each person goes through his or her grief differently. Some people reach out for support from others and find comfort in good memories."

Coping with grief, it's a process, it's very very personal and individual. Each person goes through his or her grief differently.

Some people reach out for support from others and find comfort in good memories. Some of the reputation will be there but will go on because after all reputation is good for retention and maybe that you are touching this subject first time little reputation of certain materials contents will be beneficial for you.

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Now we come to the theories of bereavement and grief.

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### **Models of grief**

They provide frameworks for understanding what bereaved people tell us about their experiences. A central notion is that grief must be confronted and expressed, otherwise it may become pathological and manifest in some other ways.



There are number of models which provide the framework of grief and this framework for understanding what bereaved people tell us about their experiences. A central notion is that grief must be confronted and expressed.

You have to face it and whatever the experiences, whatever feelings are there within you, that should be just expressed to the people who understand you. That will lessen your burden. Otherwise it may become pathological and manifest in some other ways. So whatever emotional feelings or thoughts you have after the loss of a near one, it is always better that you should accept it and you must express it to the people who can give you certain support.

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## **1. Traditional model**

Traditionally grief has been described as a process divided into a series of overlapping phases, stages or tasks.



First is traditional model. Grief has been described as a process divided into a series of overlapping phases, stages and tasks and the last stage is it should be acceptance. We must accept the reality.

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## **STAGES: Traditional model**

1. Numbness
2. Separation & Pain
3. Despair (Loosing all Hopes)
4. Acceptance
5. Resolution & Re-organisation



Numbness, separation, numbness means shock and other things and a very cooler person has departed, you will not be able to see him. So that separation, feeling of separation, despair, slowly and slowly you accept and then thereafter you start doing your own work.

You know this work has to be completed. Work must go on. Otherwise who will feed us? Life must go on and therefore the stage of acceptance, it is better, it comes earlier in the process of bereavement and grief. This is the traditional model and then thereafter so many doctors and scientists, they coined out certain models. Generally they are based on this traditional model only.

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## 2. Ross model

In 1969, Elisabeth Kubler-Ross described five popular stages of grief, popularly referred to as DABDA. They include:

- Denial
- Anger
- Bargaining
- Depression
- Acceptance



Ross model I was talking about Dr. Elizabeth Kubler Ross. She wrote a very fantastic book Death and Dying and in that book she has given this five stages denial, anger, bargaining, depression and acceptance. We have already discussed about this model. So, we will not dwell more.

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## 3. Tony Walter

- Walters (1996) describes a shift from a modernist era, in which **counselors expertly manage a predictable grief process**, to a more postmodern individualizing of loss and grief and a rejection of grand theory



Third model is Tony Walter. He describes a shift from a modernist era in which counselors expertly manage a predictable grief process. He gives lots of importance to

counselors, trained counselors. If you make use of trained counselors in terminal illness and if this counselor talks to the patient more and more in details, then this counselor will be able to give out a very good grief process because this counselor will speak to the relatives also, family members also. So, it is a counselor's wisdom, his expertise, get how that grief to be mourned and it will be a easier process. So, take help of a counselor instead of going to other models.

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#### **4. Colin Murray Parkes**

Parker (1998) identified related stages in the grieving process

- Shock or numbness
- Yearning and pining (anger & guilt)
- Disorganization
- Beginning to pull life back together

Then comes Colin Murray Parkes. This is the latest in 1990. He said four phases only shock or numbness, yearning and pining that is anger and guilt you know. You get disorganized and then again you begin to pull life back together. You come back on road you know. Again you start your journey into this world and the life.

So, Ross had given five steps. He has just given four. Basically, they are the same.

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## Colin Murray Parkes

THE PAIN OF GRIEF IS JUST AS MUCH A  
PART OF LIFE AS THE JOY OF LOVE; IT IS,  
PERHAPS, THE PRICE WE PAY FOR LOVE,  
THE COST OF COMMITMENT.

- COLIN MURRAY PARKES -



Murray says the pain of grief is just as much a part of life as the joy of love. It is perhaps the price we pay for love, the cost of comfort, commitment. You see when you love somebody and that somebody goes off somewhere, you are unable to meet him or her and sometimes you may not be able to meet in your lifetime. So, it is a price we pay for love because we loved and we lost.

So, we do have certain emotional things that we have lost something, we feel anger, angry, despair, but however, that is a cost of commitment that is what Murray says.

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## 5. William Worden

Worden (2005) concentrates on tasks of grieving that have to be worked through (grief work) if resolution of grief is to take place:

- To accept the reality of the loss
- To experience the pain of grief
- To adjust to an environment in which the deceased is missing
- To emotionally relocate the deceased and move on with life

William Worden, he says it is better to accept the reality of the loss and it is also fine to experience the pain of grief. It is a part of life. Sometimes we need to experience pain also and to adjust to an environment in which the deceased is missing. Normally, he was always at home, but you know for few days you will find you see that person is not there.

You will have a sort of emptiness in his place. If he is staying in a particular room and now nobody is in that room and when you enter, you just say, oh my God, he is not here now, he is no more. So, that sort of loss you will feel that he is missing now from the total number of families from the home. To emotionally relocate the deceased and move on with life. It is a very fine word. Now, what do you relocate? How do you relocate? It is very simple.

That is what we do in our home. We put a very nice smiling photograph, big photograph in some of our rooms where we can see him every time. Like I have put pictures of my parents just nearer to my temple at home. Whenever I do my prayers in the morning or in the evening, I just look at my parents also, salute them.

They remain in front of us. They remain our memories. And many times we talk whenever we eat some good food, you know, yes, father like this, mother like this particular thing. So, this is how we relocate these people.

They are not alive. We can't see them. We can't touch them. But at least they are there with us and that is how that memories are evergreen and they will remain evergreen and ever fresh till we leave. So, relocation, once you relocate these memories of the dead person as early as possible, then you start gaining the control over your on your life and the life moves on, William Warden.

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### **ANALYSIS...**

- For some people, the proper or appropriate expression of their grief is expressing endless grief. For others, repression of feelings is what feels most appropriate.
- The important message here is that each person's way of expressing grief is possibly the best way for that person to express his or her grief.
- No one fundamental theory pertains to the experience of all bereaved persons. Rather, it is a question of drawing out different grief patterns.

Analysis, for some people, the proper or appropriate expression of the grief is expressing endless grief. For other, repression of feeling is what feels most appropriate.

So, there are, I mean, people are different. We have been talking since last few weeks that individuals are different, that tastes are different, their emotions are different, their moods are different. So, some people, they want to talk about the grief endlessly for weeks and months and years also we have seen. And some people, they just suppress it. Occasionally, they talk about the missing person, missing person whom they loved most because for them, that memory is very, very private. The important message here is that

each person's way of expressing grief is possibly the best way for that person to express his or her grief.

That means each and every individual has got a different perception how to control the grief and express the grief. We must take it as such. Should not impose a particular theory on somebody. No one fundamental theory pertains to the experience of all bereaved person.

Rather, it is a question of drawing out different grief patterns. This is the analysis after seeing all the six different theories on grieving process.

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### **BEREAVEMENT AS NARRATIVE NEGOTIATION**

- Bereavement is a part of a never-ending and reflexive conversation with self and others through which the person makes sense of their existence. In other words, bereavement is part of the process of (auto) biography. The biographical imperative the need to make sense of self and others in a continuing narrative is the motor that drives bereavement behaviour.
- The language of spirituality and of existential aspects of palliative care is very much based on narratives, on metaphors and stories

Bereavement as narrative negotiation. Bereavement is a part of never-ending and reflexive conversation with self and others through which the person makes sense of their existence. In other words, bereavement is part of the process of biography. The biographical imperative, the need to make sense of self and others in a continuing narrative is the mortar that drives bereavement behavior.

The language of spirituality and of existential aspects of palliative care is very much based on narratives, on metaphors and stories.

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### Remembering the dead...

**“I feel the presence of my grandmother and all my kind of my ancestors, and I feel like I’m in a place where perhaps if their spirit is still about it’s there, so and all my family and that’s it.”**



Like this lady is saying, I feel the presence of my grandmother and all my kind of ancestors and I feel like I am in a place where perhaps if that spirit is still about, it is there, so and all my family and that is it. People do feel like this.

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### Remembering the dead...

- **Ravi:** You know what I have got in my jacket? Do you?
- **Care Giver:** Your mobile.
- **Ravi:** No, not my mobile, there is a photograph in my jacket.
- **Care Giver:** Is it of your family?
- **Ravi:** Yes, my late grandma actually.
- **Care Giver:** Is that someone you were very close to, someone you thought was very special?
- **Ravi:** Yes, until some unfortunate circumstances took her away. Since then, I carry the photo in my jacket.
- **Care Giver:** Do you feel that that photograph is what is getting you through right now, Ravi?
- **Ravi:** Yes
- **Care Giver:** Like she is always with you?
- **Ravi:** Something like that!

Just remember very nice dialogues I have given here. Ravi is basically with the caregiver and Ravi had just lost her grandmother.

Ravi is a young boy, adolescent boy about 15-16 years old. Ravi is asking the caregiver, you know what I got in my jacket? You know what I got in my jacket? Do you? So caregiver replies, maybe you are mobile. Ravi says, no, no, not my mobile. There is a photograph in my jacket. Is it of your family? Ravi says, yes, my late grandma actually.

Grandmother's photograph, picture. Caregiver, is it someone you were very close to, someone you thought was very special?, you are very close to your grandma, isn't it? Ravi says, yes, until some unfortunate circumstances took her away and since then I carry the photo in my jacket. Caregiver, do you feel that that photograph is what is getting you through right now, Ravi? Ravi said yes. Like she is always with you. Ravi said yes, something like that. You know, this is what is, this is also part of grieving process and a very very positive grieving process.

You feel that yes, you feel the presence of lost people everywhere, every time and forever. Different situations are there. Moving from the outward to the inward. This is also one of the process, one of the system you can apply.

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### **Moving from the outward to the inward!**

- Grief counseling is both narrative re-creation and renegotiation
- Grief work is autobiographical in nature
- A focus on the spiritual provides an internal and an external anchor that can enable the reconstruction of fresh narratives and new biographies.

Grief counselling is both narrative recreation and renegotiation. Grief work is autobiographical in nature. A focus on the spirituality provides an internal and external anchor that can enable the reconstruction of fresh narratives and new biographies.

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**Moving from the outward to the inward!**

- Relationships with God and with others
- Prayer, Coping and Belief in God



How do you move from outward to an inward relationship with God and with others, prayer, coping and believing in God and many other spiritual processes, what we generally discuss in the chapter of spirituality.

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**PART: III**  
**MEANING CENTERED PSYCHOTHERAPY**



Third, this is a new type of philosophy, meaning-centered psychotherapy.

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**William Breitbart**

**Meaning Centred Psychotherapy Intervention**

- Meaning Centered Psychotherapy is based on the concepts of meaning as derived from the work of Viktor Frankl, M.D. and adapted for use in cancer populations by William Breitbart at Memorial Sloan-Kettering Cancer Center, New York.
- Breitbart noted that people asking for assisted suicide had common experiences hopelessness, meaningless, feelings of being a burden and so forth.

William Brietbart, meaning-centered psychotherapy, that means, this particular therapy has given some meaning to the life, meaning-centered.

It is based on the concept of meaning as derived from the work of Viktor Frankl and adapted for using cancer population. Basically, this particular research was carried out on cancer patients in one of the cancer hospitals located at New York. And he basically spoke to the people who were asking for assisted suicide. They wanted to die, but they could not die themselves. So, they are asking certain people to help me to commit suicide, how to commit suicide so that and how to commit very very pain-free suicide, you know, I don't know to suffer.

Even in suicide also, they tell me, assist me. So, he had spoken to all these people who wanted to commit suicide, assisted suicide and their narratives were researched and then he came up with this meaning-centered psychotherapy.

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### William Breitbart

#### Meaning Centred Psychotherapy Intervention

- Meaning Centered Psychotherapy is based on the concepts of meaning as derived from the work of Viktor Frankl, M.D. and adapted for use in cancer populations by William Breitbart at Memorial Sloan-Kettering Cancer Center, New York.
- Breitbart noted that people asking for assisted suicide had common experiences hopelessness, meaningless, feelings of being a burden and so forth.

### **Meaning centered psychotherapy**

- Meaning centered psychotherapy is specifically designed to enable people to overcome their sense of meaningless and hopelessness and thus the desire to take their own lives.
- Two forms of Meaning Centered Psychotherapy have been developed  
Meaning Centered Group Psychotherapy (8 weekly 1 ½ hour sessions)  
Individual Meaning Centered Psychotherapy  
(7 weekly 1 hour sessions).

(Breitbart W. Spirituality and meaning in supportive care Spirituality- and meaning-centered group psychotherapy interventions in advanced cancer Supportive Care in Cancer.200210(+272-280)

It is specifically designed to enable people to overcome their sense of meaningless and hopelessness. You see, who will like to commit suicide? I am fine here, I am sitting here talking to you and my lecture will be all I will have a cup of coffee, I will be smiling, talking to others.

I don't want to bloody die. I don't want to die. Who wants to commit suicide? The people who have lost hope in their life. They lost the meaning in their life. You know, these are the people who want to commit suicide, maybe assisted suicide, you know. So, what is required if we want to get these people back into life and we want to request and tell them that no, suicide is not the real end of life.

It is not the solution of your problems. So, you come back and find out the solutions. So, here that psychotherapy, it is basically meaning-centered psychotherapy where you help the people that you refrain from suicide thought and come back and join the mainstream of life. So, they had two forms of meaning-centered psychology have been developed and they just said the seven weekly one hour sessions and there is what they given out in the hospital and they had got certain good result in New York.

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### **Meaning centered psychotherapy**

- Participants become familiar with the concept of spirituality as a construct composed of faith and/or meaning.
- Participants are helped to understand the importance of meaning, as a component of spiritual well-being, and its relationship to depression, hopelessness and desire for death.
- Participants engage in a structured, didactic and experiential 8 session intervention for advanced cancer patients aimed at sustaining or enhancing a sense of meaning in the face of terminal illness.

Participants become familiar with the concept spirituality as a construct composed of faith. Participants are helped to understand the importance of meaning as a component of spiritual well-being. I just said in one of the lectures on spirituality that spirituality gives you, it is based on what purpose of life.

What is our purpose? Why have we come here? We must find it out and if we find the purpose of our life and understand it that the question of wasting this life will never arise. In fact, you will ask for many more years from the God so that you can attain the purpose. So, here these people are being helped to find out what is the purpose of your life. Your purpose of your life is not to end the life, not to commit the suicide. Participants engage in structure, didactic and experiential eight session's intervention for advanced cancer patients aimed at sustaining or enhancing a sense of meaning in the face of terminal.

So, here what is involved is basically counseling and what is the foundation of counseling? Spirituality, purpose, purpose of life to find out meaning and this may convince them that it is better to find out meaning. Thank you friends.