A STUDY OF THE THERAPEUTIC EFFECTS OF FAITH AND MENTORS IN MENTAL HEALTH PROBLEMS

Ph.D. THESIS

Submitted by :

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DEPARTMENT OF PSYCHOLOGY

UNIVERSITY OF PESHAWAR

MAY, 1986

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APPROVAL CERTIFICATE

This is to certify that the present research entitled "A study of the therapeutic effects of faith and mentors in mental health problems" has been completed by Ms. Syeda Farhana under the supervision of the undersigned, towards partial fulfilment of the degree of Ph.D. in Psychology from Peshawar University.

Dated, Peshawar,
The 11th May, 1986

(DR. S. ZULFIQAR GILANI)
Supervisor

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SYEDA FARHANA JAHANGIR

ABSTRACT

The present research was designed to study the therepeutic effects of faith and religious mentors in mental health problems. For this purpose number of different religious mentors were approached. They helped in the selection and contact with the subjects who once suffered from psychological problems and received faith therapy. It was also ascertained that these subjects did not receive any other kind of therepeutic treatment.

The information regarding the nature of psychological disturbance, severity of the problem and duration of faith therapy was collected and cross checked by interviewing the subjects and their families. On the basis of this information every, subject's case history was prepared. The symptoms shown at the time of distrubance were taken from their case histories and diagnosed with the help of DSM-III. It was noticed that the majority of the subjects included in the present study were severly disturbed and their psychopathology bordered on the psychotic or was clearly psychotic.

At the time of this research five different objective and standardzed tests were adminstered to every subject individually, to measure psychological health. According to these test results as well as the verbal reports of the subjects, they are all functioning normally at present.

The results indicate that people living in this culture are likely to benifit from faith therapy. An attempt is made to explain these results within the context of our socio-religious culture.

C H A P T E R I

HISTORICAL INTRODUCTION

HISTORICAL INTRODUCTION

In the prehistoic era the healer was the shaman. His healing methods included herbs, bits of bones, amulets, charms and the unconditional prestige which the healer always possesses for the sufferer. He was believed to be a godly man. Charms made of tea leave were served to those suffering from burns and were found more effective than the treatment of bones and feathers. This is how the history of modern physiology and pharmachology began. The effectiveness of the therapeutic relationship between the medicine man and the patient always remained unclear, because no cause and effect relationship could be established. The healer mixed all his remedies of charms, chemicals, faith etc.. The Egyptian healers thought of mental illness as possession by spirits. For treatment purposes they used to sacrifice animals, believing that the evil spirits could thus be defeated. Both priest and medicine man followed these practices (Watkin, 1960).

During the Greek civilization, advances from magic and religion towards more objective methods were made. This begining of rationalism in treatment laid the foundation of modern medicine. The fathers of modern medicine, Aristotle and Hippocrates started applying observation and control of ordinary phenomona. However the Greeks did not apply scientific knowledge to the understanding of mental illness because they considered such disturbances due to possession by spirits. Supernaturalism remained dominent throughout the Roman and medieval times (Watkin, 1960). During Greeco-Roman period, psychotherapy as an applied methodology had advanced considrably. During the middle ages mental treatment again came under the influence of demoniacal theories. So the treatment

was again a mixture of magic and Christian religious theology. The Church played an important role, taking full benefits of faith for the treatment of mental disorders. Obedience to church doctrine became the objective of psychotherapy. Suggestions in all its forms were used by the priests. When suggestions were not effective punishments through torture and death were praticed (Watkin, 1960).

The Islamic approach:

Throughout Europe the fear of witchcraft was so pronounced during middle ages that progress in the field of psychotherapy remained suspended. With the dawn of Islam new avenues were opened for the humanity. Interest had arisen in the more humane treatment of the insane. Islam Introduced not only new therapeutic devices but also effective prophylactic measures. In Islam common therapy is based on Sufism.

Sufism is an Islamic mystical movement. Sufism (Tasawuf) is formed from Arabic word Sufi which was derived from Suf (Wool) refering to the clothes worn by early Moslem ascetics in the 2nd century of Islam. The history of Sufism goes back to Muhammed (PBUH) who was both as ascetic and in some degrees a mystic. The chief centre of Islam's ascetic and mystical movements was Iraq, in particular Baghdad. Iraqi mystics belonged to the theological and legal schools of Basra orKufa, with an idealistic traditionalist bias. In the second century (A.H.). The chief respresentative of this tradition was Rabia-al-Basri who played an important role in the history of sufism. Another chief representative of Kufa was

the ascetic Arabic poet Abu'l-Atahiya, (748-828 A.D.) In the course of 3rd century (A.H.) Sufism developed a new character. The quietistic mysticism of the early period developed a new character of pantheism, which came into conflict with the orthodox Islamic clergy. After that Abu Darani in Syria and Dhu'l Nun in Egypt developed another doctrinal character of gnosis (marifat) (Ency. Brit.).

The first step to pantheism was taken by the persian Abu Yazid of Bistam (874 A.D.) who introduced the doctrine of annihilation (fana), meaning passing away of individual consciousness to win the will of God. This is the final stage in the spiritual development of man. At this stage the individual self os absorbed in the universla soul. Thus in a frantic stage of ecstacy, Mansur al-Hallaj decleared, "I am the Truth" (Anal Haqq)., He was condemned to death for his claim in (922 A.D) (Ahmed, 1981). By the end of the 3rd century (A.H.) Sufi mysticism was fast becoming an organized system. The rules of discipline and devotion which the beginner was bound to learn from his spiritual guide were becoming more established. The novice had to submitt himself completely to the spritual master because he is regarded as being in intimate communion with God. During the next two hundred years (900-1100 A.D.) various theories and practices were compiled i.e. the "Kitabal Luma", by Abu Nasr al-Sarraj, the "Qut al-Qutub" by Abu Talib al-Makki, the "Risala" of Qushari, the Persian "Kashf al-Mahjud" by Ali ibn Uthmen al-Hijwiri, and the "Ihya" by Ghazali. They all emphasized the discipline of the soul and attainment of contemplative life through the process of purification. This

journey towards God passes through a series of ascending stations which are as follows: (1) Repentence (2) Abstinence (3) Renunciation (4) Poverty (5) Patience (6) Trust in God and (7) Acquiescence to the will of God. After the completion of this journey comes a parallel scale of spritual states of feelings (ahfwal) e.g. fear, love, hope etc. These further lead to contempelation (mushahadat) and intuition (yaqin).

The task of reconciliation between the metaphysical basis of sufism and orthodox Islam was undertaken by Ghazalai (1058-1111 A.D.). He made Islamic theology mystical. Since his time the revelation (Kashf) of the mystic has taken its place beside tradition (neql) and reason (aql) as a source of faith. Influences from outside Islam also made themselves powerfully felt. Christian influence on Sufism was quite marked. With the emergence of Neo-Platonic ideas, Sufism acquired a more idealistic nature and richer terminology (Ency. Brit.). Sufism then split into two main branches: One strengthing the monstic tendencies of Islam. Its greatest representative was the Arab Poet Ibn-Arabi (1165-1240 A.D.) and the persian poet Jalal-ud-Din Rumi (1207-1273 A.D.). The other branch of Sufism accentuated religious orthodoxy. Its great representative was great theologian al-Ghazali. This branch is identified with Sunnite orthodoxy (Ency. Brit.).

There is a difference of opinion among Sufies. Their opinions consist of asceticism and quietism to pantheism. The pantheistic type of Sufism prevailed in Persia, which throws the transcendental aspects os Sufism into undue relief. It is

attributed to Bayazid 874 A.D.) sayings. Another persian Sufi Abusaid Ibn Abdul Khair (1049 A.D.) expressed the relation between God and the sould by glowing allegories of earthly love, beauty and intoxication.

From the twelveth century (A.D.) onward Sufis split up into several orders. They are divided into the following fraternities: (1) Qadiriyya. Abdul Qadir Jilani of Iran has developed the order from the school founded by Junayd of Baghdad. (2) Naqshbandiyya: This school was founded by Khwaja Bahaudin Mohammad. Its followers are in India, Pakistan, Turkey and China. (3) Shattariya: In 1415 A.D. Abdullah Shattar founded this school. The main centres are in Pakistan, India and Java. (4) Chishtiyya: The founder of this school is Moinuddin Hassan Chishti. The followers are mostly in Pakistan and India. (5) Sanusiyya: Shaikh Mohammad Bin Ali as Sanusi was the founder of this school. The followers are found in North Afric. (6) Moulvi: Founded by Jalaludin Rumi. Its members are faqir or Dervishes. Its followers are mostly found in Turkey. (Hanfi, 1962). The relationship between mystics and man of religion were marked by ambiguity and reserve right from the begining. Thus the difference grew stronger in the course of time, condemning some of its representatives. Sufism kept on spreading. Those filled with intellectual ideas like Hanafites certainly kept themselves aloof. The Hanbalities were critical of exhibitionism of some mystics. However, they showed a willingness to agree with ideas of renunciation. One of the famous founders of the Hanbalite order was Abdul Qadir Al-Jilani. Many

Hanbalites joint various cofraternities later on which inspired theological choices and devotional love for God in Islamic community. (Montgomery, 1983).

Sufism also developed and spred in the Indian subcontinent around the 11th century. Some of the famous sufi teachers were the following: Abul Hassan Al-Hajwari (400 A.H.) migrated to Lahore and lived there till his death. His celebrated book "Kashful-Mahjoob" is considered to be an asset in Sufism. Khawaja Moien-ud-Din Chishit, was the founder of Chistiyya order. The followers are mostly in India and Pakistan. He died in 632 A.H. Quttab-ud-Din Bakhtiar Kaki was the Diciple of Moin-ud-Din Chisti. This mystic leader was found of 'Sama' & often practiced 'Hal'. Fareedud Din Gange Shakar was disciple of Khwaja Bakhtiar Kaki. He was born in 584 A.H. in Multna. Nizam-ul-Oliaa was born 634 A.H. and died in 725 A.H. Jalal-ud-Din Alias Makhdoom-e-Jahanian-e-Jahn Gasht was born (707 A.H.) in Ooch near Multan. He had travelled all over the known world. Under his influence that Sultan of Feroze Abad brought glorious reforms. This is a very brief history of Sufies in the subcontinent who worked to achieve inner purity throughout their lives. They also believed that love is the only means to reach God and without a pure heart, apparent good deeds have no value. All their actions, ideas, interpretations of the law and solutions of various problems are totally in accordance with the words of God and examples of the prophet. If neither of these sources helped them, they used their own judgement. Their biographies revealed that their lives were devoted to the service of humanity (Ahmed, 1981).

According to Sufi doctrine the real knowledge is not mere information but a knowledge in which the knower and the object of knowledge are one. Knowledge and Being are united. Any attempt to separate both will cause imbalance and psychological distance. Whenever there is distance between man and God, it will generate differences and distances between man and his all possible existing relations. So the norm of mental health is, the psychological closeness to God (Ajmal, 1969).

شاد باش اے عشق خوش سودائے ما
اے طبیب جملہ علت ہائے ما

(Rejoice! the divine love of our eager madness;
Oh: the healer of our physical and spritual ailments.)

According to Sufies, distance from God is therefore considered the primary mental disease. One of the beliefs of the modern psychologist is that man's mind and consciousness are the porduct of his body whereas a Sufi believes that man is a spiritual being encased in the physical body. Whenever there is disonance and conflict within the spritul being, as the result of interaction with the outer world, they are expressed in the form of bodily symptoms. The modern man of today has ignored his spritual self under the attractions fo multiplicity of greeds etc., and he is caught between them. When the person lets worldly cares and useless wories reign his mind all the time, negative effects are inevitable. Such a condition is called diseased. That is why it is said that one should live in the world but should not let the world live in one's heart. One should not fret over material things but try to achieve spritual riches. Rumi expresses the same in the following words:

آب در کشتی هلاک کشتی است
آب اندر زیر کشتی پشتی است

(Water in the boat causes its destruction but the same water when underneath, is cause of its movement)

The holy Quran has made a clear distinction between the human soul and human consciousness. It does not deal with the origin of consciousness but only with those parts of consciousness which are related to morality and sprituality. The Quran indicates three stages of development of consciousness in the achievement of moral and spritual ideals. The first stage of development refers to Nafsul-Ammarah or evil consciousness. The second stage is Nafsul-Lawwamah or balanced consciousness, while the third one refers to Nafsul-Mutmaennah or satisfied consciousness. In Islam the fundamental human nature is potentially good and directs the person towards this ideal. Inspite of multiple greeds and temptations human beings are blind towards eternal goodness in the way of their progress of consciousness. As Hadith says "Every child is born a Muslim, his parents turn him to one faith of the other" (Ahmed, 1981). If we compare the Islamic theory of eternal goodness with the instinctual theory of Freud, the inherant weaknesses of the psychologist become obvious. According to Freud man by nature wants to live by his Id impulses and throughout life his conscious wants to supress his Id impulses causing disturbance in the Psychic system. The potential lustfulness and destructiveness is the fundamental base of personality development. According to Islam, however, man is inherently good, at least the goodness is potentially there. If he is caught between strong temptations and greeds, his resistence will break down leading towards dengeneration

of Nafsul-Ammarah. If he succeeds in fighting back the evils it will lead him to great power. He will proceed from the state of Nafsul-Lawwamah to achieve the higher goals if willing. When the dinine law is obeyed for a long time without failure it ultimately reaches the final stage of Nafsul-Mutmainnah. Because of potential goodness everybody can attain this hightest defree of achievement. But the capacities of individual put limits beyond which he can not go. Rumi says:

هر که جز ماهی ز آبش سیر شد
هر که بیروزی ست روزش دیر شد

(Whoever is not fish is soom satiated with His water;
he who lacks daily bread, for him the day is very long.

The person who does not believe in the renunciation of the outer life, but brings into all its aspects a consciousness of God practices ceaseless vigil on purity of motives and inner integrety is called a Sufi. "Sufism is a path, placed by God within Islam to provide possibilities of spritual realization for the millions of men who have been following the religion of Quran for ages" (Waddy, 1976). Everybody cannot be a Sufi but certainly can be a part of system of discipline within himself. There is a hierarchy, like all organizations, of those who seek guidance and those who guide others. Supposing a person is confronted with a problem he can not solve, he may meet the immediate superior and seek an answer. Not that he always expects clearcut answers. He (the superior) may give him guiding principles from the holy Quran or the sayings of the holy prophet or give interpretation of his own. If the need for an answer is not satisfied the highest authority in the organization can also be approached. This while

process is meant for knowing oneself, discovering ones potential and sustain eternal goodness. The medium of communication and guidance between the person and the supreme being is the sheikh or a mentor. Apart from guiding manking these Sufies also healed people suffering from mental or psychological disorders by the help of prayers from the holy book. In order to attain the state of health the person should surrender to some one who has already experienced unity with God. This process of surrender evokes reciprocal bond of loyalty and love between the mentor and disciple and is formally called "Baia". A mentor or sheikh does not discriminate between the disciple or any other person desiring his spiritual guidance and blessing, because he has already reached the stage where he prefers every human being to his own person in loving and giving. There is a familar couple which goes:

> I sought my soul, I sought my God
> but niether could I see;
> But then I sought my brother,
> and then I found all three.
>
> (Wolmans, 1965)

Actually there is an excellent biblical support for this point of view. In classical judaism, one appears before God only after having spent a month making right one's trensgression against one's fellow men during the preceding year. In the new Testament it is said: "therefore if thou bring thy gift to the alter, and there rememberest that thy brother hath ought against thee, leave there thy gift (to God) before the alter, and go thy way, first be reconciled to thy brother, and then come and offer thy gift" (mathew, 5: 23-24).

One thing is certain, that religion is an attitude peculiar to man and its manifestations can be followed all through life. If the natral process of belief fulfilment is thwarted the individual psyche is disturbed and as a result the man gets dissociated and disturbed. There are different prevailing therapeutic techniques for the promotion of sound mental health in the modern world. Every approach has a metaphysical basis but modern methodologies do not like to refer to it, for the fear of being branded reactionary. Especially those who have been brought up in the western intellectual traditions are seldom convinced that they have firm roots of their own culture. That is one reason that psychologists and psychotherapists trained in the western tradition have not attempted to make their metaphysics systematically explicit. According to Muslim sufi teachings the individual will never find the real justification for his existence and spiritual autonomy unless he is anchored in God. Otherwise he will succumb to the collective forces of the world and break away from the supreme being. Only the inner transcendent experience can protect it against falling apart.

If one tends to rationalize such unique relationship of man and God, it will lack the driving force of religious conviction. It has been, therefore, suggested by Jung to sacrifice the superior functions inorder to go in to the depths of metaphysical studies of religious experiences. Because when faith is not dependent upon inner experience, it is apt to disappear as soon as one starts thinking about it. Belief is no substitute for inner experience, because one experiences first and then has established knowledge.

So the human being is not to be seen as seperate entity but as part of a universal being. According to Sufi doctrine there should be complete harmony and union between man and God. Whenever there is gap between the two it will cause disturbance and imbalance in the psyche of a man. Basically man is dependent upon God and not the God upon him so the man is the sufferer or the loser.

In the modern western traditions the scientific knowledge is the only knowledge to be relied upon. No matter how complex and vbiquitous the subject matter, their approach is always based on scientific enquiry. However their methods of dealing with humanism is unsuited to the Eastren mind. If one wants to understand man he should not start his research with presuppositions and biased hypothesis and discard the humanistic aspect of his universe. Man is more than a what is called statistical unit and his individuality demands individual attention. For understanding man, his person and personality with reference to the universe should be the unit of study. Man as a seperate unit isolated from nature looses his identity. The emphasis of sufism is on strengthing the bond between man and nature. Once this equation is developed the standard psychological health and psychic balance is achieved. So the norm of mental health is strengthening of the bond between man and nature. When this bond either gets weakened or broken the individual has no ground under his feet.

The rupture between him and the nature causes split into his personality resulting in neurotic disorders. In order to avoid distress a series of defence mechanism are utilized which make the

disease further complicated. Under such circumstances the role of a Sufi or spiritual guide is to serve as a link between man and nature. Once the novice has gained confidence and attained psychological balance he can maintain this relationship independent of any intermediate line. In short, in times of stress people seek healing and cure through faith and religious mentors. There are two types of people who seek such treatments in our culture. One group who goes to holy places and the other goes to the people considered virtuous, pious and blessed.

The first group comprises of people who visit shrines especially on thursdays. Usually seven such visits are made, anticipating fulfilment of their wishes on the last. The pattern of visits is unique and specific. They start praying and reciting verses from the holy Quran as they approach the holy place, the shoes are taken off and the head covered by both male and female. The prayer is addressed to God but, like an application through proper channel, with different degree of politeness and humility. Based on the assumption that the soul is immortal it is believed that the souls of all saints and holy people are endowed with the power to help. Some staunch believers go beyond the simple act of visiting shrines. They set up a singing choir to pay respect by singing and praising God and goodness in thought, word and deed (Mhafile-Sama). Sometimes emotional out-bursts amongst the audience are also witnessed in the form of jumping and moving in a particular style for hours (dhamal) or rolling the head in a circular manner while sitting still (haal).

The second group of people have a different approach. They search for living saints so that they can communicate, confide and

to someone who is accessable. They visit such people with a remarkable degree of reverance which grows gradually, based on their experiences, interaction and comprehension. There they elucidate their objectives and problems, to the spitiual guide. According to Shah Waliullah if the guide and the one to be guided are the same, tempramentally, then they and bound to come closer. The first step for the novice is bai'a, the alligence of loyalty made to the mentor. The formal proceedure of bai'a consists of joining hands signifying a bond or a promise of loyalty with the mentor. Once this promise is made the disciple becomes ready to put limits on himself as well as to assimilate the hidden treasurs of infinite riches. This process of surrender begins to eliminate the feeling of arrogance and vanity. According to Sufism vainty is the root of evil which hinders spritual transformation and contentment in life. Those who aspire to achieve unity of self and ego strength have to eradicate the forces acting against the self. Love, humility and self-abnegation are the means of self-fulfilment and balance in personality. According to Nizami

گر تو خواہی دم از صحبت ایشان بزنی ٭ خاک پای ہمہ شو تا تو بیابی مقصود

(If you wish to seek their (saints) peace giving company,
Be the dust of their feet so that you succeed).

There are a variety of approaches by which a mentor attempts to solve the problems of the disciple. The subject may be a formal disciple or just anybody in trouble. The primary response of the mentor after listening to the approaching person in trouble is to raise hands and offer special prayers for that perosn. He even offers a prayer ('nawafal') after his regular prayers called for the

unhappy subject. Another way of treatment is to pray for the subject before going to sleep. What the mentor then dream's is interpreted (by the mentor) regarding the problem and communicated to the subject. This interpretation needs a great deal of religious knowledge and meditation (concentration). In cases of worries manifesting themselves in the form of physical ailments like migraines, indigestion, sleeplessness, and children with temper tantrums the mentor is also approached. Such suffering persons or children are taken to the mentor after evening prayers who recites holy verses and blesses the people concerned. In rare cases the mentor after reciting verses from holy Quran reads and explains the meanings, interpreting the 'Suras'. The disciple is asked to recite the particular 'Suras' for certain days with a great degree of concentration and abnegation. The basic reguirement of this type of healing is patience and offering prayer five times a day. The disciple often goes to the mentor either in utter desperation or for the fulfilment of a wish.

People visiting a mentor need not be formal disciples and the person visiting may not necessarily in trouble. The object of visit may be simpley seeking company of good people. Sometimes people also go to amentor seeking advice in the light of religion regarding psycho social problems. Once an equation is formed it may lead to formal mentor diciple relationship. In the cases where special prayers for the fulfilment of any particular wish is desired and achieved, people bring raw food stuff and either cook it at the door step of the mentor or at a shrine in a specific place called 'Lungar'. Inumerable people bring cooked food to the shrines and

distribute it amongst the people present there. This is one way of expressing their gratitude. There is yet another way of expressing gratitude whence candles are lit on the shrine after the fulfilment of the wish.

The Buddhist Tradition:

Beside Islam there are a variety of religious approaches which attempt to achieve an ideal self. One of these approaches is classical Buddhism. The doctrine of Buddhism is known as "Abbidhamma" which represents the psychological teachings common to most Eastern faiths (Lindzy, 1983). Abbidhamma was developed more than fifteen centuries ago. But the buddhists of today continue to apply it in various ways to guide the working of the mind. This doctrine also distinguishes between mental factors that are pure or healthy and impure or unhealthy. The criterion of health or unhealth was based on the collective experience of Buddhist meditators. The factors that facilitate inactivity or stillness are designated as healthy whereas those which activate the mind are known as unhealthy. Every unhealthy factor is opposed by healthy factors. All factors are either healthy or unhealthy. There is no middle way. Inorder to maintain a healthy mental state all unhealthy factors have to be replaced. According to the Abbhidhamma principle, personalities are determined by the strength of the dominant factor. The absence of healthy factors and presence of unhealthy factors cause mental disorder. The type of mental disorder results from the hold of certain unhealthy factors on the mind. The average person has both healthy and unhealthy factors in his/her mental state.

To combat mental disorders or unhealthy state of mind, meditation is recommended. There are two methods of meditation. The first method consist of keeping the mind concentrated whereas the second method demands stillness of mind. In concentration the meditator focuses on a single object or point. In the second type of meditation the meditator learns to remain neutral witness of whatever happens around him.

The Western approaches:

We have talked briefly about the eastern therapeutic systems which still prevail in this society. Simultaneously there has been progressive therapeutic movement in the western psychology. Concrete progress was made after the first and then the second world wars. As it has been handed down to us through the centuries, people have been treated by one form of psychotherapy or another. Literaly speaking psychotherapy means "treatment of mind". (Watkin, 1960). However there are a variety of approaches to Psychotherapy.

"Psychotherapy is a form of treatment for problems of an emotional nature in which a trained person deliberatly establishes a professional relationship with a patient with the object of removing, modifying or retarding existing symptoms, of mediating disturbed patterns of behaviour, and of promoting positive personality growth and development" (Wolberg, 1954).

According to another definition "Psychotherapy in the broad sense includes any acceleration in the growth of a human being as a person" (Whitaker and Malone, 1953).

Another school of thought emphasizes psychotherapy "as to alter the behaviour and change the attitudes of maladjusted person towards a more constructive outcome" (Roger's, 1942).

There are many systems and views of psychotherapy which evolved from time to time since the beginning of this century. A comprehensive theory and well established method of treatment of psychoanalysis has had a leading influence on psychotherapy today. The orthodox psychoanalyatic therapy is a prolonged and intense process which is based on the concept of unconscious, a reservoir of id impulses and repressed wishes. The major techniques of psychoanalytic therapy include free association, catharsis, transference and interpretations. Through the release of repression and the result of transference neurosis the change of personality is expected. According to Freud (1919) the endeavors of the psychotherapist are to uncover the resistences and to bring into consciousness the patients unconscious impulses. The work by which the material is brought into the patients mind and into consciousness constitutes the classical psychonalytic technique.

In 1942 Carl Roger's published his first book "Counseling and Psychotherapy" with considerable influence on the non-directive techniques. Roger's therapeutic technique has undergone continual development. Rogers "Client Centered Therapy" published in 1952, differed remarkably from the earlier book, emphasizing the experiences of the client and therapist. In more recent years the therapist's warmth and unconsditional positive regard for the client has been stressed more, along with an attempt to develop a phenomenological theory explicating the self and personal experiences. The non-directive

method mainly used is reflection of feelings. It avoids diagnosis, interpretation, advice and reassurance. Throughout the history of Client Centered therapy, emphasis on research was the intrinsic part of theory and practice. For the purposes of research different tests were used. The clients' interviews were systematically recorded and analyzed to see the shift being revealed in the statements made by the client. The kinds of statements and remarks made by the therapist were also classified and related to these shifts. The study of outcome of client-centered therapy has generally revealed an increase in positive self evaluation and feeling of better self adjustment. Inspite of critical disagreements the Client Centered approach has made great contributions to the development of research in the field of psychotherapy.

A long history of research on learning in psychological laboratories has contributed a great deal about methods for changing the connections between stimuli and responses. There have been attempts to apply some of this knowledge to the treatment of patients for the purposes of habit change. Historically speaking there have been attempts to apply learning principles to psychotherapy since the discovery of conditioning by Pavlov (1927) and the demonstration of the learning of fear response by Watson (1914). The main idea behind this method of treatment is that all neurotic manifestations are essentially bad habits. They are learned responses under particular conditions and later generalized to many other situations. Irrespective of how and when such responses are first acquired, the therapist attempts to arrange the learning situati in which the behaviour can be modified either by means of ex

or by making the patient learn new responses incompatible with the neurotic one.

Jacobson (1938) tried to produce muscular relaxation to persons suffering from anxeity. Salter (1949) attempted to strengthen excitatory responses and weaken inhibitory responses because a neurotic person is too much in the grip of inhibitory processes. Wolpe (1958) has developed specific techniques of eliciting a response which is antagonistic to anxiety in the presence of anxiety eveking stimuli. Great succss was reported by Wolpe regarding adoption of this method. However, there is need for others to replicate and study those procedures. Conditioning principles have been used by different researchers in case of eneuresis and alcoholism with considerable success. (Wolpe, 1958).

According to some therapists the goal of psychotherapy is to change the concepts and values of the client. They attempt to help the patient alter his outlook towards life. Alferd Adler (1911) was the first to design a technique to change the patients general conception of life or his style of life. Both Adler & Phillips viewed the neurotic person as one who had developed wrong ideas about himself. The job of the therapist was to help the patient realize his mistakes and try to rectify them. Since the fault lies with the basic conviction of life, the patient repeatedly makes mistakes which are evidently opposed by the outside world. At this stage the therapist intervenes directly and pinpoints the patients mistakes, convincing and encouraging him to try other methods or alternatives. The success of this kind of therapy depends to a considerable extent on the skill of therapist in identifying the

patients fundamental concepts and values. Mowrer (1960) emphasizes the importance of patients own decision about his life and course of action. According to Mowrer the word "sin" should be revived to explain neurotic sufferings. He also asserts that rather then trying to diminish guilt feelings the therapist should help the patient accept them as indications of something wrong, which the patient must rectify.

The man whose name is most closely connected with the interpersonal emphasis in psychotherapy is Harry Stack Sullivan (1892 - 1949). His thinking developed out of the ideas of Freud on the one hand and social philosphers and sociologists on the other hand. He defined psychotherapy as the study of interpersonal relations. According to Sullivan's interpersonal theory the main disorder was sought in anxiety-arousing interpersonal relations in the early phases of development. As the child grows up his self-perceptions are influenced by other's appraisals of his self. He starts labelling himself as good or bad. When such tendencies to judge himself are accompained by overwhelming anxiety, he may reject portions of his own personality and lay the ground for later psychotic experiences. Another important point of interpersonal theory is that the connecting linkage between persons is communication, specially the non-verbal communication. Unsuccessful communications with others give way to psychological disorder whereas natural and direct communication strengthens the normal process of growht and development: Bateson (1956) hypothesized that Schizophaenia can develop from a situation in which hostile parents give the child one message on the one hand, while another

of faith or relegious therapy. In order to see what factos have contributed to this type of therapy and what is the effect, there is a need for intensive and analytical studies. The present research is one step in this direction.

STATEMENT OF PROBLEM

Psychologist and psychiatrists have been conducting research on psychopathology since 1950. Several significant methodological, substantive and conceptual developments have occured during this time. Yet there remain many uncertainties regarding the classification diagnosis and the determinations of boundries of many disorders. Research in psychopathology has a direct bearing on methods of psychotherapy. In itself, research in psychotherapy is still at a relatively early stage of development. Of special interest to researchers in psychotherapy has been the problem of measuring the efficasy of a particular therapeutic appoach. This question is of central importance from a pragmatic point of view.

The major aims of research in psychotherapy are to identify effective techniques of treatment and to understand the underlying bases of therapeutic change. These tasks are not simple or straight-forward. Still there have been a number of questions which are asked to guide research outcome e.g. what kind of changes are produced by what kind of treatments? or what kind of patients are benifited by what kind of therapists and under what kind of environmental conditions?

Inspite of many efforts the advances in psychotherapy have been quite slow. This fact has often been attributed to the multiplicity and complexity of clinical problems for which treatment is sought. It has also been observed, however, that those who are claimed to be cured, seldom lead a normal life even after the cure and usually continue to require post therapeutic assistance.

The treatment startagies of therapies developed in the West and their outcomes althoguh impressive in many regards have some serious shortcomings when it comes to the treatment of psychopathology in non-Western cultures. In the sub-continent people have been seeking therapy from non-psychologists to overcome the problems of either psychological or psychopathological nature. These non-psychologists are considered to be pious and blessed ones endowed with the power to heal. These people are referred to as sheikhs or mentors. People who have problems go to these mentors and seek their advices. The method of treatment differs from mentor to mentor owing to their allegiance to different religious orders. However, broadly they all fall within the same framework of love for the supreme being and deep religious faith. Of central importance in this tradition of therapy is the relationship, of the individual facing problems, with the mentor or spiritual guide. Mohammad Ajmal, in A Note on Adab in the Murshid-Murid Relationship, has suggested that "in Sufi folklore it is the wise old man or the spiritual guide, who gives direction to the temptuous figures of the unconscious. In the realm of the unconsicious, this quide resolves a crisis, saves the hero or heroine from the edge of precipice and creates order and balance in a state of chaos and turmoil" (Ajmal, 198).

This system of treatment and cure has a long history. People with psychopathological problems have been going to the mentors for treatment since time immemorial. Their method of treatment is based on religious belief. It has also been observed that in most cases the patients suffering from psychological

problems received religious therapy and the outcome of the treatment was quite satisfactory. This type of therapy, in the opinion of present researcher, is of a qualitatively different nature than western psychotherapies. There has been many known instances when patients suffering from psychopathology received only faith therapy and were cured. Informal observations indicate that therapy offered by mentors is relatively less time consuming and its effects last longer. It also appeared that the resulting change in the behaviour is more permanent and results in a complete transformation of the ego. Another important point in mentor oriented therapy was the level of motivation and expectencies of persons. In clinical settings, the patient's focus remains on relief from problems only, whereas in faith therapy, in many instances, the process of treatment and cure becomes secondary while the motive to come close to God becomes primary.

Although this treatment has been practiced for centuries, systematic research on it has been close to negligible. Thousands of people had benifited from this approach to psychotherapy but the lack of research had resulted in a situation where there is almost total absence of any information on methods, processes, and outcome of such treatment(s). This thesis is an attempt to try to fill some of the gap in our knowledge. The present research is designed to study the therapeutic effects of faith and religious mentors in psychological health problems. It is also meant to evaluate the treatment outcome. The evaluation of the therapeutic effects is not only based on the verbal statements of the subject but objective and standardized devices developed by modern

methodologies are used. These test results gave both qualitative and quantitative assessment of subjects personality. The treatment given by non-psychologists was evaluated by established psychological measurment techniques.

The current research was focused on two aspects of this approach to psychotherapy. First was the efficacy of faith therapy i.e. its effectiveness in helping people overcome psychological problems. Second, it probed at a deeper level, the level of psychological change which might have come about as a result faith therapy.

C H A P T E R III

METHODOLOGY

METHODOLOGY

Subjects:- Fifteen adult subjects ranging in age from 20 to 70 years were included in the present research study. All these subjects have received religious treatment from mentors and no other therapy for their psychological problems. The educational level of the subjects ranged from completely illiterate to highly educated (postgraduate).

Stage-I:

Approaching mentors: Based on a pilot study a list of religious mentors residing in Peshawar was prepared. These selected mentors were then approached and the purpose of the study was revealed to them. After the objective was elucidated to the mentors they were asked to pinpoint persons suffering from psychological problems. The individuals referred by the mentors had received therapy from them. These subjects at one time or the other had experienced severe psychological problems and sufferings. All those who had problems had approached the mentors either through some other disciple or on their own without any formal allengiance (Bait) to the mentor.

Stage-II:

Subject selection: The second stage of the research commenced with approaching those who had been referred by the mentors. They were either in the initial stages of receiving treatment or had been cured. In some cases unwillingness of the people to participate in the research was overcome when they were told that their mentor had referred them for the study. The subjects were visited at regular intervals. Their confidence was gained with help of their

families and sometimes friends by partially explaining the aims and objectives of the research to them. Formal history-taking was initiated after rapport was developed.

Stage-III:

Data Gathering: There were primarily two methods used to obtain data on the subject included in the study. First, their case histories were obtained using interviews. Second, data about their psychological functioning was obtained by administering five standardized psychological tests to each individual. Details of these methods are given below.

1) Case Histories: The out-line for the history chart was on the following pattern.

Subjects Name: _____ (Assigned) _____

Age:_____ Sex:_____

Family constellation: (Brother and Sisters. Number of years older or younger than the subject).

Father: (Occupation, education etc).

Mother: (Occupation, education etc).

Major Childhood environment: (Kind of neighbourhood, friends, activities).

Marital Status: (Family, name of spouse & Children)

Religion:

Major Events in life situation:

Physical and medical experiences:

Therapy obtained and its benifits.

For this purpose the subjects were interviewed. The nature of interview was openended. Probing was done wherever necessary. The main thrust of interview questions was the following:

Nature of Problem(s):

a) When did the problem first appear?

b) What course has the problem taken?

c) What were the known symptoms?

Treatment Sought:

a) Doctors consulted?

b) How many times?

c) Did this treatment help?

Any other Treatment sought:

a) Nature of therapy or treatment?

b) Any shrine or mentor visited?

c) How many times was the mentor or shrine visited?

d) Why was that mentor or shrine chosen?

e) Did that treatment help? If so, how and why?

Faith:

a) Does faith have power of healing?

b) Does it always help?

c) If so, how?

Within the general framework of an interview, flexibility and adaptation of technique to particular circumstances took precedence over standardization of questions or sequence of topics. When the case history of a person in a known environment was prepared, the main symptoms at the time of maximum stress were gleaned from the history. These symptoms formed the basis of psychological diagnosis based on DSM-III.

2) Tests: The following psychological tests were administered individually as follows:

1) Thematic Apperception Test (Morgan and Murray, 1935).

2) Passalong Test (Alexander, 1937).

3) Egostrength Scale (Borror, 1963).

4) Field Dependency Test (Gottschaidt's, 1926).

5) Ghazali Personality Inventory (Rizvi, 1985).

Thematic Apperception Test:

This test was originally developed by Christina Morgan and Henry Murray (1935). Murray evolved his intricate scheme of personality needs and attempted a comprehensive theory of personality based on individual needs and demands (Press) of internal and external environments. The test gives a reliable system of scoring for these needs and presses from the TAT stories. A complete interpretation can often detect the presence of important conflicts revealed by the subject's stories. In short, the TAT is unquestionably one of the most valuable diagnostic devices.

In TAT the subject is presented with twenty different pictures, one by one, calculated to evoke some sort of dramatic fantasy and asked to make up stories based on the picture. In the standard form of the test there are some slight differences in the tests for males and females.

For the purpose of present research only the first ten cards were used. Instead of card number 19 card No.16 was used which is blank white card to evoke maximum imagination. The test was used to stimulate verbalization of complexes from the unconscious so that insight could be gained into determinents of behaviour that the subject could not report directly. At the same time subjects skill in the use of words and synthesizing ability could be observed.

Passalong Test:

The second test used was passalong test of intelligence. It is a performance test. Since it has been established that verbal tests of intelligence were not measures of Spearman's 'g' factors only but were dependent on a second factor, 'v' (verbal factor); before any judgement is made on the intelligence of any person it is necessary that performance tests, which are independent of the verbal factor should be used as well as verbal tests. Recently it has been established that such performance tests correlate as highly with 'g' factor as do verbal tests and include a factor 'F', a practical factor which proves to be of importance in all cases where a concrete situation has to be dealt with. Passalong test has been used over a long period, quite

extensively in many countries, particularly as a test specially suitable at higher age levels.

This test was chosen for the present study because most of the cases consisted of higher age levels. The other reason was that most of the subjects included in this study were not educated enough to respond to other kinds of intelligence tests loaded with the verbal factor. The same standard instructions were used as given by the original author of the test in the test manual.

Ego strength Scale:

The third test used in the study was Ego-strength scale which was translated to Urdu. The original test consisted of 68 statments, 59 statements out of 68 were already translated and standardized on our population by Dr. Laeeq Mirza (1973). The procedure for translation of the remaining items consisted of different steps. The statements were given to four senior members of the faculty to translate them into Urdu individually. The common translations were accepted without any change, whereas differences in translation were discussed till a mutually agreed upon translation was accepted.

In general this test measures constructive forces in the personality. It may serve as a predictor in any situation in which an estimate of personal adaptability and resourcefulness is called for. Ego-strength is, first of all, a function simply of intellegence. Physiological stability and regularity of physical functions is the biological matrix in which the ego thrives or attains maximum strength. Generally speaking, the ego is at its strongest

in the years of physical maturity, granting good bodily health "Ego-strength increases as the organism grows towards maturity, levels off in the prime of life and declines thereafter with increasing age", (Barron, 1963).

High scorers on ego-strength, it would seem, are effective and independent people, with easy command over their own resources. They are intelligent, stable and somewhat original, and they make their presence felt socially. Low scorers on the other hand are confused unadaptive, rigid submissive and rather stereotyped and unoriginal. This scale when used in the present study has indicated a number of novel factors about personalities.

Embedded Figures Test:

The fourth test used was the test of perceptual field dependence independence. The test measures the ability of the people in extent to which their perception is analytical. This dimension of individual differences has been called field dependence. A tendency toward an analytical or global way of perceiving characterizes a persons perception in a wide variety of situations, making for marked individual self consistency.

A significant relation reported between measures of field dependence and total standard intelligence test scores is carried largely by those portions of intelligence tests which require analytical functioning. The persons with analytical field approach would be more apt to show stable self view and identity than persons with global approach. Among persons with global approach severe identity problems are found. Such people have problems in

maintenance of identity. And symptoms often suggest deep seated unresolved problems of dependence, as alcholism, uncers and asthema. Their inadequate control results in chaotic functioning, passivity and helplessness. (Witkin et al, 1974). When such persons develop pathology, they are more likely to show hallucination as part of their symptom picture, whereas, disturbances in persons with analytical field approach are likely to be manifested in over-ideation, over-control and isolation. When pathology is quite severs, such persons are likely to develop delusions and to have ideas of granduer.

This test was used in the present research to see the level of cognitive functioning of the subjects included in the study.

Ghazali Personality Inventory:

The fifth test used was Ghazali Personality Inventory. This test was designed to measure the degree of normality of Pakistani Muslims. The test was constructed by Dr. Azhar Ali Rizvi utilizing the concept of normality offered by Ghazali, Shah Waliullah and Mulana Ashraf Ali Thanvi. The inventory consists of 174 items and is administered individually. The following instructions are given to the subject. "There are 174 statements in the inventory. Read each statment and decide whether it is true or false as applied to you. You are to manifest your opinion on the anwser sheet by marking. Remember to give your own opinion of yourself. Do not leave any blank space if you can avoid it".

After giving the instructions data was collected by administering (Ghazali Personality Inventory) in individual form. Three scales namely Appetite (Ap), Anger (AN) and Intellect (In) are represented in Ghazali Personality Inventory, each being comprised of 43, 57 and 74 test items respectively. Twenty statements out of 43, 26 out of 57 and 50 out of 74 are keyed as true, remaining as false.

Ghazali Personality Inventory is based on Ghazali's theory normal personality which measures average and superior mental health. This inventory in the present form can measure the degree of normality. Norms of one thousand normal individuals are available. This instrument is used as a device for identification of individuals having less than normal and superior mental health.

CASE HISTORIES

Case History No.I

Name: Akhtar

Age: 60 years

Sex: Female

Family Constellation: 3 sisters & 2 brothers (besides the subject)

Economic Status: Comfortably Off.

Marital Status: Married

History: The subject was at first married to a cousin at the age of 17. The marriage ended with the death of her husband barely a year later. His death left her inconsolable and desolate as his passionate love for her had made her a very happy and a contented woman. Her inlaws begrudged the fact that her husband had insisted on marrying her; with the result that after his death they started mistreating her. Her son, born to her soon after her husband's death was forcibly taken from her by her inlaws. This last stand almost drove her out of her mind so that her parents took her home with them. For 12 years she lived with her parents, all the time mourning her husband. Eventually, her parents decided that the best thing for her would be to remarry.

She describes her second husband as a simple, decent and good man, but his quite nature could not match the subject's fiery and passionate nature. Her husband's lack of passion infuriated and enraged her, and she took it out on his young son from his first marriage. She admits mistreating her step-son. The boy's maternal family finally took the child and brought him up. In spite of her

harsh treatment, her step-son, even after he grew up, continued to be obedient to her.

The subject gave birth to a son, but the baby soon died. After 8 years she had another son, at the time of writing, her elder child was 21 years old. She has four children, three sons and one daughter.

All this time, in spite of her preoccupation with her children, in spite of her husbands care and devotion and in spite of the fact that all property and money matters were handled by her she was not content. Her husband's lack of passion continued to frustrate her.

Her husband took a job abroad and visited the family once a year. She began to torment him with bitter accusations of infidelity, and her suspicions did not subside in spite of her husbands protestations of innocence.

She began to suffer bouts of loud crying for hours on end after which she would fall ill. At the slightest provocation she shouted and screamed at her children, cursing herself and them by turn; and smashing anything that came to hand. During the crying fit her eyes would get inflamed and she could not recognize the people around her. The subject's son, by her first marriage heard of his mothers illness and visited her for the first time. According to her his paternal family had poisoned him against his mother by casting aspersions on her moral character, but after he grew up he realized she was an innocent victim of fate. At her first meeting with him she cried uncontrolably and fell unconscious for hours.

She learned that he was married and that she had a granddaughter. Her son invited her to his house. During her visit as she was sipping tea she noticed a photograph of her first husband. She felt that her body became rigid. Her son noticed this and saw her staring at the photograph. The subject fainted and when she became conscious. the photograph had been covered. She remained ill for many day afterwards.

The subject states that the memory of her first husband was indelibly etched in her memory due to which nothing could give her pleasure. Recently she had turned to religion, which to some extent, has succeeded in giving her a semblance of peace of mind. She took 'Bai'a' at the hands of a religious order (Silsila); and while in a state of depression, used to go to a Pir Sahib and take prayers on her own. The Pir Sahib's advice was especially useful in helping her gain peace of mind and contentment.

Symptoms:

Crying aloud. Fainting. Suspicious behaviour. Uncontrolable rages in which she shouted, screamed and broke things. Unable to recognize family members etc. during fits.

Diagnosis:

Organic personality syndrome.

Tests and Results

Ego-Strength Scale:

The raw score of Akhtar on ego strength scale is 33 and her T-Score is 40 which is between the average range of 40-60. So the subject had normal strength of the ego at present. At the

time of this study Akhtars age is 60 years. So the result of 40 T-Score at the age of 60 is quite remarkable.

Embedded Figure Test:

The number of correct responses on EFT made by the subject were 11 while the maximum possible score on this test could be 18. According to the original norms of the test the result of 11 falls on the higher side of the 2nd quartile of scores. This shows that subjects cognitive functioning is quite normal.

Passalong Test:

The subject's raw score on passalong test is 54. When converted to mental age in months it came to 184. So the PIQ of the subject is 96. Which falls within the normal average limits.

Ghazali Personality Inventory:

The raw score of the subject on Appetite (Ap) is 30 and T-Score is 71. The norm T-Score on Ap is 51. The raw score of the subject on Anger (An) is 40 and the T-Score is 46. The norm T-Score on An is 42.00. The raw score of the subject on Intellect (In) is 57 while the T-Score is 52. The norm T-Score is 56.5. The total score of the subject on Appetite, Anger and Intellect is 174 while the total norms of T-Scores is 140.29. According to these results the subject has highly superior functioning according to this scale.

Thematic Apperception Test:

The main theme of the TAT stories at the time of test administration was around affiliation, distrust and emotional aggression. Her most urgent need seems to be affiliation. Whenever

this need is thwarted the subject feels frustrated and gets emotionally disturbed. Otherwise she remains calm and her approach towards life is quite healthy. She is quite capable of compromising between her drives and the demands of reality. She should a capacity to attain a solution to conflicts in the stories which is adequate and realistic. She could constrict and regulate her drives to some extent. Her ability to maintain normal relations is quite adequate. ARISE (Adaptive regression in the service of the ego) and defensive functionings are found to be unimpaired. Her ability to readapt after a stressful event is not very spontaneous. Her impulses seem to be fully under the control of ego and superego (See figure No.I).

Summary: The symptoms of the subject were gleaned from the case history. These symptoms with the help of DSM-III showed that the subject was suffering from organic personality syndrome. The present score on egostrength scale and ego function assessment from TAT data on Bellak form suggest that the subject at present has a normal and healthy personality. Rest of the tests also indicate similar results. This improvement may be attributed to the therapy she has been receiving from a mentor.

Case History NO.II

Name:	Amina
Age:	40 years
Sex:	Female
Education:	M.A.
Socio Economic Status:	Upper Class
Family Constellation:	Three real sisters (subject being the 2nd of three sisters). Three step brothers and two step sisters.
Religion:	Islam
Marital Status:	Married

History: As stated by the subject, life before marriage was happy, although there was little understanding between her parents. This was probably due to the fact that the subject's mother was her father's second wife. To be more exact, his second marriage was a love marriage. Her father was a doctor, and her mother assisted him in the clinic. In this way her mother was also an earning member and had quite a reasonable income. Probably, this was why her mother was treated better than many women. There were lots of problems in the family but her father was never unkind or harsh towards her mother.

The subject's step-mother had three sons and two daughters. The subject was the second of three sisters. They did not have any real brother. Both the subject's real and step-family lived

in the same house. Obviously the step mother did not accept the subject's real mother. The step sisters and brothers did not like them either. Their childhood was therefore spent in the midst of many family intrigues and conspiracies. Their father used to spend the day in the clinic, and returned home late in the evening. Meanwhile, the subject's elder step-brother became a doctor and the subject and her sisters also completed their education. Their step-brother started working in the clinic with their father. Three sisters from the second mother also completed their education and the elder sister got married. The mother of the subject helped a good deal on the female side of the clinic but she was not given enough of the share of what she earned. This affected the lives of the children from the second wife. She could not complain about it in the beginning, but later on, as the three girls grew up, their mother demanded a fair share of the income, and so provisions were made for them. The mother then bought property in the name of the three daughters.

The subject ran into a rich man who was tall and handsome. She kept on seeing him and found herself deeply in love with him, but at the same time discovered unsavoury facts about him. The subject was not the only woman in his life and many stories of his infidelity were revealed. Inspite of all this, she wanted to marry him. He had become a challenge for subject, who believed she was no ordinary woman to be left in the lurch. One day she expressed her desire to get married and refused to see him secretly any more; he had to say yes or no, once and for all. The subject knew she could make him commit himself. He agreed; by then she knew him very

well and was fully aware that the path chosen by her was not an easy one. As soon as he agreed, they got married without even waiting for the trousseau to be prepared. As she knew that it was either now or never and went to live with him. He had no mother and the only near relative was his father who was old and an invalid. Her husband was the sole heir to his father's peoperty. Immediately after the wedding his attitude changed completly. He ordered his wife to observe purdah from everybody, including the old servants. Once when he was not at home she asked one of the servants to help her change the linen. Suddenly he came home and on seeing the servant in the bedroom, became furious. After abusing and insulting his wife, he turned the servant out. His father disapproved of his behaviour but to no effect and he became more and more suspicious day by day.

Eventually, he also started beating the subject, whenever any thing untoward happened. Beating became his habit and when the fit of rage was over, he would beg her forgiveness. After the subject's mothers death, the atrocites took another form. Now the demand for her share of the property inherited from her mother cropped up; but she could not ask for it. This made conditions worse, and finally, he tied both her hands and feet and locked her in the bathroom, after having and shouted, and the servants came to rescue her, and had to break down the door and release her.

The subject became completely hysterical, her husband added insult to injury by ringing up her family, to take her away. He did not inquire about her where abouts for quite a while. Until then she had born everything. But after this humiliation and the

physical torture, she started developing problems. She started having severe and constant headaches and became obsessed with thoughts of suicide. Her father noticed her withdrawal and increasing nervousness. Consequently, her father took her to a psychiatrist who could not help her. At last, one of her husband's friends intervened, and through his good offices shw went home. He also introduced her to a mentor over the telephone. After she had narrated her story, the mentor advised her not to argue with her husband, even if he was totally in the wrong. He taught her some holy verses to repeat during the quarrels. She continued reciting the verse, finding them very soothing. As conditions improved, she told her husband about the mentor; she convinced him to meet the mentor and they went to him together. On arriving there he started critisizing the mentor and the subject could not help crying. As the mentor entered the room he could feel the tension. He sent the subject to the female enclosure and privately spoke to her husband for almost an hour. For a few days her husband started praying and improved, but this did not last. The subject consults the mentor regularly and offers prayers and fasts. She feels quite relieved even when her husband misbehave, she keeps on repeating the holy verses and successfully ignores what her husband says or does.

Symptoms:

Constant headaches, withdrawal, preoccupation with suicidal thoughts.

Diagnosis:

Major Depressive Disorder.

Test and Results

Ego-Strength Scale:

Amina's raw score on the ego strength scale is 40 and her T-Score is 49. This score is within the normal average limit i.e. 40-60. According to the test results the subject's ego is quite strong.

As for her religious attitude, she is quite confident and clear about it. Amongst the questions pertaining to blind faith she has marked 5 out of 6 questions 'true' while according to the norms of the test they should have been marked 'false'.

Embedded Figure Test:

The number of correct responses on EFT made by the subject are 13 while the maximum possible score is 18. According to the original norms of the test the result of 13 falls in the 3rd quartile of test results. This result indicates that Amina's cognitive functioning is quite high and she appears to be perceptually field independent.

Passalong Test:

The subjects raw score on passalong test was 56. When converted to mental age in months it came to 188. So the IQ of the subject is 98 which comes within the normal limits according to the original norms of the test.

Ghazali Personality Inventory:

The raw score of the subject on Appetite (Ap) is 29 and T-Score is 44. The norm T-Score on Ap is 30.9. The raw score on Anger (An) is 42 and T-Score is 45. The norm T-Score is 42.69. The raw score on Intellects (In) is 59. The T-Score is 54.78. The norm T-Score is 56.93.

The total of Ap, An, and In scores is 144.0 while total of norm T-Score is 140.29. This result indicates that subject level of functioning is higher than the norm T-Score and indicates normality according to this scale.

Thematic Apperception Test:

The most recurrent theme in the TAT stories is that of a wife/husband relationship. Since the wife is usually the "attractive one" physically, she is able to keep the man. No reason is given as to why the husband strays from home if his wife is so good. In general, the subject is capable of producing well integrated stories, though sometimes avoids responding to certain stimuli present in the story. Three of 10 stories also revealed some degree of anxiety, resulting resistance and a gap in the flow of responses. Otherwise her synthetic, Integrative abilities were quite adequate. Her sense of mastery and competence are congruent. Super-ego functions are also strong. The ego function assessment from TAT data on the 13 point scale indicates quite a normal personality (See figure No.II).

Summary: The symptoms of the subject were gleaned from her case history. With the help of DSM-III the subject was diagnosed as suffering from Major Depressive Disorder at the time of trouble. She only received faith therapy from the religious mentor to over-some her problems. Number of different tests were administered to the subject to measure different aspects of her psychological functioning at present. All her test results indicate that the subject has normal intellectual endowment and ego functions. From these test results it can be concluded that her psychological functioning is quite adequate at this time and this improvement occured after she started receiving therapy from.

Case History No.III

Name:	Daud Khan
Age:	68 years
Sex:	Male
Family Constellation:	One real sister younger to him Four step brothers and three sisters. One step mother. (educated)
Father:	Government Servant
Mother:	Real mother died when the subject was four years of age.
Marital Status:	Married. One wife and Twleve children
Education:	Matruculation
Religion:	Islam

History: As reported by the subject, he had a bereaved childhood as his mother died when he was only four years old: His only other close relative was a baby sister. His father immediately remarried and the stepmother never even tried to be kind or nice to the children who were left entirely at her mercy. She even refused to keep them in the same house with her. The father was helpless, so the grandmother was asked to take charge of the children. She agreed but they continued living at their father's house. The grandmother was a straight, honest and unassumingly aggressive women who fought for the childrens' rights and demanded their share although she was quite a rich lady in her own right. The grandmother lived in the same city, but made sure that the children lived in thier father's house and shared every morsal

with their step-sisters and brothers. When the situation became difficult the subject was sent to the paternal uncles house. Whenever the grandmother had to go to her village the children were mistreated. In short both grew at the hearth of aunts and uncles at the time when their father was not only financially very well off, but was also holding a high government office. Gradually the father sold all his property (or was made to sell) and bought new property in the name of the second wife. The step-mother did her best not only to deprive the subject and his sister of their father's money but also made it a point not to let them be educated enough to earn their own living. They grew up, and the sister got married and settled down near the grandmother. The father did his best not to allow the subject to go abroad for higher education. During these years the subject was moody and difficult and would get very angry, banging his head against a wall when not indulged by his grandmother.

"I am a very lucky man as far as my wife is concerned" the subject said; but his luck did not go far. After partition of India he lost a great deal of money in buisness and continued putting in more money, and losing more. On top of it he had twelve children. His financial condition deteriorated day by day, to the extent that they couldn't even offord three square meals a day, and ate once in twentyfour hours. Their relatives left them and ridiculed them. The children who were studying in good schools, stopped going to school and there was a queue of creditors at the door. The subject's father never entered the house, althoug he knew about the problems and could have helped financially, which at that time had

became a question of survival. During the worst days he was dismissed from service due to a personal vendetta, and had no resources to fight for his rights.

The subject had very little religious education and during moments of desperation he would cry, shout, abuse people and blaspheme. After this period of storm and stress he would withdraw and become increasingly preoccupied. This sequence of storm and stress and verbal mania followed by withdrawal became a regular feature.

A brother-in-law eventually came to his rescue and took him to his mentor after great resistence on the part of the subject. The problems and difficulties faced by the subject were narrated to the mentor. Pir Sahib himself offered special prayers and advised the subject to pray regularly. Finally the subject accepted the all allegiance of Baia. Most of his time was now spent in the company of his spiritual guide. The subject complained to the mentor that inspite of his efforts he could not concentrate and offer his prayers. "Most of the time I pay more attention to other affairs and miss my prayers". Pir Sahib smiled and quoted these lines:

سرنوشت واژگوں راراست می سازد نماز ❊ نقش معکوس نگین از سجده می آید درست

The meaning of these lines as elaborated by the mentor was that our fate is written on our forehead like a stamp, which can only be read when it is pressed. When we bow in prayer and lay our forehead before God we rectify the mishaps and troubles of our fate. This impressed the subject and he started offering his prayer once a day; gradually becoming more regular. The brother-in-law was a disciple of the pir and had blind faith in him and this

influenced the subject a great deal. His troubles disolved and prosperity returned and he became more inclined to religion. Though it took long he realized that to "resign to your fate" is the best way of life. He left no stone unturned, but finally found the truth in himself. He still cannot forgive very easily, but he has learnt to ask forgiveness. He eventually became so religious that acquaintences began to consider him to be a very pious man. Whatever he says is calculated and logical and people consult him and ask for his help and he is the most trusted man in his neighborhood and village.

Symptoms:

Moody and difficult. Bangs his head against the wall when angry. Verbal mania i.e. crying, abusing, shouting and blaspheming. Withdrawal and preoccupation.

Diagnosis:

Organic Personality Syndrome with Manic episodes.

Tests and Results

Ego-Strength Scale:

The raw score of Daud Khan on ego strength scale is 35 and T-Score is 44 which is between the average range of 40-60. So the subject had normal strength of ego at present.

The important point to be noted is the age of Daud Khan. He is the oldest in the group being studied. His age is 68 years. It is assumed that the ego is at its strongest in the years of physical maturity and it starts declining with increasing age. The

T-Score of 43 at the age of 68 years indicates a number of important facts. Does the strength of his ego at this age have something to do with the strength, balance and contentment of his soul which he has achieved through being psychologically close to God?

The case history of the subject revealed that he had suffered from organic personality syndrome and received no other therapy then the faith therapy, the strength of his ego is at present attributed to the guidance of his mentor.

Embedded Figures Test:

The number of correct responses on EFT made by the subject were 15 while the maximum possible score on this test is 18. According to the original norms of the test, the result of 15 falls in the third quartile of scores. This means that the subject's cognitive functioning is quite high. The case history of the subject also reveals that the subject is at present working in a very balance and mature manner.

Passalong Test:

The subject's raw score on passalong test was 75. When converted to mental age in months it came to 214. So the IQ of the subject is 111.4 which falls little beyond the normal average i.e. superior normal. Once again these results at the age of 68 deserve special consideration. Usually the intellectual functioning is supposed to deteriorate with increasing age.

Ghazali Personality Inventory:

The raw score of the subject on Appetite (Ap) is 32 and T-Score 57.5. The norm T-Score on Ap is 50.46.

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The raw score of the subject on Anger (An) is 36 when converted to T-Score it is 48. The norm T-Score on An is 56. The raw score of the subject on Intellect (In) is 62 while the T-Score is 60.47. The norm T-Score is 50.93. All the scores obtained by the subject on Ap, An and In are higher than the norm T-Scores. The subjects score represents a normal personality.

Thematic Apperception Test:

The current TAT stories demonstrated quite a balanced efficiency of ego organization. More usual and conventional ways of looking at reality were evident. There was not a single perceptual fluidity out of 10 TAT stories. Rather the psychological picture showed a clearly repressive orientation with minimum feelings of distress, emptiness and misery. Instead there was more optimism and hopefulness, characters were actively engaged in interaction with other people and the outside world. His present defenses were altogather stable and adaptive. His potentials for responding to stimulus barriers were excellent. His ability to readjust after the stressful event was also quite normal and adequate. In short there was an overall spontaneity, rhythm and coherence in all the stories.

At present the subjects age is 68 years and his approach to organize and build his thought processes is superb. The balanced and interesting stories reveal the contentment and harmony in the subject.

The ego function assessment from TAT data puts the subject with in the normal range of the graph (See figure III).

Summary: The symptoms of Daud Khan were gleaned from his case history. These symptoms with the help of DSM-III showed that the subject was suffering from manic episodes at the time of stress and trouble. The present score on ego strength scale and ego function assessment graph on Bellak form suggests a clear, realistic and effidently balanced functioning. The results on the passalong test put the subject highest on practical ability qoutient amongst all included in the present research. His results on Embedded Figure Test and Ghazali Personality Inventory are also quite remarkable. In the light of these facts it is very thought provoking that inspite of subject being 68 years old he scored so high. Considering his age, evidently his dependence on faith and religion is about 30 years, which is longer than any other included in the study. Therefore the inference drawn is that the longer the dependence on faith the profounder and the healthier the effects.

Case History No.IV

Name: Durdana

Age: 35 years

Sex: Female

Family constellation: Four brothers and two sisters and parents. Two aunts and Grnad parents also used to live with them.

Father: Educated, Government Servant

Mother: Illitrate housewife

Religion: Islam

Marital Status: Single (Unmarried)

Socio Economic Status: Middle Class

History: The root of the problem, as elucidated by the subject was found to be oppression on the part of the father. Paradoxically he also was an ideal for the subject. The father doted on her and pampered her. But at that time the mother butted in and apparently unconsciously started comparing herself with her daughter. Eventually the father, who was very strict by nature, started condemning the child. He expected things of her which were beyond the child's understanding. When disappointed in his high hopes of his daughter he started attacking her self-respect. He would insult her openly in front of others. The subject while reporting the history seemed to have a deep sense of self-respect and was quite reasonable to talk to. Since the subject could not openly retaliate she became cynical and spiteful. When she reached her teenage she became cheeky and flipant and would talk back to everyone regardless of their age or

place in the family. The subject refused to help her mother with housework. When she quarreled with her younger sister she took refuge with her grand parents, while her real parents always blamed her. The grand parents were very found of her because she was the eldest in the family. Even the unmarried aunts who were staying with them in the same house became jealous of her. Because of their lack of education, the aunts criticized her severely and ascribed her rudeness and laziness to the fact that she was being educated. Every time the aunts got a chance they complained about the subject and criticized her, usually over trivial issues. Coupled with all this there also were financial problems. Both the grand parents and her own parents ceased to accept her as their financial responsibility. The subject complained, though similingly but resentfully, that she was not even allowed to listen to the music and was strictly instructed to keep her head covered, and not allowed to laugh out loudly. She seemed to be aggravated and provoked the most by her father who would set up an 'open court' in the house in front of the servants. Mostly these courts would be a result of the complaints of one of the aunts. He would insult and abuse the subject so loudly that even the neighbours could hear. This was a routine after the subject reached twenty years of age. "During early teenage I made an unsuccessful attempt to commit suicide" she said. But she survived and was blamed all the more for commiting this sin.

When the subject was twenty two years of age her younger aunt got married. The older one remained unmarried, who resented the very idea of subjects getting married and settling in life. In order to divert her attention and escape the situation, she sought

a job in a school with meager pay. However, her pay was forcibly borrowed and never returned, sometimes by parents and sometimes by siblings. The younger aunt who visited them quite often, used to instigate the mother and the older aunt to take away her pay and give her money when she needed it. When she refused to act according to their wishes, they would sulk.

In short the subject was never appreciated for anything, but was alway blamed. She could neither get along well with her family members nor with her colleageres in school. She gradually became withdrawn, insecure and hostile. The subject also started suffering from compulsive ideas. That was the first time when the family got really alarmed by her behaviour. The father still suspected that she was feigning all this. The grand-father discussed the matter with his Pir Sahib who wished to meet the girl. The meeting was arranged and the subject was constantly encouraged by the mentor to speak. After a few such meetings the mentor finally succedded, and the subject started to open up. Finally she was so impressed, that in her opinion, nobody was equal to him as far as patience, faith, humility and religious knowledge were concerned. The Pir Sahib formally permitted her to recite special verses from the holy Quran after the night prayers. The subject started doing the same accordingly.

One night before going to sleep the subject was tired and depressed and this usual fit of depression culminated in crying for hours. She went to sleep with a bitter feeling, dreading going to hell for the sins she had never committed. That night she dreamt she was transformed into a house sparrow bathing on the surface of a

large ocean. There was thunder and lightening which did not scare her. In fact she felt extremely happy. That unusual happiness was never experienced by the subject. In this state of ecstacy she remembered how she feared natural hazards in her waking life. She felt that her spirit was free. The exuberance of happiness was great and it lasted for days after-wards. The dream was immediatly reported to the mentor for interpretation. The Pir Sahib was pleased. His explanation was simple and factual. He told her that although she apprehended the perpetuation of unhappiness even after death, she need not have any such fear because she was innocent and kind, and God would reward her with heaven. From that day onward her problems disappeared and she has been experiencing contentment and relief.

Symptoms:

Attempted suicide. Poor Social interaction. Withdrawal and insecurity. Hostility. Compulsive ideas. Depression and crying for hours. Tiredness. Supernatural fears (fear of hell and punishment for uncommitted sins).

Diagnosis:

Major Depressive Episodes.

Tests and Results

Ego-Strength Scale:

The raw score of Durdana is 43 and her T-Score is 53 which is between the average range of 40-60. This score is slightly above the mean score of 50. So the ego strength of the subject is within normal limits.

The Subject was diagnosed as suffering from major depressive episode at the start of her troubles. Her present score indicates she has definitely improved from her previous condition. This improvement is attributed to the efforts of the mentor because the subject did not receive any other type of therapy.

Embedded Figure Test:

The number of correct responses on EFT made by the subject were 12, while the maximum possible score on this test could be 18. According to the original norms of the test the result of 12 falls in the third quartile of scores. This means that subjects cognitive functioning is quite normal. At present she has quite a mature way of dealing with crisis situations and can maintain her identity.

Passalong Test:

The subjects raw score on passalong test was 61. When converted to mental age in months it came to 198. So IQ of the subject is 98 which comes within normal limits according to the original norms of the test.

The case history of the subject reveals that the days of her problem are over and she is quite contented with her life. Her intellectual functionings are quite normal too.

Ghazali Personality Inventory:

The raw score of the subject on Appetite (Ap) is 31 and T-Score is 50 the norm of the T-Score on Ap is 30.9

The raw score of the subject on Anger (An) is 36 while the T-Score 33.45. The norm of T-Score on An is 36. The raw scoreof the

subject on Intellect (In) 65 and T-Score is 67, while the norm T-Score is 67. Both the T-Scores on Ap and In are greater than norm T-Scores where as the subjects T-Score on An is less than the norm. According to GPI the An factor is quite dominant in the subject.

Thematic Apperception Test:

The current TAT stories demonstrate efficent ego organization. Most of the themes reflect love and affection, coupled with success and achievement. More usual, conventional ways of looking at reality are evident. There is logic, coherence and flow in the stories. The emphasis on fantasy, destruction and suicidal activity are either absent or considerably muted. There is not a single instance of perceptual misconception throughout the stories. The psychological picture shows a clearly repressive orientation, with emphasis on optimistic and hopeful approaches. Characters in the stories are involved in carrying good relations among themselves as well as with the outside world. The subject is fully capable of solving the problems of stressful situations. Her comprehension of both hypothetical and real aspects of the world and of the self is also adequate. The subject's potential for responding to stimuli was moderately good. There seems to exist a workable and harmonious relationship between the forces of id super-ego and ego. Autonomous functions are unimpaired. Synthetic integrative functioning was also good.

The ego function assessment from TAT data on 13 point scale indicates quite a normal graphic representation of subjects personality (See figure IV).

Summary: The symptoms of the subject were gleaned from her case history. With the help of DSM-III the subject was diagnosed as suffering from major depressive episodes at the time of her troubles. She only received faith therapy from the religious mentor to overcome her problems. Number of different tests were administered on the subject to measure different aspects of her psychological functioning at present. All her test results indicate that subject has normal intellectual endowments and ego functions. From these test results it can be deduced that her present improvement is due to faith therapy.

Case History No.V

Name:	Farah Deeba
Age:	25 years
Sex:	Female
Family Constellation:	Two elder brothers. Subject being the third and the youngest.
Father:	Government Servant
Mother:	Housewife (Educated)
Religion:	Islam
Education:	M.A. English
Marital Status:	Married
Socio Economic Status:	Middle Class

History: The subject's infancy and childhood were relatively unremarkable. Her mother said she never cried, slept well, and was toilet trained at thirteen to fifteen months; and there was little to relate about her childhood. Development seems to have been normal, as she got along well with her brothers, and did exceptionally well at school. Even in College and University her performance was quite remarkable.

At the age of 23 she was married into a family of complete strangers. Her husband was the only son, with six sisters, three elder to him and three younger. The husband's family was dominated by the mother. The father-in-law was a rich businessman who adored his wife (her mother-in-law). The mother-in-law came from a very

poor family; Even the husbands family had recently acquired their wealth. The husband of the subject is a medical doctor.

The subject was nervous, scared to death of her mother-in-law and every sound at the door would startle her, and not many question could be answered regarding the mother-in-law. She remained speechless for a number of seconds on such occasious, though otherwise she was quite reasonable to talk to. As narrated by the subject, the nature of her ailment was grave and symptoms numerous. "There was little coherence in what she said at that time" was reported by the mother. The subject also complained of insomia and lack of appetite, at that time.

The problems started immediately after the subject got married. The mother-in-law started taunting the subject about her trousseau, although a fortune was spent on the wedding. In the beginning the subject's family kept on sending more and more things in addition to the trousseau but the demands kept multiplying. The subject as a bride was not allowed to visit her parents, but the mother-in-law spent most of her time at subject's mother's house, enquiring about their property, both moveable and immovable. In short, the subject was not even allowed to open the refrigerator without permission. As reported by the subject's mother, the subject spoke jerkily obsessed with one name, "mother-in-law".

In the middle of a conversation the subject inquired "Is my nose twisted and face ugly"? I was informed that the inlaw's always made such personal remarks from morning till evening, which were obviously false as the subject was a very good looking young woman. When the husband would return

(usually late) from the hospital, his mother would complain of being sick. Mostly the mother would sleep with her only son. The subject was required to say admiring things to people about her sisters-in-law, and was also demanded to find good husbands for them.

Finally the subject conceived, but she had a miscarriage, and was sent home to her parents. The subject began having fits and was delirious. She also complained about a cat that attacked her in her room although she herself bolted it from the inside. Every-time she slept she dreamt of an animal, claws drawn, attacking her. She refused to go home (her husbands home) and her mother thought either some one had put a spell on her or it was the result of human envy (Nazr-e-Adam). Her mother knew a lady mentor, and took the subject there. The subject was instructed to visit the mentor on seven successive Thursdays and the mentor read holy verses and blessed the subject with them. The subject was also instructed to recite certain holy verses, after which she started feeling better. She became inclined to go and live with her husband, her husband also started visiting her regularly and began to realize his mother's atrocities. The subject now changes her clothes and brushes her teeth and hair regularly. There is a tremendous change inher, and she attributes it to the prayers offered and permitted by the Lady Mentor.

Symptoms:

Nervousness. Incoherence. Insomia. Lack of appetite. Delirium. Obsessions. Hallucinations.

Diagnosis:

Schizophrenic

Tests and Results

Ego-Strength Scale:

The raw score of Farah Deeba on the ego strength scale is 47 and T-Score is 58 which is between the average range of 40-60. The subject's ego strength at present is normal.

Five out six questions which were meant to measure attitude towards religion were marked as 'true' while according to the norms of the test they should have been marked as 'false'. This fact has also affected the present result of the subject.

Embedded Figure Test:

The number of correct responses on EFT made by the subject were 15. The maximum possible score on the test is 18. According to the original norms of the test, the score of 15 falls in the 4th quartile of the result. This means that the subject is field independent and her cognitive functioning is superior.

Passalong Test:

The raw score of the subject on the passalong test is 67. When converted to mental age in months it came to 196. Therefore the Practical Ability Qoutient (PAQ) of the subject is 110 which is very close to superior intelligence.

Ghazali Personality Inventory:

The raw score of the subject on Appetite (Ap) is 29 and her T-Score is 55. The norm T-Score on Ap is 50. The raw score of the subject on Anger (An) is 45 and T-Score is 63. The norm T-Score for An is 50.37. The raw score of the subject on Intellect

(In) is 68 and T-Score is 69. The norm T-Score on In is 50.35.

The total score of the subject on Ap, An and In is 187 while the total of norm T-Score is 140.29. According to these test results the subject has highly superior functioning.

Thematic Apperception Test:

The main theme of the 10 TAT stories was the need for a happy married life. Most of the stories were highly achievement oriented. All her actions were realistic and she had a fairly good judgement of her surroundings i.e. the people she interacted with. She could adequately regulate and control her drives and their effects on her. She seems to be in full control of her impulses. Her object relations and thought processes were clear, rational and adequate Adaptive regression in the service of the ego (ARISE) and defensive functioning were found to be unimpared and above average. There were no barriers to stimuli, and autonomous fuctioning was also quite good. Mastery and a sense of competence were congruent and rational.

The ego function assesment from TAT data on 13 point scale puts the subject within the normal range of the graph. It also indicates that the subject at present has an absolutely normal personality. (See figure V).

Summary: The symptoms of the subject were gleaned from her case history. These symptoms by DSM-III showed that the subject suffered from schizophrenia. The results of the five tests administered on the subject indicate that she is leading a perfectly, normal and happy life at present. So it is concluded that religious therapy offered by the mentor had a positive effect on her.

Case History No.VI

Name:	Farida
Age:	33 years
Sex:	Female
Family Constellation:	Two sisters and one brother. The subject being the eldest child.
Fahter:	Government Servant
Mother:	Housewife (Uneducated)
Religion:	Islam
Education:	F.Sc.
Marital Status:	Married
Socio-Economic Status:	Upper Class

History: According to the subject's mother, she was not essentially different from her siblings during her early development. She never liked going to school and was not an especially good student. However she was quite good in social relations and had a number of friends.

The subject's family has a fairly extensive history of mental illness. In addition to her father's severe periodic depression followed by mania; two other cases of illness were recorded among close relations. The subject's mother was described as a cold domineering woman, and her relations with her husband were never good. She had great expectations from her children who were greatly affected by these pressures.

At the age of eighteen the subject got married. Throughout her married life she was always very much loved by her husband and in-laws. At the time of her marriage the joint family system prevailed in the family; the subject's husband and his brothers were business partners as well. All the brothers were happily married with children, and had prosperous businesses. The subject's husband was the youngest in the family. The first child of the subject was a baby girl, she was followed by three more girls, who were more and more unwanted as their number increased. The parents did not express their disappointment, but an undercurrent of dissatisfaction and unhappiness flowed between them. The husband started offering special prayers (with promises to offer sacrifices such as fasting, sacrificing animals and giving away money to the poor). The subject manifested her worries in a different form. She started getting migraines sharply localized to the right side of the head, and were associated with extreme depression. The subject also reported having fits of crying. As the family realized the seriousness of the problem the subject was taken to doctors in Pakistan but to no avail. She was then taken to the States for a detailed check up and was found physically fit. Many tranquilizers and relaxants were prescribed but relief was temporary.

In order to divert her attention the subject started giving more time to her personal grooming and dressing up which added to her attractiveness; as she was the youngest and the prettiest in the family. People around her were, no doubt, bewitched by her charms, and this invoked jelousies. The subject

herself was not totally unaware of this and was, to an extent, enjoying the situation.

She became more regular in performing her religious duties and occasionally accompanied her mother-in-law while visiting the different religious mentors and shrines. As her illness could not be treated by doctors, she began to find a cure through the treatment of Sufies and Sheikhs. In the begining she was not ver impressed by their approach, but later on she was more and more influenced by a particular order of Sufism, and became a regular devotee of that order. It became her habit to seek the company of the mentor in her hours of depression and began to derive great satisfaction in the mentor's company. After sometime she also started receiving formal treatment for her headaches and migraincs i.e. holy verses were recited over the subject, by the mentor. The subject improved a lot with the help of this therapy.

Symptoms:

Migraines associated with extreme depression. Crying fits.

Diagnosis:

Psychosomatic Headache and extreme Depression.

Tests and Results

Ego-Strength Scale:

The raw score of the subject on the ego strength scale is 47. When converted to T-Score it came to 58. Which falls, on the higher side, within the normal range. i.e. between 40-60.

Five out of six questions which were meant to measure attitude towards religion were marked as 'true' while according to the norms of the test they should have been marked as 'false'. This fact has affected the present results of the subject.

Embedded Figure Test:

The number of correct responses on EFT made by the subject were 16. The maximum possible score on this test is 18. According to the original norms of the test the score of 16 falls in the 4th quartile of the results. This means the subject is field independent and her cognitive functioning is superior.

Passalong Test:

The raw score of the subject on the passalong test is 60. When converted to mental age in months it came to 196. The Practical ability Qoutient (PAQ) of the subject is 102 which comes within the normal limits. According to the original norms of the test the subject is of average intelligence.

Ghazali Personality Inventory:

The raw score of the subject on Appetite (Ap) is 30 and her T-Score is 47. Which is greater than the norm T-Score for that age group. The raw score of the subject on Anger (An) is 43 and her T-Score is 47.73 which is greater than the norm T-Score for that age group. The raw score of the subject on Intellect (In) is 60 and her T-Score is 56.93 which is equal to the norm T-Score for that age group.

The total score of the subject on Ap, An and In is 151.66 while the total norm T-Score is 140.29. These test tesults indicate

superior functioning of the subject on the Ghazali Personality Inventory.

Thematic Apperception Test:

The main theme of ten TAT stories was need for affiliation. Only two stories had a dominant achievement need. The subject was very frequently found to support or nurture the other figures in her surroundings. This indicates the helping nature of the subject. Characters in the stories are less self absorbed and strive more to engage themselves with other people and outside activities. There is strong effort to minimize feelings of disrress and emptiness, and instead, things are seen more optimistically and hopefully. Synthetic integrative functioning are quite adequate.

Since the super ego of the subject seemed to be quite strong her religions ideas are very clear. Throughout the stories there is no conflict between her beliefs and the ego. At present there is a more organized and efficient psychological functioning. The ego function assesment from TAT data puts the subject within the normal range of the graph (See figure VI).

Summary: The symptoms of the subject were gleaned from her case history. These symptoms (with the help of DSM-III) showed that the subject was suffering from psychosomatic headaches and extreme depression. The present score on the ego strength scale and ego function assessment graph on Bellak form suggest a clear, realistic and efficient psychological functioning. Other tests also indicate similar results. This improvement may be attributed to the only therapy (i.e. the therapy given by the religious mentor,) that she received.

Case History No.VII

Name:	Fehmida Arshad
Age:	28 years
Sex:	Female
Family Constellation:	The nine children in the family were grouped as three elder, three middle, three younger. The subject belonged to younger group.
Near Relatives:	Eight brothers and sisters (besides herself) and mother:
Religion:	Islam
Marital Status:	Unmarried
Socio Economic Status:	Middle Class

History: The subject reported her history in a very matter of fact manner. She comes from a religious family, though not fanatically so. The mother was the main parent in charge of rearing the children, as the father was mostly posted out of the city; and felt that the constant changing of schools would impair the childrens education. The family was highly educated, the minimum educational qualification being B.A. The father was, according to the subject's report, well-educated and highly principled. In spite of the father's constant absence, the children imbibed and emulated his principles.

As a child she memorized many religious verses, and at bedtime her mother used to ask her to recite them to her, especially Surah "Muzzamil". One day, while reciting the verses, she fainted.

She also reports extra-sensory experiences during her childhood. She used to know what people were thinking; and when she told them, they would be awe stricken and many began to fear her. She was taken to Pir Sahib Golra Shareef to get rid of this strange power. He recited some verses and after that visit she stopped experiencing this mind-reading.

When the subject was about 16 years old, her father died. The family continued to be economically secure, even after the father's death. The younger three children were spoiled by the family after their father's death; and the mother, a kind and loving parent, tried her best to protect her children from feeling their father's loss.

After the father died, the subject reports that she began to fear criticism from neighbours etc. She felt they would criticize her, every time she went out of the house or returned late; saying that now that the father was no more, the family and the subject were going where they pleased, and doing what they wanted. Implying that their activities were opposed to their late father's high principles.

In November 1982, while getting out of bed in the morning, she felt funny in the head, and believed she had a dizzy spell, she lay down again. She tried getting up two or three times but did not feel any better, and finally told her elder sister about it. The sister thought the subject may have had a restless night and advised her to stay in bed and not to worry. These symptoms continued for three days after which she then started experiencing a severe pain in the nape of her neck and felt she could not hold up her head.

Her family was worried, and believed that too much reading had caused a weakness in the eyes and head. She was given tonics, and eventually gave up her education. Meanwhile, the symptoms kept becoming more severe. The back of her head started hurting until the pain became unbearable. The family was now extremely worried. Two months after the appearance of the symptoms, the subject began to have fits. She would loose consciousness and fall. Therefore she was not allowed to go out alone. These falls on many occassions resulted in physical injuries. Twice she was caught running out of the house without her scarf (dupata) and shoes, and had to be brought back. The mother dreamt, while on a visit to her son, that the subject's head was severed from her body and was spinning. She wrote home, worried for her daughter, but the family reassured her.

The subject's brother, a medical student, took her to many doctors and eventually a psychiatrist. The psychiatrist prescribed tranquilizers which, the subject claims, adversely affected her physical health. A tumour was suspected and an X-ray advised. Meanwhile friends advised the family to try homeopathic treatment. Hakim Saeed objected to an X-ray and prescribed medicines twice but to no avail. During this time, rumours about the subject started to the effect that she was possessed by evil spirits (Jinns). The rumours caused the family to become more discrete about the subject's illness.

The subject, at this time had become resigned to her fate and believed it was God's will.

One lady suggested black magic was at the bottom of the illness. The family discounted this as they did not believe in

black magic, and in any case did not believe they had any enemies. Various people tried to convince them to try a cure for black magic, and it was finally decided to try it.

At first, an elderly lady in the family, began to recite holy verses in an attempt to reverse the damge fo the black magic; but later,after many unsuccessful attempts, advised that the magic could only be fought on equal (i.e. black magic) grounds. Many cures were tried in the months that followed, but the subjects condition deteriorated.

A year passed, and the subject began to experience an extreme burning sensation in her head and chest, as well. She used to go out under the open sky in winter and rub her chest and cry, but felt no relief. All this time, her health continued to become worse.

It was then that they heard of an individual who specialized in curing patients of black magic. He agreed to treat her, although he claimed to have given up dabbling in black magic as he had suffered a lot due to it. He asked them to buy certain items and then started the treatment. The subject reports that she began to feel prompt relief. She says that she felt as though she was being set at liberty. Although the subject felt better the same day, the treatment continued for six months. During all this time the individual curing her did not accept any fee.

The subject claims that she went to each doctor, homeopath, psychiatrist etc. with an open mind and the hope and faith in cure. She discounts suggestibility as a reason why the last treatment worked.

Symptoms:

Dizziness. Severe pain in the nape of the neck. Pain at the back of the head. Fainting fits. Burning sensation in the head and chest.

Diagnosis:

Post-traumatic Stress Disorder.

Tests and Results

Ego-Strength Scale:

The raw score of Fehmida Arshad on ego-strength scale is 38 while her T-Score is 47 which falls between the average range of 40-60. So the subjects ego at present is quite normal strong.

Five out of six question which were meant to measure religious attitude were marked as 'true' while according to the original norms of the test they should have been marked as 'false'. This fact has also affected the present result of the subject.

Embedded Figure Test:

The number of correct responses made by the subject on EFT were 16. The maximum possible score on this test could have been 18. According to the original norms of the test the score of 16 falls in the 4th quartile of the result. This means that the subject is field independent and her cognitive functioning are quite superior.

Passalong Test:

The subjects raw score on passalong test was 61. When conyerted to mental age in months it came to 198. So the Practical

Intelligence Quotient (PIQ) is 103. The PIQ of 103 indicates that subjects intellectual abilities are quite normal.

Ghazali Personality Inventory:

The raw score of the subject on Appetite (Ap) is 34 and her T-Score is 61. The norm T-Score on Ap is 52.32. The raw score on Anger (An) is 41 and her T-Score is 57. The norm T-Score on An is 50.7. The raw score on Intellect (In) is 63 and her T-Score is 61. The norm T-Score on Intellect is 50.55.

The total score of the subject on Ap, An and In is 179 while the total of norm T-Score is 140.29. According to these results the subject has quite superior scores on this normality scale.

Thematic Apperception Test:

The subject has refined and clear thinking. The subjects desire for higher education is very high which remained unquenched due to her illness. She now desires a peaceful and tranquil atmosphere, with husband, children and a good home. The subject wants to pursue a lot of reading which is understandable as a compensation for her incomplete education. She is an introvert type with the tendency to first blame herself for the mishaps and then suggest punishment. This can be interpreted as over sensitive nature of the subject specially when the history of the subject shows a tendency for E.S.P. Subject at present is fully cured and her ego assessment on TAT Bellak form shows normal functioning (See figure VII).

Summary: The symptoms of the subject were gleaned from the case history. With the help of DSM-III the subject was diagnosed as suffering from Post-traumatic Stress Disorder at the time of troubles. Her ego strength and ego function assesment on TAT are normal. Results on other tests also indicate normal functioning. Since the subject did not receive anyother treatment accept faith therapy her cure is attributed to the same.

Case History No.VIII

Name: Gul Naz

Age: 30 years

Sex: Female

Family Constellation: Five sisters and three brothers. Subject being the first born.

Religion: Islam

Marital Status: Single

Educational Qualification: M.Phil Student

Economic Status: Middle Class

History: The subject stated that she was born in Charsadda, and laughingly mentioned that her birth was earnestly prayed for, and eagerly awaited. As her grandfather (paternal) was dead her parents lived with her paternal grandmother, where she was born. She was patted and pampered by both maternal and paternal families.

When the subject was 4 years old the family moved to the city. Her father was not in favour of educating his daughters; but since the subject showed great promise as a student and always stood first in class, he relented and let her continue her education. After her matriculation he put his foot down, and would not allow her to continue any further. The subject was very upset and tried to make him change his mind. Meanwhile, she contracted typhoid, after which she suffered from a constant headache for almost two years.

Her family was very concerned by how much her father's decision about her education had effected her and eventually brought him round. His condition for allowing her to study was that she was not to study science subjects. After graduating, she wanted to study economics at the masters level, but her father decided that if she was to study at all it was to be Islamiat. Once more she did brilliantly, and received a scholarship for further studies abroad; but once more her father stopped in and would not allow her to accept. She was then engaged to a boy from her paternal grandmother's family. Her in-law's-to-be were very fond of her. She believes that as she was working as an assistant warden at a local College it increased her attractiveness as a marriage partner. Her fiance was an instructor at the polytechnic but planned to get an engineering degree, eventually. After the engagement, her fiance, Shahid, went to work in Dubai.

The amicable relationship between the two families soon started deteriorating. At first the boy's family backed out on their commitment on the haq mehr, then they decided that instead of studying Engineering Shahid should remain in Dubai. The subject's family made many allowances and were very accommodating but to no avail.

After Shahid's return from Dubai his family poisoned his mind against the subject and her family. Many quarrels took place, with the subject's parents eventually breaking off the engagement. They heard that Shahid was engaged to a girl who was comparatively better off, and was a colleague of Shahid's elder brother.

This was a period of deep distress and perturbation for the subject. All the unpleasantness, gossip, hurt pride and injured self-respect resulted in low blood-pressure. She commented that she did not laugh for two years. She was always tense, and yet felt as though her limbs were limp and life-less. She cried a lot, could not concentrate on anything, and was always in a state of confusion; so much so, that while cooking, she put tea leaves instead of spices in the food. She lost interest in her self and wore whatever came to hand, unironed clothes and broken shoes, nothing mattered any more. According to her sister, she seemed to feel no joy in living. She had been so deeply hurt, that she had lost faith in humanity. She soon discovered that it was a close friend of hers, who was engaged to Shahid. She (the friend) had decieved her by giving her very few details about her fiance, while knowing all the time that he was the same boy who had been engaged to the subject.

At first, the doctors suspected her illness to be physiological, as she complained she felt her blood was not reaching her brain. A scan revealed nothing, and the doctors could not help her.

A Pir Sahib asked her to recite a certain prayer, and an elderly lady advised her to recite Surah Yusuf. She offered her prayers, but her helplessness, her innocence and her unjust victimization had made her angery even at God. She discussed this with the Pir Sahib, who advised her to say and do what she pleased, as God was most merciful and would forgive her; This was one path that would eventually lead her to the bosom of God. Even though she was furions, this rage was connecting her to God, and this connection

would eventually lead her to acceptance and resignation to the will of God. This eventually did come to pass, and the subject professes that the peace of mind she gained through praying is still with her' to the extent that she was undisturbed when she heard that Shahid was soon to be married. Her father is a disciple of different sufi orders and is at a high level of Tasawuf and religious development. The subject believes his prayers played an important role in her recovery. She states that she nor realizes how materialistic Shahid's family was; and that the breaking off of her engagement was a blessing in disguise.

She admits that at one time during her illness, she was very tempted to take drugs in order to help her forget her troubles and herself. This was especially tempting while suffering from insomnia. She believes her strong and unshakeable faith in God helped her overcome these temptations. She also believes that God guided her to study Islamiat, to prepare her for the troubles she was about to face.

In the early days of her illness she went to a shrine, which she had visited again three times; and though the holy man buried there is dead she felt great contentment every time she went there, and found it a fount of inspiration and peace. The very first time she went there she prayed all night.

Symptoms:

Low blood pressure. Tension. Limp and lifeless limbs. Depression and crying. Loss of concentration confused state of mind. No interest in personal grooming. Felt her blood was not reaching her brain.

Diagnosis:

Major Depressive Episade Super Imposed on Somatization Disorder.

Tests and Results

Ego-Strength Scale:

The raw score of Gul Naz on the egostrength scale is 32 while her T-Score is 39. This score is slightly below the normal range. However it is above the second standard deviation of 30 which is critical limit for pathology.

Embedded Figure Test:

The number of correct responses made by Gul Naz on EFT are 12 while maximum possible score is 18. According to the original norms of the test the result of 12 falls in the 3rd quartile of scores. This means that the subject is perceptually field independent, and her cognitive functioning is quite high.

Passalong Test:

The subject's raw score on the passalong test is 52. When converted to mental age in months, it came to 180. So the PIQ of the subject is 94. According to the norms of the test the PIQ of 94 indicates normal, average intelligence.

Ghazali Personality Inventory:

The raw score of the subject on Appetite (Ap) is 31 when converted to T-Score it became 58. Which is higher than the norm T-Score for Ap. The raw score of the subject on Anger(An) is 36. When converted to T-Score it became to 54. Which is higher than the

norm T-Score for An. The raw score of the subject on Intellect (In) is 55. When converted to T-Score it became 57. Which is almost equal to norm T-Score for In. The total score on Ap, An, and In is 169 which is hihger than the total norms of T-Score i.e. 140.29.

Thematic Apperception Test:

The TAT stories are quite stereotyped, and are limited by her refusal to project. Most of the stories centered aroung a few themes. In these stories the father emerged as a strong figure He is described as demanding, interfering and selfish. It is only in relation to the father that the characters show some self-will. Because of stereotype responses, very little can be deduced as to the nature of her conflicts. The only character with whom she could really identify was one who was heart broken, because she was alone. The solution she could find was to have the girl either find someone or completely give in to the will of God. Her religious convictions were very strong. Her autonomous functioning is quite intact. The incogruencies of the ego could be easily levelled off. The ego function assesment from TAT data on 13 point scale indicate quite a normal graphic representation of the subjects personality. (See figure VIII).

Summary: The symptoms of the subject were asserted from her case history and diagnosis was made with the help of DSM-III. The subject was diagnosed as suffering from Major Depressive Episode Super Imposed on Somatization Disorder at the time of her troubles. The subject did not receive any treatment except religious therapy from the mentor. A number of different psychological tests were

administered to the subject recently. The subject was cooperative. Her Practical Ability Qoutient (PAQ) was within normal average range. Her egostrength was also slightly lower than the normal limits but not lower than the critical limits. Her score on Ghazali Personality Inventory was higher than the norms. Cognitive functions were also intact. The reason for poor performances on egostrength may be due to the fact that the history of her disturbance is very recent. Only recently the boy got married and the effects of this loss are still persisting. Considering what she has gone through only recently, she has improved tromendously. This improvement is due to the only therapy she has received i.e. faith therapy.

Case History No. IX

Name: Mussarat

Age: 50 years

Sex: Female

Family Constellation: Two brothers, Subject being the third

Father: Government Servant

Mother: Literate

Religion: Islam

Marital Status: Married, have two sons and a daughter

Socio Economic Status: Upper Class

History: The subject's early development was considered to be normal in many ways. She was the second of three children. The parents report that her early growth and development as unremarkable and remembered her as extremely good natured. When the subject was about 5 years old, her mother reports her as trying to be helpful around the house; mimicking her mother's action in play. At the age of 7-9 the subject was known to sleep-walk, and carry on conversations during sleep without recollecting them the next morning.

During her high school and college years her performance was quite good. She completed her M.B.B.S. at the age of 25. Her parents arranged her marriage after she completed her education. She was married to a doctor, who was a landlord too, and had speciali abroad. The first few years of her marriage were spent happily. Her

husband had only one brother and their mother had died when they were kids.

Their father had remarried, and had one daughter from his second marriage. The subject was blessed with two sons and a daughter, and had everything one could wish for. Her father-in-law gave his children anything they wanted, and transfered some of his peoperty to his children. He also transfered some of the property to his present wife; when the subject's husband and brother in-law found out they tried to convince their father not to transfer his property to his second wife. This annoyed their father very much, and they had to return without succeeding in their mission. A few days later when the subject was visiting her parents she heared that her husband and brother-in-law had murdered their father. She was shocked. Both the families were very respectable and the humiliation and insults she had to face depressed and upset her. Everybody was scandalized and spoke of how greed had caused educated and rich young men to commit such an inhuman act and ruined the reputation of the family. The subject's eldest son was badly effected by the tragedy. Although the subject was certain that her husband was inoccent,she could not prove it and he was arrested. Her nerves were shot to pieces and fear shadowed her every minute of the hour. She dreaded her husband being proven guilty and feared for the safety of her own sons. Her step mother-in-law's brothers were very revengeful and she was afraid they might kill her sons in vengeance. She began to have repeated nightmares in which a man was attempting to kill her, and her children. Later on while fully couscious, started hearing a male voice saying he would kill them a

Leaving behind everything, she went to her parents house. Soon after her father died. The brothers were very kind to her but their wives were not. The subject gave up her practice as a doctor, but even this did not help. Her condition deteriorated day by day. Some distant relative took her to a religious mentor, who was the descendent of the Naqshbandia order. The subject's problems were narrated to the mentor. Pir Sahib made a note of every thing asked a few questions of the subject. Finally the subject was formally permitted to recite and invoke special religious verses before going to bed, and bless the four corners of the house. Pir Sahib also convinced her that, by the grace of these verses, nobody would dare harm her or her family. She was also advised to offer her prayers regularly.

The subject followed the Pir Sahib's instructions and although the nightmares did not stop alltogether, their nature changed. Either it was the intensity of the nightmares that had changed or she herself had become less sensitive to their severity. Later on the subject visited the mentor regularly and felt relatively quite peaceful.

Symptoms:

Nightmares. Auditory hallucinations. Depression.

Diagnosis:

Schizophrenia

Tests and Results

Ego-Strength Scale:

The raw score of Mussart is 40 and her T-Score is 49 which

is between the average normal range of 40-60. At the time of the test the subject's age was 50 years. The T-Score of 49 at this age is quite satisfactory.

5 out of 6 questions which were meant to measure religions attitude were marked as true while according to the test norms they should have been marked as false. This fact affected the present results of the subject.

Embedded Figure Test:

The number of correct responses on EFT made by the subject were 12 while the maximum possible score on this test is 18. According to the original norms of the test, the result falls in the 3rd quartile of scores. This means that subject's cognitive functioning is quite normal.

Passalong Test:

The subjects raw score on the passalong test was 58. When converted to mental age in months it came to 192. So the PIQ of the subject is 100 which comes within the normal limits, according to the original norms of the test.

Ghazali Personality Inventory:

The raw score of the subject on Appetite (Ap) is 31 and T-Score is 59. The norm of the T-Score on Ap is 27.85. The raw score of the subject on Anger (An) is 36 while the T-Score is 44. The norm T-Score is 45.75. The raw score on Intellect (In) is 62 while the T-Score is 62. The norm T-Score for this age group is 57.

The total of the subject's T-Score on Ap, An and In is 158, while the norms of total T-Score is 140.29. This result indicates the superior level of functioning on Ghazali Personality Inventory.

Thematic Apperception Test:

The ability to organize TAT stories was moderate and the subject was not very prompt and spontaneous in making up the stories. Most of the stories centered around a few themes and none of the characters showed strong emotions. Two stories which were centered around a family theme, emphasized the need for love and understanding, but in the process of interaction the characters expressed little affection and love. However, the achievement need of the subject was quite high and most of the time she was trying to make up for the period she could not do anything. The husband emerged as a strong figure in these stories, though her attitude towards him was extremely ambivalent. The characters often got into uncomfortable situations, but made every effort to workout satisfactory solutions. The sense of reality was absolutely normal. There were no references to supernatural or ghostly creatures. There was a moderate degree of regulation and control in utilizing drives and impulses. Generally the subject's thinking was quite logical. Both threshold and adaptation of the subject to the stimuli was of average range. Autonomous functioning was also moderate. Synthetic integrative ability was quite good. On the whole the subject was able to maintain the balance between the forces of id impulses, superego and the ego itself.

The ego function assesment from TAT data on thirteen point scale puts the subject with in the normal range of graph on the Bellak form (See figure IX).

Summary:

The symptoms of the subject were gleaned from the case history. With the help of DSM-III the subject was diagnosed as suffering from Schizophrenia at that time. Her present score on ego-strength scale and ego function assesment on Bellak analysis sheet represent a balanced and healthy personality. Score on the embedded figure test and passalong test also indicate normal functioning. Even the scores on Ghazali personality inventory give superior functioning of the subject. The subject did not receive any other therapy except faith therapy. Her present good health may be due to her complete reliance on faith and the religious mentor.

Case History No.X

Name:	Noshi Sahibzada
Age:	22 years
Sex:	Female:
Family Constellation:	Two brothers. Subject being the youngest in the family.
Father:	Educated, Government Servant
Mother:	Educated (up to Matriculation)
Religion:	Islam
Education:	F.A.
Marital STatus:	Single, not married
Economic Status:	Middle Class

History: There was nothing unusual in the subject's early growth and development. She was the third and youngest child of her apparently happily married parents. Her previous academic record shows that she was of superior intelligence, and always did exceptionally well in school, though she was not very successful in making friends. The fact was that the mother was very possessive and overprotective about her children and never encouraged them to mix with other children. Her brothers were older and not very friendly with the subject and her feelings of loneliness were very strong since childhood. Adjustment problems at home compounded her difficulties in school and she became irritable and moody. A number

of the subject's growing concerns revolved around petty matters. She was very uncomfortable at sharing her room, which was also used as a family sitting room. Her constant grumbling resulted in the transfering of the T.V. to her parent's room. She then started feeling guilty about her behaviour and ceased going to her parents room, assuming the whole family and turned against her. In the meantime a paternal aunt had come to stay with them. The subject's mother was always suspicious of these sudden visits of the aunt. There was an overall tension in the house which persisted all through her stay with them. When the subject entered college her performance deteriorated gradually as she could not cope with the demands of college education. Both parents and teachers were disappointed in her.

The subject then started feeling ashamed of herself and her family. She was embarrassed going to college on her father's motorcycle. Day by day her suspicions about her college mates multiplied. She was convinced that the girls around her were plotting against her and she became extra cautious against everybody, becoming very secretive. Moreover her suspicions were not restricted to the college but also included her own family members, and anybody who refuted her beliefs was considered an enemy. After being convinced of her family's enimity the subject began to cut herself off from them and spent most of her time locked up in her room. This was when she began to experience auditory hallucinations, and became excessively self-conscious while conversing even with her family. The subject's mother also became suspicious and thought somebody had performed black magic on her daughter. The subject's

aunt was the main suspect. The matter was discussed with friends and relatives; each of whom suggested doctors and psychiatrists. But the subject refused to see anybody.

The parents were exceedingly worried at her attitude. Consequently a mentor was invited home, but the girl refused to see him. The mentor then read holy verses and blessed a glass of water sprinkling it around the house while praying for the happiness of the family. He also gave them an amulet for the subject, it had to be stitched in green cloth and worn around her neck. The subject refused to wear it, so it was put inside her pillow. After sometime the subject asked for the amulet and agreed to wear it. Subsequently she also agreed to see the mentor, which was a great progress. In the beginning she was reluctant and shy to say anything to the mentor regarding her feelings. Special prayers were offered by the mentor (who was a very religious person) and she gradually started confiding in the mentor and told him how she disliked seeing too many people and all her apprehensions. She felt much better and started going on picnics and to the park with her family. She also started conversing with some close relatives who visited them.

Symptoms:

Feelings of loneliness. Irritable and moody. Feelings of guilt. Began to be ashamed of her family and herself. Became suspicious, and isolated. Experienced auditory hallucination. Excessively self conscious.

Diagnosis:

Paranoid Personality Disorder.

Tests and Results

Ego-Strength Scale:

The raw score of Noshi on ego-strength scale is 35, while T-Score is 43. This score falls within the normal range.

Five out of six questions which were supposed to measure attitude towards religion were marked as 'true'; whereas, according to the original norms of the test, they should have been marked as 'false'. This fact has affected the results of the test.

Embedded Figure Test:

The number of correct responses are 13. The maximum possible score on this test is 18. According to the original norms of the test the score of 13 falls in the 3rd quartile of the results. This means the subjects cognitive functioning is quite high.

Passalong Test:

The raw score of Noshi on passalong is 54. When converted to mental age in months it came to 184. The practical intelligence qoutient is 96. Which comes within the normal limits. According to the original norms of the test the subject's intellectual abilities are average.

Ghazali Personality Inventory:

The raw score of the subject on Appetite (Ap) was 30 and her T-Score is 58 which is higher than the norm T-Score. The T-Score of the subject on Anger (An) is 60 which is higher than the norm T-Score. The T-Score of the subject on Intellect (In) is 62 which is again higher then the norm T-Score.

The total of the subjects T-Score on Ap, An and In is 180 while the norms of the total T-Score is 140.29. The test results of the subject put her very high on Ghazali Personality Inventory.

Thematic Apperception Test:

In nine out of ten stories the outcome is certain where as in one story the outcome is ambiguous. Most of the themes in the stories concern victory, patriotism and justice; whereas two show frustration and rejection. More usual, conventional ways of looking at reality are evident. Violence and destructivness are either absent or considerably muted. Characters are less assorbed i fantasy and super ego functions are very clear. Generally the thought processes of the subject under conflicting situations were structured and realistic. The ability to differentiate between inner and outer stimuli is also adequate. None of the stories include reference to ghostly creatuers. She seems to control her impulses very well. The ability to synthesize events and produce logical coherence is evident. There was neither primary nor secondary impairment in autonomous functioning. Mastery and competence are not very high.

There is some trace of insecurity and demand for support and approval from environmental forces. On the whole the subject's present condition and psychological functioning seems to be adequa

The ego assessment from TAT data on 13 point scale puts the subject within the normal range of the graph on the bellak form (See figure X).

Summary: The symptoms of the subject were gleaned from the case history. With the help of DSM-III the subject was diagnosed as suffering from paranoid personality disorder at the time of her trouble. Her present score on ego strength scale and ego function assesment on Bellak analysis sheet represent a balanced and healthy personaltiy. Scores on the embedded figure test and passalong test also represent normal functioning. However, the scores on the Ghazali personality inventory show superior functioning. During her illness the subject did not receive any therapy except faith therapy and her present good health may be due to her complete reliance and faith in the religious mentor.

Case History No.XI

Name: Rasheeda

Age: 50 years

Sex: Female

Family Constellation: Two step brothers

Religion: Islam

Educational Qualifications: Illiterate

Marital Status: Married, has five daughters. Four of them married.

Economic Status: Poor

History: The subject was six months old when her father died, after which, her mother married her paternal uncle. The subject states that her (uncle) stepfather was very kind to her, but she lived mostly, with her maternal uncle. On the other hand she also states that each time there was a quarrel between her mother and stepfather, she went to live with her uncle and after it had blown over her mother took her home again.

The subject was married at the age of fourteen years. She was quite comfortably off after her marriage, which lasted two years; as her husband died soon after her son was born. She went back to live with her mother, but her stepfather objected. Her mother therefore left her husband and, with money left by the subject's realfather, built a house and settled in Karachi. They lived there for about eight years, after which the subject married

a young man from Swat. The son from her first marraige stayed on with the subject's mother.

Her husband got involved in a murder and sent the subject to Swat to live with his parents. He joined her there after six months, with a warrant of arrest against him.

He soon started having sexual relations with other women and drinking. When the subject remonstrated he used to thrash her within an inch of her life. Once, only a week after child-birth he thrashed her and threw her out into snow. Eventually her husband remarried and insisted on both his wives living together. The subject even accepted this indignity but her husband soon sent her away.

The subject states that she bore all the mistreatment as she had nowhere to go. She had remarried of her own free will, and therefore did not expect anyone to sympathize or stand by her.

While living with her in-laws she fell ill with a fever for over a month, a cough, pains in her sides and legs, which were also swollen. She was admitted to the hospital but a hakim's medicine, eventually cured her.

The subject states that since her childhood she had suffered from constant stomach aches, she became panic strucken in the dark and used to run out of the house when the lights were switched off. At such times she was totally unaware of her actions and surroundings. She also suffered from a loss of appetite and severe depression. As she was believed to be possessed by evil spirits (Jinns), a maulvi Sahib was called in. Many amulets etc were given;

but each time they were lost. The explanation the subject gives is that the spirits threw away the amulets as they did no want her to wear them.

The Maulvi conversed with the spirits who told him that they were eight in all. They were seven sisters and one brother. The subject states that the brother (the male spirit) was good and kind and came when needed, but the sisters (the female spirits) were vicious and cruel and caused her a lot of suffering. Once while the subject's mother was undergoing an especially difficult labour, the subject had fell into a trance, during which, she or (as she professes) the spirits wrote out an amulet and told the people in the room to put it in water and give it to her mother to drink. The subject states that her mother told her that soon after drinking the water she felt better, almost miraculously so, and soon gave brith. Word spread about the subject's power and people began to come to her for help. After a few such instances the spirits, according to the subject, became angry and refused to help.

The subject states that the spirits continued to possess her even after she got married and tried scaring her husband, but due to his continued thrashing of her (the subject) they more or less left her. But in another conflicting statement the subject stated that the Maulvi Sahib had exorcised the spirits a few months after her marriage.

Before the exorcism her mother had to force the subject to fulfill her religious obligations, but after the rite she began to pray and fast willingly, and this brought her a great sense of peace and contentment.

The subject states that during the periods of active possession she first used to start yawning, then felt a grinding and twisting in her bones, after which the world became dark and she became totally unconscious of her surrounding, her actions and time.

Even now that she is no more actively possessed by the spirits, she states that at the rising of the new moon she becomes depressed and avoids the company of people. In her periods of depression she withdraws from everyone and everything and nothing seems to give her pleasure. She just wants to lie down and pull a sheet over her head.

The subject states that even after the departure of the spirits, their shadow is till cast over her resulting in mild symptoms, such as a dull ache all over.

The subject came to the notice of the researcher while in a state of active possession (again conflicting with the earlier statement that the Jinns had left her). She had been asked to clean a slaughtered chicken during which she entered a trance-like state clutching the chicken. Efforts were made to remove the chicken, and were successful only after great difficulty.

Towards the end of the interview the subject again fell in a trance. Her thumbs twisted inwards and she was staring wildly at the researcher. Then she started making loud snorting sounds and started jumping high in the air, after which she fell into an epileptic-like fit.

During the interview it was noticed that the subject coughed a couple of times. Each time it was while recounting an

event that may have been the cause of some guilt feelings. For example the first time was when she spoke of her mother leaving her husband because of the subject and the other time she coughed was when talking about her remarraige. Her remarriage was a love match, and given the cultural taboos, and the circumstances following her second marriage, it is possible that it may have caused guilt feelings.

Symptoms:

'Possession' during which period she used to show following behaviours: unconsciousness, epileptic fit-like behaviour.

Diagnosis:

Multipal Personality Disorder.

Tests and Results

Ego-Strength Scale:

The raw score of Rasheeda on ego strength scale is 35 while T-Score is 43. This score falls within the normal range.

Five out of six questions which were suppose to measure religious attitude were marked 'true' where as according to the original norms of the test they should have been marked 'false'. This fact has affected the results of the subjects.

Embedded Test:

The subject refused to work on this test. No results are available.

Passalong Test:

The raw score of Rasheeda on passalong test is 63. When converted to mental age in months it came to 202. The Practical Intelligence Qoutient (PIQ) is 105 which comes within the normal limits. According to the original norms of the test the subject's intellectual abilities are average.

Ghazali Personality Inventory:

The T-Score of the subject on Appetite (Ap) is 49.59 which is high than the norms T-Score on Ap i.e. 27.85. The T-Score on Anger (An) is 44 which is slightly lower than the norm T-Score of 45.75. The T-Score of the subject on Intellect (In) is 57 which is equal to the norm T-Score on intellect i.e. 57.

The total of subjects score on Ap, An and In is 150 which is higher than the toal norms of T-Score which is 140.29. The test results indicate normal functioning.

Thematic Apperception Test:

The main themes on the ten TAT stories were centered family life. The second dominant and most reccurent theme was about power motive of the subject. There was considerable degree of novelty also present. The psychological evaluation of the TAT pictures showed that though her dissociative disorder is receded, she did not always evaluate the stimuli accurately. At times she over-identified with the pictures. There was overall consistency in the stories. The subject was intelligent enough to be creative and give more or less original stories. Her judgement regarding real as well as hypthetical situations was good. Sense of reality

was moderate. Her pattern of interaction was relatively free and adaptative. Adaptive Regression in the service of the ego (ARISF) defence functioning were also intact but she did show problems in readapting after a stressful situations. Synthetic integrative functioning were also accurate. On the whole there seems to be harmoney in the id, ego, superego relationship (See figure XI).

Summary: The subject was diagnosed as suffering from Multiple Personality Disorder, which comes under the essential features of dissociative disorder. The essential feature of this disorder is a sudden temporary alternation in the normally integrative functions of consciousness, identity or motor behaviour -- sleep walking has the essential feature of this disorder althogu it is classified among disorders usually evident in infancy, childhood or adolescence. (DSM-III, 1984).

The present score of the subject on ego strength scale and ego function assesment from TAT data on Bellak form suggest that subject has a normal and healthy personality. Rest of the tests also indicate similar results. However, inspite of subjects beings normally functioning adult, who associates her cure with the religious treatment, she demonstrated active symptoms of multiple personality disorder. It is the view of the researcher that because she was made to relive the stressful experiences during the interview, she once more resorted to the disorder that had given her some respite at earlier times. The personalities or spirits were a shield that protected her essential identity at times of crises by allowing her to avoid them.

As a child she had suffered from sleepwalking, which again points to her unconscious desire to escape from her surroundings. While her mother was undergoing a difficult labour, the subject as a child, panicked fearing she may lose the only person who cared for her. At this time she manifested one of the multipal personalities. Of the spirits the seven females were curel and wicked, may be they were a reflection of her own bitterness. After the relegious treatment, in the opinion of the researcher, she discovered strength in herself by reaching out and submitting herself to an all powerful and beneficient God, she came to feel less lonely and helpless and therefore did not need the support of the multiple personalities most of the time but she obviously is not totally cured.

Case History No.XII

Name: Durrani

Age: 47 years

Sex: Male

Family Constallation:: Two brothers and two sisters.

Parents: Dead

Religion: Islam

Marital Status: Married, with one son

Economic Status: Agriculturist

History: At the time of his birth, the subject's mother was suffering from small pox and there was very little hope for his survival. The subject strongly believes that his survival was due to the prayers offered for his recovery.

When the subject was studying in the tenth class, he fell seriously ill. His maternal uncle and aunt nursed him, as his parents, too, were seriously ill. No treatment was effective and the doctors gave up all hope, and eventually all medication was abandoned. The subject stubbornly refused to give up hope and continued to believe in his recovery. At this time, a friend of his brother's visited him. Both his brother and his friend were doctors. The friend, besides being a doctor was also a very pious man and he decided to treat the subject. His treatment consisted of medicine with special religious verses said over them, bef

being administered to the subject. The subject responded to the treatment and soon recovered.

The subjects father had taken part in the 'Khilafat' movement and had been educated at the Nadwa-tul-Ulema. Having spent an appreciable part of his childhood in the company of pious and learned people, the subject strongly believes in the efficacy of prayer, even though he has not formally undertaken 'Bai'a', the subject holds religious guides and mentors in great esteem.

After migrating to Pakistan, the subject was married in 1973. In 1977 he joined a pharmaceutical company and suffered a great financial loss. To add to his troubles, his right eye haemorrhaged. His brother tried treating him, but was not successful. The subject started becoming resentful of the way fate was treating him, and began to lose faith in religion. His thinking became confused and he became deeply depressed.

The subject then went to UAE, but was once more swindled. At this time the only bright spot in his life was his successful marriage. While in the Emirates, the subject met a very pious and religious person whom he started visiting regularly. The subject states that he benefited frequently from the guidance of this person, whose mere presence gave him comfort. His guide and mentor offered special prayers for the subject's welfare and each time the subject visited him, he made the subject offer 'Nawafil'.

While in the Emirates the subject suffered a heart attack which was diagnosed as angina. As his condition was critical and his family was in Pakistan, the subject sent for his mentor. The

subject states that when his mentor visited him in the hospital he put his hand on the left side of the subject's chest and prayed for some time with deep concentration. He then told the subject that by the grace of God he would never suffer a heart attak again. The doctors were surprised at the subjects speedy recovery when they found his blook pressure (BP) and electro cardio graph (ECG) to be quite normal. The subject states with great reverence, that his recovery had been accomplished solely by his mentor's prayers. Since then, with the help and guidance of his mentor, the subject has converted two people to Islam.

Symptoms:

Illness that did not respond to medication. Angina Pectoris.

Dignosis:

Psychological factors affecting physical condition.

Tests and Results

Ego-Strength Scale:

The raw score of the subject on ego strength scale is 44 while T-Score is 54 which falls within the normal range of results i.e. 40-60.

Five out of six questions which were suppose to measure religious attitude were marked as 'true' whereas according to the original norms of the test they should have been marked as 'false'. This fact has affected the results of the subject.

Embedded Figure Test:

The number of correct responses made by the subject on EFT were 16. The maximum possible score on this test could have been 18. According to the original norm of the test the score of 16 falls in the 4th quartile of the result. This means that the subject is field independent and his cognitive functions are superior.

Ghazali Personality Inventory:

The T-Score of the subject on Apptite (Ap) is 56 which is higher than the norm T-Score. The T-Score of the subject on Anger (An) is 65.6. which is higher than the norm T-Score. The T-Score of the subject on Intellect (In) is 55 which is higher than norm T-Score.

The total of subjects T-Score on Ap, An and In, is 176.6 which is higher than the total norms of T-Score of 152.65 for the male subjects.

Thematic Apperception Test:

The TAT stories were very brief, and he was not able to tell them easily.

The subject has been badly deprived of his badily functions due to his extreme and frequent sickneses. He has served and worked hard for his family but remained away from the house working in a foreign country. His need is to live peacefully with his family. Though physically cured he still needs support to regain his confidence.

However, his ego function assesment on TAT Bellak form indicate harmonious relationship between Id, ego and super ego (See figure XII).

Summary: The symptoms of the subject were gleaned from the case history. These symptoms with the help of DSM-III showed that the subject was suffering from psychological factors effecting physical conditions at the time of trouble.

The subject started his interview with his birth. His mother was suffering from small pox and he was born with secondary symptoms. Everyone feared for him and prayed for his survival, and the prayers were heard. It is obvious this incident has had great effect on the subject which seems to have resulted in his resorting to sickness in times of trouble, and recovering when prayed. The stresses still remained, but once he had been prayed over he found the strength to face his problems. The first time he reports a serious sickness was when both his parents were themselves seriously ill. He does mention his recovery at the hands of his brother's friend who repeated religious tracts over the medicine before administering it to him.

The haemorrage in his eye coincides with his financial loss in business. There is a strong indication that being away from his family and swindled of his money, precipitated his heart attack. He wanted the protection of prayer which had always led to survival in the past. Angina pectoris is known to occur under psychosocial stress, and is sometimes associated with psychosomatic disorders. After the heart attack the mentor prayed over the subject who then miraculously recovered. From the interview, the

researcher gathers that the subject is in close contact with the mentor and is presently in good health.

Case History No.XIII

Name:	Shireen Zohra
Age:	50 years
Sex:	Female
Family Constellation:	Four sisters and three brothers. The subject being the youngest.
Father:	Government Servant
Mother:	Mother died when the subject was 38 years of age.
Religion:	Islam
Educational background:	Literate
Marital Status:	Married for the last thirty years, has two children, a son and a daughter.
Economic Status:	Middle Class

History: The subject was the youngest at home, pampered and rahter spoilt by elder sisters and brothers. She grewup in a very religious family, strictly purdah observing. She was engaged before the two elder sisters. As a little girl she was a very jealous child. As a young girl she retained her jealous nature and was not very kind to younger children in the family. She enjoy inflicting physical injuries. As reported by the subject, one day she took an exceedingly hot tray, lay both the hands of her two year old neice on that tray and tightly pressing them with her own hands. The child screamed and yelled and the subject enjoyed the child's pain.

She was in the habit of receiving everything she asked for. At the age of twenty she got married. Her husband happened to be very kind, thoughtful and understanding, especially towards her. In short, the beginning of their married life was very happy. Her aggressiveness persisted but her husband persistantly pacified her by asking her to forgive others and forget about untoward events.

There was no joint family system, strictly speaking, but she had real as well as step in-laws who used to visit her off and on. The step mother-in-law, who was quite young and belonged to another tribe, expected lots of services from her. Socially they were poles apart but she had to cope with her step mother-in-law. After about an year a son was born to the subject. At the time of the boys birth her husband was out of town. The step mother-inlaw had three sons who were all older than the subject's sons. The step in-laws used to live next door. A Dispute between them over a small piece of property persisted for a long time. The subject also gave birth to a girl. The boy was very well educated, and proved to be one gem of a boy. Basically the boy was very affectionate and discouraged the mother's aggression, who did not cease to hurt people. Even the husband tried to make up for the injuries the wife had inflicted.

The saddest moment of the subject's life was when her only son was kidnapped in 1977. Nothing is known or heared about him until this moment. Many fruitless and futile endeavours to find the boy resulted in failure. The whole family tried to be sympathatic, to help and show compassion in their own ways. She

cried, screamed and yelled for days and nights but to no avail. Her condition deteriorated and she started having auditory and visual haluciations. She started having conversations with her missing son. In the beginning she suffered from insomnia but later on she would doze off while talking to others. Sometimes the used to hit her head against the wall and injure her-self. The only daughter was neglected and she fell ill as a result the daughter's condition worsened till she finally refused to see anyone. She stopped going to college and she would lock herself in and remain isolated for days. This was the second great shock for the subject. All her life she had been offering prayers regularly but now she stopped.

After a gap of an year she again turned to religion. Once again the subject became very regular in offering her prayers. She started with 'Wird' which means taking the name of God 1½ million times. She prayed for the safe return of her son after she had recited God's name every ten thousand times. She also started visiting shrines which she had never done before she lost her son. Next she started searching for living saints, in this search she also came across a few real pious, honest and sincere humantarians. She called them Saints because their comapany was a source of solace and peace. Finally the subject took the Baia of some sufi order and committed herself to spiritual guidance. Since then the process of spiritual discipline has started. Apart from fasting during the month of Ramzan, she also fasted at other times and prayed intensely after breaking the fast. She has also started reciting and invoking certain holy words for forgiveness (Istighfar) and Zikar (the repetition of God's name).

At present she has grown out of delirium and shock. The daughter has fully recovered although nothing is known of the son yet. The subject is a much more balanced and contented person now.

Symptoms:

Pleasure in inflicting pain on children during childhood. Uncontrollable rage. Crying. Auditory and visual hallucinations. Insomnia.

Diagnosis:

Childhood onset pervasive developmental disorder, and Brief Reactive Psychosis.

Tests and Results

Ego-Strength Scale:

The raw score of Shireen Zohra on ego strength scale is 40 while her T-Score is 49 which falls between the average range 40-60. So the subject has normal strength of the ego at present. At the time of test administration the subject's age was 50 years and her T-Score of 49 is quite a good sign. Another point, worth mentioning is that Shireen Zohra has also responded to the five out of six question on religions attitude as 'true' while they should have been marked as 'false' according to the test norms.

Embedded Figure Test:

The number of correct responses on EFT made by the subject were 14 while the maximum possible score on this test could be 18. According to the original norms 8 the test result of 14 falls

in the 3rd quartile of results. These results indicate that Shireen Zohra's cognitive functioning ability is quite high.

Ghazali Personality Inventory:

The raw score of the subject on Appetite (Ap) is 30 and T-Score is 59.63. The norm T-Score on Ap is 27.28. The raw score of the subject on Anger (An) is 40 when converted to T-Score it becomes 28.77. The norm T-Score for An is 45.75. The raw score of the subject on Intellect (In) is 58 while the T-Score is 52.63. The norm T-Score on In is 57.00.

The total of subject T-Score on Ap, An and In is 147.16 while the total norms of T-Score on Ap, An, and In is 140.29.

Thematic Apperception Test:

Her TAT stories were more logical and less mysterious and she did not have any denial and avoidance in articulating them. However emerging from her stories were feelings of helplessness. She still showed some disorganization in relation to anxiety-laden material but it appeared to the examiner that the psychotic stage has completely abated.

The main themes of most of the stories were centered around reunion with her kidnaped son. Another dominant characteristic was her blind submission to God. She was absolutely clear over the issues of reality of the world and the self. The ability to establish good relations with others was satisfactory. The subject's potential for responding to stimuli was average. The ability of the ego to reconcile between impulses and the demands of the super ego was also quite balanced.

The ego assesment from TAT data on the thirteen point scale represents the subjects personality within the normal range. (See figure XIII).

Summary: The symptoms of the subject were assorted from the case history. With the help of DSM-III the subject was diagnosed as suffering from childhood onset pervasive developmental disorder and Brief Reactive Psychosis at the time of her troubles. The subject was friendly and cooperative and worked well on the tests. She is of about normal intelligence and her verbal abilities seemed to be somewhat better than her performance. Ego strength is within the normal limits of a healthy person. Her performance on Ghazali Personality Inventory was also remarkable. Cognitive functioning was also quite high. It is assumed that the balance in her personality at present is due to the faith therapy since she did not receive any other treatment.

Case History No.XIV

Name:	Sabiha Begum
Age:	58 years
Sex:	Female
Family Constellation:	Three brothers three sister beside the subject and parents.
Father:	Government Servant (Educated)
Mother:	Literate , House wife
Religion:	Islam
Marital Status:	Married, with nine children
Socio-Economic Status:	Middle Class

History: As a little girl the subject was kept under strict control partly because her mother was very young (15 year old when she was born), and partly because the family was very religious She was the first girl in the family. The brother, older to her, was adopted by the grandmother who used to live with them. The brother was pampered and spoiled by the grandmother. The subject was strictly purdah observing. She was married at the age of twenty to a near relative who was very inconsiderate and cruel. He sold all her jewellery in the first two years of married life. His parents did not like the way he treated his wife but he allowed no interference. He was a dictator at home. The husband was also very strict and suspicious. The husband did not seek anyones advice and made his decisions independently. He was not very

successful in financial enterprises. The subject suffered for his mistakes and shortcomings. There was very little money in the first place but if some money came from a joint venture, he kept it and spent it. She tried to cooperate in every possible way but was never appreciated by her husband. Another problem was his unnecessary arguments with outsiders, on baseless and imaginary issues. He was in the habit of taunting and slighting others. This was very humiliating for the subject because she would then have to face those people and try to reconcile with them and apologize for her husband's behaviour. These conflicts extended to her immediate family too but she bore them with patience. He used to spend a lot and squander his own money without thinking of the future. The number of children kept on increasing. The daughters in particular were negatively affected. However the mother was more concerned for the boys who were severely beaten, over trifles, by the father. Every moment became a torture for the mother because of the fear that the boys might run away due to the father's inhuman treatment. There was tension in the house all the time. Everybody remained under stress and reacted nervously. Finally the subject who was not cutout for shouting and retaliation had a minor nervous breakdown. The family doctor was called, who after giving her first-aid, advised hospitalization for the patient. However, the subject could not be hospitalized due to family circumstances. The subject's husband got really scared for the first time in his life and had to narrate everything to his in-laws. Even the subject could not hide it any more and revealed everything she had been suffering to her family. The mother could

not provide much of a moral support because she was too simple and naive, but her father recognized her situation and was willing and capable of helping her in this crisis. The subject's family became really concenred, especially when they discovered that the children have ceased going to school and once of the firl was suffering from Tuberclosis (T.B.) Her parents came to her help and did everything possible for the children. At that time her sisters were also very kind and helpful, but latter on started treating the entire family like personal servants. The subject saw everything, swallowing the bitter truth, because she was helpless. Not only the subject but even the children, especially the girls, started feeling disgusted with their lives. The subject was becoming increasingly anxious about the future of her children. Subsequently she began to show signs of increasing confusion and agitation. A series of events had imposed considerable stress on her and she began to experience fainting spells followed by disrupted thought processes which would persist for a brief period.

The subject herslef was quite aware of the changes taking place with in herself and was constantly making note of it. One day she sent for her father. When he came she related all her anxieties and troubles to him and made a request that he should pray for her. The father of the subject was a pious and religious man and disciple of a particular sufi order. He revealed his daughter's worries to his mentor and sought his advice. Since the subject was purdah observing her husband was summoned by the mentor through the father-in-law. The mentor sent holy verses for the subject to recite after prayers. She started doing that and

Ego function assessment from TAT data

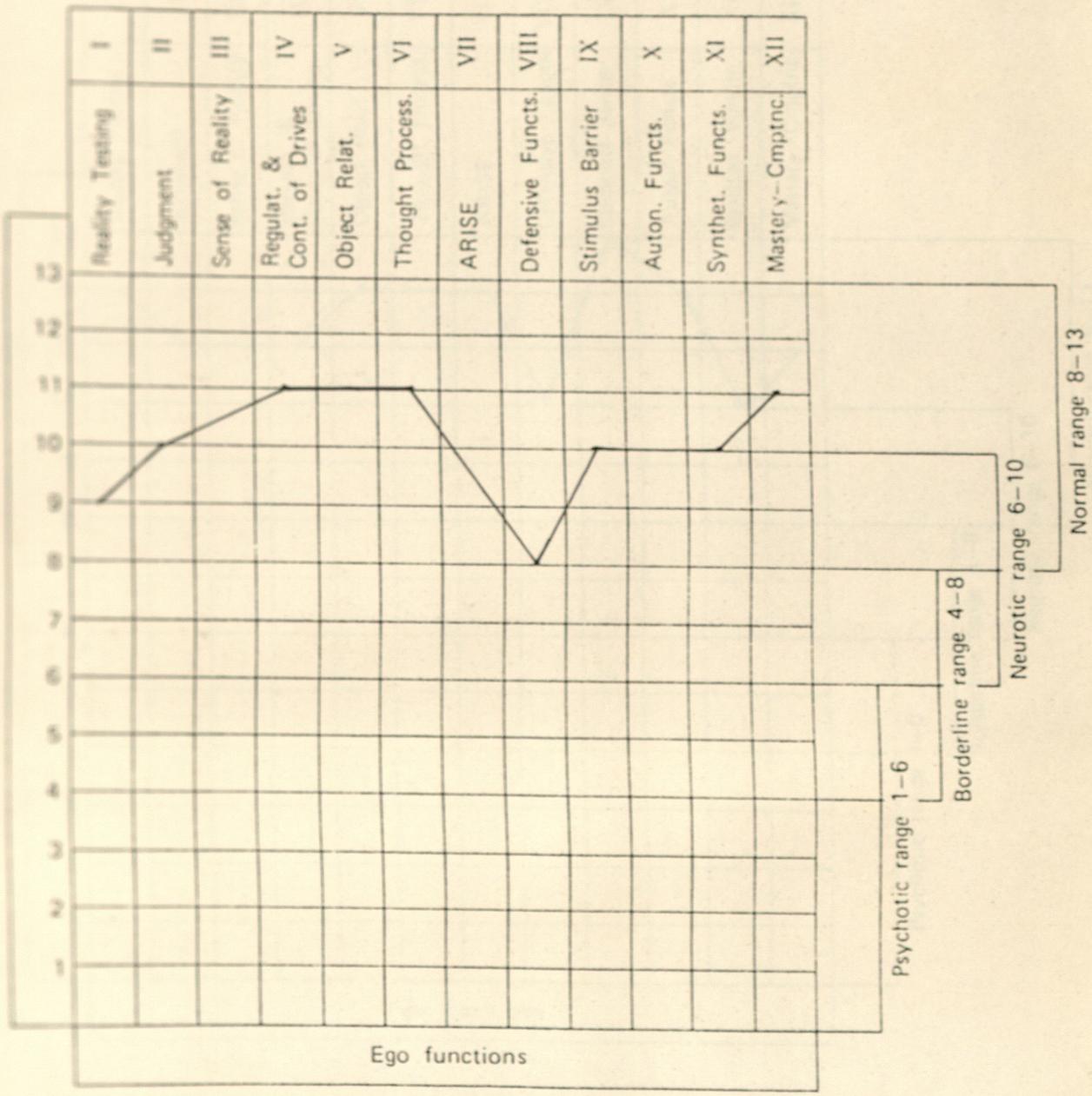

Figure: VI

has been doing the same for the past eighteen years. Whenever she faced any problem the mentor was approached who gave her additional treatment.

Things changed gradually but completely for her. Financially too she is well off. She inherited some money from her near relative. The children completed their high school education and some also joined University. Later the children acquired prestigious positions and the family on the whole is now mentally sound. In her opinion the changes that have occured are due to the help and influence of her mentor.

Symptoms: Fainting spells. Disrupted through processes. Confusion. Minor nervous breakdown. Anxiety.

Diagnosis:

Adjustment Disorder with Anxious Moods.

Tests and Results

Ego-Strength Scale:

The raw score of Sabiha Begum is 42. When converted to T-Score it became 52. This score is within the average normal limits of 40-60. So the ego-strength of this subject is within normal limits.

Five out of six questions which were meant to measure regligious attitude were marked as 'true' while according to the test norms they should have been marked as 'false'. This fact has also affected the present results.

Another important point to be noted is the age of

Sabiha Begum. At present she is 58 and her score on ego strength is 52 which is quite remarkable.

Embedded Figure Test:

The number of correct responses on EFT made by the subject were 13. The maximum possible score on this test could have been 18. According to the original norms of the test the score of 13 falls in the 3rd quartile of scores. This means that subject's cognitive functioning is superior.

Passalong Test:

The subject raw score on passalong test is 58. When converted to mental age in months it came to 192. So the Practical Ability Qoutient (PAQ) the subject is 100, which falls within the normal limits, according to the original norms of the test.

Ghazali Personality Inventory:

The T-Score of the subject on Appetite (Ap) is 71 while the norm T-Score on Ap is 51. The T-Score of the subject on Anger (An) is 50 while the norm T-Score on An is 42. The T-Score of the subject on Intellect (In) is 56.93 while the norm T-Score on In is 56.5.

The total score of the subject on Ap, An and In is 178 which is higher than total norm score of 140.29.

Thematic Apperception Test:

The TAT stories were well organized, and she was able to tell them easily. Most of the stories centered around a few themes. There was a considerable degree of need for achievement and recognition in the stories. In most of the stories, parents

appeared as important figures. They are described as loving and giving. The subject always turns back to the parents in times of distress and trouble and forgets all her worries. She is also quite hopeful about the future. She has the capacity to deal with conflicting events in an effective manners. Throughout the stories the characters get into very comfortable situations and always work out satisfactory solutions. Synthetic-Integrative functioning is also quite adequate. The ego function assesment from TAT data on 13 point scale indicates a normal graphic representation of subjects personality (See figure XIV).

Summary: The symptoms of the subject were gleaned from her case history. With the help of DSM-III she was diagnosed as suffering from Adjustment Disorder with Anxious Moods at the time of trouble. She only received faith therapy from the religious mentor for treatment. As noted by the examiner, she worked well on the test and had no difficulty in handling the test material. The test results reveal superior intellectual endowment. Ego strength is also within the normal range. The present normal cognitive and intellectual functioning of the subject may be considered due to faith therapy.

Case History No.XV

Name:	Tehmina
Age:	23 years
Sex:	Female
Family Constellation:	Two brother and two sisters. Subject being the youngest in the family.
Father:	Government Servant
Mother:	Illiterate
Religion:	Islam
Marital Status:	Married (Has a Son)
Economic Status:	Middle Class

History: The subject development was considered normal in every way. Measels was her only childhood disease and she never had any other specific problem. The subjects mother is 48 and father is 64 years of age. The subject is the youngest of four children. The oldest sibling, a girl, was born five years before the subject and was retarded at birth. All the other children were normal, including the subject. The subject started going to school at the age of five, and after completing F.A. she got married. The subject was a young, happily married, and well placed woman with an adorable child and until the onset of the problem she had neither physical nor adjustment problems. Five years ago she was married to her first cousin, who was always very kind and considerate. Then, there was death in the neighbourhood. The lady who had died was young and

her death was absolutely unexpected as she had died of her first heart attack. While attending the funeral the subject was in shock and could not shed a single tear at the sight of the two small children who had been deprived as suddenly of their mother. When the subject returned home, she could not sleep for days. She became scared of death and suffocation.

The commencement of the ailment was imperceptible. However her family was alarmed when she started hitting her head against the wall accompanied by hyper-ventilation. She was severely depressed and cried for hours, almost incessantly. She complained of pain in her limbs and a queer sick feeling. These feelings lasted for a week, while the feeling of lack of fresh air in her lungs prevailed intermittently. She was disturbed by everything, even her only son. The subject did not bear her child to be near her, feeling as if it would be the last time she would hug him.

Her mother-in-law, being her aunt, consoled her; but it was of no use. The condition of the subject deteriorated day by day. Her husband took her to many doctors, who invariably prescribed relaxants and rest; however, she was declared physically fit by every doctor. A pious lady, a mutual friend of her mother and mother-in-law, known to help people in despair, was contacted and the subject was taken to her; the subject was in no condition to walk independently and leant on her mother, looking miserable. The lady mentor had not only dealt with similer cases, but referred them to people cured after receiving treatment. Holy verses from the Holy Quran were read several times by the mentor, and the subject was blessed with them. The mentor also put her hand on subject's head, caressingly.

Tea was served afterwards, and the discussion drifted to other topics. The researcher was also present at the time. The subject was asked, by the researcher, how she felt and the subject giggled outright, and reported that she was feeling quite well. She then gave a description of the sickness which had prevailed untill an hour ago. It seemed that the sumptoms had disappeared as imperceptibly as they had appeared. After a week, the subject revisited the mentor in order to thank her, and not for any treatment as she felt fine.

Symptoms:

Fear of death. Fear of suffocation. Hyperventilation. Severe depression. Incessent crying for hours. Pain in the limbs. Inability to walk without support.

Diagnosis:

Anxiety neurosis and panic disorder.

Tests and Results

Ego-Strength Scale:

The raw score of Tehmina on the ego strength scale is 47 while the T-Score is 58. This score falls on the higher side within the normal range i.e. between 40-60.

Five out of six questions, meant to measure religious attitude, were marked as 'true'; while according to the test norms they should have been marked 'false'. This has affected the test results of the subject.

Embedded Figure Test:

The number of correct responses made by the subject were 16. The maximum possible score on this test is 18. According to the original norms of the test the score of 16 falls in the 4th quartite of the results. This means that subject is field independent and her cognitive functions are superior.

Passalong Test:

The raw score of Tehmina on passalong test is 66. When converted to mental age in months it came to 210. So the Practical Ability Qoutient (PAQ) of the subject is 109, which is on the higher side of intellectual ability.

Ghazali Personality Inventory:

The T-Score of the subject on Appetite (Ap) is 53 which is higher than the norm T-Score on Ap. The T-Score of the subject on Anger (An) is 59.71 which is also higher than the norm T-Score i.e. 50.7. The T-Score of the subject on Intellect (In) is 63 which is quite a bit higher than the norm T-Score i.e. 50.55.

The total T-Score obtained by the subject on Ap, An and In is 169 while the norms of total T-Score is 140.29. This test result indicates superior functioning of the subject on Ghazali Personality Inventory.

Thematic Apperception Test:

The most recurent theme of the ten TAT stories is that of a high standard of excellence. There was a continuous effort on the part of the subject to achieve self recognition and position in the society. However this dominant need for achievement is

expressed in a positive manner. The Characters strive to engage themselves fully with other people and the outside world, and there is an over all flow of ideas and coherence in the stories. Most of the events and their outcome in the stories were quite logical. Adaptive regression in the service of the ego (ARISE) and defensive functioning are found to be in the average mode. Autonomous functioning was also found to be intact. A sense of mastery and competence are very obvious throughout the stories. At present the subject seems to be contented and happy with her present state of life. She has maintained the balance between her impulses and the demands of the super ego.

The ego function assesment from TAT data on a thirteen point scale puts the subject within the normal range of the graph. (See figure XV).

Summary: The symptoms of the subject were gleaned from the case history at the time of trouble. These symptoms showed with the help of DSM-III that the subject was suffering from Anxiety Neurosis and panic Disorder. The present score on the ego strength scale and ego assesment graph on the Bellak analysis sheet suggest absolutely efficent psychological functions. The score on the embedded figure test, passalong test and Ghazali personality inventory also coincide. Her high achievement motive results in a high performance level in all the tests. The subject, during the days of her illness, did not receive any treatment except faith therapy by a religious mentor, and her present good health is due to her complete reliance on faith-therapy.

CHAPTER IV

RESULTS AND DISCUSSION

RESULTS AND DISCUSSION

Clinical mediations are largely based upon the needs of individual clients. The understanding of the individual is the major goal of clinical knowledge. So the case analysis is an important and dependable method of clinical psychology.

Some of the most remarkable clinical work is based upon analysis of individual cases which however, has been critisized by most methodologists. It is, argued that the need for case analysis is the only base that can contribute to clinical knowledge though not as well as "true experimental research". Case analyses are not only useful but necessary because of the unique goals of clinical psychology. The major theories, on the clinical side, of psychology are based on case analysis. Freud, Jung Sullivand and other founded their theories on data obtained by this method.

For the practitioner, the generality of findings is the critical issue because they do not know which treatment delivered in what way is likely to be most effective for which client with which set of problems and characteristics. This is a question of external valadity. Even in an experimental design no amount of care will insure that the findings are relevent because studies do not possess external validity as a matter of logical necessity (Birnbraver, 1981). The assumption that the knowledge that is based on group comparison method is more generalizable than analysis of individual cases is not as true for clinical psychology. Clinical science needs many analysis of individual in order to make in depth generalizations. However it has ended up with quite a few analysis of groups for the sake of "extenal validity". When greater validity is claimed the process of selection and assignment is randomly made.

But we are never able to select randomly from known population. Most of the time, specially in Pakistan, clients do not come for treatment and we do not have access to them. Even if we overcome this problem we can't force all the patients to participate in conventional treatment or research. Supposing we also resolve this problem the results of the research would only apply to the representative smaples from the population and not to others.

For these reasons, the replication of studies based on western therapeutic techniques and their assumed generalities have little significance for us. Most clinical researches are not designed to detect which group improved. This puts a limit on the use of individual data. There is an urgent need to go into the details of prevalent systems of therapy being practiced in our culture. The follow up studies of many severely ill persons have indicated that these subjects have benifited from the treatments of non-psychologists. In order to see what factors have really contributed to this type of therapy (Faith or mentor therapy) one should conduct intensive analysis of individuals many times. This approach has an advantage because variability due to sources other than actual treatment can be identified at the individual level. So more reliable rules can be generated.

Another important issue is that we are in the habit of replicating studies which are best suited with the western culture without realizing how relevent it is to our own set up. We also give importance to the level of significance of the effect shown. It is logical that strong effects are more generalizable than weak ones. There is need to study individual characteristics within

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ones own cultural settings to ensure that the treatment fits the specific demands and strengths of the individual subject.

In the past decade the interest has shifted to methodological tools that are built on case analysis (Barlow and Hersen, 1973; Browning stones 1971; Hoyes, 1981). The essentials of treatment related analysis of the individual case is an accurate and systematic assessment. To be more objective in the present study every case is analized and checked with the help of five different clinical tests to assess the data in either direction. The first test used was the Ego-strength scale. This scale is used to make useful assessment in any situation where some estimate of adaptability and personal resourcefulness is needed. It seems to measure the various aspects of effective personal functioning that are referred to by the term "ego-strength". The scale consist of 68 items which are selected from MMPI, on the basis of their predictability to indicate the functioning of the ego. Another important function of this test is to predict the psychologically disturbed patients who are more likely to be benifited by psychotherapy.

The 68 items of the scale tend to measure eight broad dimensions of psychological functioning. These are as follows:

1. Physical functioning and physiological ability.
2. Psychasthenia and seclusiveness.
3. Attitudes towards religion.
4. Moral posture.
5. Sense of reality.

6. Personal adequacy, ability to cope.

7. Phobias, infantile anxities.

8. Miscellaneous.

The norms for ego functioning are established on western populations. The purpose of using this scale in the present research was to see whether the people suffering from psychopathology, treated by non-psychologists i.e. religious mentors, get benefit of this treatment or not.

The group results are shown in Table No.I, indicating 14 out of fifteen subjects fall between the normal range of 40-60. Considering the duration of their disease, severity of their problem and type of treatment they have received, the strength of the ego which they possess at present is worth noting. More than six out of fifteen subjects were diagnosed as psychotic who have not received any other therapy except faith therapy and are still able to hold themselves normally as far as their ego strength is concerned. The collective responses of the subjects made to different dimensions of psychological functioning within the ego-strength scale were also studied. For example the group of six questions regarding attitudes towards religion. Out of these six five are supposedly false according to the norms of the original scale. The most interesting fact revealed in this study was that all fifteen subjects gave similar responses to all the questions measuring attitude towards religion. Five out of six questions were responded to as 'true' while according to the test norms the correct response to these five questions should have been 'false'. All these five questions pertain to the issue of blind faith.

It also appears that in Western society blind faith seems to signify weak ego. Whereas from the responses to these questions it seems that blind faith does not indicate weak ego in this culture. In fact the ego strength of these subjects was normal inspite of the 'true' responses (which are wrong responses according to the western norms).

This may be interpreted as an anthropological fact that people in this country have no ambiguities and doubts as far as their religious beliefs are concerned. It appears as if those who go to the mentors and seek faith therapy either have clearity of belief at the commencement of therapy or this enrichement is the result of the therapeutic process itself.

The significance of religion in the Western culture is quite different than what it is in the East. Christianity is not on the same level of observance. It is something which is practiced on sundays or when somebody is born or gets married. Whereas Islam is believed to be the part of our psyche. The sum total of life should be congruent with our religion otherwise conflict will result. The unanimity which is observed while responding to the questions on religion is due to the fact that Islam is not foreign. The role of religious mentor is to faciliate the functions of the ego i.e. perceiving, planning, synthesizing and bringing the subject into an adaptive relationship to reality though his approach is different.

Other factors effecting ego-strength are physiological stability and good health. The ego is at its strongest in the years of physical maturity. It increases as the individual grows towards

maturity. It levels off in the prime of life and decreases with increasing age. In the present study the mean individual score is 49 while the mean age is 42 years. The subject Akhtar, Daud Khan, and Sabina have ages as high as 60,68 and 58 years respectively while their corresponding T-Scores on ego-strength scale are 40,49, and 52. These results at such an advanced age are considered to be very high. It appears as if dependence upon or seeking help from mysticism and sufism not only gives relief from psychological problems but also strength the ego.

The second test used in the present research was the Embedded Figure Test. It is a perceptual test. The task of the subject on each trial is to locate a previously seen simple figure within the larger complex figure. In the history of psychological testing the concept of perceptual and intellectual task may serve in the assessment of broad dimension of personal functioning. Perceptual tests like the Rorschach or the Intelligence test have been used for many years in clinical assessment of ego functioning. The EFT quickly reveals and assesses the ability to break up an organized visual field in order to keep a part of it seperate from that field. It assesses whether the subject is field dependent or independent.

There are clear age related changes in field dependence over the life span. There is a marked continuous increase in field independence during 8 t0 15 years of age. It levels off during period of adulthood and later on there is a marked return to field dependence (Schwartz, & Karp, 1967).

Person who have difficulty in disembedding simple figures from complex designs in EFT tend to do less well in solving that class of problems which require isolation of essential elements from the context in which it is presented and using it in a different context. EFT performance is not related to intellectual tasks not requiring disembedding. The factor-analytic studies by Cohen (1957-1959) identified three main factors in both the Wechsler Adult Intelligence Scale (WAIS) and Wechsler Scale for Children (WISC). These factors were the verbal comprehension factor, the attention concentration factor and the analytical factor. If a seperate IQ for each factor is computed, EFT scores correlate at high and significant levels with the analytical factor of IQ. In short, the field independent persons are markedly superior on the Weshsler analytical factor but not predictably different on the verbal comprehension or attention concentration. There is moderate correlation between EFT scores and the full scale IQ. So the field independent persons are not necessarily superior in general intelligence.

The EFT measures the extent to which the organization of the prevailing field dominates perception of any of its parts. The person who shows field dependence follows the organization of the field as presented. The field independent person is able to overcome the organization of the field, to break it up in order to locate the sought after component.

Those who have an articulated cognitive style are likely to have an articulated body concept. They experience the body as a whole, having definite limits and its parts being interrelated.

The articulated cognitive style give evidence of a developed sense of identity and awareness of needs and feelings which are seperate from those of others. With a global cognitive style, the person has less developed sense of identity and relies on external sources of support. Persons with articulated cognition use specialized defenses i.e. isolation, whereas those with global style tend to use defences like repression and denial.

A more independent mode of performance on EFT reflects more developed cognitive functioning though it does not imply better adjustment or mental health. It has been shown that when personality disturbances occur among those who are field dependent and less differentiated, they are likely to show severe identity problems: They show deep-seated problems of dependence, have difficulty in maintenance of identity and have feelings of helplessness. The field independent persons are believed to be more mature and are likely to learn more about the social aspects of their environment.

The group results are shown in Table No.II. The test consists of eighteen test items. For every correct response a score of one is given to the subject. So the maximum possible score obtainable by any subject can be 18. In the present study none of the subjects scored lower than 10. Three out of the 14 subjects scored 16, whereas the rest of 12 subjects have scores between 10-15. This means that 13 out of 14 subjects have scores which fall in the 3rd and the 4th quartile, according to the original norms of the test.

It has also been mentioned earlier that there are clear age-related changes in field dependence over the life span. There is a marked increase in field independence during ages 8-15 and it gradually decreases from adolescence onward till the person returns to complete field dependence. In case of the present study this hypothesis has proven incorrect because most of the subjects have shown quite a high performance inspite of their advanced ages. Subject No.III (Daud Khan), 68 years of age scored 15 which is a very high score for that age. All these subjects, inspite of their difficulties in the past, have superior cognitive functioning and could maintain their identity. All of them have come out of their difficulties successfully with the support of the faith therapy.

The third test used in this study was the Passalong test of intelligence. This test consists of performance measures only. Recently it has been established that such performance tests correlate as highly with the 'g' factors as do verbal tests. The performance tests are also culture free. That was one reason for which Passalong test was included in the present study, specially when some of the subjects were not educated enough to respond to other kinds of intelligence tests loaded with the verbal factor. It have also been noted that with some exceptions, vocabulary it a function relatively unaffected by mental disorder.

An intelligence test could produce an index of relative ability such as IQ, which can be used in applied situations reguiring such assessment. Thus an early presentation of the

Wchsler Belleuve manual contains a special chapter on diagnostic and clinical features of the test (Wechsler, 1944). The author communicates his observations and experiences with the test in different nosological groupings. He proposes three methods for the diagnostic use of WB. First, is the verbal performance discrepancy. According to him, people with organic brain disorder(s), psychotics and neurotics score higher on the verbal tests of WB. Second, Weshsler indicates a difference of over two points between any weighted score of a subtest and the mean subject score. Then he tabulates the characterstics of the performance patterns of the five diagnostic groups i.e. organic brain damage, schizophrenia, psychopathic personality, neurotics and mental deficients on the WB. In Schizophrenia the information is good, vocabulary is high. Finally the author also suggests some qualitative analysis of the responses to individual test items. Wechsler also suggests that the process of normal deterioration due to againg is similar to that found in the more severe psychiatric disorders.

In an unpublished study of Rabin (1947) a sample of 1000 patients admitted to the state hospital during a period of two years was studied. The sample was quite similar, with respect to education and socioeconomic background. The mean IQ of those patients was 91.4, significantly below an assumed mean IQ of 100 for the entire population, whereas non-psychotic group represented (neurosis, psychopathy etc.) achieved a mean IQ of 94.4; the Schizophrenic group, a mean IQ of 88.7 and all other psychosis, a mean of 90.6. So it appears that psychosis, specially schizophrenia, represents a lowering of IQ or impairment of intellectual level.

Since the standard intelligence tests on primarily are mostly verbal in nature, some importance is attached to the performance test for their overall assessment of intelligence. In such cases standardized performance test is more appropriate. Arthur Point Scale of Performance Tests (1943), the Porteus Maze (1959) and Passalong Test (1934) are good examples of performance tests. Their major diagnostic contribution is in term of indices of general intelligence. These performance tests are relatively better indicators of intelligence for our population since they are comparatively culture free.

The group results are shown in Table No.III. None of the subjects included in the study has obtained an IQ lower than normal average. In fact subject No.III has obtained an IQ of 111, which indicates bright normal intelligence. Subject No.V has scored IQ of 110 which is again on the higher side. Subject of XV has obtained an IQ of 109: This is also quite a high score. Where average Iq was calculated for the entire group it cam down to 101.53 which is higher than the mean score of 100. The average age of the group is 41.53 years.

These results reveal two facts. First the average individual IQ for the entire group is more than the mean score of 100. Second, the average individual age is 41.53 which is quite high. It is assumed that scores on performance tests are likely to decline with psychological disturbances and increasing age whereas the present results show that all the subjects at present have normal intellectual functioning.

The fourth test used was the Ghazali Personality Inventory (GPI). This Inventory is based on the concept of normality offered by Ghazali, Shah Wali Allah and Mulan Ashraf Ali Thanvi and developed into a test by Rizvi (1985). The important thing about this test is that the theory it is based on, the process of standardization and validation are all very relevant to our culture. The construction of Ghazali Personality Inventory is based on Ghazali's theory of normal personality which measures average and superior mental health.

The concept of normality presented by Rizvi's (1985) GPI is explained in terms of psychological closeness to God. One hundred and seventy four questions are prepared to measure three different dimensions of the personality in the context of normality. These three dimensions are Intellect, Anger and Appetite. Since the theory behind this inventory is religiously oriented the correct responses have to be in accordance with our belief system. For example the question like "knowing one's self is nearness to God" is scored correct if the answer is 'true'.

The group results are shown in Table No.IV. According to these results all the subjects included in this study have obtained T-Scores greater than the normative T-Score, that is 152.65, in case of male subjects, and 140.29 in case of female subjects. In cases of subject No.III, V, X, the scores indicate a very superior functioning. The most interesting fact in the cases of subject No.III, V, XV, is that their high scores on Intellect also correspond with their IQ obtained on the Passalong Test as well.

There are certain statements like knowing one self is nearness to God, I love God, Man can take any step without the help of God, Religion in its manifestions is simply a life-denying attitude, etc. which evoked similar responses in all the subjects included in the present sample, irrespective of their educational and economic background.

The fifth test used in this study is the Thematic Apperception Test, more commonly referred to as TAT. This test was introduced in 1935 in the context of psychoanalytic therapy as a method for revealing unrecognized fantasies, emotions and conflicts of personality. The TAT was developed by Henry Murray pictures typically showing one or two individuals presenting an ambigious social situation. When the person interprets an ambigous situation he is apt to project his or her own personality onto the picture. The cards are presented one at a time and the subject is asked to produce a story on each. They are asked to tell what led up to the events described? What is happening? and how it will turn out? They are also asked to interpret the thoughts, feelings and actions of the characters in the story.

In the present study only ten TAT cards are used for every subject. Bellak's scoring system was used for the assessment of ego functioning. For every subject TAT data analysis graph is prepared (See figures I-XV). All fifteen subjects represent normal personalities at present.

These test result give us an overall psychological picture of cognition, ego-strength, intellectual functioning and affect of these subjects. Inspite of their average age being 41.53 years they are all functioning normally at present.

The efficacy of any therapeutic technique is best measurable with tests administered before and after therapy. However, it was not possible to follow this procedure under the conditions of the present study. This weakness was largely overcome by making pre-therapeutic diagnosis based on classification of symptoms according to DSM-III. The basis for assessment of therapeutic efficacy thus becomes the difference in the diagnosis of their condition before therapy, and their performance on the tests after therapy. In a nutshell, these results seem to indicate that the therapy produced real, consistent and deep changes in the subjects included in the study.

C H A P T E R V

CONCLUSIONS

CONCLUSIONS

When an individual goes into a therapy situation transference is inevitable. But the nature of transference is different in traditional and faith therapy. In Western psychotherapies runs the notion that there occurs within the treatment hour a kind of acting out, a repetition and working through, of unresolved problems that find their expression there. The patient reproduces his problems in the treatment setting and the analyst tries to help him to find successful solution. This process of repetition that takes place during analytical treatment in connection with patients relationship to the psychoanalyst is referred to as 'transference'. It is a special and important case of projection and plays an important part in very many analytical situation. A transference occurs when the patient projects upon the analyst characteristics that he has, in the past, attributed to his parents and so takes to the analyst the attitude that he took to his parents as a child. The reason is that parallels exist between both the relations. Transference is said to be either positive or negetive because our attitude to our parent is envitably two sided. According to Freud (1915) the difficulty that an analyst encounters in the conduct of analysis is the handing of problems created by the patients transference. The patient usually loses interest in the understanding of treatment relationship but talks of love or hatred for the psychoanalyst.

Transference also takes place between desciple and the mentor during faith therapy but nature of transference seems to be

different. When an individual has great faith in a saint or mentor-dead or alive-and that mentor prays for the benifit of the subject, two processes take place. First, the person relaxes beleiving that a greater power is now going to intercede on his behalf and thus allows his inner processes to take over. Second, the belief in itself gives the person strength to fight his battle better armed, as he is armed with the blessings of the powerful saints prayers.

In faith therapy the role of the mentor, once the relationship is established, becomes secondary and the main healing power is then found in God. Self-prescruation is the most powerful instinct and even schizophrenics when seriously physically ill show remittance of their schizoid symptoms (Storr, 1983). Mental illness is one way of avoiding stress and troubles - but when help is available from such a source there is no need to hide behind mental illnesses which are instead put in the lap of God. The role of the mentor from the subjects point of view seems to have characteristics very similar to Jungs concept of the wise old man.

Scientists and therapists are distant and amnicient to patient. The mentor on the other hand is not omnicient but only a vessel of God's will, therefore, in essence the transference is between the subject and God. In traditional psychotherapy appeal or focus is on rational processes whereas in faith therapy the focus is on spiritual and emotional aspects of being. The subject himself or herself can aspire to mentorhood. Science is awesome and mysterious to layman, he can not aspire to analyze others after being analyzed.

In faith therapy both the transference and counter transference are positive. Because respect for the mentor is the precondition which in return has to be reciprocated with love and affection for the subject. The essence of this relation is based on elimination of vanity. Belief in God and self abnegation brings about a softness mercifulness and humility that is unknown to the atheist. The atheist has only himself to blame and congratulate for his failures and successes. This makes him hard and brash. He can not dare to let down his defences, he is always up in arms. It seems that his constant watchfulness and agressiveness is a gaurd against the fear of God entering his soul. He is afraid because if God should enter, it would mean the dethronement of his proud intellect; and invariably such people feel it is only their intellect that makes them "somebody" without the supremacy of their intellect they may find they are really quite ordinary people, in fact a little less ordinary than many ordinary people they have cultivated a disdane for. It needs courage to admit (for an egotist) that he is not the center of the universe, in manu cases his sanity and selfrespect may rest on such a belife. This rigidity of thought, according to Jungian terminology is known as ego inflanation. The inflated person listens to no argument and no reason because every ego inflation involves non-ego deflation. In addition to this rigidity there is contempt for the people who are unlikely to see the force of the opinions that an inflated person expresses. This vanity can lead to withdrawal from and antagonism to human contacts and complete retirment to over-self. Inward inflation is marked by feelings of one's own importance.

If this attitude becomes entrenched it may lead to serious problems. One is then engaged in defending one's ego on the one hand and fighting against non ego on the other. From a psychological point of view the concept of self abnegation to Gods will sets the ego free from these defensive armors. Those who seek faith therapy, after surrendering to the mentors, start experiencing an end to their vanity and ego deflation. This process of humility brings about love and spiritual transformation. To give oneself up to the will of God is an act of courage.

Another advantage of this therapy, is the faith in life hereafter. In case of subject No.IV we have noticed that the complete transformation of her personality is based on a single dream, promising heavens in the world hereafter. Her problems remained unsolved but her attitude towards life changed completely after that mentors interpretation that she would be rewarded with heaven. The belief in life here after protects oneself against the disturbing and frustrating forces of psychological stressors. Since we believe in a perpetual life hereafter, the miseries of our mortal life are much too short comparatively. It gives us courage and self preserverance to bear them. It is like preparing for a very rewarding competition examination. If one believes in accomplishing a great work of winning a serene life for ever he would toil to any extent. In this therapy one has to surrender completely to one God who is the sole healer of all ailments. The greater and quicker the surrendering to the supreme being the more and sooner one reaches the stage of contentment. Once the stage of contentment is reached the psychological problems dwindle. The west

has also felt the need for spiritual treatment that is why the practice of Buddhist yoga, Sufism and other mystic therapies are getting popular there.

Another important fact is the role of men in psycho-pathology of females. It is obvious that our society is male oriented. The most powerful member of (majority) families is the father. Even as a child a boy is usually pampered and given more attention then the female children. This tends to encourage grandior ideas which continue till adulthood. During maturity these ideas and feelings rigidify into authoritarianism. This authoritarian attitude of the father tends to supress the children specially the girls who have no activity outside the home and away from the families and tend to develop poor self-images and a deep sense of helplessness. These very qualities in the girl are extolled as good. Yet the supression of maternal instincts and behaviours and expression (of personal ideas) causes internal turmoil which predisposes the girl to psychology symptoms when faced with psychosocial stressor.

Another factor is the distancing of the father from his children by the mother who thereby enjoys power vicariously. The fathers outward expressions of affection are also frowned on. This to my mind is tinged with sexual overtories. Total economic dependence of females on male relatives add to her feelings and enjoument of power on the part of the males. Girls or women who are assertive and express their beliefs, ideas and feelings are frowned on basically because they pose a threat to the dominating male. A women with an intellect is the most dangerous and threateing

creature. Most of the subject included in the present study were females and majority of them suffered due to inconsidration of either their husbands or their fathers. In cases of subjects No. II, IV, V, VIII, XI and XIV, were the victim of supression.

A pragmatic point to be kept in mind is that generally people living in this culture have acceptuability for this type of therapy. Usually there is no resistence and people are ready to go for the treatment from the mentors. The mentors are easy to approach and their therapies are comparitively less time consuming. There is no concept of prior fixation of time and this goes with our cultural habit. People generally do not like to take appointments and prefer their own convenience. There is also freedom of choice regarding going from one mentor to another. Sometimes people have contacts with more than one mentor simultaneously and it does not affect the subject adversely whereas in traditional psychotherapy one is bound to receive therapy from single therapist.

A number of different questions regarding faith therapy can be undertaken for further research. One can probe in exactly what benedictions are used. Are there special benedictions for different illnesses etc.? Does the mentor or Pir need to under go any special training in order to be able to provide such therapy? What type of patients can benefit most from such therapy? Further, are there any sort of psychological problems which are not amenable to treatment by this method?

How could one differetiate between frauds and real mentors.? What shall be the yardstick, religious education or the curing touch that is a gift of God? How and why do frauds flourish? Due to superstitions of people or hypnotic personalities of mentors? It has been observed that many false mentors are flourishing. Just like an inexpemenced psychotherapist can multiply the difficulties and troubles of the patient a profane or fraud mentor can be many times mor dangerous.

Ego-strength of the people taking Baia and those not taking Baia inspite of both being cured by religious therapy may be compared and contrasted?

Whether the faith therapy is more effective when the causes of disturbance are generalized or specified?

These are few issues which can be further studied. This thesis is just the begining or opening of a new vesta in this field.

TABLE NO.I

GROUP RESULTS

RESULTS ON EGO STRENGTH SCALE

S.No.	Name of the Subject	Age	Sex	Raw Score	T-Score
1.	Akhtar	60	Female	33	40
2.	Amina	40	" " "	40	49
3.	Daud Khan	68	Male	36	44
4.	Durdana	35	Female	43	53
5.	Farah Deeba	25	" " "	47	58
6.	Fareeda	35	" " "	47	58
7.	Fahmida Arshad	28	" " "	38	47
8.	Gul Naz	30	" " "	32	39
9.	Mussart	50	" " "	40	49
10.	Noshi Sahibzada	22	" " "	35	43
11.	Rasheeda	50	" " "	35	43
12.	Durani	47	Male	44	54
13.	Shireen	50	Female	40	49
14.	Sabiha	58	" " "	42	52
15.	Tehmina	25	" " "	47	58
	Total:	623		597	736
	Average:	41.53		39.3	49.06

TABLE NO.II

GROUPS RESULTS

EMBEDDED FIGURE TEST

S.No.	Name of the Subject	Age	Sex	No. of Correct Responses
1.	Akhtar	60	Female	10
2.	Amina	40	" " "	13
3.	Daud Khan	68	Male	15
4.	Durdana	35	Female	12
5.	Farah Deeba	25	" " "	15
6.	Fareeda	35	" " "	16
7.	Fahmida Arshad	28	" " "	16
8.	Gul Naz	30	" " "	12
9.	Mussarat	50	" " "	12
10.	Noshi Sahibzada	22	" " "	13
11.	Rasheeda	50	" " "	
12.	Durani	47	Male	13
13.	Shireen	50	Female	14
14.	Sabiha	58	" " "	13
15.	Tehmina	25	" " "	16
	Total:	632		190
	Average:	41.53		13.57

TABLE NO.III

GROUP RESULTS

RESULTS ON PRACTICAL ABILITY QUOTIENT

S.No.	Name of the Subject	Age	Sex	Raw Score	Mental Age	Intelligence Quotient
1.	Akhtar	60	Female	54	184	96
2.	Amina	40	" " "	56	188	98
3.	Daud Khan	68	Male	75	215	111
4.	Durdana	35	Female	61	198	103
5.	Farah Deeba	25	" " "	67	212	110.4
6.	Fareeda	35	" " "	60	196	102
7.	Fahmida Arshad	28	" " "	61	198	103
8.	Gul Naz	30	" " "	52	180	94
9.	Mussarat	50	" " "	58	192	100
10.	Noshi Sahibzada	22	" " "	54	184	96
11.	Rasheeda	50	" " "	63	202	105
12.	Durani	47	Male	63	188	98
13.	Shireen	50	Female	56	188	98
14.	Sabiha	58	" " "	58	192	100
15.	Tehmina	25	" " "	66	210	109
	Total:	623		903	2932	1523
	Average:	41.53		60.2	195.46	101.53

TABLE NO.IV

GROUP RESULTS

GHAZALI PERSONALITY INVENSOTY

S.No.	Name of the Subject	Age	Sex	Obtained T-Score Appetite	Obtained T-Score Anger	Obtained T-Score Intellect	Total Obtained T-Score (Ap) (An) (In)
1.	Akhtar	60	Female	71	46	52	174
2.	Amina	40	" " "	44	45	54.78	144
3.	Daud Khan	68	Male	59	54.78	66.50	180.93
4.	Durdana	35	Female	50	33.54	67	150.54
5.	Farah Deeba	25	" " "	55	63	69	187
6.	Fareeda	35	" " "	47	47.43	56.93	151.66
7.	Fahmida Arshad	28	" " "	61	57	61	179
8.	Gul Naz	30	" " "	58	54	57	169
9.	Mussart	50	" " "	59	44	55	158
10.	Noshi Sahibzada	22	" " "	58	60	62	180
11.	Rasheeda	50	" " "	49.59	44	57	150
12.	Durani	47	Male	56	65.6	55	176.6
13.	Shireen	50	Female	59.63	34.90	52.63	147.16
14.	Sabiha	58	" " "	71	50	56.93	178
15.	Tehmina	25	" " "	53	59.71	63	175.71

Ego function assessment from TAT data

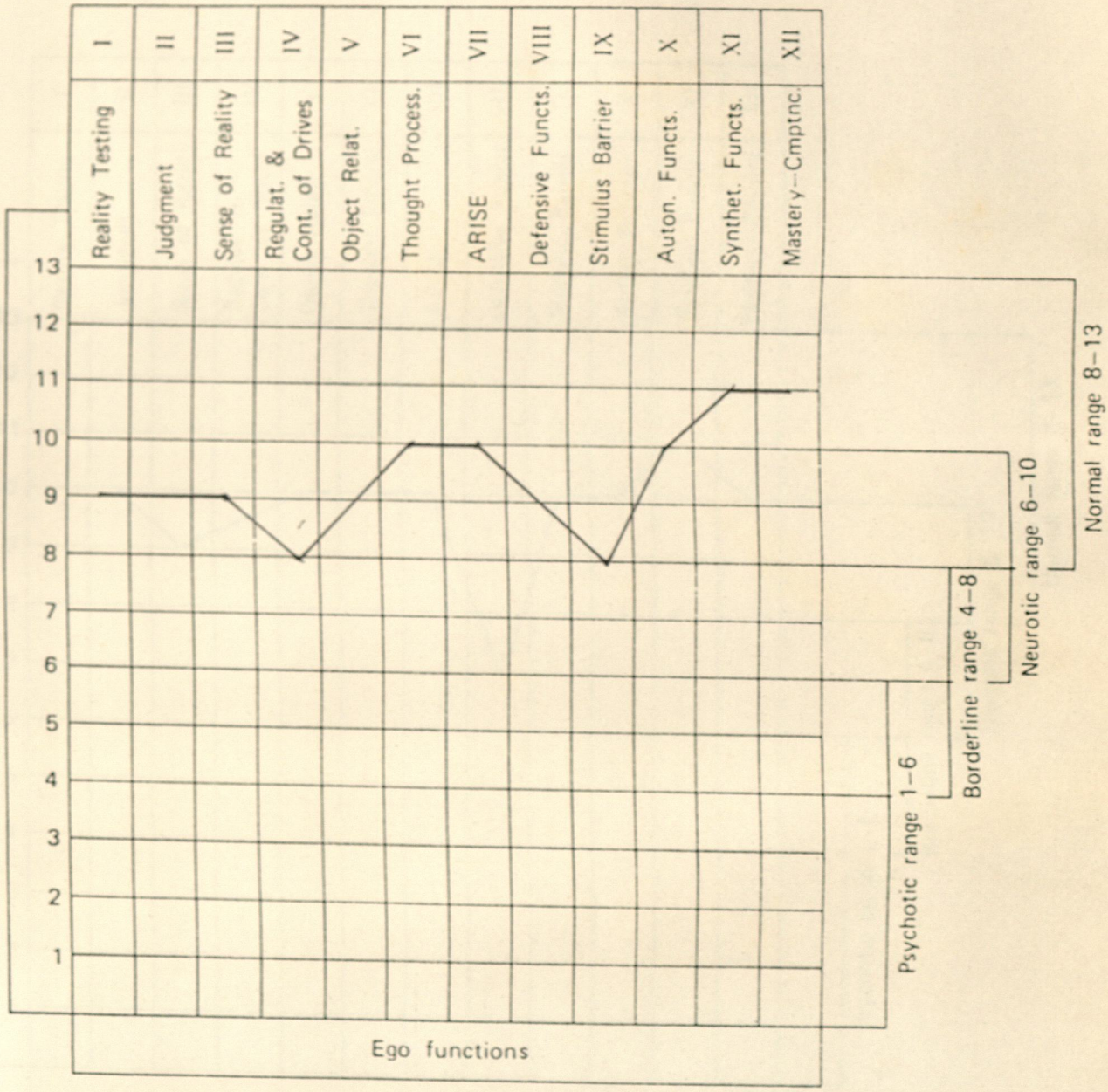


Figure: I

Ego function assessment from TAT data

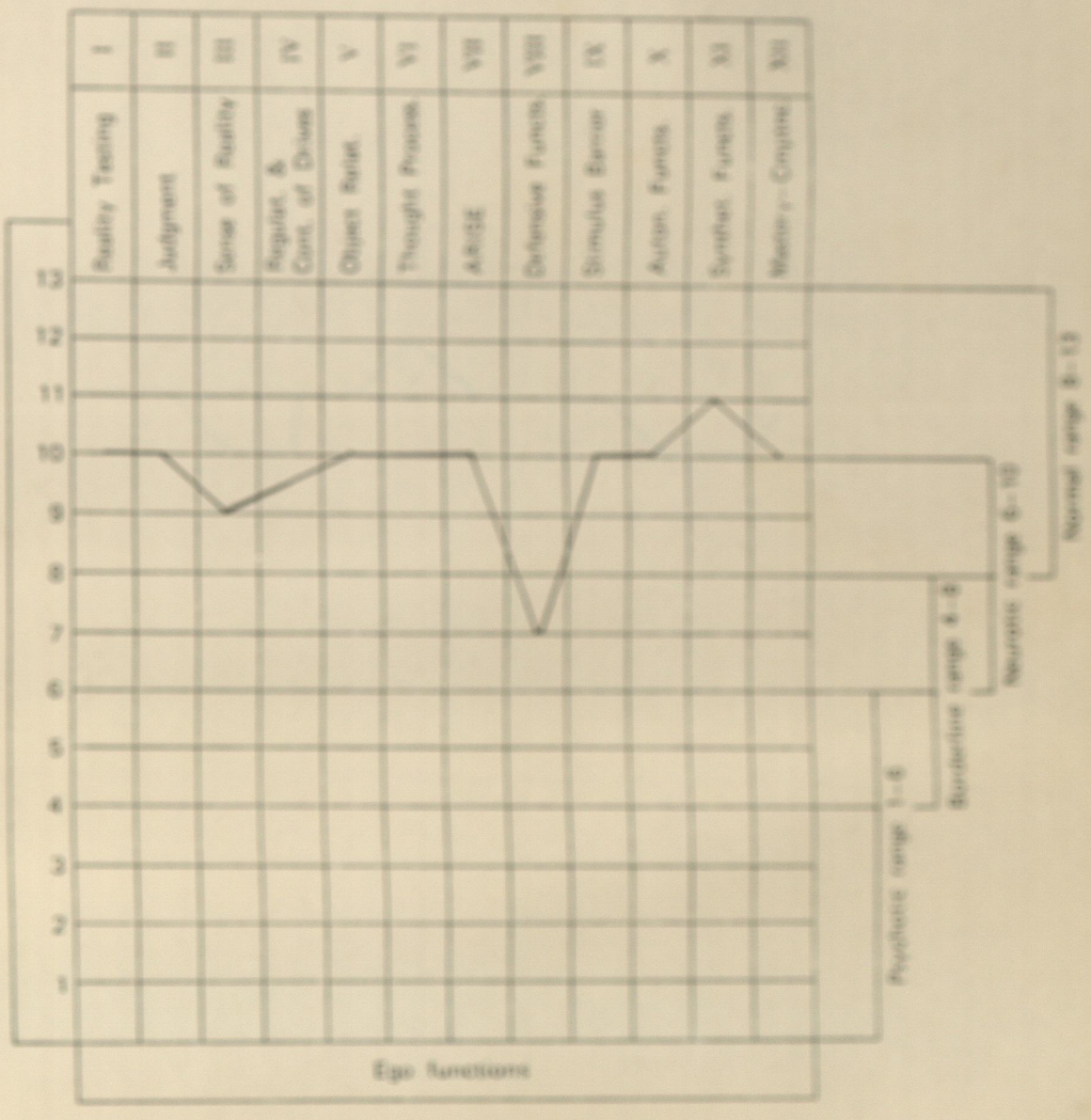
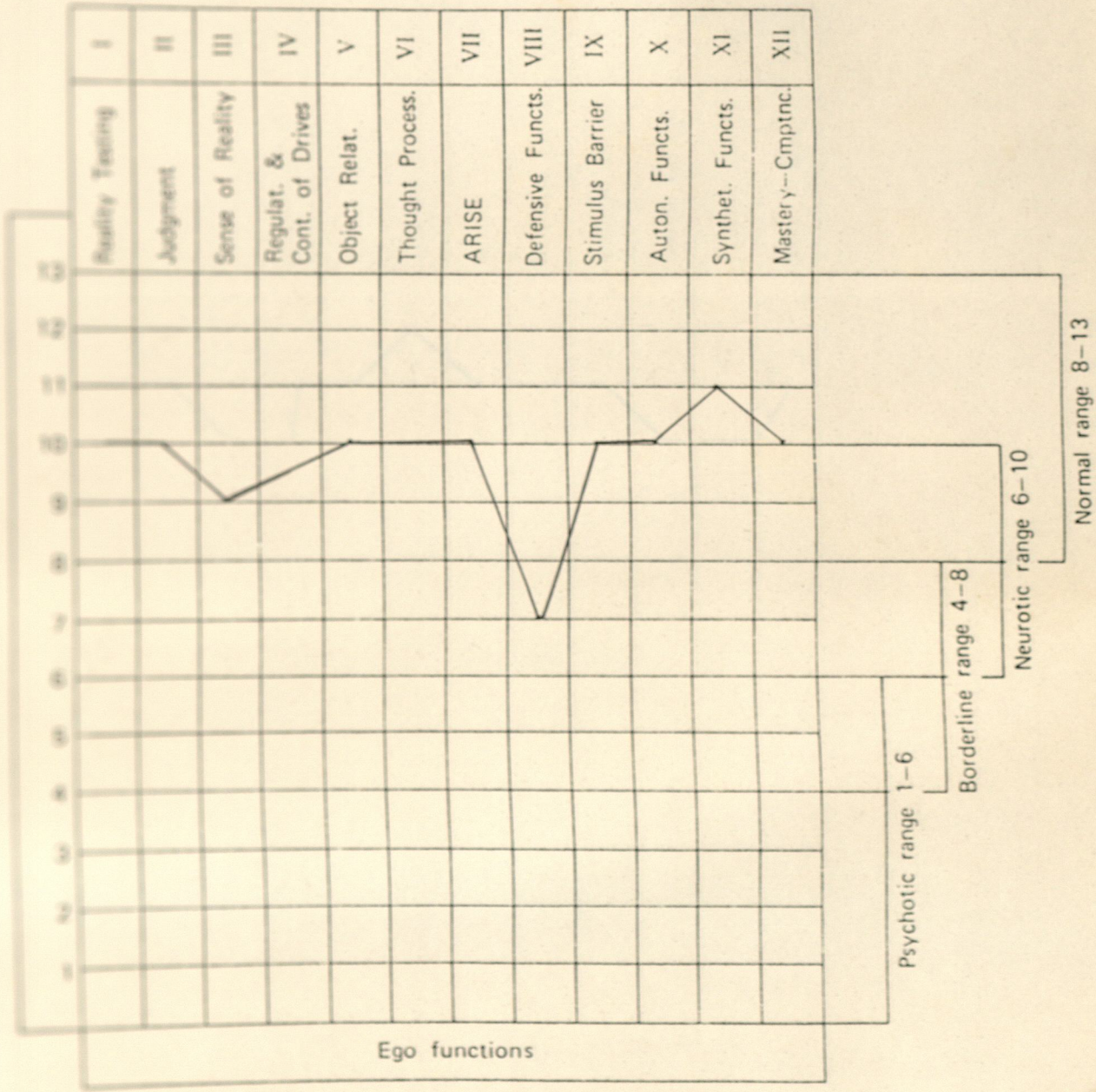


Figure: II

Ego function assessment from TAT data



Ego function assessment from TAT data

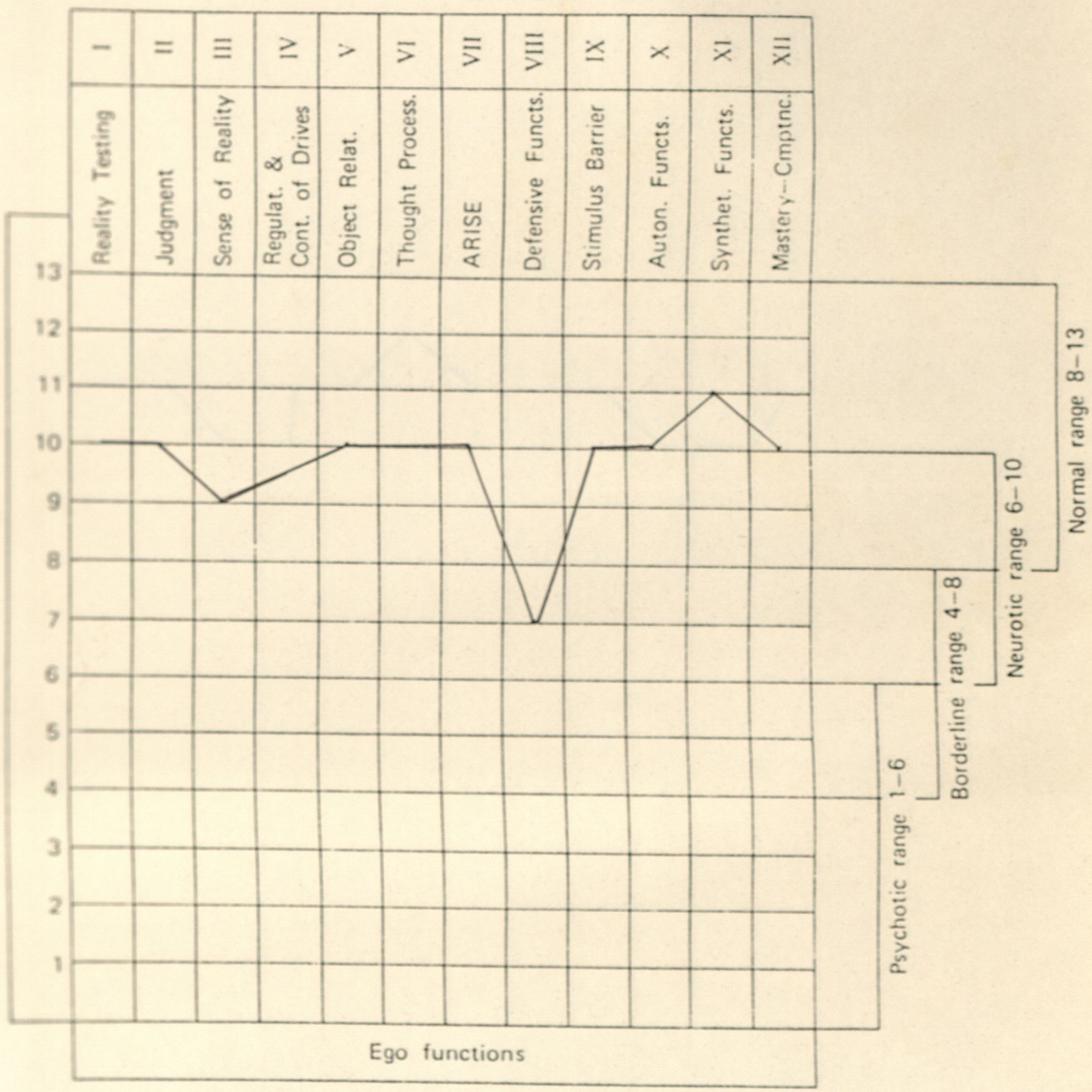


Figure: II

Ego function assessment from TAT data

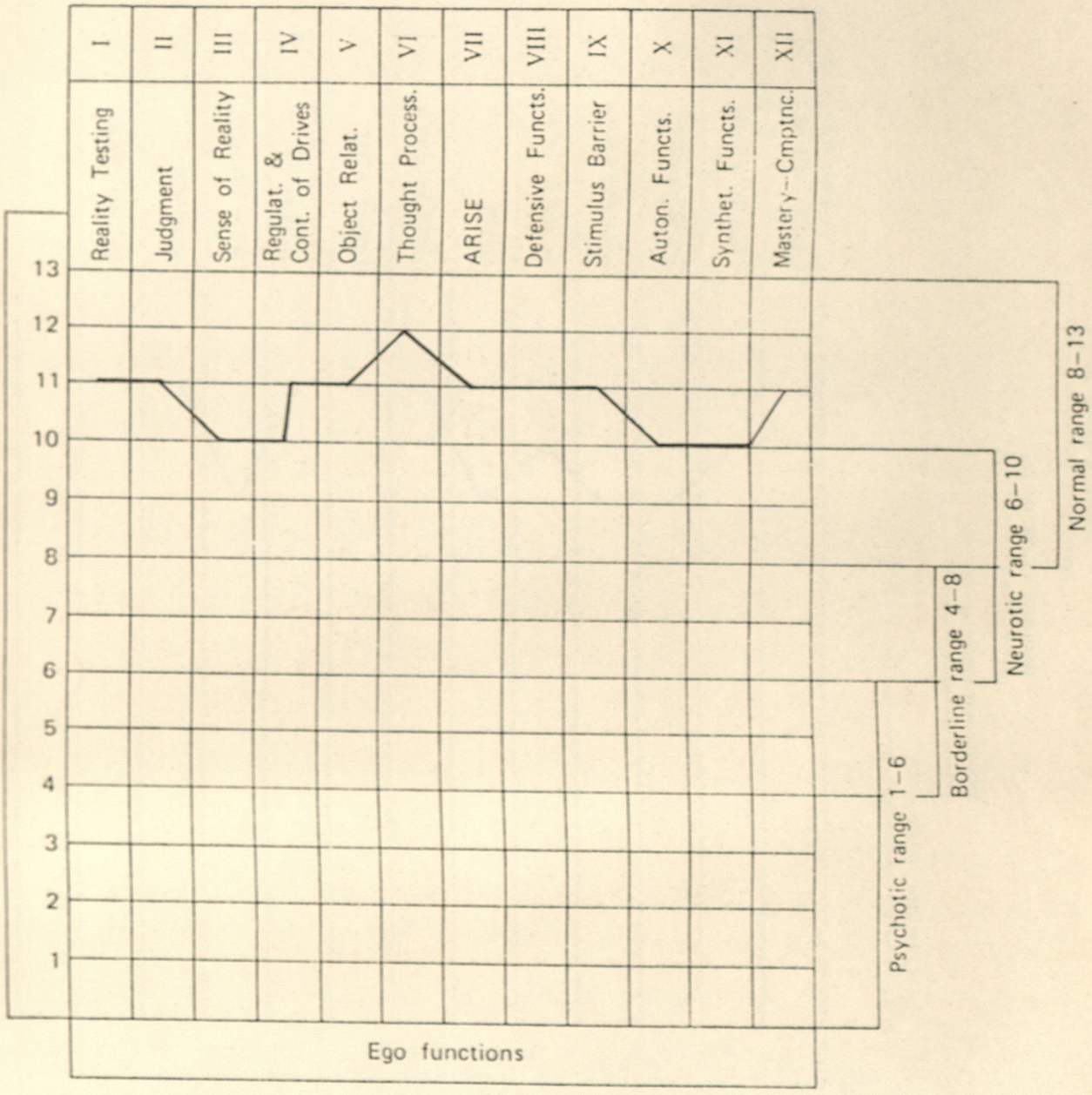
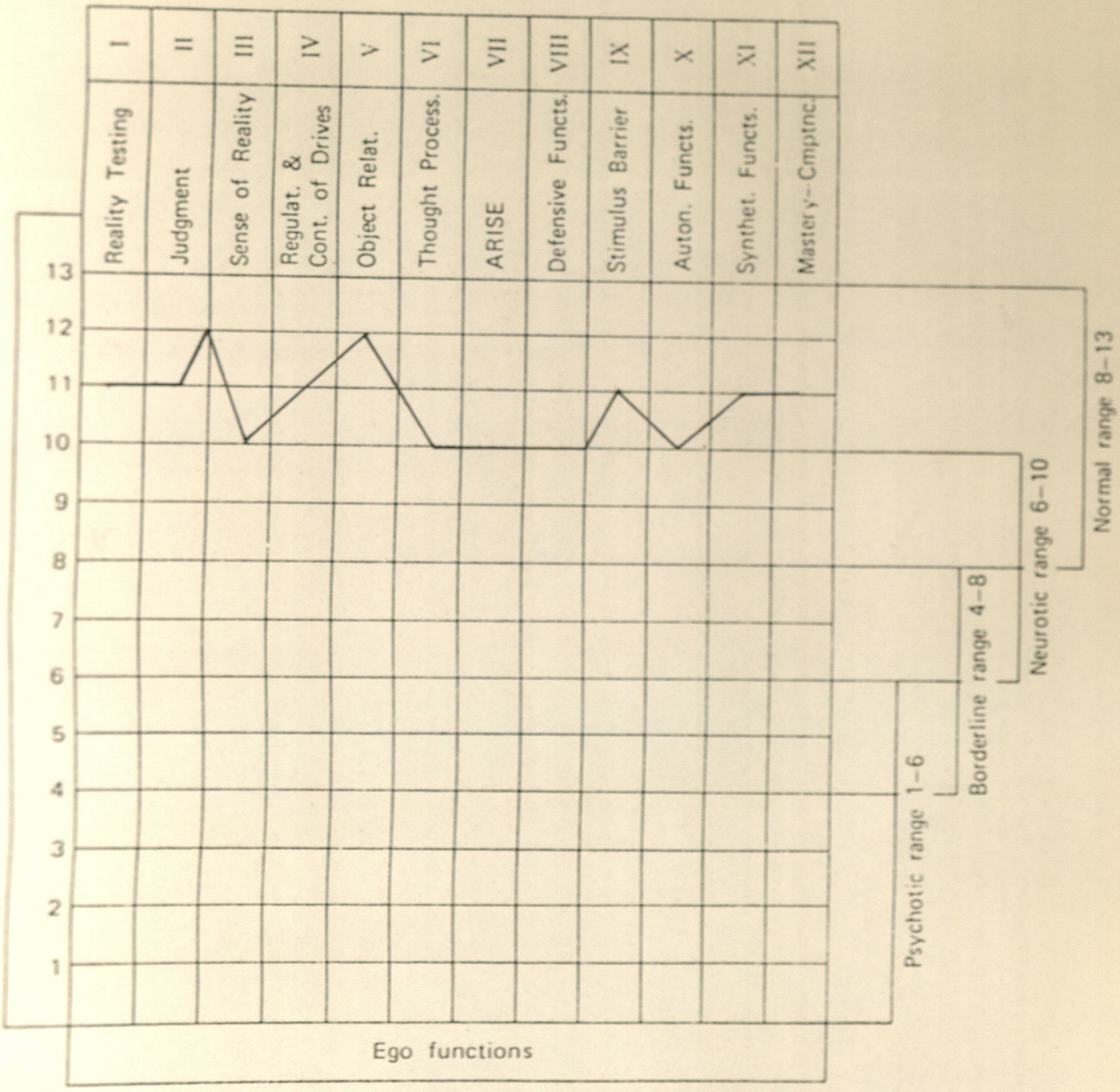


Figure: III

Ego function assessment from TAT data



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Ego function assessment from TAT data

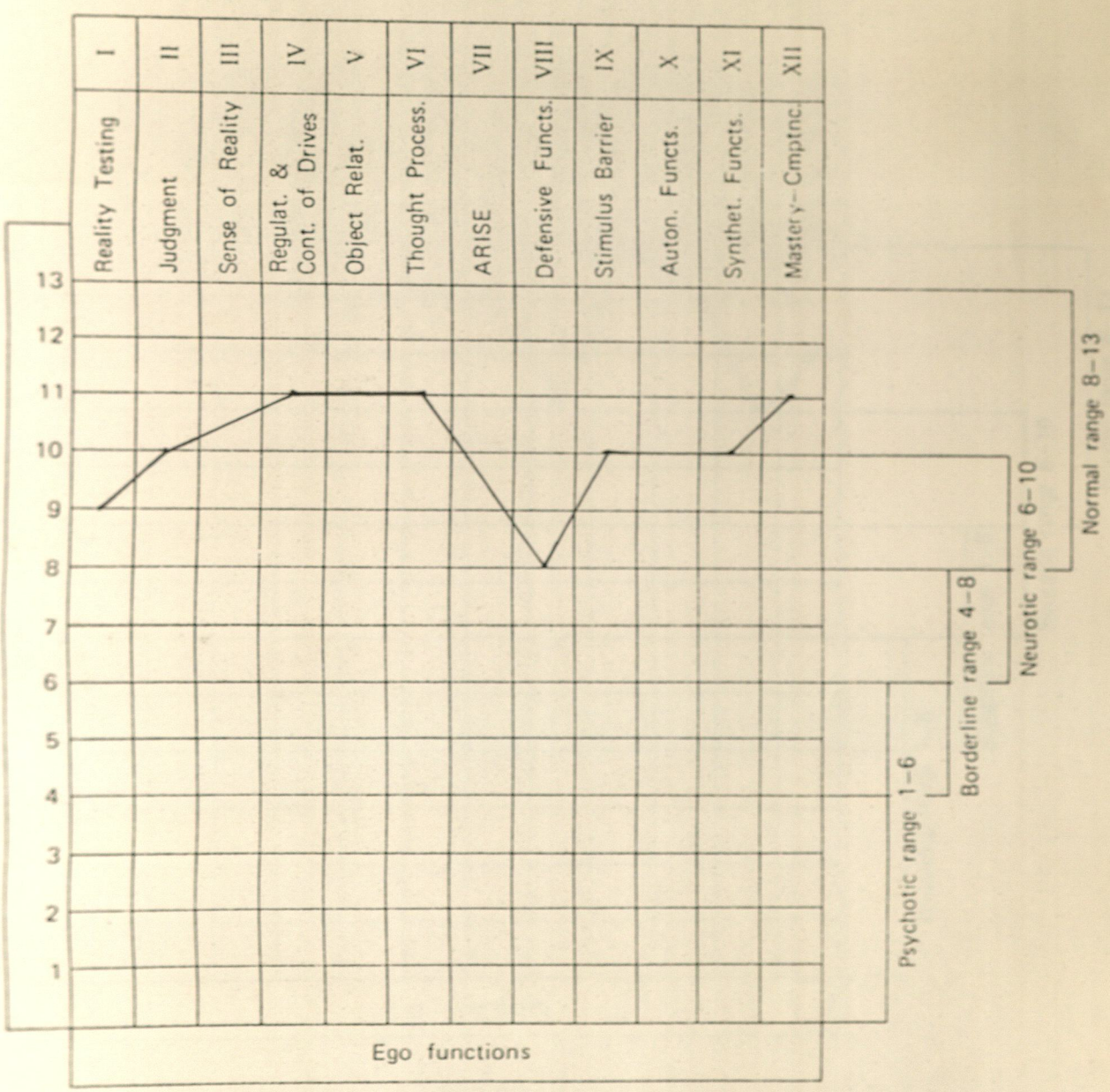


Figure: VI

Ego function assessment from TAT data

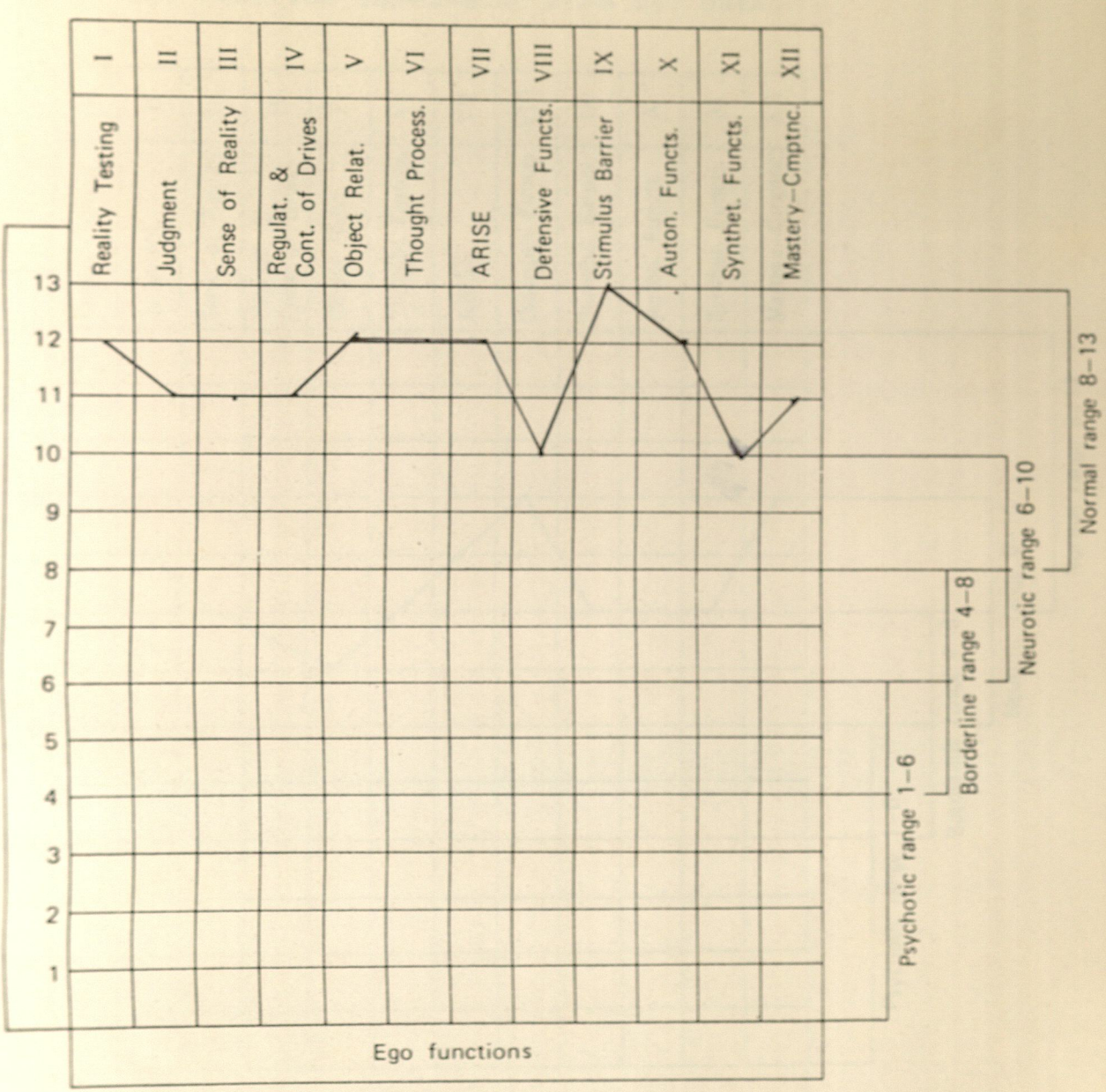
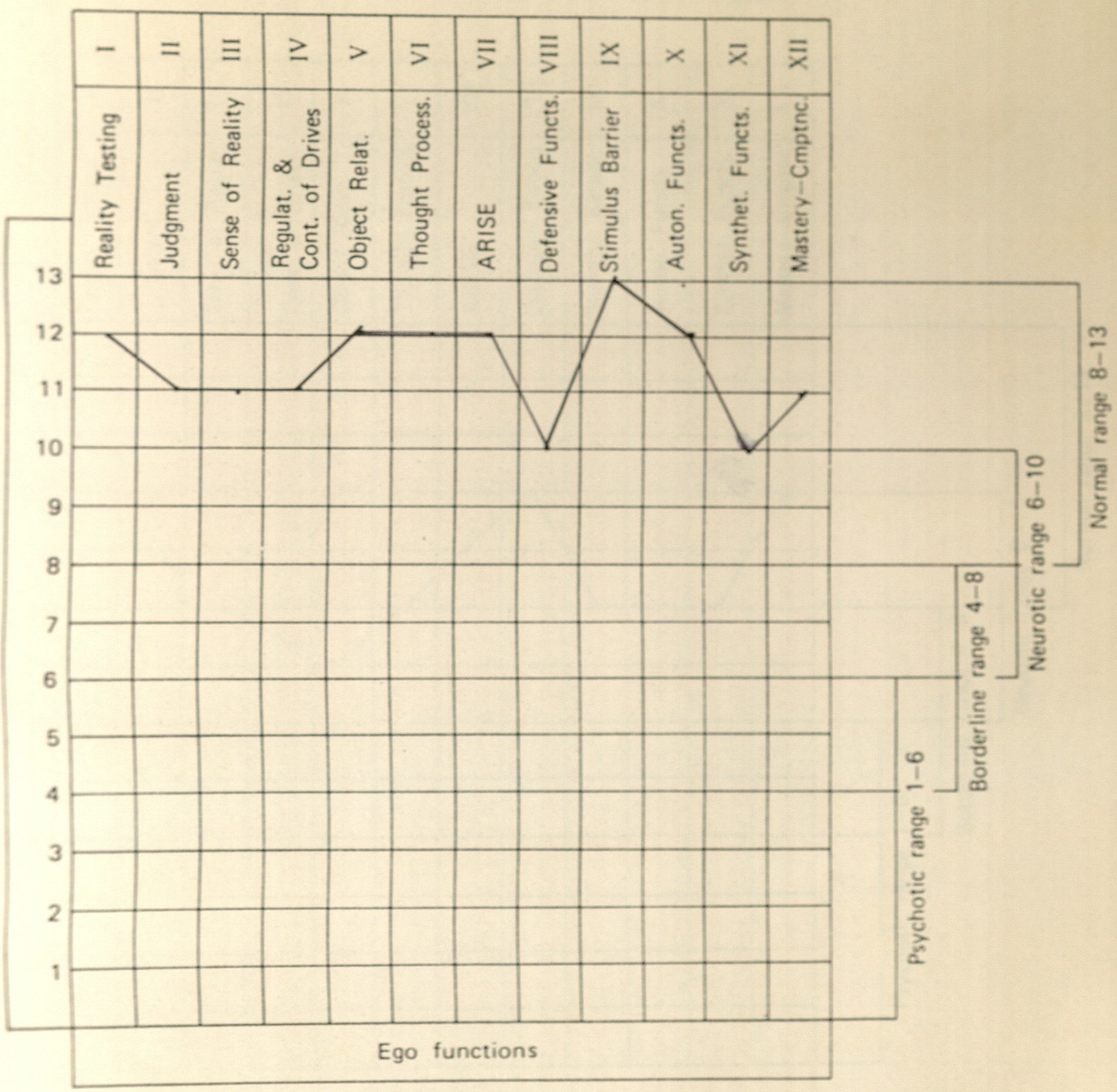


Figure: VII

Ego function assessment from TAT data



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Ego function assessment from TAT data

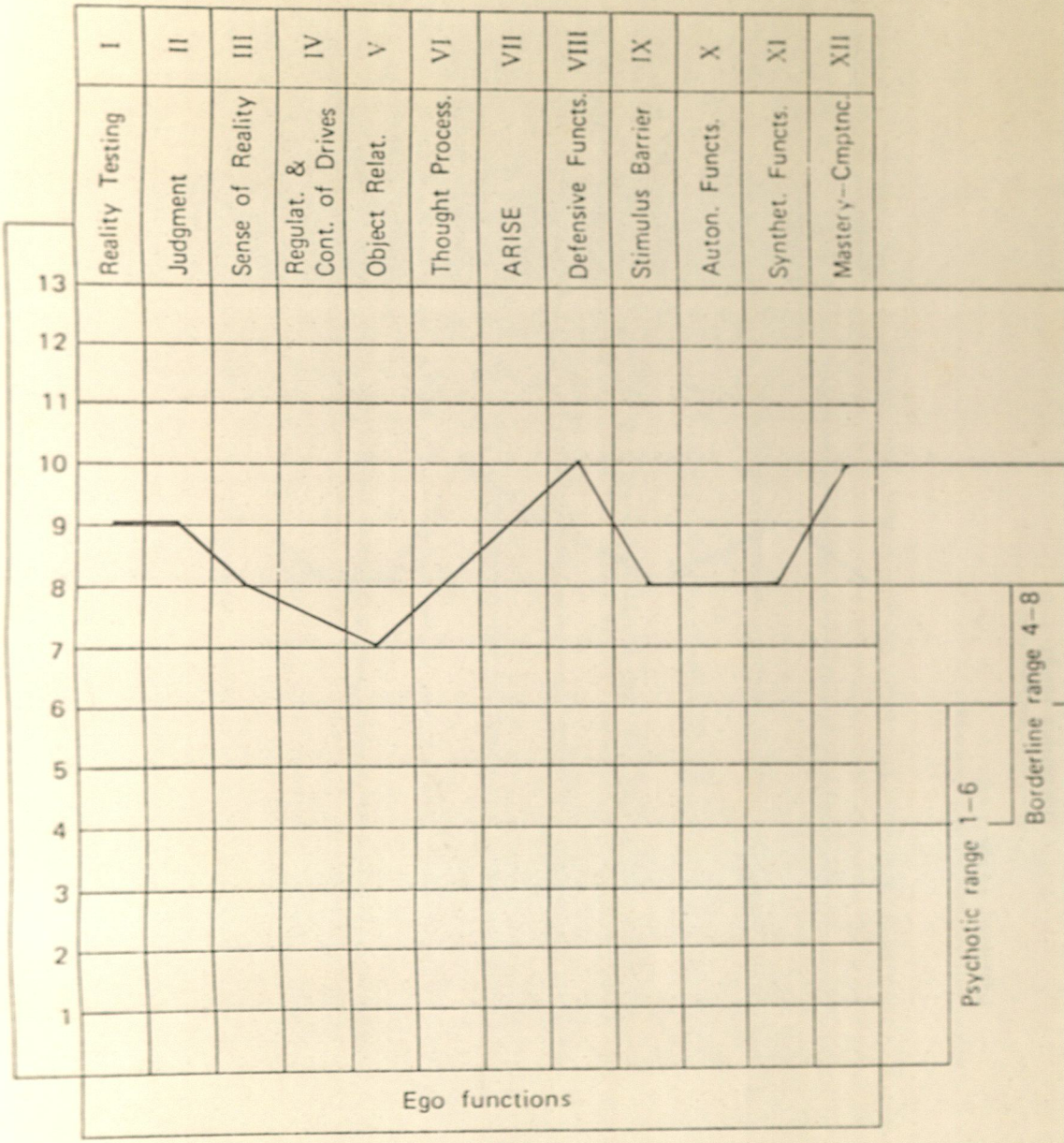

Figure VIII

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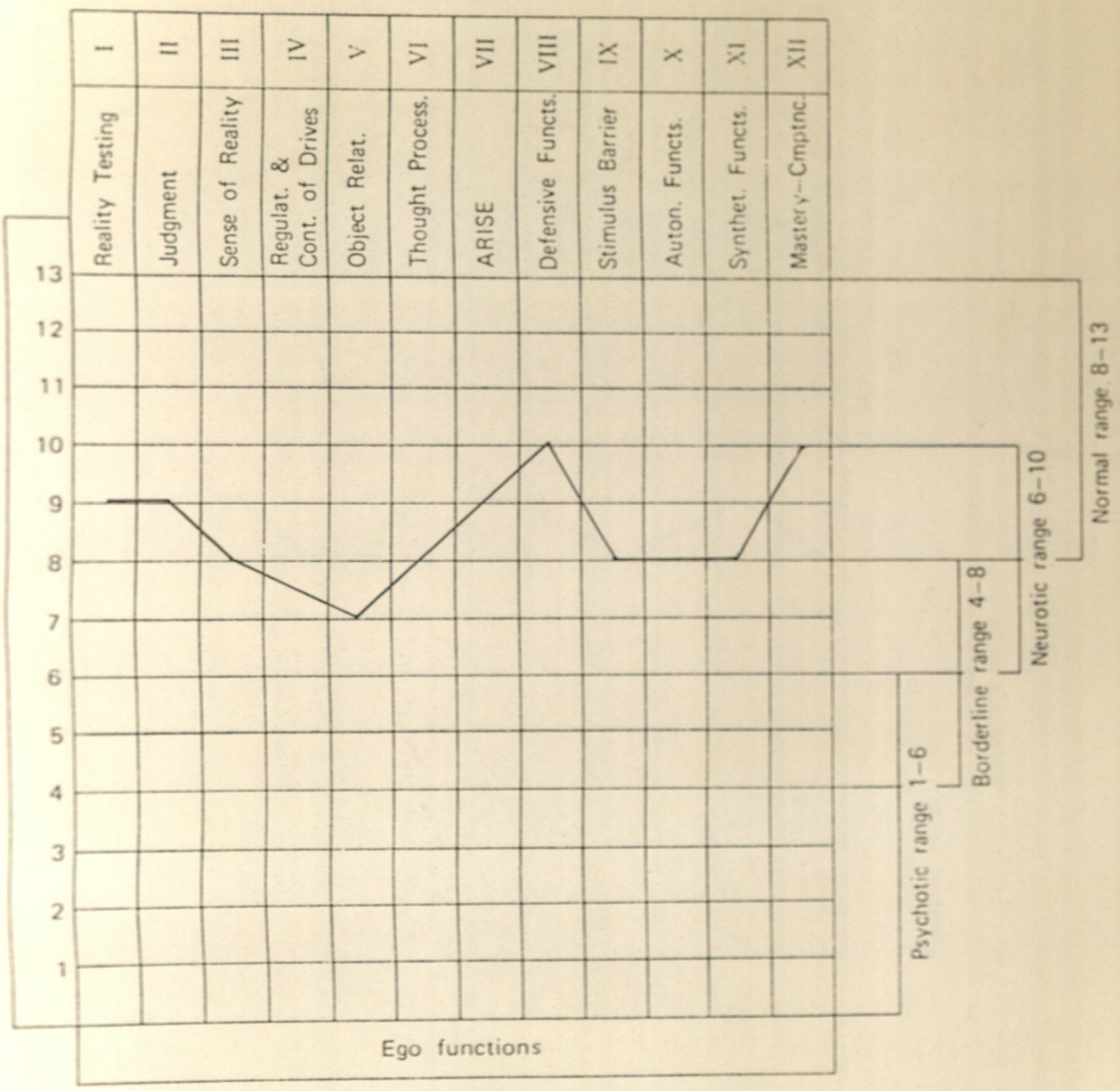

Figure VIII

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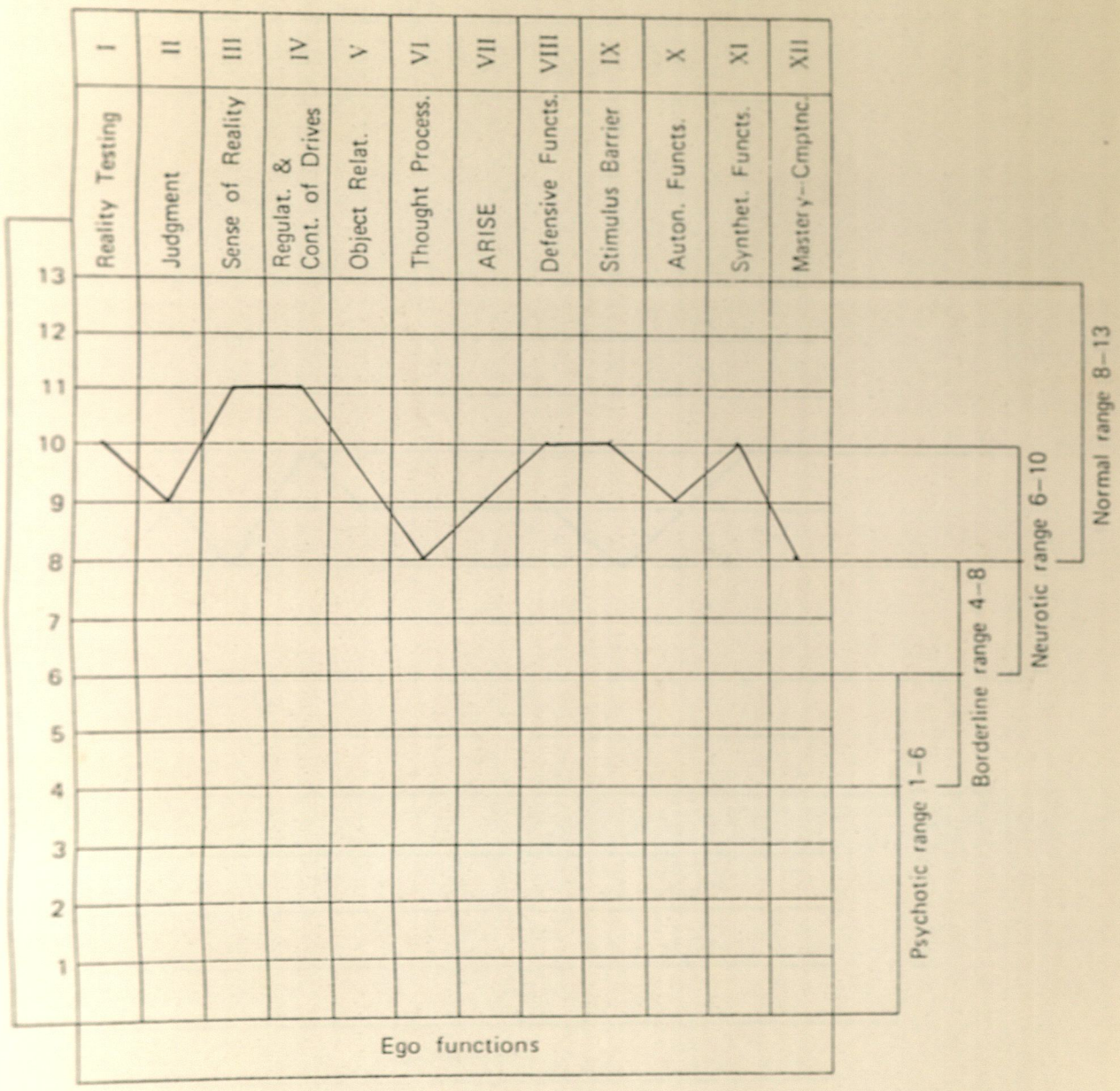

Figure: X

Ego function assessment from TAT data

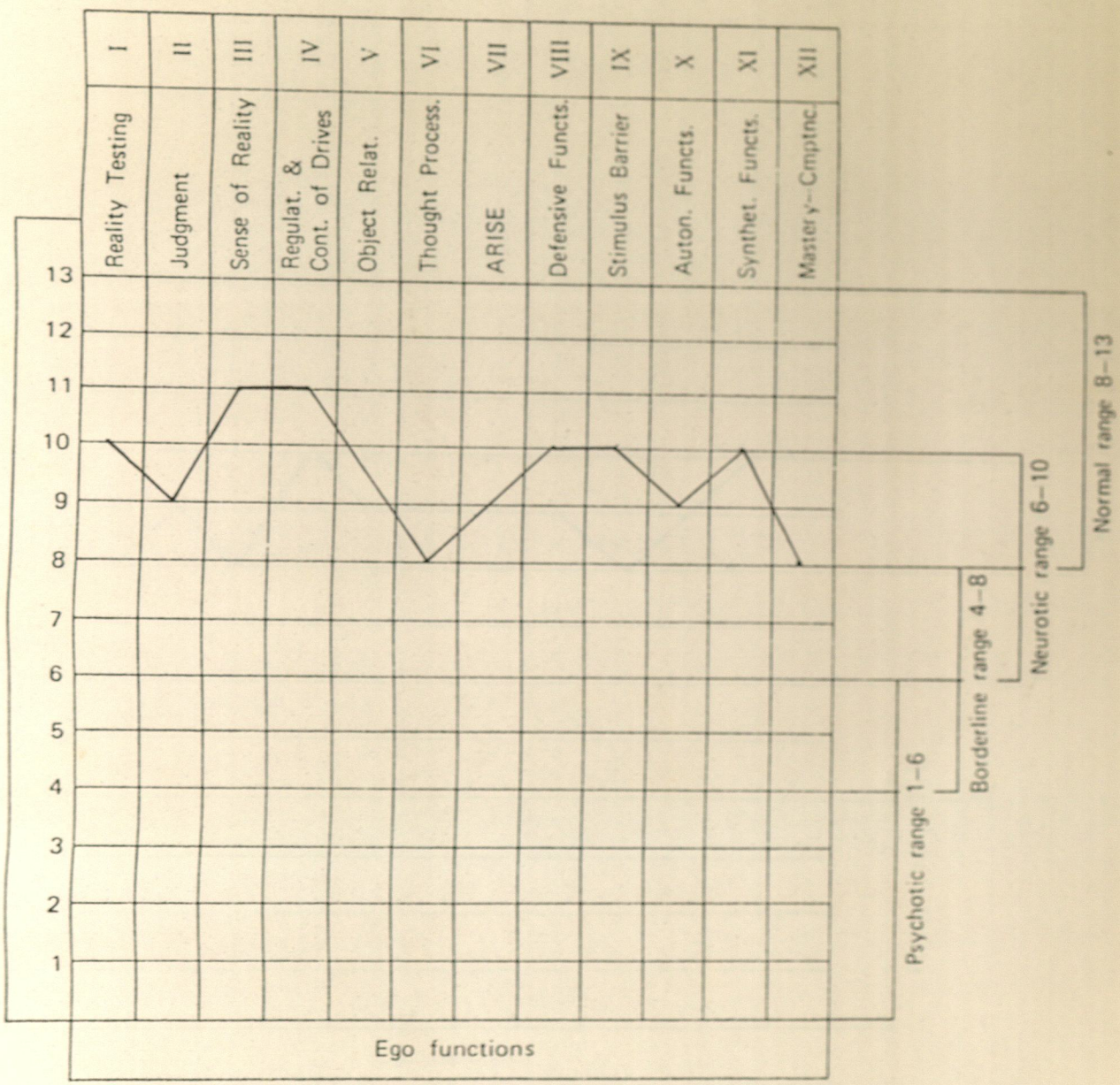

Figure: X

Ego function assessment from TAT data

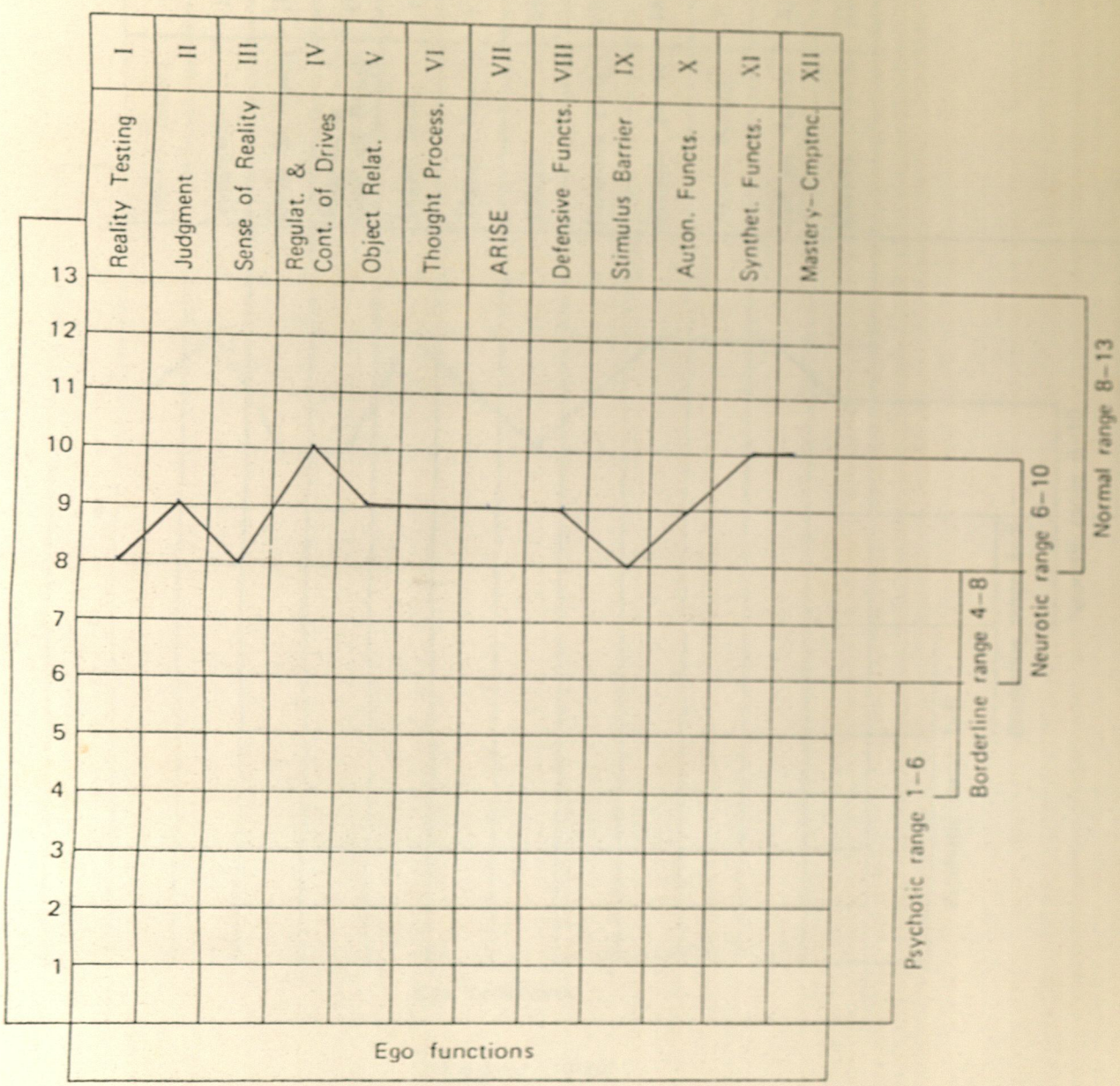

Figure: XI

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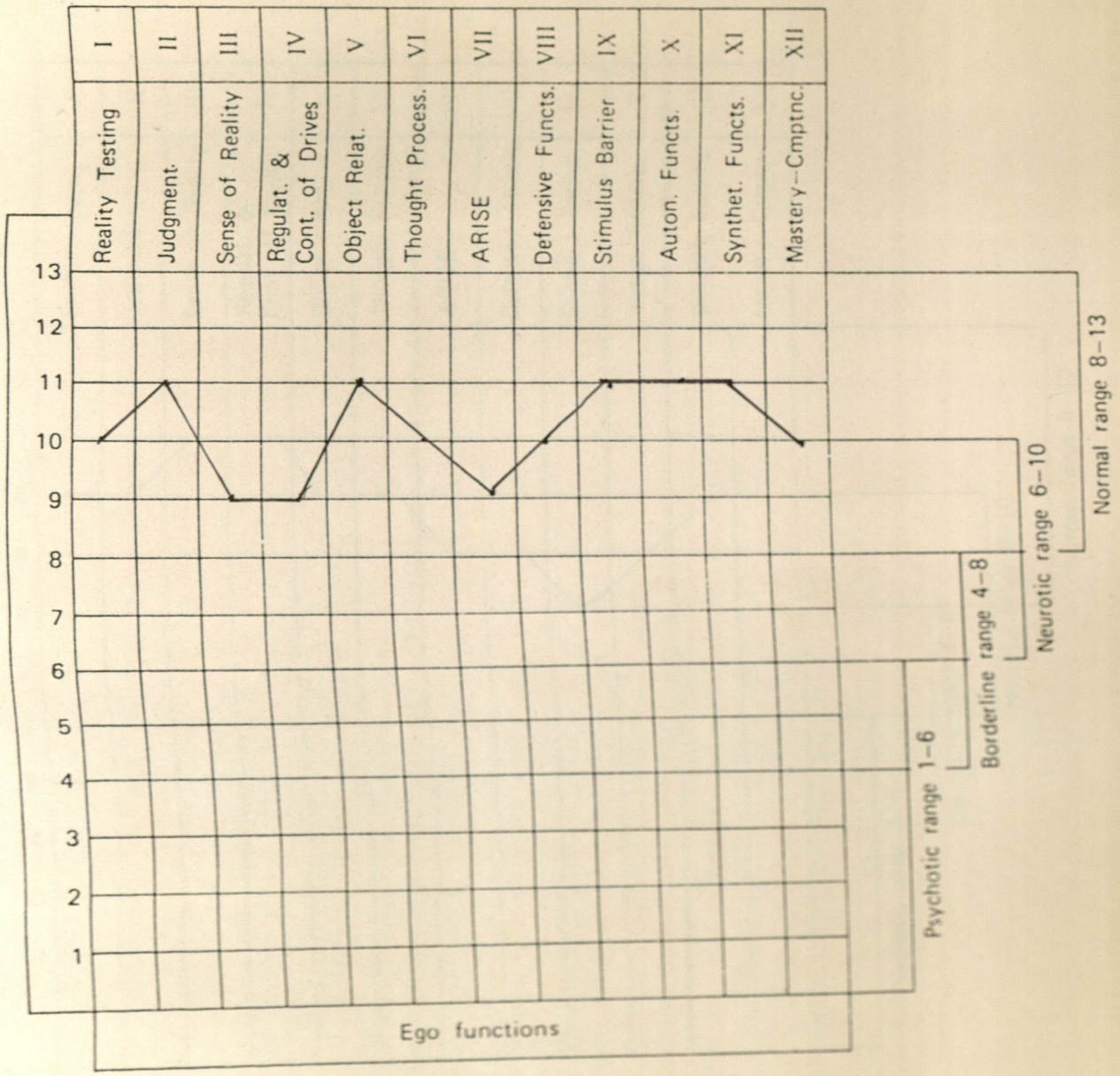


Figure: XII

Ego function assessment from TAT data

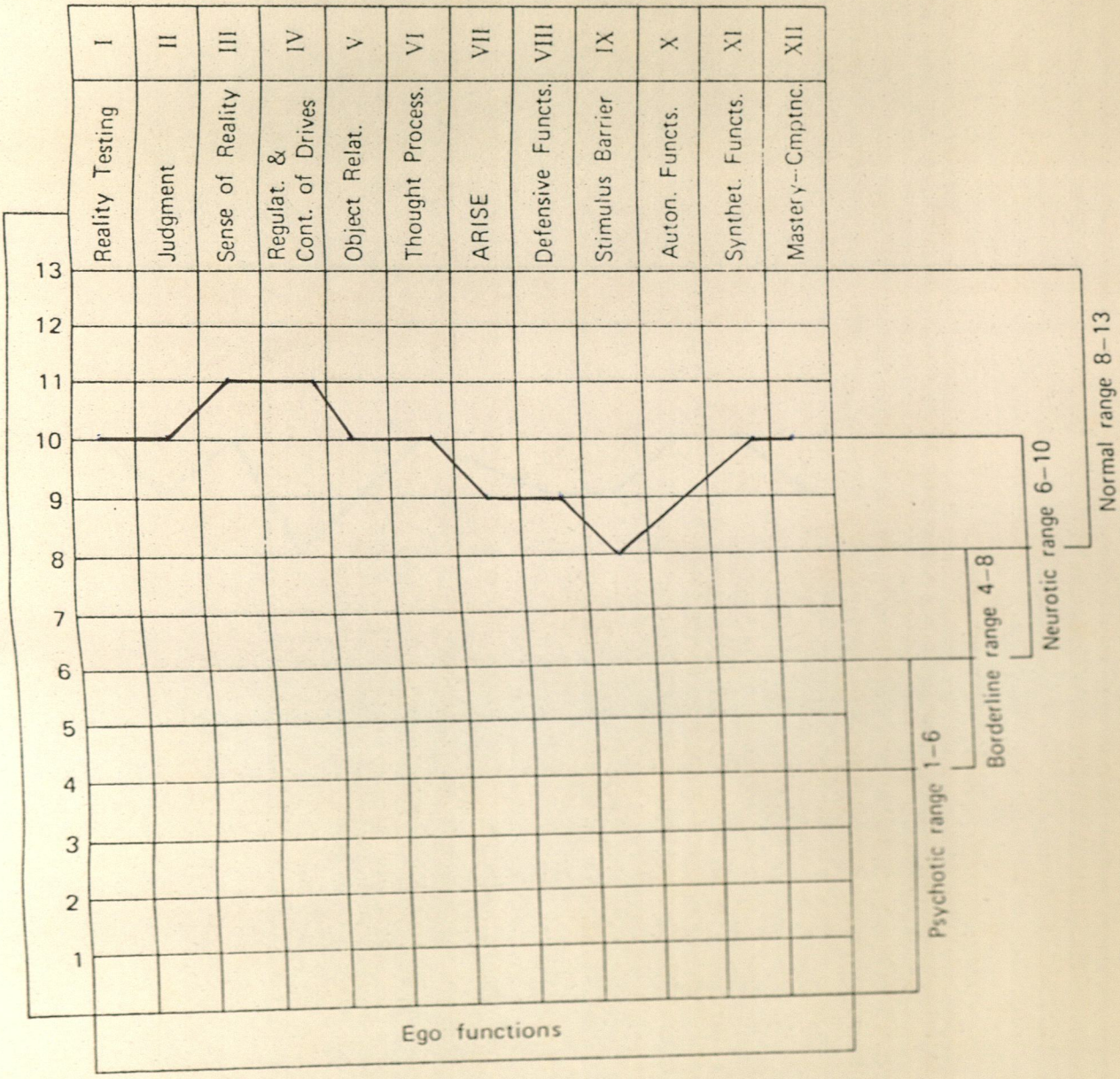
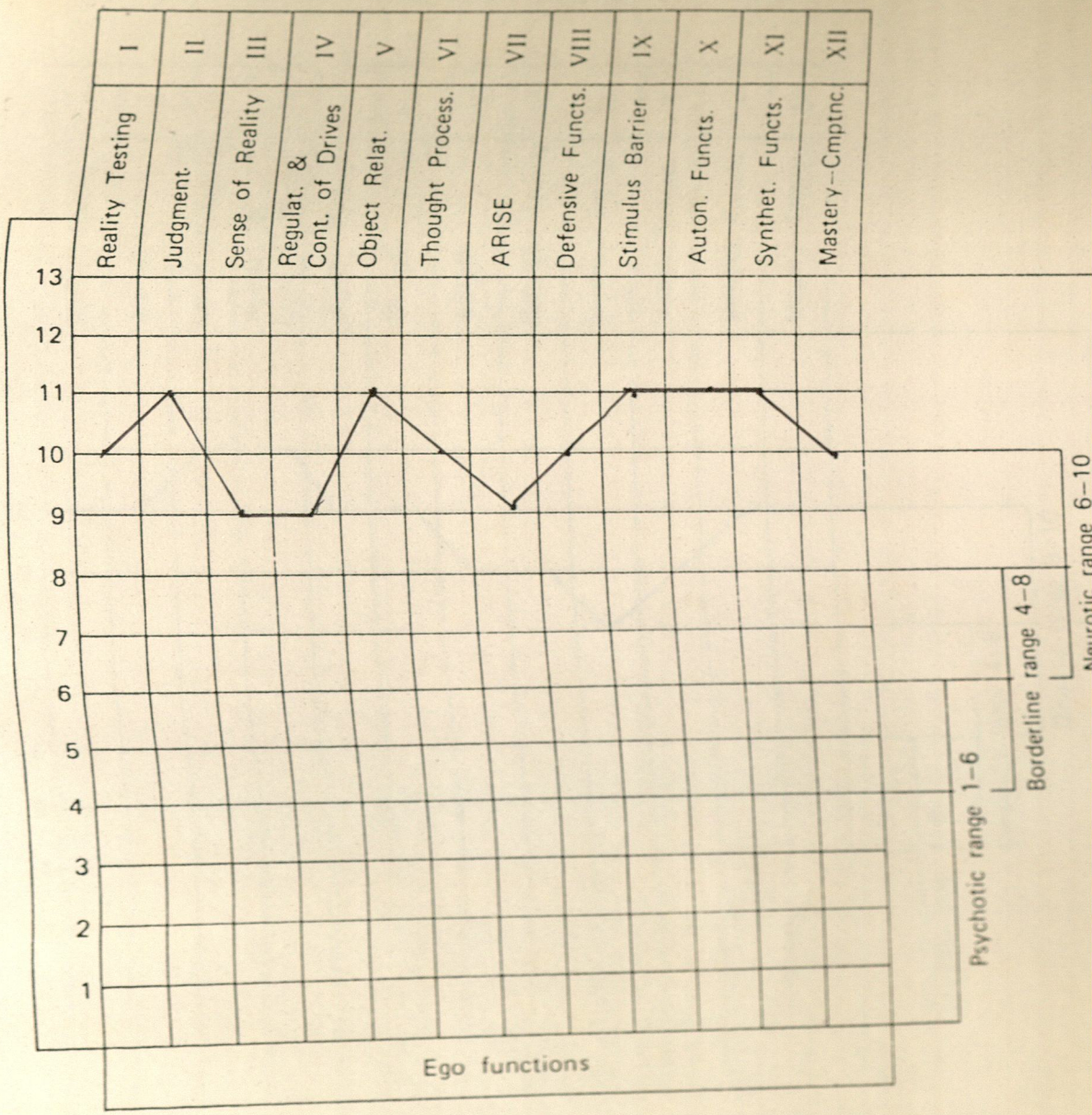


Figure: XIII

Ego function assessment from TAT data



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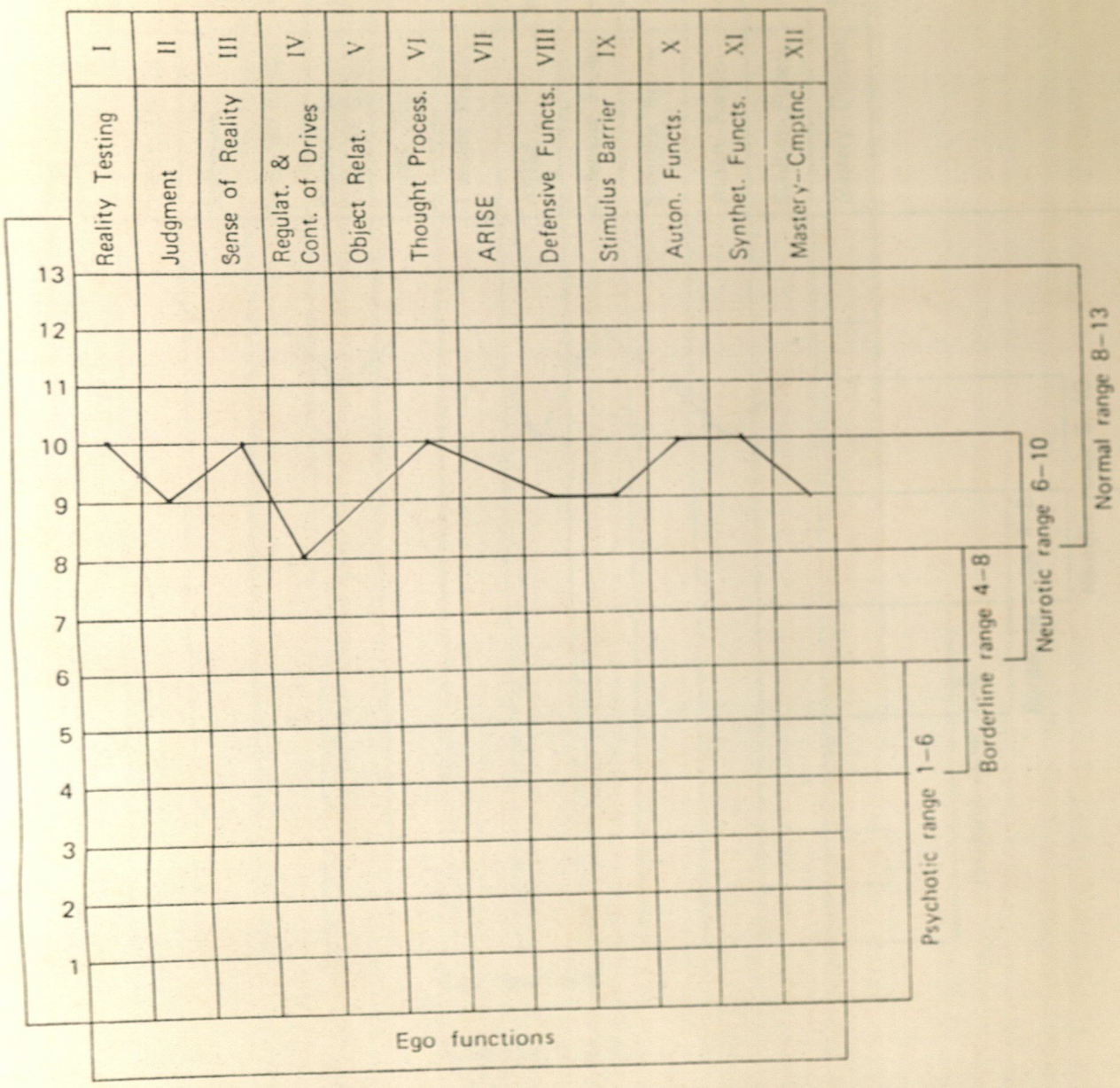

Figure: XIV

Ego function assessment from TAT data

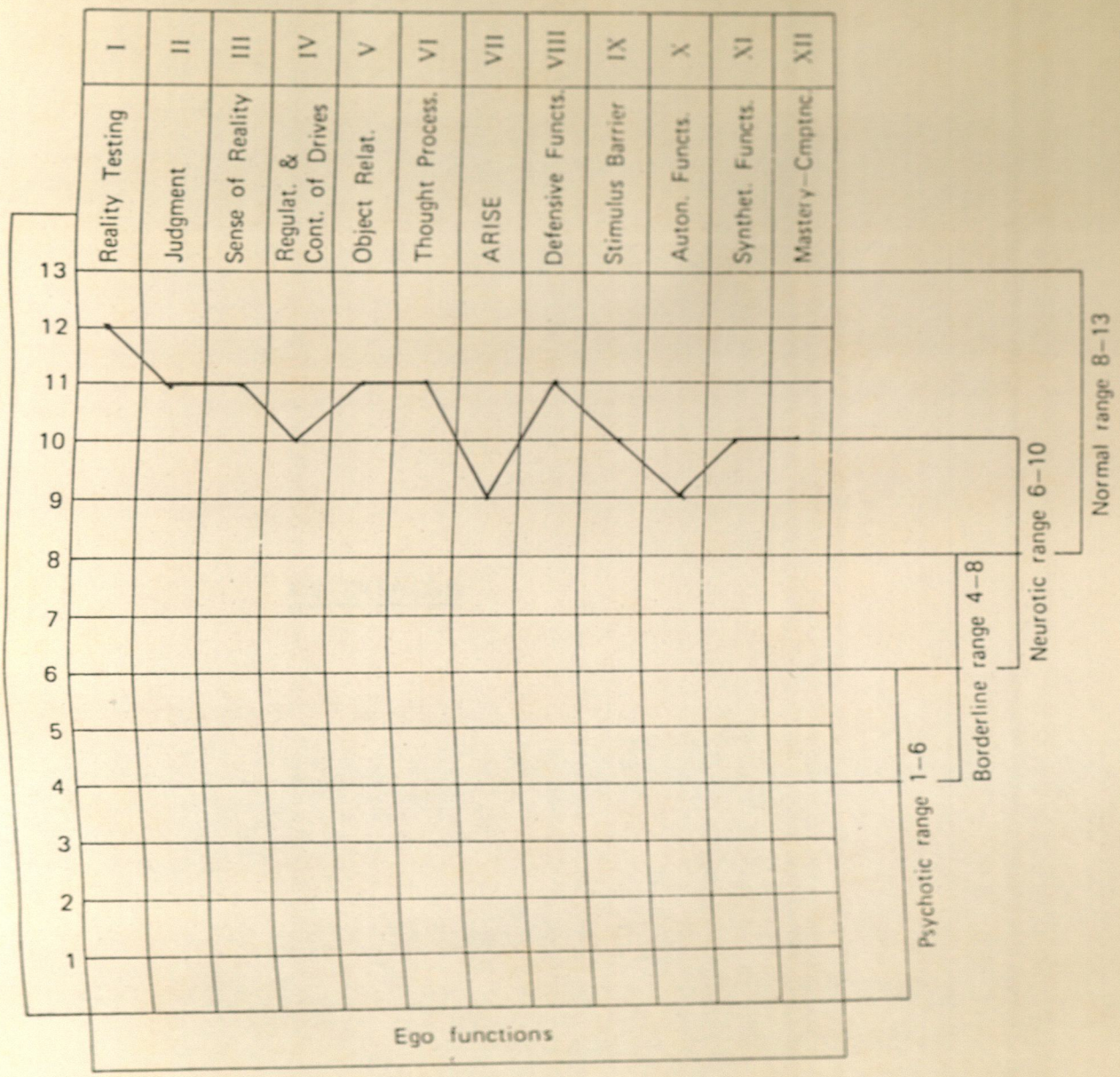

Figure: XV

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