

Effectiveness of Inner Healing Group Therapy on Hope and Happiness among War Victims of Sri Lanka

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ABSTRACT

Sri Lanka has endured 26 years of civil war, leaving behind immense miseries such as psychological trauma, social fears, spiritual and economic crisis, and enduring scars in the minds and hearts of the civilians. Previous studies show that the war wounds have not yet been fully addressed even after 10 years of the civil war. While there are quite a few interventions for children, adults remain the most neglected group. Hence, an attempt is made with the war-affected Tamil women in Sri Lanka.

A *pre-test post-test experimental group design* was used. Inner healing group therapy (Raj, 2013; Sahayaraj, 2016; Sahayaraj & Soosainathan, 2019) was offered in three groups to 60 individuals (age 31-60), obtained through *simple random sampling*. *Adult Hope Scale* (Snyder et al., 1991) and *Oxford Happiness Questionnaire* (Hills & Argyle, 2002) were used. The paired *t* test shows that there is a significant increase of hope and happiness after the intervention. In addition to, a positive significant *correlation* is also found between hope and happiness. Implications of these findings were discussed in terms of well-being of the war affected adults and therapeutic services. Limitations and scope of this study are discussed.

Key Words: Civil war, Sri Lanka, War-affected women, Hope, Happiness, Inner healing

INTRODUCTION

People who are exposed to war, undergo war-related stressors such as torture, rape, witnessing the death of a family member, destruction of their homes,

livelihoods; many leave their homelands to an unknown lands (Somasundaram, 2007; Somadundaram, 2005); WHO (2001) has appraised that, when people are exposed to armed conflicts, “10% of the people who experience traumatic events will have serious mental health problems and another 10% will develop behaviour that will hinder their ability to function effectively. The most common conditions are depression, anxiety, psychosomatic problems such as insomnia, or back and stomach aches”. Modern war strategies target the essential structures that are responsible for survival, like, water, power stations and food supplies. Further, the ability to attack from far distant leaves indiscriminate attack affecting the civilians and killing thousands of innocent people (Ashford & Huet-Vaughn, 1997). No more than ever, the world has witnessed a tremendous increase of displaced persons due to war, Toole (2000) shows that 19 million have been left dependent refugees and 25 million have been displaced due to the war.

Ethnic war in Sri Lanka

Sri Lanka is a small, multi-ethnic, low-income country at the southern tip of the Indian sub-continent. The Tamil minority, largely Hindus (17.8%) experienced discrimination from the Sinhalese majority, who are largely Buddhists (73.9%) (Arunatilake, Jayasuriya & Kelegama, 2001). The first Sinhala-Tamil riots occurred in Navalpitiya in 1939. The language Sinhalese was declared to be the only official language in 1956 which led to ethnic conflicts that killed more than a hundred Tamils (Rawat, 2012). In 1971 and in 1980, a rural Sinhalese youth-based movement, the Janatha Vimukthi Peramuna (JVP) organized an armed conflict that was crushed violently by the Government with thousands of casualties (Thiranagama, 2004). There was an anti-Tamil violence that erupted leading to a mass exodus of Tamils. As a result, certain sections of Tamil community had given their support to an armed struggle for a separate Tamil state (comprising of Northern and Eastern provinces of the country) led by the Liberation Tigers of Tamil Eelam (LTTE), which was started in the year 1976 (Arunatilake, Jayasuriya & Kelegama, 2001; Rawat, 2012). The first Eelam war was between 1983 and 1987; the second one was between 1989 and 1994;

the third Eelam war was between 1995 and 2001 (Stokke, 2006); the fourth phase of the war was from 2007 to May 17, 2009 (Kallie, 2019; Somasundaram, 2007).

Impact of War in Sri Lanka

In April 2011, The UN released a report on human rights violations during the last phase of the 26-year-long Sri Lankan war, in which 80,000 to 100,000 people were killed (as quoted by Rawat, 2012). Even though many years have passed since the termination of the war, the struggles and the psychological traumatic reactions, psychological distress have not ceased (Hirsch-Hoefler, et al., 2016; Palosaari, et al., 2016; Pannilage & Gunawardane, 2016; Jayawickreme et al., 2017; Altidiya et al., 2016; George & Jettner, 2016; Siriwardhana & Wickramage, 2014; Chandradasa & Kuruppurrachchi, 2017). According to Somasundaram & Jamunanatha (2002) that only 6% of the population studied did not experience any war stresses in Sri Lanka; at the same time, war has left its impact by creating physical sicknesses, anxiety, depression (Cardozo, et al., 2004; Scholte, et al., 2004), PTSD (Pham, Weinstein & Longman, 2004; Cardozo, et al., 2000) alcohol and drug abuse, and functional disability (Steel, et al., 1999; Cardozo, et al., 2000; Chandradasa & Kuruppurrachchi, 2017); people live in a state of constant fear, it has affected mental health severely (Murthy & Lakshminarayana, 2006; Lopez-Ibor, et al., 2005; Mollica, et al., 2004; Mollica, et al., 2001); the nation experienced “collective trauma” (Somasundaram, 2003); human sensitivity and altruism were lost (Somasundaram, 2007); Somasundaram (2010) observed collective symptoms of despair, passivity, silence, loss of values and ethical mores, a motivation and dependency on external assistance as the result of civil war in Sri Lanka; Cardozo et al., (2000) identified that there was a significant decrease in mental health status and social functioning among those who had prior history of psychiatric illnesses and among persons aged 65 years or older.

Women and war in Sri Lanka

The impact of civil war has left serious havocs and indelible and permanent scars on people, particularly women. Women have endured various struggles such as domestic violence, sexual assault, high rates of psychological distress (Hussain et al.,

2011), poverty (Amirthalingam & Lakshman, 2009), discrimination based on gender and socio economic status (Betancourt et al., 2013) had to take up more responsibilities and as a result had severe stress and had greater amount of impact than men (Silva, 2012; Chandradasa & Kurupparachchi, 2017), suffer from physical and mental health issues (Somadundaram & Sivayokan, 2013; Fernando, 2008). Women were married at an early age, were pregnant at an early age, increased home births, and increased maternal mortality, widowed at an early age, failed to receive adequate health care services (Kottegoda, Samuel & Emmanuel, 2008). Women suffer in a unique way during war by means of trauma caused in military brothels, growing sex trafficking for prostitution, extortion of sex for food by post-war peacekeepers, male aggression, social and economic ruin, women victims of landmines, women refugees, higher amount of illness and death in the post-war period (Hynes, 2004).

Healing in the war-affected conditions

A number of resilience-oriented programs organized in contexts of war and political violence (Veronese, Castiglioni, & Said, 2010). Psychotherapeutic and psychosocial programs enhance resilience, coping strategies and well-being (Haroz et al., 2017; Jordans, Pigott & Tol, 2006). Veronese & Barola, (2018) experimented various psychological interventions, such as, body-movement techniques, relaxation, directed imagery tasks, play (Phili & Carleton, 2017), externalizing life stories through drawing shields, building a safe home (Robnett et al., 2016), narrating traditional metaphoric stories (Walters, 2017), re authoring stories to strengthen resilience and survival skills which facilitated life satisfaction, emotion regulation, coping strategies and optimism among children (Pack, 2008; Veronese et al., 2017); Spiritual interventions (Green & Honwana, 1999; Wessels & Monteiro, 2004); Cognitive Behaviour Therapy (CBT), Narrative Exposure Therapy (NET) have been found effective in reducing PTSD and depression (Stenmark, et al., 2013; Nose et al., 2017); and Eye Movement Desensitization and Reprocessing (EMDR) for mitigating PTSD (Acarturk et al., 2016); Authors have identified a few intervention principles, which need to promote, a sense of safety, a sense of self and community efficacy,

connectedness and hope (Barenbaum, Ruchkin & Schwab-Stone, 2004; Attanayake et al., 2009; Shaw, Espinel & Shultz, 2012; Shibley & Stoddard, 2011).

There had been studies which report that interventions did not bring any significant impact on post-traumatic and depressive symptoms due to on-going war conflict (Thabet, Vostanis & Karim, 2005). Miller, Kulkarni & Kushner (2006) question the notion of western method of categorizing the impact of war based DSM criteria and naming it as PTSD; instead they present an alternative way of healing by presenting, “social constructivism” - a paradigm shift that “focuses on exploring the variety of ways psychological well-being and distress are understood and expressed across and within diverse cultural settings”. Wessells & Monteiro (2004), suggest that effective psychosocial interventions must concentrate less on clinical approaches, and more on holistic well-being, and mobilize communities in ways that build tolerance, respect for local culture and hope. Betancourt & Khan (2008) emphasised that instead of focusing treatment on single disorder - PTSD - they propose stepped-care model that ensures treatment components for several types of psychological problems (Layne, et al., 2001; Sveaass & Reichelt, 2001; Layne, et al., 2010). Though there are several programmes that address the healing interventions for children affected by war, healing interventions for the adults are scanty.

Hope

The war in a country affects terrifically the civilians. The impact of a war destroys the people indiscriminately. The civil war in Sri Lanka left indelible scars in the minds and hearts of the people, particularly the Tamil speaking community. There have been many healing interventions organized for the sake of the children; whereas the adults, particularly the women have been neglected greatly. Here an attempt has been made to offer healing intervention programme for women. This study, in particular explores the possibility of increasing the hope of the war victims which in turn can enhance the happiness and well-being of the participants.

Etymologically, hope is derived from the Old English, ‘*hopian*’ which means ‘to wish’, ‘expectation of something desired’ (Sykes, ed., 1982); According to Oxford dictionary, hope is defined as a feeling of expectation and desire for something to

happen; as a verb it is to look forward to with desire and reasonable confidence (Pearsall, ed., 1998)

Hope is defined as multifaceted vibrant life energy (Dufault & Martocchio, 1985; Stephenson, 1991); Snyder, Irving & Anderson (1991) define hope as “a positive motivational state that is based on an interactively derived sense of successful (a) agency (goal directed energy) and (b) pathways (planning to meet goals)”. Swedberg (2016) defines hope as “a wish for something to come true”. Horowatari (2009) defined that hope is “a subjective expression of a will to change the future into something desirable”. Hammer, Mogensen & Hall (2009) explicate that hope has a ‘being’ dimension, an aspect that remains within each one that which demonstrates a positive attitude despite the happenings in one’s life; it has a ‘doing’ dimension, a practical and goal-oriented reality in the way one acts in a situation; and a ‘becoming’ dimension, having the capacity to realize positive and enhancing outcomes.

However, there is no universal definition for hope (Morse & Dobermeck, 1995); it can be concluded that hope is a personalized belief, has future orientation, multifaceted, dynamic and implies active participation on the part of an individual and references the possibility of a positive outcome (Felder, 2004; Hawthorne & Yurkovich, 2004; Elliott & Oliver, 2002; Morse & Dobermeck, 1995)

Happiness

It has been noticed in common parlance that people who have several difficulties report to be contented and happy; whereas persons who are affluent report to be low and woeful; here happiness is equated with satisfaction (Oishi et al., 2013); Graham’s (2010) research provides evidence that people are extraordinarily adaptable to difficult situations; even when they face worst conditions, they experience happiness.

There are two dimensions in well-being and feeling happy, namely, *hedonism* and *eudaimonism* (Della Fave et al., 2011; Huta, 2016). Aristippus, a Greek philosopher from the fourth century B.C., taught that the goal of life is to experience the maximum amount of pleasure; Hobbes argued that happiness lies in the pursuit of human appetites (as quoted by Foisneau, 2014). Psychologists included a broader

understanding of hedonism, pointing out “the preferences and pleasures of the mind as well as of the body” (Kubovy, 1999). In addition to it, Diener et al., (1998) indicate that “happiness can be derived from attainment of goals or valued outcomes in varied realms”. Hedonic psychology has used assessment of subjective well-being to evaluate happiness (Diener & Lucas, 1999; Ryff & Singer, 1998); subjective well-being has the following dimensions: life satisfaction, positive affect and negative affect (Lucas et al., 1996).

Aristotle considered hedonic happiness to be an ill-mannered ideal, for it considers its followers as slaves. He argued, instead, that true happiness is found in the expression of value, that is, in doing what is worth doing (as quoted by Ryan & Deci, 2001). The term *eudaimonia* is valuable because it refers to well-being as distinct from happiness per se. Waterman (2008) points out that the eudaimonic concept of well-being invites people to live according to one’s true self; he argued that eudaimonia happens when people’s life activities are most congruent and are holistically engaged. Straume & Vittersø (2012) posited that eudaimonic feeling is experienced during moments of challenges in attaining one’s goals; further it has been confirmed that personal growth is associated with eudaimonic rather than hedonic dimension. Ryff & Singer (2000) describe well-being not simply as attaining pleasure but as “the striving for perfection that represents the realization of one’s true potential” (Ryff, 1995; Rogers, 1963). Eudaimonic well-being has the following distinct aspects: autonomy, personal growth, self-acceptance, life purpose, mastery, and positive relatedness (Ryff & Singer 1998).

Hope and Happiness

Hirowatari (2009) suggests that hope differs from happiness. Hope expresses something about the future whereas happiness in general expresses something about the present. Sariçam (2015) found that personal value sub factor of hope was found positively related to subjective happiness. Wnuk, Marcinkowski & Fobair (2012) found purpose in life and hope was positively correlated with eleven measures of happiness and satisfaction in life. The study of Parvaneh, Azizi, & Karimi (2015) demonstrate that Hope-Therapy in the elderly has been effective increasing happiness.

Singh & Devender (2015) found a positive relationship between hope, mindfulness and happiness. Anila & Dhanalakshmi (2014) found a positive correlation between happiness, hope and well-being. Khodarahimi (2015) posited that happiness positively correlated with hope. Nasiri & JOUKAR (2008) identified that meaning in life indirectly and interaction with hope can increase happiness and life satisfaction and at the same time decrease depression. Moghadam, Barjali & Sohrabi (2014) found that happiness training increased hope in the elderly and it was consistent in the follow-up stage. The study of Babaie, Jain & Cardona (2011) did not show significant differences between scores of children of veterans and non-veterans on both hope and happiness scales.

METHODOLOGY

Objectives

- To identify the Hope and Happiness of the participants
- To identify if the Inner Healing Group Intervention contributed to the increase in the level of Hope and Happiness among the participants

Hypotheses

H₁ The Inner Healing Group Intervention is effective in increasing the level of Hope among the participants

H_{1a} The Experimental group will show significant difference between Pre-test and Post-test scores in the dimensions of Hope, such as: (a) Agency and (b) Pathways

H₂ The Inner Healing Group Intervention is effective in increasing the level of Happiness among the participants

H₃ When Hope increases Happiness will also increase

Participants and procedure

A pre-test post-test experimental group design (Creswell, 2009) was used to collect and analyse data. The group intervention programmes were conducted in three different places of Sri Lanka. Among the 93 participants who partook in the three groups, 20 participants from each group were chosen using *Simple Random Sampling* (Creswell, 2009). There were 60 participants for this study. The age of the participants

in the present study ranged from 31 – 60. The Mean age of the participants was 43.98, SD = 8.62.

TOOLS FOR MEASUREMENT

Adult Hope Scale (Snyder et al., 1991)

Adult Hope Scale is a 12-item to measure the level of hope in a person. This scale is sub-divided into Agency (goal-directed energy) and pathways (planning to accomplish goals); Among the 12 items, four of them measure Agency sub-scale and another four of them examine Pathways sub-scale; the remaining four items are fillers. Every item is responded utilizing an eight-point Likert type scale ranging from Definitely False to Definitely True. The Hope Scale has shown sound internal reliability, with Cronbach alphas ranging from .74 to .88 (Snyder et al., 1991; Sumerlin, 1997). Both sub-scales showed internal reliability. Cronbach alphas have ranged from .70 to .84 for the Agency scale and from .63 to .86 for the Pathways Scale (Snyder et al., 1991; Sumerlin, 1997). Higher the score, greater is the level of Hope.

Oxford Happiness Questionnaire (Hills & Argyle, 2002)

Oxford Happiness Questionnaire (OHQ) was formulated from Oxford Happiness Inventory (OHI) (Argyle et al., 1989). OHQ is a 29-item to measure the level of Happiness of an individual. Every item is responded using 6-point Likert type scale ranging from Strongly disagree to Strongly agree. Among them 17 items are positively worded and 12 of them are negatively worded. The 12 negative items are scored in reverse. OHQ demonstrated good internal consistency reliability ($\alpha=.91$) (Hills & Argyle, 2002) and good construct validity in terms of positive correlation with extraversion ($r=.38$ $p<.001$) and negative correlation with neuroticism ($r=-.57$ $P<.001$) (Robbins, Francis & Edwards, 2010). The sum of the item scores measures happiness. High scores of happiness indicates greater amount of happiness.

Inner Healing Group Intervention

The inner healing group intervention programme was designed to provide healing to the war victims of Sri Lankan civil war. The intervention comprised of several psychotherapies and sessions in three groups. The intervention is inspired by

the “Healing the Inner Child” model followed at Anugraha Counselling Institute, Dindigul, India (Raj, 2013; Sahayaraj, 2016; Sahayaraj & Soosainathan, 2019).

The participants of each group had seven days’ residential inner healing group intervention programme. The participants were trained to practise breathing exercises (Sengupta, 2012; Brown, Gerbarg & Muench, 2013) as well as mindfulness meditation (Toneatto & Nguyen, 2007; Zeidan et al., 2013). The impact of war lingered in the minds of the participants by their fear, anger and grief; the participants had catharsis of these emotions through various creative arts therapies (Malchiodi, 2012; Carey, 2006; Schouten et al., 2015) such as, dance (Bernstein, 1995; Pearce & Tombs, 2004), drawing (Cohen, Barnes & Rankin, 1995; Steele & Kuban, 2003), story-telling (Lahad, 2009; Alpert et al., 2019; Neuner et al., 2004), journaling (Osei-Bonsu, 2010; Scofield, 2005), gestalt therapy (Perera-Diltz, Laux & Toman, 2012; Cohen, 2003), play therapy (Landreth, 2012; Bruner, 2000), bilateral stimulation (Vermetten & Christensen, 2011), Visual Kinesthetic Dissociation (Hossack & Bentall, 1996; Gray 2010) working on guilt and shame (Urlic & Simunkovic, 2009; Lu, 2008; Paez et al., 2006; Wilson, Droždek & Turkovic, 2006), focusing therapy (Gendlin, 1982), relaxation and guided imagery (Rees, 1995; Tracketenberg, 2008), psychoeducation on handling adversities and hard times (Linderncrona, Ekblad & Hauff, 2008; Carballo et al., 2004); coping strategies (Folkman, 2010; Weinberg, Gil,&Gilbar, 2014), visualization on the future bright possibilities (Gawain, 2016; Bonn & Tafarodi, 2013; Long, 2004), enhancing hope and hope therapy (Park, Peterson & Brunwasser, 2009), envisaging and enhancing a purpose-filled life (McKnight & Kashdan, 2009; Lopez et al., 2000; Ochberg, 2013; Sympson, 2000), ways to enhance happiness and well-being (Xu, 2008; Morina & Von Collani, 2006), humour therapy (Levine, 2013; Streaun, 2009;), gratitude exercises (Emmons & Mishra, 2011; Rash, Matsuba, & Prkachin 2011; Sansone & Sansone, 2010) and loving and kindness meditation to enhance forgiveness (Kristeller & Johnson, 2005; Shonin, Van Gordon & Griffiths, 2014; Brantley & Hanauer, 2008). The participants were instructed to practice these above therapeutic interventions for the following 90 days; this would enhance the healing of their wounds caused by the civil war and thus the

participants may have hope for a bright future which might enhance happiness and well-being.

RESULTS AND DISCUSSION

The data collected from the participants were analysed utilizing statistical procedures. The results show that the participants had improved in their level of hope and happiness.

Hope

Table-1: Paired t test between Pre-test and Post-test Scores of the participants on Hope

Variables	Pre-test (N = 60)		Post-test (N = 60)		Mean Difference	<i>t</i> value
	Mean	SD	Mean	SD		
Hope	50.02	5.29	52.42	5.65	-2.40	-2.98**
Happiness	125.07	12.48	131.37	15.29	-6.30	-2.83**

** $p < .01$

Paired *t* test was conducted in order to identify the difference between pre-test and post-test scores of the war victims on Hope. The results show that there was a significant difference between pre-test ($M=50.02$, $SD=5.29$) and post-test ($M=52.42$, $SD=5.65$) conditions; $t(59)=-2.98$, $p<.01$. The inner healing group intervention was effective in increasing the level of hope among the war victims. The effective release of the negative emotions through various therapies, the therapies that were geared to motivate the participants to visualize the future bright and positive possibilities, envisaging a purpose-filled life has increased the hope of the participants. The literature has proved that the people who have been exposed to trauma, violence and war have demonstrated greater level of resilience (Radan, 2007; Agaibi & Wilson, 2005); it is this spirit of resilience that has contributed the participants to hold on to their breath all these years; now the intervention programme has all the more contributed and increased the level of hope among them. The participants were greatly wounded due to the war; the inner healing programme has ignited the hope within them that was dormant for the past years.

Sub-dimensions of Hope: Agency and Pathways

Table-2: Paired t test between Pre-test and Post-test Scores of the participants on dimensions of Hope: Agency and Pathways

Variables	Pre-test		Post-test		Mean	
	Mean	SD	Mean	SD	Difference	<i>t</i> value
Agency	26.33	3.25	27.53	3.09	-1.20	-2.50**
Pathways	23.68	3.48	24.88	3.67	-1.20	-1.94*

** $p < .01$; * $p < .05$

Paired *t* test was conducted to find out the difference between pre-test and post-test scores of the war victims on dimensions of Hope: Agency and Pathways. The results show that there existed a significant difference between the pre-test ($M=26.33$, $SD=3.25$) and post-test ($M=27.53$, $SD=3.09$) conditions of Agency dimension of hope $t(59)=-2.59$, $p < .01$. The agency dimension according to Snyder (1991) posits that one is capable of accomplishing the means to attain desired goals in his/her life. Further the results have shown that there existed a significant difference between the pre-test ($M=23.68$, $SD=3.48$) and the post-test ($M=24.88$, $SD=3.67$) conditions of Pathways dimension of hope $t(59)=-1.94$, $p < .05$. The pathways dimension according to Snyder (1991) suggests that one is capable of generating the means to attain desired goals in his/her life. The difference in the scores demonstrate that the participants had more of Agency thinking than Pathways thinking; this indicates that the belief in one's capacity to accomplish the means to attain desired goals is dominant than one's capacity to generate the means to attain those desired goals. This suggests that hopeful people tend to think that desired goals are attainable even if personal resources are exhausted (Tong et al., 2010). The inner healing group intervention has proved that the participants are hopeful of maintaining harmony and peace within oneself and others.

Happiness

Table-3: Paired t test between Pre-test and Post-test Scores of the participants on Happiness

Variables	Pre-test (N = 60)		Post-test (N = 60)		Mean	
	Mean	SD	Mean	SD	Difference	<i>t</i> value
Happiness	125.07	12.48	131.37	15.29	-6.30	-2.83**

** $p < .01$

Paired t test was conducted to find out the difference between pre-test and post-test scores of the war victims on Happiness. The results indicate that there was a significant difference between the pre-test ($M=125.07$, $SD=12.48$) and the post-test ($M=131.37$, $SD=15.29$) conditions $t(59)=-2.83$, $p<.01$. The results show that the inner healing group intervention was effective in increasing the level of happiness of the participants; the therapies that were administered in order to release the negative emotions such as anger, hatred, fear, anxiety and grief have lifted the burden from their hearts; this in turn, has increased the level of happiness. In addition to it, releasing of the negative emotions would naturally bring about physical and psychological health of the participants (Nyklicek, Temoshok & Vingerhoets, 2004). The psycho education on enhancing the happiness, the humour therapy, and the loving and kindness meditation that has facilitated the forgiveness have all the more contributed in increasing the level of happiness among the participants. The increase of hope and happiness would positively impact the life quality and psychological well-being of the participants (Satici, 2016; Soleimani, & Panah, 2015).

Hope and Happiness Correlations

Table-4: Pearson Correlation Coefficient for hope and happiness among the War Victims

Variables	1	2
Hope	-	.49**
Happiness		-

** $p<0.01$

A Person product-moment correlation coefficient was computed to assess the relationship between hope and happiness of the war victims in Sri Lanka. The result shows that there was a positive moderate correlation between hope and happiness $r(60)=.49$, $p<.001$. The result indicates that when hope increased, the happiness also increased among the war victims.

Any wound that is left out without being addressed ruins the life of the individuals (Upton & South, 2011; Aloï, 2011). It is imperative that the wounds caused by the ethnic war must be addressed. These wounds had adverse effects on the normal functioning of the individuals, leading them to despair, anger, hatred, guilt and shame, anxiety, lack of motivation to live, loss of happiness, loneliness, etc. Inner

Healing Group Therapy has been effective in reducing the harm done to the war victims, particularly the women in this study. It has been confirmed that the increase in the level of hope has contributed the increasing of the happiness of the participants. The present study confirms the previous studies that hope is positively correlated with happiness (Anila & Dhanalakshmi 2014; Singh & Devender 2015; Khodarahimi 2015; Parvaneh, Azizi & Karimi 2015; Wnuk, Marcinkowski & Fobair, 2012).

IMPLICATIONS, LIMITATIONS, AND FUTURE SCOPE

Implications

- The Inner Healing Group Therapy has increased the level of hope and happiness among the participants.
- The intervention has been beneficial in enhancing the purpose of their living and has created favourable conditions in generating attainable goals and the means to attain them among the war victims.
- The intervention has increased the ability to face their future with courage and look forward to living their life with ease
- The participants can lead a life with meaning, hope, and purpose.
- The intervention has offered to the women the courage to face their life's adversities and struggles. This would naturally enhance their happiness and well-being.
- These people, who have been healed of their wounds, can remain as a beacon of light bringing hope, happiness, and healing to others.

Limitations

- The presence of control group may be useful in finding out the significant effectiveness of the intervention.
- If there was a possibility to assess the participants after three months of the intervention, it might have shown the significant effectiveness of the inner healing group therapy to the war victims.
- Due to the lack of economic resources, many participants could not participate in the healing sessions

Future Scope

- The intervention can be extended to other women, and other ethnic groups as well
- The intervention can be replicated to men, adolescents and to other demographic groups
- This intervention can be offered to various groups of people who may have been victims of war, abuses, violence and any other traumatic conditions.

Conclusion

The ethnic war in Sri Lanka had destroyed the physical, psychological, social and spiritual lives of the victims. It had ruined the whole nation's economy and normal life of its citizens. The worst affected persons are women and they are living a disoriented life, having lost their basic human dignity in post-war conditions (Swiss et al., 219). When someone is lost in darkness, any spark of light can enlighten hope and happiness in people. This study and healing sessions have contributed to the people the light and scope for their future.

Inner Healing Group Therapy has offered hope and subsequently enhanced the happiness of the participants. The sub dimensions of hope such as, agency and pathways have subsequently increased as the result of the intervention. There was a positive correlation between hope and happiness.

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