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Spiritual Intelligence and Self-Concept: A Study of Cancer Patients

Pallavi Sachdeva

Assistant Professor,
Deptt. of Life-Long Learning,
University of Jammu,
Jammu, J&K, India

Rahul Sharma

Research Scholar,
Deptt. of Psychology,
University of Jammu,
Jammu, J&K, India

Sunakshi Ganotra

Research Scholar,
Deptt. of Psychology,
IGNOU,
Jammu, J&K, India

Abstract

The present research study is designed in a manner to assess the spiritual intelligence and self-concept of cancer patients. Cancer being one of the most devastating health related problem places a considerable demands such as having to deal with physical symptoms, treatment, side effects, changes in image and relationship, thus impacting self-concept. Spirituality being 'one's striving for and experience of a connection with the essence of life' helps to deal with stress and trauma. Therefore the present study endeavors to establish how spiritual intelligence can help cancer patients cope with the disease by developing positive self-concept. The sample for the study is collected from government and private hospitals of Jammu region with the help of random stratified sampling technique. The size of the sample is 200 (100 males and 100 females). The analysis was done using t-test. The result have shown that there is a significant difference in the spiritual intelligence of male and female cancer patients and insignificant difference in the self-concept of male and female cancer patients.

Keywords: Spiritual Intelligence, Self-Concept, Cancer.

Introduction

Danah Zohar (1997) coined the term "Spiritual Intelligence" and introduced the idea in her book *ReWiring the Corporate Brain*. Spiritual intelligence refers to the ability to access, express and process spiritual information. Spirituality may be conceptualized in cognitive-motivational terms to represent the set of adaptive skills and resources that facilitate problem solving and goal attainment (Sisk, 2002).

To bring this satisfaction and happiness in our life, we have to be quite adjustable. Self awareness is necessary for well adjustment. Self awareness and self-concept are intertwined concepts. The in depth meaning of self and the development of self is related to the concept of self, its ego and character, which are considered as the most controversial parts of current psychological theories. Self concept gives an edge to the person and helps everyone to adapt and adjust properly. From the view point of cognitive aspect of psychology, self concept can be understood as put up by Purkey, 1988 "self concept is totality of a complex, organized, and dynamic system of learned beliefs, attitudes and opinions that each person holds to be true about his or her personal existence". Whereas, the understanding of self -concept and self - esteem (feelings of personal worth and level of satisfaction regarding one's self) and self - report (what a person is willing and able to disclose) are very different from each other, these are all the concepts of self but they evaluate and understand self differently.

Cancer is the second leading cause of death in India and in many other nations in the world. About one in four people will get it in some form during their lifetime, and at the present time about one in five of all deaths are due to cancer. Cancer is perhaps the most progressive and devastating disease posing a threat of mortality to the entire world despite significant advances in medical technology for its diagnosis and treatment. It is estimated that by the year 2020 there will be almost 20 million new cases. Worryingly, it is not only in the number of new cases that will increase but also the proportion of new cases from the developing countries like India will also rise to around 70%. The magnitude of the problem of cancer in the Indian Sub-Continent is alarming. Though the cancer incidence rate in India is less than that of the Western countries but due to the large population size, number of cases is more prevalent at anytime.

Review of Literature

Kadkhoda & Jahani (2012) think that spiritual intelligence is concerned with the inner life of the mind and spirit and their relationship "to

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being" in the world. Spiritual intelligence focuses on the abilities that draw on spiritual themes that predict functioning, adaptation and being able to produce valuable products and services (Emmons, 1999). Zohar and Marshall (2000) have defined Spiritual intelligence as the ability in addressing and solving problems of meaning and value. This ability also goes to the individual's placements of their actions and their lives into a wider, richer and meaning-giving context. Amram (2009) has identified 7 major dimensions of spiritual intelligence, which are consciousness, grace, meaning, transcendence, truth, serenity and inner directedness. Shavelson et al. (1976) defined self-concept as perceptions of oneself. These perceptions are formed through experience and is influenced by environmental reinforcement, significant others and one's attributions for one's own behaviours. Self-concept is multifaceted and hierarchical which is developed as the age increases. According to, Mehrad (2016) worked on self concept and concluded that one of the most important factors which can practically change our belief, attitude and reaction towards our personal and social life is to do with our self concept.

Bhattacharjee Anjana (2013), in a research study revealed that there is a significant difference of gender in emulating the self concept, whereas, the significant difference of self concept is also seen among the both cancer and non cancer patients as well among male and female cancer patients. Jafari et al (2014) found no significant difference between females' and males' scores in body image and spiritual intelligence. Kotnala (2015) concluded there's no gender difference on spiritual intelligence. Semnianian et. al. (2017) revealed that there was a significant difference between the blinds and sighted groups in spiritual intelligence. The blinds reported significantly higher spiritual intelligence comparing to their sighted peers. However no significant difference in self-concept was observed between two groups.

Cancer places considerable demands on the patient such as having to deal with physical symptoms, treatment side effects, and changes in relationships, changes in self-image, the unpredictability of disease, uncertainty about the future, unmet expectations about recovery, and vulnerability to recurrence of disease. It can change the way you look, temporarily or permanently. Further, Cancer also threatens the patient's sense of meaning to life and of connectedness with him/herself and the environment. The way cancer affects spirituality is different for everyone. Spirituality can be defined as an individual's sense of peace, purpose, connection to others and beliefs about the meaning of life. The dreadfulness of cancer also weakens person's spirituality.

The Variables of the Study are

1. Spiritual intelligence
2. Self-concept.

Objectives of the Study

1. To find the spiritual intelligence and self-concept of male and female cancer patients.

2. To find out the difference in spiritual intelligence and self-concept of male and female cancer patients.

Hypothesis

1. There is a significant difference of spiritual intelligence of male and female cancer patients.
2. There is a significant difference of self-concept of male and female cancer patients.

Sample

The sample of 200 cancer patients was taken for the present study from the government as well as private hospitals by using stratified random sampling, out of which 100 male cancer patients were taken and the remaining 100 were the female cancer patients. These cancer patients were requested to fill up the questionnaires, as few cancer patients were illiterate, the researcher helped them to understand the questionnaire. Sufficient time was given to fill both the questionnaire to ensure high response rate.

Tools Used

1. Spiritual Intelligence Scale developed by Dr. K.S. Misra. The total number of items are 42 and the answer choices are five point scale. Split half reliability coefficients for the Spiritual Intelligence Scale are .864 for the UG-PG sample (N=180) and .852 for the 9-11 sample (N=160). The values of Cronbach alpha are .890 and .874 respectively.
2. Self-Concept Rating Scale developed by Pratibha Deo. It contains 90 adjectives which reveal the self concept in the areas of intelligence, emotional, social, character and aesthetic. Reliability was estimated by test re-test method. For the 15 days interval the reliability co-efficient came out to be .89 (N=595).

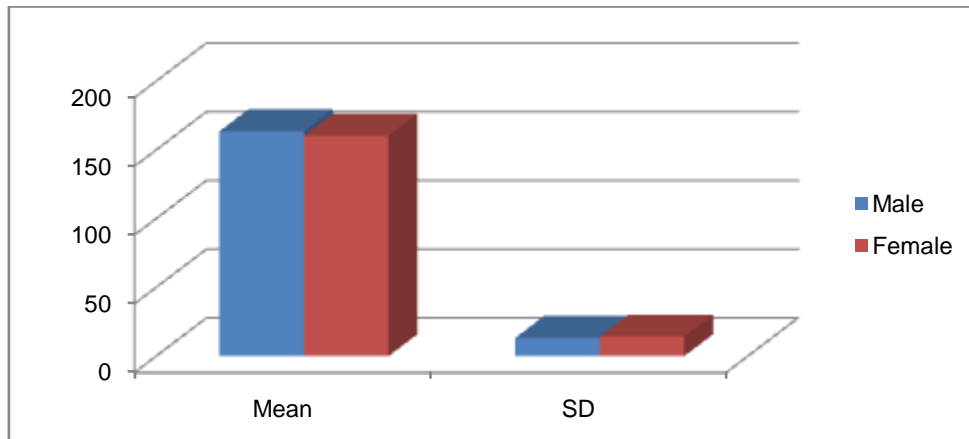
Results

The tabulated data has no meaning unless it is analysed and interpreted by some sophisticated statistical technique so as to arrive at proper conclusions. The data must be scientifically analysed, intellectually interpreted and rationally concluded. The purpose of interpretation is essentially stating what the result shows. Interpretation is the most important step in the total procedure of research. The analysis of data involves breaking up of similar parts and putting them into new arrangements for the purpose of interpretation. It is essentially stating what the result shows. Analysis and interpretation of data also help in future to attract some problem or the related problem with appropriate statistical technique avoids necessary labour.

Table 1: It shows the Spiritual Intelligence of Male and Female Cancer Patients

Spiritual intelligence	Mean	SD	t-value	Significance level
Male	163.56	13.27	6.26	0.05
Female	160.43	14.21		0.01

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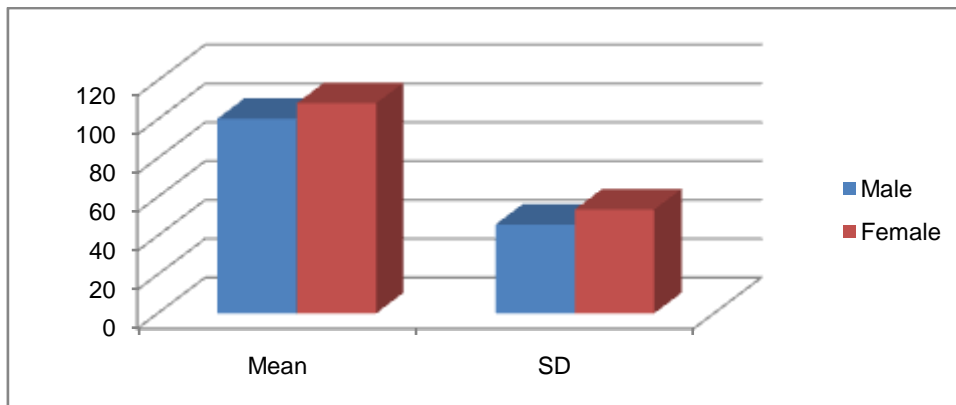


According to table 1 the mean score of spiritual intelligence of males' cancer patients is 163.56 and mean score of female cancer patients is 160.43, also the t-value is 6.26 which is significant at

0.05 and 0.01 level. Therefore, there is a significant difference of spiritual intelligence of male and female cancer patients. Hence, hypothesis stands correct.

Table 2: It shows the self- concept of male and female cancer patients

Self-concept	Mean	SD	t-value	Significance level
Male	100.30	45.74	1.1	0.05
Female	108.28	53.53		0.01



According to table 2, the mean score of self-concept of male cancer patients is 100.30 and mean score of female cancer patients is 108.28. The t-value is 1.1 which is insignificant at 0.05 and 0.01 level. Therefore, there is no significant difference of self-concept of male and female cancer patients. Hence, hypothesis stands incorrect.

Cases obtained ranged from helplessness to hopefulness. Cases were from 15 years to 75 years of the age. Most of the patients and their families were responding on their belief in God as it is because of almighty they have some scope and hope in life, where as many out of 200 were aggressive and full of anger and had questions of "suffering" in their life. Many patients and their families were not aware of critical issue related to the illness, and hence did not take their therapy and medication seriously. There was a Gujjar family from far flung areas who liked talking more about their life and its changes due to politics and its effect on their socio economic status. However, highest number of cases were of lung cancer and the reason was mostly addiction and alcoholic life style.

Interview method was used at the time of data collection, narratives were also collected, many patients were willingly telling about themselves and few of them were not interested in talking and hence their families shared some of their experiences.

Two cases have been presented one of hopefulness and other of hopelessness.

The data was collected from both, Govt. and Private hospitals of Jammu region and most of them were from poor families as the cost of treatment was less in these hospitals, further most of them were illiterate under lot of pain. Few of them even ended up crying and got very emotional, hence could not narrate their stories as it was a bit too much for them to bear.

Case – I

Male, 62 years of age suffering from lung cancer from last 4 years has not given up on his life

yet. He and his family are very hopeful about his recovery and so are taking care of timely medication and undergoing radiotherapy as per schedule. The patient is overall very positive about life and its happenings and has accepted his cancer as almighty's wish and fighting with it with an unshakable faith. Also the patient and his family tried to take care of other patients of the ward since they consider the ward as their second home now.

Caste – II

Female, (1992 born) 25 years of age suffering from breast cancer. She is a case of hopelessness as she lost her husband 2 years back in a tragic accident and is left all alone with her 2 young daughters. She belongs to a small village of Banihal area, got married at the age of 17, was provided no formal education thus forced to live a miserable life. On asking questions about god and his existence she showed extreme anger and agitation and clearly said that she does not believe in god anymore. She had been an ardent follower of Maa Durga but now she does not go to the temple.

Discussions / Conclusion

The present research study is conducted to evaluate spiritual intelligence and self-concept of cancer patients, as it is the most crucial stage of life of an individual, when there is no clarity as well as hope, also the future seems to be devastated. Patients and their families considerably demand for the life of patient in terms of days, months and year, hence one of the very complex data to be collected as they have lot to tell and long stories they wanted to narrate and then there are many other who were not interested in talking also, as they did not want to open up and were only looking forward for their inner peace.

According to research study by Levine et. al. (2007), examination of a multi-racial sample of women with breast cancer, was done and found that some women strengthened in faith while others began to question their faith. The study has shown the gender difference in belief, attitude and faith and hence do not follow the same pattern as in case of present research study which shows males have higher spiritual intelligence than females and have significant difference of spiritual intelligence at both 0.05 and 0.01 levels. The other research study conducted by Hosseini et. al. (2010) showed that spiritual intelligence can improve with training. Adolescence is an important period for spiritual intelligence training and gratitude as a subscale in spiritual quotient has ability to increase the fortunately many individuals have described exercises to promote gratitude. As a sort of intelligence, spirituality extends the psychologists conception of spirituality and allows its association with rational and cognitive processes like goal achievement and problem solving. The spiritual intelligence provides a general basis for the individual to be able to consider his seeking for goals and meaning in life and to move in the direction of the aim which are personally meaningful, which gives a way forward in such critical phase of life.

Nordin et al. (2001) found adult cancer patients self-concept to be a factor that predicted

behaviour adjustment and life satisfaction in a study of 85 newly diagnosed gastrointestinal cancer patient. Their results indicated that those with a positive self concept were more likely to display fewer symptoms that were associated with common internalizing difficulties such as depression and anxiety, highlights positive and negative self-concept and present research study shows that there is insignificant difference of self-concept of males and females cancer patients that females and males both have positive self-concept, where females are at higher side.

According to Wildes et. al. (2009) in a study, a significant positive correlation was found between religiosity/spirituality and quality of life in Latina breast cancer survivors. Quality of life factors included social wellbeing, functional wellbeing, and a patient's relationship with her doctor. High religiosity/spirituality was also a predictor for better functional wellbeing and satisfaction with the doctor-patient relationship. In the present research study in both Govt. and Pvt. Hospitals cases of Breast cancer were found starting at the age of 30 onwards and were in extreme pain and agony.

In the qualitative analysis that was conducted, the spiritual intelligence was varying as per the experiences of patients, their families, age, type, prognosis of the illness, it was seen that most of them have very weak emotional concept about self, whereas a few of them were also facing social concept about themselves and from the interaction it was gathered that some others had neutral concept about the self.

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