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# Emotional Intelligence and Psychological Well-Being in Male and Female Individuals Treated for Head and Neck Cancer

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## Abstract

Emotional intelligence is recognized as the ability of an individual to guide his or her own feelings, rationalize among those feelings as well as incorporate such feelings into thinking and actions. Psychological well-being is an important phenomenon which determines one's wellness or perceiving one's life to be happy. Head and neck cancer has an extremely distressful and causes immense distress to the patients. This study aims to assess emotional intelligence and well-being in male and female individuals treated for head and neck cancer. The sample consisted of 60 participants with head and neck cancer (30 male and 30 female), who were selected through Purposive sampling technique. Emotional Intelligence Scale and Ryff Scale of Psychological Well-being were used. Results indicated no significant relationship between emotional intelligence and psychological well-being. Results also showed that there is no gender difference in the emotional intelligence of cancer patients.

***Keywords:*** *Head and neck cancer, emotional intelligence, psychological well-being, gender difference.*

## Introduction

Rehfield (2002) stated that the social intelligence gave rise to the sole concept of emotional intelligence. One of the ways in which Emotional Intelligence is defined, indicates the combined factors in which a person has the ability to feel motivated about himself, experiences mood swings and regulations, can take over his impulses and has the ability to persist frustration level, hence cope up with everyday lifestyle (Goleman, 1995).

The worldwide cause of about 7.6 million deaths in 2008 according to statistics is cancer (WHO, 2013). Cancer is a combination of a group of diseases which affect various parts of the body. Among all other cancer types, head and neck cancer has a divergent demographic position in India. It is the upcoming as one of the major health related issue in India today. The estimated account of head and neck cancer occurring in Asia is 55.7%, especially in India. In India, head and neck cancer accounts for almost 30% of all types of cancer (Kulkarni, 2013).

Recent research focuses on how cancer patients regulate their depressed feelings and understand them. Even though the patients might have an understanding regarding their feelings, at times they lack the ability to deal with a situation. In that case, the feeling of anxiety and depression increases among the patients (Schmidt, 2002). Emotional Intelligence has three main components namely, clarity of feelings, attention towards one's feelings and mood repair. Each of these components has a role to play in a person's perception of his or her own understanding of feelings. Therefore, it is important to know the role of emotional intelligence in how cancer patients cope with their condition. For any individual to cope with a particular situation it is necessary to undergo persona growth and development. Thus, according to the Ability model of emotional intelligence, human beings should perceive emotions in the right presence of mind, should regulate their emotions according to their thought process and also understand the concept of emotions so that they can develop interpersonally (Salovey & Mayer, 2001). Cancer patients always need to regulate their emotions and anxiety level (Schmidt, 2002), thus, the ability model helps such individuals to navigate their lives towards social relationship and the environment (Salovey & Grewal, 2005). Individuals vary when it comes to processing emotions, some may have a broad cognition capacity and some may have a low level of cognition. Important is to utilise the abilities which emotional intelligence provides (Salovey & Mayer, 2001) which are namely, perceiving emotions, using emotions, understanding emotions and managing emotions. The present study focuses whether the cancer patients are exposed towards emotional intelligence and these components positively or negatively.

Psychological well-being is an important phenomenon which determines one's wellness or perceiving one's life to be happy. According to Ryff and Keyes (1995), psychological well-being is said to consist of six areas, namely, self-acceptance, personal growth, purpose in life, environmental mastery, autonomy and positive relations with others. This gives us the overview of psychological well-being and makes it clearly understandable that it looks at the overall perception or mental acceptance of her situation and surroundings, so as to provide the individual with a sense of safety, security, happiness and satisfaction in life.

Cancer is extremely distressful and causes immense distress to the patients (Hardman et al., 1989). The distress is psychological and takes a great deal of time to become normal again. Often the cancer patients face disappointment and high level anxiety when there is poor communication of clarity about their illness from the medical staff or family members (Maguire & Faulkner, 1988). This results in dissatisfaction in the patients and increases anxiety level in the patients as a result deteriorating the psychological well-being (Sensky et al., 1989). The patients lose trust in the treatment and also stop believing in the outcome of the treatment even if the cancer is curable (Stiles et al., 1979).

The diagnosis of cancer is being seen as the most devastating in comparison to the diagnosis of other diseases and disorders, owing to the negative stigma attached to it as well as the fear and despair it elicits (Sawyer, 2000). Need for

assimilating the information of the diagnosis, the conditions of the disease, symptoms and treatment is essential, which affects physiological and psychological well-being (Mills, 1999).

## Aim of the Study

Aim of the study is to assess emotional intelligence and well-being in male and female individuals treated for head and neck cancer**.**

## Hypothesis

H1. There will be a significant positive relationship between emotional intelligence and psychological well-being in male and female cancer patients.

H2. There will not be any gender differences in emotional intelligence of cancer patients.

## Method

As the study focuses on analysing the research problem by statistical data than explaining or elaborating the effect, cause, meaning and experience of a particular phenomenon quantitative research is chosen over qualitative research. As the study required a sample of individuals who have been treated for cancer, the procedure of purposive sampling was adopted. The sample group size was 30 men and 30 women who have been undergoing treatment for cancer for at least a minimum period of one year, between the ages 25-35.

### Tools for Data Collection

Socio-demographic details were obtained from the participants and Emotional Intelligence Scale and Ryff Scale of Psychological well-being was administered.

## Data Analysis

The responses were scored and analysed using SPSS software after the response sheets were collected. Using descriptive statistics the personal and demographic details were analysed. Spearman Correlation Coefficient was used to find the correlation between emotional intelligence and psychological well-being among men and women treated for cancer. Mann Whitney U test was used to find gender differences in emotional intelligence of cancer patients.

## Result

Table 1 *Correlation among emotional intelligence and psychological wellbeing*

| Variable | 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|---|
| Autonomy (1) | | | | | | |
| EM (2) | .563** | | | | | |
| PG | .633** | .519** | | | | |
| PR | .595** | .494** | .455** | | | |
| PL | .576** | .408** | .543** | .502** | | |
| SA | .603** | .624** | .491** | .618** | .692** | |
| Emotional Intelligence | .115 | -.053 | .159 | .040 | .221* | .066 |

* $p < .05$, ** $p < .01$

Table 2 *Gender difference in emotional intelligence of cancer patients*

| | Gender | N | Mean Ranks | Sum of Ranks | Mann WhitneyU | Sig. (2-tailed) |
|---|---|---|---|---|---|---|
| Emotional Intelligence | Male | 30 | 30.80 | 924.00 | 441.000 | .894* |
| | Female | 30 | 30.20 | 906.00 | | |

*$p>.0.05$

## Discussion

The current study was conducted to assess Emotional Intelligence and Psychological Well-Being in male and female Individuals treated for head and neck cancer. According to recent researches, more emphasis is towards the cancer patients and their ability to understand and work on their depression and low feelings. Since, the patient has considerably less knowledge of their own feelings and emotions, they have less awareness towards how to deal with such emotions and hence they gradually indicate an increasing rate of anxiety and depression (General Health News, 2002). As the researcher has discussed earlier in this study that emotional intelligence have three components namely, attention to feeling, clarity of feeling and mood repair (Salovey & Mayer, 2001), a study was conducted to determine which component of emotional intelligence is majorly important and the results indicate that individuals who had a considerably lesser level of clarity and mood repair were found to have better attention towards their feelings. On the other hand, those individuals who were found to have a significant level of clarity and repair were better even if they suffered from social constraints (General Health News, 2002).

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Psychological well-being is an important phenomenon which determines one's wellness or perceiving one's life to be happy. According to Ryff and Keyes (1995), psychological well-being is said to consist of six areas, namely, self-acceptance, personal growth, purpose in life, environmental mastery, autonomy and positive relations with others. This gives us the overview of psychological well-being and makes it clearly understandable that it looks at the overall perception or mental acceptance of her situation and surroundings, so as to provide the individual with a sense of safety, security, happiness and satisfaction in life.

The current study is Quantitative in nature where Emotional Intelligence and Psychological Well-Being in male and female Individuals treated for head and neck cancer was assessed using Emotional Intelligence Scale (EIS) and Ryff Scale of Psychological Well-being (PWB). The study comprises of a sample size of 60 which includes 30 males and 30 females. The age group selected for the present study was 25 to 35 years.

Table 1 shows the Correlation among emotional intelligence and psychological wellbeing. The Psychological well-being scale is divided into 6 major dimensions namely, Self-Acceptance (SA), Personal Growth (PG), Purpose in Life (PL), Environmental Mastery (EM), Autonomy and Positive relations with others (PR). The scores of each dimension of the Psychological well-being scale were correlated with the scores of Emotional Intelligence scale. The Spearman Correlation Coefficient scores, .115, -.053, .159, .040, .066; indicate that the p values of all the dimensions except dimension PL ($r = .221$, $p < .05$) is significantly greater than 0.05 level. Thus, the results show that the first hypotheses which was that there will be a significant positive relationship between Emotional Intelligence and Psychological well-being in male and female cancer patients is rejected. Hence, according to the scores obtained from Spearman Correlation Coefficient, there is no significant positive relationship between Emotional Intelligence and Psychological well-being in male and female cancer patients. This contradicts studies which show that there is a significant positive relationship between Emotional Intelligence and Psychological well-being.

Studies shows by the researcher indicate that the variables are positively correlated, i.e., higher one variable, higher the other and vice versa. The study found a positive association between psychological well-being and emotional intelligence, and a negative association between emotional intelligence and somatic complaints, which implies that higher the emotional intelligence, lower one's tendency of complaining about illness (Carmeli, Halevy and Weisberg, 2009). More recent studies on the impact of emotional intelligence and psychological well-being on the health of cancer patients reported that emotional intelligence impacts well-being and health, with the strongest impact on factors such as self-regard, self-actualization, stress tolerance, optimism and happiness (Bar-On, 2012). Although the results indicate no significant relationship between Emotional Intelligence and Psychological well-being, studies show that a higher emotional intelligence can lead to a higher psychological well-being (McVay, Madill and Fielding, 2001). As the emotional intelligence among cancer patients increase, the psychological well-being also increases which leads to improvement in recovery after surgery.

Recent studies also have been conducted which supports the results obtained and proves that the hypothesis need not be true in all cases. A study was conducted among cancer patients in order to investigate the emotional intelligence and locus of control among cancer patients undergoing treatment (Brown, 2012). Locus of control is a major element of psychological well-being which means to integrate the way in which a person visualises his relationship between his behaviour and the experiences he undergoes as a result of reward or punishment (Coit, 1973). The main aim was to gain an insight towards the cancer patient's psychological well-being and their susceptibility to their illness during and before the treatment. The results indicated a significant negative correlation among emotional intelligence and locus of contr

Table 2 shows the gender difference in emotional intelligence of cancer patients. To measure gender difference in emotional intelligence of cancer patients, Mann Whitney U Test was used. The results obtained through the test indicates that the p value (Sig. 2 tailed= .894) is significantly greater than 0.05. This shows that there is no significance difference between the scores of emotional intelligence among males and compared to the emotional intelligence scores among females. Hence the second hypothesis which is that there will be no gender difference in emotional intelligence of cancer patients is accepted. Therefore, there is no gender difference indicated by the scores obtained on emotional intelligence scale.

According to the literature stated in this paper by the researcher, supporting studies have been conducted showing results that there is no gender difference among cancer patients in terms of emotional intelligence, thus creating a necessity for further verification of the gender differences in emotional intelligence (Ahmad, Bangash & Khan, 2009). Contradictory studies have also been found by the researcher which indicates the presence of gender difference in emotional intelligence of cancer patients. A review by Naghavi and Redzuan (2011) has concluded that females have higher emotional intelligence than males and this has been reasoned to be because of the individual differences caused by expectations of the society and people around where girls are expected to be more emotionally expressive than females. These results refuted the findings of another research study conducted previously, which concluded that males have higher emotional intelligence than females. As the research was conducted in Indian setting, majority of the literature shows a presence of gender difference in various aspects including emotional intelligence of cancer patients.

## Conclusion

Cancer is extremely distressful and causes immense distress to the patients (Hardman et al., 1989). The distress is psychological and takes a great deal of time to become normal again. Often the cancer patients face disappointment and high level anxiety when there is poor communication of clarity about their illness from the medical staff or family members (Maguire & Faulkner, 1988). This results in dissatisfaction in the patients and increases anxiety level in the patients as a result deteriorating the psychological well-being (Sensky et al., 1989). The patients lose trust in the treatment and also stop believing in the outcome of the treatment even if the cancer is curable (Stiles et al., 1979).

The psychosocial dysfunction caused due to the contraction of the disease has been evidenced to be well-managed through psychosocial interventions. They help in providing an overall positive effect and in improving the coping styles

of the individual. Though there are a lot of advantages that these interventions provide, not all of them are beneficial as their counterparts. These issues insist the need for the development of an integrative model for treating the individuals; hence the study's results would help in improvising on the intervention methods (Wadsworth, 2004).

Cancer usually has a distressing effect on those who suffer as well as their family members. The patients face a number of psychosocial issues such as difficulty in coping with diagnosis, adjusting to their illness and the ongoing treatments. During the course of treatment, the patient should be assisted or psycho-educated about issues by their spouse or family or the psychologist about possible body disfigurements, required rehabilitation and also the truth about accepting death for those who are terminally ill. Thus, these ongoing research and education regarding the well-being of the patient should continue along with the treatment (Anderson and Frank, 2001).

The result also proved the hypothesis that there is no gender difference in emotional intelligence of cancer patients. Although the result has a positive implication but emotional intelligence among both the genders should be considerably improved in order to further, manage, control and regulate the emotions of their own as well as of the significant others (Scuderi, 2013).

## Limitations of the Study

Since the emotional intelligence questionnaire is in English, language can be a barrier, only those who know English can take part in the study. The sample size might be too less (N=60) which might have affected the results and thus cannot be generalised to the population. Since the data was collected through organisations and hospitals, other extraneous variables were difficult to control. The study was conducted in a restricted time, so an increase in time period might have showed a different result. Generalization should be taken care of as the method of data collection used of purposive sampling technique. The results obtained might be case specific or situation wise differed.

## Implications of Future Research

The present study can be used to conduct further research to analyze the pattern of relationship between emotional intelligence and the psychological well-being among cancer patients. Further research can also be done to find out gender difference in emotional intelligence of cancer patients with an increased sample size. Using the results of the present study, several psychological intervention measures can be developed in order to increase emotional intelligence among both the genders.

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