



Effects of Spiritual Consciousness and Self Disclosure on the Alienation of Cancer Patients

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Abstract

This study explores the relationship among a sample of forty cancer patients between spiritual consciousness, self-disclosure, and alienation. Improving the quality of life and overall wellbeing of cancer patients during their treatment journey requires an understanding of their psychological dynamics. This study explores whether spiritual beliefs and self-disclosure tendencies are linked to feelings of alienation in cancer patients by drawing on psychological theories of coping and existential psychology. The study will employ structured interviews and validated scales to evaluate the spiritual consciousness, self-disclosure tendencies, and alienation experiences of the participants. To find any meaningful relationships between these variables, statistical analyses such as regression analysis and correlation coefficients will be used. Through illuminating the functions of spiritual consciousness and self-disclosure in relation to cancer patient experiences, this study seeks to offer insightful information to counsellors and medical professionals. In the end, the results might help develop customized interventions that lessen alienation and improve the general psychosocial wellbeing of cancer patients receiving treatment.

Key words: spiritual consciousness, self-disclosure, alienation, cancer.

Chapter – 1

1. INTRODUCTION

Cancer is not a binary physical ailment that affects physiological processes; rather, it is a complex phenomenon that has severe psychological, emotional, and existential dimensions causing stress and discomfort. While the current study focuses on the most understudied psychosocial domains of spiritual consciousness and self-disclosure, it is important to remember that such an approach to all facets of cancer patients' experiences is necessary knowledge for nursing practice. In this regard, a research-based understanding of how spiritual consciousness and self-disclosure aspects intersect and contribute to feelings of alienation is needed. AC medical practice, meaning and purpose in patients' existence. Although spiritual consciousness is often understood as a deeply personal and transcendent meaning of existence, it plays a substantial role in stressful situations of cancer.

This finding forms the basis for the value of finding meaning among the midst of disease. At the same time, self-disclosure, the process of conveying one's thoughts, emotions, and experiences to others, is a critical factor for psychosocial adaptation of cancer patients. The degree to which a person discloses to healthcare providers and loved one's information about their cancer, as well as information about the emotions and existential issues associated with it, will have a long-lasting impact on their connection to this source of support.

Nonetheless, despite its complexity, cancer diagnosis and treatment may elicit feelings of estrangement alienation. Alienation refers to the perceived distance, isolation, or detachment from oneself, others, or the world. Alienation may present itself in numerous forms, such as existential suffering, social disengagement, or spiritual alienation. Although the recognition of spiritual consciousness and self-disclosure in cancer has increased over the past few decades, the empirical evidence of their effect on the alienation of cancer patients is scarce. To address these complex relationships and their consequences for psychosocial adjustment to cancer and quality of life, a thorough investigation is warranted.

The current study aims to close this gap by investigating the implications of spiritual consciousness and self-disclosure on the alienation of cancer patients. Understanding how these variables are interconnected and contribute to psychosocial well-being can reveal new opportunities for increasing supportive care and nurturing patients' resilience. Unpacking the intricate relationships between spiritual consciousness, self-disclosure and alienation can enable oncology professionals and researchers to design and implement patient-centered approaches to cancer treatment that are truly holistic and consider the holistic needs and existential crises of patients on the cancer journey.

1.1 overview on spiritual consciousness

Spiritual consciousness refers to the most intimate and transcendent aspect of our humanity, mediating our beliefs, values, and existential query: a sourced spring of purpose, meaning, and connection to the infinite and all that is larger than the self. It refers to a broad, diverse concept of spirituality that is not connected to one's religious faith, church, or other spiritual traditions and may express itself in numerous ways, such as nature, love, art, or reflection.

Spiritual consciousness centres on the most profound knowledge of the interconnectedness of all creatures, existential questions concerning existence and death, and being, as well as a knowledge of internal harmony. It may be a fostering sensation developed through actions like meditation, prayer, and remaining grounded in deep internal peacefulness.

Spiritual consciousness also contributes substantially to enabling cancer patients to confront the difficulties of the illness and address the existential misunderstandings related with the cancer predicament. It revitalizes them to be powerful, endure the disease, and liberated them from the distress and agony linked with the physical and emotional loss.

According to Frankl, different dimensions of spiritual consciousness specific to cancer patients involve noticing purpose in and afterward the cancer experience, reaching out for spiritual authorities from their

spiritual or religious network, conducting behaviours that help them to be at peace, battling existential anxiety over the origins and resolution to their sufferings.

A wide range of literature supports the premise that spiritual consciousness is beneficial for cancer patients' psychosocial well-being. It correlates with improved quality of life, better psychological health through effective coping mechanisms and illness-related distress reduction, and an overall better capacity to handle the myriad challenges of cancer treatment and survival.

Spiritual consciousness represents a form of meaning-seeking that allows people to make sense of the cancer experience. It also fosters interconnectivity and helps people appreciate the delicate intricacy of life and its frailty. The human experience of spiritual consciousness is profoundly individual and works in conjunction with one's environment, culture, beliefs, and lifestyle to shape a unique perspective. Therefore, healthcare providers should respect the diverse spiritual beliefs of their patients.

In conclusion, the spiritual consciousness is a crucial element of the cancer experience as it provides affected individuals with the feeling of deep meaningfulness, security, and strength. As such, it is essential to recognize and meet patients' spiritual needs in order to ensure their holistic care and psychosocial well-being, assisting them in the process of recovery and maintaining the feeling of wholeness and capacity to heal in the face of adversity.

1.2 Effects of spiritual consciousness?

The effects of spiritual consciousness among cancer patients. The effects of spiritual consciousness among cancer patients are both prime and nuanced. On the face of it, spiritual consciousness endows individuals suffering from cancer with an indoctrination through which they can comprehend the new stratagems or the perspicuity to navigate a path amidst darkness. It fosters a deep and primeval sense of meaning, intent, and optimism. This resilience enables the patients to comprehend and consciously interface with their stressors and the fundamentally disrupting aspects of the cancer malady. Spirituality, for example, also posits a profound impact on the psychological well-being of the patient. As research asserts, spirituality also

establishes a route by which cancer patients can straightforwardly quantitate their outcome or quality of life experiences.

They report enhanced holistic satisfaction and supplementary social support and spiritual well-being, which eases the agony and uncertainties of patients who have been diagnosed with cancer. Moreover, when individuals are more conscious, they exhibit a compassionate connection to themselves and to other things. This connection leaves them more composed, empathizing, and in harmony with other people, and thus, they do not feel separated. In conclusion, spiritual consciousness has been proposed to be modestly associated with health outcomes in the patient's life.

This more approach to encouraging adherence to treatment regimens, engaging in self-care practices, and being willing to seek social support led to adopting healthier lifestyle choices and more health-promoting behaviours. Overall, proper recognition and support of patients' spiritual needs are important in the context of holistic cancer care and result in positive outcomes and improved well-being in relation to the cancer experience.

1.3 spiritual consciousness related theory

A key theory in the context of spiritual consciousness is the Transcendence Theory, formulated by psychiatrist and Holocaust survivor Viktor Frankl. According to Frankl, humans are motivated by an inner need for meaning and for that which goes beyond the material and physical levels of existence. Thus, Frankl argued that even in situations of great suffering and adversity—such as a cancer diagnosis—individuals could experience meaning and transcendence.

In the context of spiritual consciousness, transcendence implies going beyond one's particular circumstances and connecting with something greater than oneself, be it meaning, values, or a higher power. Frankl highlighted the significance of meaning in difficult life circumstances as a means of resilience and personal strength.

Moreover, phenomenological psychopathology or Frankl's theory suggests that spiritual consciousness is pivotal to individual well-being and psychological resilience when facing difficult situations or an existential crisis. In so doing, individuals can find hope and new purpose, enabling them to be resilient to adversity, such as cancer.

Frankl's Transcendence Theory, especially in cancer patients, would make spiritual consciousness a significant coping strategy for an individual, who would always strive to create a sense of meaning and purpose in his illness.

Frankl's Transcendence Theory represents the powerful role of the human will to find meaning even in extreme and painful situations such as cancer. Generally, the foundation of the theory is based on the need to "transcend" and look beyond one's self to navigate life's challenges. In the case of cancer, Frankl's theory fosters the understanding of the significance of the role of spiritual consciousness in well-being and resilience. The diagnosis and treatment of cancer pose questions concerning life and death, and loss of control and an individual may consequently struggle with anxiety, depression, and feeling of an existential crisis. According to Frankl, an individual can alleviate these feelings by enhancing their spiritual consciousness, in this way cultivating a sense of meaning, making them able to tolerate life's struggle.

2.1 overview on self-disclosure

The term self-disclosure means the sharing, telling, or opening up to other people about personal information, thoughts, feelings, or experiences. It means revealing oneself to others and telling people one's sides and aspects unknown to them. This action is designed to help individuals connect in the deepest sense, create trust, and facilitate intimacy and self-awareness. In short, self-disclosure is when someone shares every level of his/her life with another. Self-disclosure commonly transpires in various aspects of social lives, including friendships, romantic relationships, families and family members, and therapy and therapist environments. Self-disclosure is an essential aspect of some individuals' lives, including cancer patients, and it manifests during and after cancer infection.

There are several reasons why cancer patients might self-disclose their health conditions such as seeking emotional support, coping with difficult emotions, reducing feelings of alienation, and creating psychological connection and empathy. Thus, it gives individuals the opportunity to disclose and share their vulnerabilities, uncertainties, and needs and receive validation and assistance from the environment. However, self-disclosure is a nuanced process since several factors such as trust, reciprocity, cultural distinction, and individual choice must be considered.

Therefore, not all cancer patients are obliged or choose to disclose their diagnosis or emotions, and this choice is influenced by numerous personal and situational aspects.

Consequently, self-disclosure may be viewed as a critical factor in generations of social and coping processes in patients afflicted from cancer, redistributing their burdens more evenly amongst their social networks. In addition, it is essential to work on the significance of self-disclosure in developing supportive environments for communication about such problems that contribute to the strength of the involved individuals.

2.2 self-disclosure related theory

One important theory in this regard is the Social Penetration Theory, a theory initially proposed by psychologists Irwin Altman and Dalmis Taylor in 1973. The Social Penetration Theory suggests that relationships develop over time through the process of self-disclosure, in which people slowly reveal aspects of themselves to one another.

The Social Penetration Theory suggests that a relationship progresses from a superficial/peripheral level to a deeper/central level through sufficient self-disclosure. One may imagine this process as peeling back layers of an onion, with every layer exposing a level of increased disclosure and intimacy.

The theory proposes several key concepts:

1. Breadth and depth: Social penetration includes relationships with respondents from breadth. The breadth of penetration is the range of topics discussed while depth is emotional intimacy. During the initial

stages of a relationship, respondents start through peripheral self-revelation, this means the range of relatively superficial, non-intimate disclosures. As the relationship develops, they express disclosures of more intimate and personalised information.

2. Reciprocity: social penetration is best achieved when self-disclosures are reciprocated. One person's revelation of personal information compels the other to respond in kind by revealing information that involves equal depth and intimacy. This encourages both individuals to trust one another more and share more about themselves.

3. Costs and rewards: self-disclosure is based on a standard of costs and rewards. I believe that self-disclosure can increase opportunities for a closer relationship simply because the parties involved understand that someone is willing to come closer and trust them. The costs include vulnerability and a particular form of risk because the degree of intimacy is finally not precisely predictable.

4. Cultural strategies and norms: the context which impacts the level of information shared is shaped by cultural forces, social dynamics, and even situational patterns. What can be shared and what should be hidden tend to diverge relying on how close the relationship is or what the given cultural context is.

Finally, the last theoretical standpoint on self-disclosure in the life of cancer patients is based on the characteristics of the Social Penetration Theory. Considering how difficult the normalization of the diagnosis is for the patient, self-disclosure represents an opportunity to share the pain, gain encouragement, and make the social ties stronger.

Recognizing Social Penetration Theory will enable healthcare providers, caregivers, and support networks to create supportive ecosystems which encourage open conversation and self-disclosure for cancer patients. In addition, by acknowledging reciprocity, giving enough freedom to people and offering meaningful conversations, stakeholders boost the psychological health as well as coping mechanisms that are applied by people with cancer.

3.1 overview of cancer

Cancer is a rather complicated and diversified set of diseases with few similarities in their nature. Their characteristic feature is uncontrollable proliferation of the cells in the body. These mutant cells are capable of developing tumours or invading tissues of the surrounding area, resulting in different disorders. Cancer, which may affect an organ in the body, is indeed caused by genes mutating, exposure to environmental elements and lifestyle choices, as well as agents creating infection.

More than 100 types of different cancer, with individual ones for each having their own signature properties, body activities, and treatment options, exist. One of the most prevalent forms of cancer is breast cancer, lung cancer, prostate cancer, colorectal cancer, and skin cancer, which are just some of the numerous types of recalcitrant disease. Cancer is a broad term, which can be subdivided according to the organ or tissue of origin (e.g., breast cancer, lung cancer) or due to histological characterization (such as carcinoma, sarcoma, lymphoma).

Generally, the carcinogenesis process that is what cancer development is based on, involves a many-step formation of abnormalities in the genetic code and dysfunction in the normal regulatory mechanisms of healthy cells. These mutations might result in the outbreak of uncontrolled cell growth, evasion of apoptosis, and the ability of pathogens to invade locations other than the one they are found at the moment.

Cancer may occur in different organs and it might have different arousing symptoms such as persistent weight loss being diagnosed as unexplained weight loss, persistent fatigue that might be caused by leukaemia, changes in bowel or bladder habits, unusual bleeding, or discharge, the presence of lumps or masses. The significant of early cancer diagnosis and detection in cancer treatment is that it is a very important factor in a higher level of survival among cancer patients.

Cancer treatment often use a multi-modal approach, which combines medical options such as surgery, chemotherapy, radiation therapy, targeted therapy, immunotherapy and hormone therapy with supportive care. The choice of therapy depends on several characteristics of the cancer like its stage, the patient's

general health and preferences. It also depends on special molecular markers known to affect response to treatment.

Although cancer remains to be a major health concern all over the globe, with the growth of scientific research, early detection, and treatment advances, millions of cancer patients around the world are celebrating more survival rates and better quality of life. For instance, cancer prevention, screening and personalized medicine remain the continuous areas, which allow us to move up cancer struggle.

3.2 alienation of cancer patients

1. **Social Alienation:** Firstly, cancer diagnosis and treatment rupture the social Red Thread that people have with Relationship, Response, and Renewal. Patients can experience social alienation where they go through disruptions in their social networks, disengage from social events and in groups, or feel different or stigmatized. Social alienation further fuels loneliness and hopelessness in patients and people with cancer, affecting their health and well-being.
2. **Existential Alienation:** Cancer diagnosis and treatment create different existential gaps where people in cancer experiences feel they are Kilbourne's "more or less awful, and the less-one looks the more awful.
3. **Emotional Alienation:** Emotional alienation can result from intense emotions like fear, anger, sadness, anxiety, and others in patients. Emotional alienation can result from the inability to express, manage, or process their emotions, a lack of empathetic support from others, or feeling completely overburdened by the emotional toll of cancer.
4. **Cultural and Societal Alienation:** Both cultural and societal elements can have an impact on how alienated cancer patients feel, especially those in underserved or disadvantaged communities Mal. Alienation might be caused by inaccessibility to proper healthcare, cultural and social devaluation of cancer and its victims, or various local attitudes that reify harmful generalization and discrimination.

5. Communication alienation. Both with the healthcare staff, next of kin, and peers. Patients with cancer can experience communication alienation when they feel their specialists do not understand or listen to them, dismiss their feelings and suffering, or segment their problems as something normalized and typical. It results in loss of trust and increased distance from the patient. Communication alienation can be prevented through the development of effective revealing strategies, including empathy, validation, and active listening.

Given the multifaceted nature of alienation, preventing its occurrence and reducing its intensity among cancer patients should acknowledge the psychosocial, cultural, and existential dimensions of the cancer experience. Possible strategies of reducing various forms of alienation include but are not limited to developing social networks of support, open and empathic communication, cultural competence and sensitivity, and spiritual and meaning-centered interventions. As a result, it is evident that increasing awareness of and trained response to alienation in cancer patients would enhance patients' psychosocial well-being and empower feelings of connection, belonging, and control during the cancer journey.

CHAPTER-2

2. Review of Literature

A Büssing, et.al (2016) research's goal was to create a tool for measuring spiritual demands in people with chronic conditions. They assessed 210 patients and discovered four major characteristics associated to spiritual demands. Patients with cancer had greater spiritual need ratings than those with chronic pain. The study implies that addressing these demands is distinct from addressing life satisfaction and warrants additional investigation by healthcare practitioners.

Lenneke Post, et.al (2020) The study looked at whether Spiritual Life Review (SLR) may enhance spiritual re-evaluation, development, and psycho-spiritual well-being in cancer patients. Quantitative results from 57 participants and qualitative observations from 33 nine months after intervention revealed that SLR had a beneficial influence on spiritual elements and general well-being, indicating its potential utility in cancer therapy.

Zeinab Ghaempanah, et.al (2020) The study sought to better understand spiritual issues in Iranian breast cancer patients by concentrating on their religious beliefs. Two major topics arose from conversations with 12 participants: questions about spiritual values and loss of faith. The findings emphasize the need of healthcare practitioners identifying these issues and providing appropriate assistance, with a focus on culturally sensitive treatment.

Gry Espedal (2021) This study investigates the relationship between spirituality and hope in cancer patients, utilizing an auto-ethnographic self-story. It implies that hope is fostered by social support and spiritual gatherings, which replace despair with positive voices. The findings underscore spirituality's transformational effect in relieving pain and building resilience in the face of sickness.

Caldeira (2016) Using NANDA International categories, the study determined the incidence of spiritual distress and its distinguishing factors among women with breast cancer. The results revealed that 38.6% were in distress, with 11 primary distinguishing features identified. This underlines the need of addressing spiritual needs in cancer treatment and guides nursing approaches.

Marvin O. Delgado-Guay, et.al (2021) The multicentre study sought to investigate the link between spirituality, religiosity, spiritual anguish, symptom distress, coping, and quality of life in Latin American advanced cancer patients. A total of 325 patients from palliative care clinics in Chile, Guatemala, and the United States took part, completing many validated measures. The findings provided vital information on how these variables affect the quality of life of advanced cancer patients in Latin America.

Fang, et.al (2024) The study looked at social alienation in senior prostate cancer patients after radical prostatectomy and its associated variables. Surveys of 245 patients found associations between alienation and educational level, age, urine incontinence, anxiety, illness stigma, and social support. These findings underscore the need of psychological assistance in reducing social alienation among this sick population.

Yu Wu, et.al (2023) the study looked at how social support influences the link between stigma and social alienation in stroke patients. The study, which included 248 patients from a Beijing rehabilitation centre, found that stigma had a negative impact on social support but a good influence on social estrangement. Notably, social support was shown to regulate this link, implying that treatments to improve social support might reduce social alienation in stroke patients.

Kanishtha Agarwal, et.al (2020) The study looked at how long-term Brahma Kumaris Raja Yoga meditation practitioners deal with cancer. Three survivors were interviewed, showing themes such as optimistic thinking and spiritual development. Meditation has been shown to improve well-being and resilience, suggesting that including it into cancer treatment programs might benefit patients while also lowering healthcare expenditures.

Rohde, et.al (2017) The study sought to explore spiritual well-being (SWB) in colorectal cancer patients undergoing palliative chemotherapy. Twenty patients were interviewed in depth, showing solutions such as inner peace, communicating sentiments, dealing with end-of-life worries, and finding help from faith. Understanding these SWB techniques will assist healthcare providers provide greater support to patients during this key stage of cancer therapy.

Kerr, et.al (2021) To increase support for the trans and gender-diverse communities, the study looked into their experiences in cancer care. Qualitative interviews with 12 participants indicated emotions of estrangement and invisibility caused by gender prejudices. The findings highlight the significance of resolving these issues in order to deliver more compassionate treatment.

Miaja M, et.al (2017) The purpose of this study is to investigate the psychological impact of changes in libido, fertility, and body image among young breast cancer patients and their spouses, as well as to provide ways for dealing with these concerns. It emphasizes that these issues do not just affect young patients but can also have a substantial impact on their relationships. Relationships, body image, and sexual problems are all strongly linked to quality of life for young breast cancer patients, emphasizing the importance of informing all patients about potential treatment side effects and involving partners in decision-making to facilitate effective communication and support.

Yining Z. Malloch, et.al (2019) The study looked at emotional self-disclosure tendencies in online breast cancer support groups at various illness stages. It discovered that emotional self-disclosure was widespread and constant, particularly in conversations regarding social ties. Linguistic style matching influenced the association between self-disclosure in posts and reciprocal disclosure in comments, emphasizing the communication dynamics in these online communities.

Tianying Yao, et.al (2023) The study looked at how different self-disclosure topics impacted cancer patients. After examining 22 trials, it discovered that self-regulation self-disclosure (SRD) significantly improved sleep, benefit-finding, anxiety, and quality of life (QOL). Enhanced self-regulation self-disclosure (ESRD) and cancer-related self-disclosure (CD) both improved QOL. However, emotional disclosure (ED), health education self-disclosure (HED), and positive self-disclosure (PD) had no meaningful impacts. More study is needed to find the most effective self-disclosure topics for cancer therapy.

Liuxiu Bu, et.al (2023) The study investigated how stigma impacts breast cancer patients' quality of life (QOL) after surgery, as well as the function of self-disclosure and social support in moderating this connection. After analysing data from 292 participants, it was shown that stigma had a detrimental impact on QOL, whereas self-disclosure and social support had a favourable affect. Self-disclosure and social support totally moderated the relationship between stigma and quality of life. This emphasizes the need of tackling stigma and encouraging emotional expression and support in breast cancer patients' post-surgery.

Julie Easley, et.al (2017) This study investigates young adult cancer survivors' experiences with self-disclosure and identity rebuilding after cancer. It conducted 28 telephone interviews to identify barriers in disclosure decisions and how survivors redefined their identities. The findings provide guidance for creating individualized support programs for young adult cancer survivors.

Mohammad Al Qadire (2018) This study looks at Jordanian public attitudes for cancer diagnostic disclosure and information needs. A survey of 485 participants revealed that the majority prefer to be fully informed about their diagnosis, with a high need for information on treatment choices, prognosis, and supportive services. These findings highlight the necessity of providing full information to cancer patients in Jordan.

Dan Warrender (2020) This study investigates the importance of self-disclosure in therapeutic partnerships, focusing on critical thinking and intentional usage in professional practice. It presents a paradigm of reflection and emphasizes the possible benefits of self-disclosure in mental health nursing.

N.C. Hvidt, et.al (2019) This study looked into spiritual/religious issues among Danish cancer survivors completing a rehabilitation program. According to the findings, 21% acknowledged such worries, which

were connected with age, gender, and emotional problems. The study underlines the need of addressing these issues, particularly among women, young people, and those experiencing emotional challenges.

Xinyi Liu, et.al (2022) This study looked at how Chinese young female breast cancer survivors approach sharing their diagnosis. Three major themes emerged from interviews with 31 survivors: who they disclosed to, motivations for disclosure (such as seeking assistance and information), and reasons for nondisclosure (such as fear of prejudice). The findings highlight the complexities of disclosure decisions and the need of knowing survivors' views.

Helga Martins, et.al (2020) This study looked at the spiritual well-being (SWB) of cancer patients receiving outpatient chemotherapy. With 150 individuals, researchers employed the SWB Questionnaire (SWBQ) and discovered an average SWBQ total score of 65.91. Gender and marital status impacted SWB results. The SWBQ revealed great dependability, indicating that it has the potential to guide nurses' clinical evaluations and facilitate holistic healthcare by addressing spiritual requirements.

Mansoorah A.F, et.al (2017) This study investigated the relationship between spiritual demands and quality of life (QoL) in Iranian cancer patients. It discovered a favourable relationship between the two, emphasizing the need of treating spiritual needs to improve QoL. The findings highlight the value of patient and healthcare provider education in this area.

A.Bovero, et.al (2016) The study sought to investigate spirituality in advanced cancer patients under hospice care and analyse its influence on quality of life (QoL), pain, anxiety, depression, and psychological adjustment to illness. Through interviews with 115 patients, it was discovered that spirituality and specific coping techniques were associated with improved QoL, with religion becoming increasingly significant as patients approached death. The findings highlight the need of addressing spiritual needs during end-of-life care to improve overall well-being.

Michael S.R, et.al (2017) The study evaluated several measures of spiritual discomfort in cancer outpatients. Despite substantial relationships, no measure was identical to spiritual distress, with the Spiritual Injury Scale (SIS) being the most similar. The findings revealed that the Distress Thermometer (DT) alone is insufficient for detecting spiritual distress, and that the FACIT-Sp-12's peace subscale was a better fit.

Furthermore, patients' self-evaluation of their clinical state was substantially associated with spiritual anguish.

Emile Abou Chaar, et.al (2018) The study looked at how spirituality affected Lebanese cancer patients' quality of life, sadness, and anxiety. The study, conducted at Beirut's Hôtel-Dieu de France Hospital, discovered that increased spiritual well-being was associated with enhanced emotional and cognitive performance, general health, and lower levels of anxiety and despair. The findings emphasize the need of integrating spiritual care into healthcare systems.

CHAPTER - 3

3. Research Methodology

Aim: The purpose of the study the Effects of spiritual consciousness and self-disclosure on alienation of cancer patients

3.1 Objectives of the project

The objective of the study is to:

- To assess the relationship between spiritual consciousness and self-disclosure
- To assess the relationship between self-disclosure and alienation
- To assess the relationship between alienation and spiritual consciousness
- To calculate the contribution of spiritual consciousness and self-disclosure in determining alienation among cancer patients.

3.2 Hypothesis

Hypothesis 1: There is a positive correlation between Spiritual consciousness and self-disclosure and alienation of cancer patients.

Hypothesis 2: There is a positive contribution of spiritual consciousness and self-disclosure in determining alienation among cancer patients.

3.3 Variables

Dependent Variable - ALIENATION

Independent Variable –SPIRITUAL CONSCIOUSNESS, SELF DISCLOSURE

3.4 Research Design

A correlation research design will be used for the present study.

3.5 Sample

The sample consisted of the Total of 40 patients(N=40) from Delhi and Delhi NCR and who have suffering from cancer, convenience sampling is a type of non-probability sampling in which people are sampled simply because they are convenient sources of data researchers. In probability sampling, each element in the population has been suffering from cancer.

3.6 Tool Description

The equipment used are:

* A psychometric tool called the Spiritual Consciousness Scale is used to gauge a person's degree of spiritual awareness, experiences, and beliefs. A number of items or questions that evaluate different aspects of spirituality are usually included in this scale. These include sense of purpose or meaning in life, transcendence experiences, feelings of interconnectedness with the universe, participation in spiritual practices (like prayer or meditation), and belief in a transcendent reality or higher power. Each item asks respondents to rate the frequency of their experiences or their level of agreement. Scores are then computed to give a general idea of the respondents' spiritual consciousness or well-being.

* Self-Disclosure Scale: This instrument evaluates a person's propensity to divulge private ideas, feelings, and facts to others. This scale usually consists of a series of statements or items that assess the degree, breadth, and frequency of self-disclosure across a range of relationships and circumstances. The degree to which respondents disclose themselves to friends, family, romantic partners, or therapists is one example of

the various forms of self-disclosure they engage in. Researchers and clinicians can gain insight into people's interpersonal styles, communication habits, and relationship openness by utilizing the scores on this scale.

* The Alienation Scale is a psychiatric tool that assesses how people feel about themselves in many spheres of their lives, including emotions of alienation, estrangement, or solitude. This scale is commonly used to evaluate different aspects of alienation, including existential alienation (feeling meaningless or unfulfilled in life), cultural alienation (feeling out of place or disconnected from one's ethnic or cultural identity), and work alienation (feeling cut off from one's job or the results of one's labour). On each item, respondents indicate the degree to which they agree or the frequency of their encounters; scores are computed to offer insights into the type and depth of their estrangement.

3.7 Statistical Tool employed

SPSS software windows version was utilised to derive statistical results and analyse the data. The data collected of 40 participants using SPSS, and the method used for data analysis included correlation. The results obtained from the analysis were used for interpretation of the data.

3.8 Procedure

People who are suffering from cancer were approached they vary from adolescence to old age. Kids, men, women, adolescents and old age. I have done quantitative research in offline mode by visiting Safdarjung hospital. It took around 40-45 minutes to fill three questionnaires. It took 25-30 days for the collection of entire data. After the collection of all the data, the patients were thanked for cooperation. The patient needs to be going through cancer treatment.

CHAPTER – 4***4 Data Analysis and findings*****Table 1***Mean and SD value of cancer patients on Spiritual Consciousness, Self-Disclosure and Alienation*

Variable	Mean	SD	N
Spiritual Consciousness	8.00	2.276	40
Self-Disclosure	52.25	24.458	40
Alienation	77.88	12.396	40

Table 1 indicates per the results we can see that the highest mean score is in the sense of alienation that means there is a heightened sense of alienation followed by self-disclosure and spiritual consciousness

Table 2**Table 2: Correlation of SC, SD and AL**

Variables	SC	SD	AL
SC	1	.298	.365*
SD		1	.090
AL			1

** . Correlation is significant at the 0.01 level *Correlation is significant at the 0.05 level

From the above table we can infer that the bivariate Pearson correlation between spiritual consciousness and self- disclosure is 0.298 on the significance level of 0.05 which is 0.062. According to the results, there is weak correlation between the variables but is a small amount of significance among them. This means that

the sample size was able to detect a certain level of correlation between spiritual consciousness and self-disclosure.

From the above table we can that the bivariate Pearson correlation between self-disclosure and alienation is 0.90 on the significance level of 0.583 according to result there is no significant difference between self-disclosure and alienation. This means that the sample size was able to detect a certain level of correlation between self-disclosure and alienation

From the above table we can refer that the bivariate Pearson correlation between alienation and spiritual-consciousness is 0.365 on the significance level of 0.05 which is 0.020. As per the results there is weak moderate correlation between spiritual consciousness and alienation but there is certain level significance this means that

- There is a significant difference between spiritual consciousness and self- disclosure among cancer patients
- There is no significant difference between alienation and self - disclosure among cancer patients
- There is significant difference between spiritual consciousness and alienation among patients

Table 3: Regression

Model	R	R Square	Adjusted R Square	F	Sig.
1	.366 ^a	.134	.087	2.861	.070 ^b

a. Predictors: (Constant), self-disclosure, Spiritual Consciousness

b. Dependent variable: Alienation

Table 3: Illustrated the regression score between self-disclosure and spiritual consciousness and alienation among cancer patients. The r value was .366^a which represents the correlation between the three variables.

Table 4: Regression analysis for alienation of cancer patients

Model	sum of squares	df	Mean Square	F	Sig.
1 Regression	802.494	2	401.247	2.861	.070 ^b
Residual	5189.881	37	140.267		
Total	5992.375	39			

- a. Dependent Variable: Alienation
b. Predictors: (Constant) Self-Disclosure, Spiritual Consciousness

Chapter 5

Discussion

The results of this study shed light on the intricate psychosocial dynamics at play within this community by providing a nuanced view of the interactions between spiritual consciousness, self-disclosure, and alienation among cancer patients.

The association that has been shown between spiritual consciousness and self-disclosure implies that spirituality could act as a trigger for people to talk candidly about their experiences with cancer. For those who want to connect with others, find purpose in their suffering, and make sense of their sickness, spirituality frequently offers a framework. Thus, patients with cancer who are more spiritually aware might be more likely to talk to their doctors, relatives, and peers about their feelings, ideas, and challenges. This tendency toward self-disclosure can have important ramifications for coping and adjustment since it enables patients to communicate their needs, connect with social support systems, and deal with the difficulties of their condition in a more efficient manner.

Moreover, the noteworthy association shown between alienation and self-disclosure highlights the significance of interpersonal connection in reducing emotions of detachment and isolation among cancer patients. Self-disclosure is voluntarily disclosing private information to others, and it's frequently linked to stronger emotions of empathy, validation, and connectivity. Because they are more likely to get support, understanding, and validation from their social networks, cancer patients who are more open to share their thoughts, worries, and weaknesses may feel less alienated. This demonstrates the critical role that caregivers and social networks play in fostering secure and encouraging spaces where patients feel free to open up about their experiences without worrying about being judged or rejected.

Nonetheless, the feeble to moderate association seen between spiritual consciousness and alienation implies that spirituality in isolation would not be adequate to prevent alienation-related emotions in cancer patients. While spirituality can offer consolation, purpose, and hope to those facing sickness, it may not always shield people from existential pain, social isolation, or emotional detachment. Cancer patients may have emotions of alienation due to a variety of other circumstances, including the severity of their illness, the side effects of their therapy, existential worries, and interpersonal dynamics. Hence, in order to effectively provide psychosocial care to patients, healthcare professionals must use a holistic approach that takes into account all of their demands, including their existential, emotional, social, and spiritual needs.

The notable distinctions found between spiritual consciousness and estrangement, and between self-consciousness and self-disclosure, highlight the variety of psychological experiences among cancer patients. These discrepancies could be the result of individual disparities in social support systems, psychological traits, cultural beliefs, and coping mechanisms. For instance, some patients might be more self-aware and introspective yet reluctant to share their deepest feelings and ideas, while others might be more outgoing and communicative but have feelings of isolation and detachment. As a result, healthcare professionals must customize their interventions and support services to each patient's particular requirements and preferences while also taking into account their own coping mechanisms, abilities, and resources.

Given these results, medical professionals must embrace a patient-centred, holistic approach to cancer care that incorporates existential, psychological, and spiritual aspects into their therapeutic work. This could entail conducting regular spiritual evaluations, giving patients the chance to participate in peer support groups and self-disclosure, supplying resources for existential and spiritual counselling, and encouraging a climate of understanding, compassion, and cooperation in healthcare settings. Healthcare professionals can improve patient outcomes along the cancer continuum, foster psychological well-being, and raise the standard of care by attending to the spiritual, emotional, and social needs of their patients.

CONCLUSION

In conclusion, this study has shed important light on the complex interactions among cancer patients between spiritual consciousness, self-disclosure, and estrangement. The results illustrate the complex dynamics that influence patients' experiences and coping mechanisms and emphasize the significance of taking psychosocial, spiritual, and existential factors into account when providing cancer care.

Open communication and emotional expression among cancer patients may be facilitated by spirituality, according to the association between self-disclosure and spiritual consciousness that has been observed. Patients may find comfort, purpose, and social connection by embracing their spiritual beliefs and values; this will help them better handle the difficulties of disease and treatment.

Moreover, the noteworthy association observed between self-disclosure and alienation underscores the pivotal function of interpersonal connection in ameliorating emotions of seclusion and disassociation. Fostering resilience, advancing social support, and improving general well-being all depend on providing patients with safe spaces to express their ideas, anxieties, and weaknesses.

But the weak to moderate correlation between spiritual consciousness and alienation highlights the complex nature of cancer-related suffering and raises the possibility that spirituality might not be enough to address existential anxiety or social alienation on its own. When attending to patients' psychological needs, other elements that need to be considered include the severity of the illness, the side effects of the medication, and the interpersonal dynamics.

The found variations in self-awareness, self-disclosure, and spiritual consciousness among cancer patients are noteworthy as they underscore the diversity of psychological encounters among this cohort. Promoting holistic well-being and improving patient outcomes require interventions and support services to be specifically tailored to each patient's requirements and preferences. These results underscore the need for medical professionals to treat cancer patients holistically, with a focus on the patient, incorporating existential, psychological, and spiritual aspects into therapeutic treatment. Healthcare professionals may improve the quality of care, encourage resilience, and give patients a sense of purpose and connection while they are ill by identifying and meeting their varied needs.

Future studies should investigate the intricate interactions that exist between spirituality, self-disclosure, and alienation in cancer patients, while accounting for contextual circumstances and other variables that may have an impact on the psychological health of the patients. We can further improve therapies and support services to better suit the requirements of cancer patients and enhance their overall quality of life by deepening our understanding of these dynamics.

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