

## Spiritual Intelligence and Well-Being of Caregivers of Neurodevelopmental Disorders

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### ABSTRACT

Caregiving is an act of supporting another person by providing the required help in the event of dependency due to some illness or disorder. Caregiving for neurodevelopmental disorders is complex and goes on for very long periods, in most cases, throughout the lifetime of the caregiver. Increased risk for physical and mental health issues in caregivers can be directly correlated to caregiving duties, though the genetic factors of the caregivers contribute to some extent. While understanding the overall effect of caregiver stressors, it is equally important to pay attention to those positive aspects of caregivers' personalities and resources that mediate this health risk and elevate well-being. Spiritual intelligence is one such construct which equips a person with the ability to adapt and draw a meaningful relationship with the environment. The association of spiritual intelligence and well-being among the caregivers of neurodevelopmental disorders, irrespective of religious beliefs, has to be understood. There is a need to study how spiritual intelligence affects the mental health of caregivers of neurodevelopmental disorders and how to incorporate activities to promote spiritual intelligence in caregivers' training and healthcare.

**Keywords:** *Neurodevelopmental disorders, Caregivers, Spiritual intelligence, Well-being*

Neurodevelopmental Disorders occur due to the changes in the brain during earlier stages of development, giving rise to altered cognition and other abilities. Displaying disrupting and challenging behaviour is another commonality. Caregiving of neurodevelopmental disorders is complex and the prognosis depends on education and rehabilitation services to address individual needs. In most cases, these two activities are taken care of by the caregivers simultaneously making the caregiving act more complex and stressful, affecting the mental health of the caregiver (Welleford et al., 1995) which in turn affects the caregiving duties and well-being of the recipients with neurodevelopmental disorders. Research shows that there is a link between psychiatric morbidity and the physical demands of caregiving and caregivers' biological vulnerabilities. (Schulz & Beach, 1999) Mental Health, as elucidated by Keys, is the presence of a complete state of happiness and positive feelings, and

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**Fig 1: Well-being of caregivers of Neurodevelopmental disorders**

functioning along with the absence of illness and other disorders; and it can be achieved by promoting positive feelings of happiness, and developing eudemonic capabilities of autonomy, purpose in life, personal growth, and social contribution and integration. (Keyes, 2006) Positive functioning can be addressed by paying attention to the purpose of life, the realization of personal capabilities and understanding self. (Ryff, 2014)

Self-awareness, as proposed by Danah & Marshall, is one of the principles underlying the concept of Spiritual Intelligence. (Zohar & Marshall, I N, 2000) Spiritual Intelligence is an important ability that facilitates problem-solving and attaining goals. Engaging in virtuous behaviour such as displaying compassion is one of the five components of Spiritual Intelligence. (Emmons, 2000). Spiritual Intelligence becomes an important factor that can affect caring behaviour (Kaur et al., 2013), particularly in neurodevelopmental disorders.

**Figure1** depicts the workings of caregiving demands and other stressors on the well-being of caregivers of neurodevelopmental disorders and how spiritual intelligence can lessen this burden.

This review intends to highlight the complex nature of caregiving for neurodevelopmental disorders, risk factors for the well-being of caregivers and the interconnection of Spiritual Intelligence and caregiving duties. This review also intends to throw light on and synthesize the theoretical underpinnings of Spiritual Intelligence and research done in that area. The words, Parents and caregivers will be used interchangeably in this article, as parents are the primary caregivers in neurodevelopmental disorders. In some areas, neurodevelopmental disorders will also be addressed as developmental disabilities.

### ***Past Research Perspectives on Caregivers' Health***

Research in Caregivers' health has progressed from anecdotal evidence to in detail study of various self-report measures. Over the years, studies showed that there is an association between caregiving and the health of the caregiver. Caregiving can be a stressful experience particularly if extended for longer periods. (Schulz & Sherwood, 2008) Various aspects such as gender and cultural differences affect caregiving concepts. The biophysical sequelae is another aspect that has a bearing on caring behaviour. (Hunt, 2003) The health risk increases owing to the demands of caregiving responsibilities. Continuous responses to caregiving stress can add to the risk. (Vitaliano et al., 2004) Even though the research is mainly focused

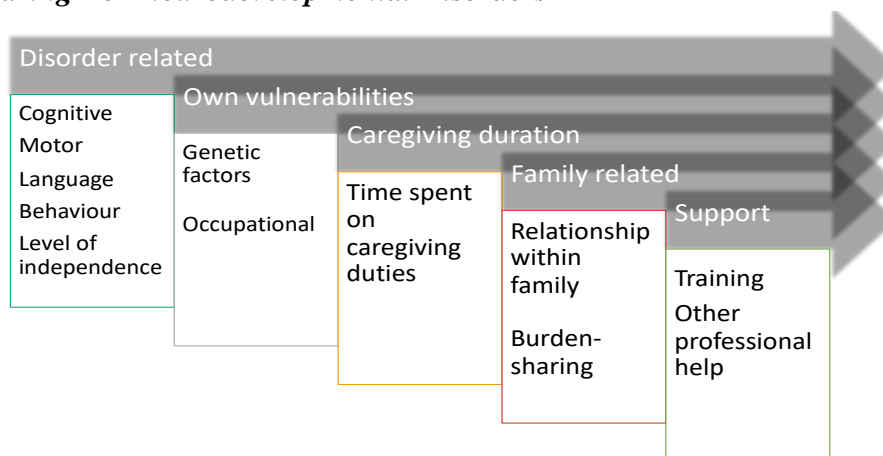
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**Fig 2: Factors affecting psychological and subjective well-being of caregivers**

on stress and negative aspects of caregiving, some studies highlight empirical evidence of the positive effects of caretaking experiences. (Marino et al., 2017) Subjective well-being, has been studied mainly in the areas of positive affect and life satisfaction in caregivers and its association with depression. Positive effects of caregiving uplifted the positive dimension of well-being and negative aspects such as caregiver stressors augmented depression. However, the care recipient’s physical and cognitive impairment levels also have a relation to the lower levels of subjective well-being of caregivers. (Pinquart & Sörensen, 2004) Coping strategies targeted to handle the problem have a lesser impact on caregiver burden compared to the regressive and avoidance-evasive coping strategies. (Wright et al., 1991) The time spent as a caregiver, and the quality of relationship they have with the care recipients are two potential contributors to the well-being of the caregiver. Caregivers’ mastery and emotional support have a positive bearing on their well-being. (Yates et al., 1999) Among the six components of Psychological Well-being as defined by Ryff, personal growth, environmental mastery, purpose in life, and self-acceptance are those components that are relevant for research on caregiver’s gain. (Kramer, 1997) Despite being related, Subjective well-being and psychological well-being are two distinct combinations and relate to different aspects of personality. Education and age play an important role in elevated levels of Psychological Well-being than Subjective Well-being. (Keyes et al., 2002) In-depth research is needed in these areas to understand what aspects of caregivers’ personalities alleviate and pose a health risk. **Figure 2** explains the push and pull of various caregiving aspects on the psychological and subjective well-being of caregivers.

### **Caring For Neurodevelopmental Disorders**



**Fig 3: Multiple facets of caring in Neurodevelopmental Disorders**

Neurodevelopmental Disorders have been categorized into 8 groups, namely, Intellectual Disorders, Communication Disorders, Autism Spectrum Disorders, Specific Learning

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Disorders, Attention Deficit and Hyperactive Disorder, Motor, Tic, and others. (American Psychiatric Association, 2013) These disorders have been categorized based on a commonality that the onset is predominantly during infancy or childhood, impairment, or delay in the development of the central nervous system, and follows a steady course without any relapses or remission but may improve with age. (Thapar & Rutter, 2015) Each disorder under this category has specific characteristics, the common factor being a lifelong condition. This points to a need for caregiving throughout the life of the recipient. Neurodevelopmental disorders invariably display different challenging behaviours and are also prone to other psychological illnesses compared to populations without neurodevelopmental disorders. (Alexander et al., 2021), which makes the caring needs of these disorders extremely difficult and unique. It has been established that even though many family caregivers of neurodevelopmental disorders adapt well to the challenges of caregiving, evidence also points to some families being at risk for poor outcomes of mental health. (Heller et al., 2007) The relation between stress and the health of caregivers has been pointed out in various studies. Caregivers encounter chronic stressors, owing to behaviour problems and caregiving needs. These chronic stressors can have implications on the health of the caregivers involving physical illness. (Miodrag & Hodapp, 2010) As the evidence points out the multifaceted nature of parenting practices, there is a need that healthcare and social work professionals need to work in tandem to provide ecologically-based interventions. Understanding the family, as well as the parental factors, is imperative. (Algood et al., 2013) Professionals in health care need to have a deep understanding of the caregiver's struggles to provide appropriate intervention strategies. (Algood et al., 2013; Waldman et al., 2010) Algood also points out that the literature suggests that practitioners are now more aware of the struggles as well as the strengths of caregivers of various developmental disorders. (Algood et al., 2013) **Figure 3** explains the various facets of caregiving in neurodevelopmental disorders.

### *Well-Being of Caregivers of Neurodevelopmental Disorders*

Over the years, clinicians started paying attention to strengths rather than focusing on deficits in devising interventions to promote mental health. The need to assess the individual strengths, assets, and resources is the basis for devising the action plan, which not only elevates the current well-being but also reduces any future services for mental health. (Tedeschi & Kilmer, 2005) Programs related to improving home-related functional abilities through early intervention and parent education, and interventions of behaviour management appear to have a positive impact on parental mental health. Parental training and education are crucial for the mental health of parents, at least for those who are already prone to mental health issues. (Tonge et al., 2006) Bebko et al. studied the parental and professional perception of parental stress, and opine that the professionals perceive the symptoms of the care recipients being a major stressor on parental health. Impairments in the areas of language and Cognition are the major contributors to Parental Stress. (Bebko et al., 1987) While comparing the health risks of parents caring for their children with and without neurodevelopmental disabilities, Hodge et al. inferred that the genetic disposition can make caregivers of persons with neurodevelopmental disabilities prone to psychopathologies. (Hodge et al., 2011) While there is a disparity in family caregivers adapting to the caregiving demands owing to their physical, and mental health and their ability to maintain social roles; along with the severity of the disability, caregivers' intra-psychic factors also play a role. These factors include coping strategies along with mastery and self-esteem. Literature about the study of these factors regarding the well-being of caregivers needs to be widened. (Raina et al., 2004) While elaborating on stress-related transactions between a

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person and the environment, Lazarus and Lanier point out that the key is balancing the power between the demands of the environment and the resources available.



**Fig 4: Role of internal strengths of caregivers**

Further, coping, a strategy adopted to maintain equilibrium in stress-induced transactions is an action-oriented and intrapsychic effort. This strategy or the management of equilibrium constitute, mastering, tolerating, reducing and minimizing the demands and conflicts between the environment and internal resources. (Lazarus & Launier, 1978) Even though the research is very limited pertaining to the strengths of caregivers, other than the social and various other supports, the well-being of caregivers of Neurodevelopmental Disorders can be understood from eudemonic perspectives, facilitating personal growth, finding the meaning of life, better coping and problem-solving abilities of the caregivers themselves. **Figure 4** explains the equation of environment and internal strengths of the caregiver and how it affects the well-being of the caregiver.

### ***What is Spiritual Intelligence?***

Spirituality is a kind of intelligence that is independent of religion and calls for integrating the mind with the environment. Spiritual intelligence is crucial for making choices relevant to overall well-being and growth. (Vaughan, 2002) Intelligence develops based on the encounters a person faces; and it refers to a labyrinth of varied and complex yet independent of each other, set of powers or strengths. (Gardner, 1987) Spirituality as a concept has been introduced by Danah Zohar, to understand the aspects of human actions that facilitate the choice of life paths and the meaning thereof. It is cumulative of emotional and rational aspects, providing an association of mind and body to promote personal growth and transformation. Spiritual Quotient SQ is the construct with which this prowess can be measured. These measures indicate how well one can adapt and be aware of self, can use suffering for growth and transcend pain, ask questions and see connections, inspire others and be devoid of causing harm, and quality of working against the convention. (Zohar & Marshall, I N, 2000) Spiritual Intelligence provides a seamless connection between people and the world around them. Spiritual Intelligence provides means to analyze personal experiences to make them meaningful. (R. Wolman 2001) Emmons recounts and critically examines the evidence for treating Spirituality as an intelligence. To understand the interconnections of personality and behaviour, spiritual intelligence plays a role well within psychological frameworks. (Emmons, 2000) There are arguments against spiritual intelligence posing questions about whether the components presented belong to a separate domain or a combination of intellectual abilities and existential intelligence; nevertheless, points to a need for further research. (Howard Gardner, 2009) Mayers also opines the need for further investigation of all the components of spiritual intelligence making a comparison with how the components of emotional intelligence have been studied for decades before the



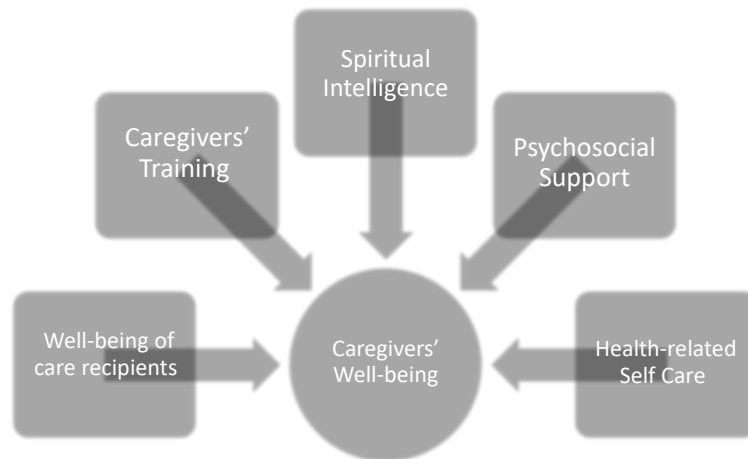
**Fig 5: Components of Spiritual Intelligence**

study of emotional intelligence as a construct. (Mayers, 2000) Sternberg delineates intelligence as purposive adaptations of situations and events of everyday life. Contextually intelligent behaviour involves purposive adaptation and the automatization of novel experiences. (Sternberg, 1984) As King proposes, Spiritual intelligence involves adapting to life situations and problem-solving that develops through the life span of the individual which helps in decision making and abstract reasoning. He proposes a framework to quantify the construct of spiritual intelligence and observes a direct relationship between age and spiritual intelligence. He indicates the need for further expansion of the evidence. **Figure 5** illustrates various components of Spiritual Intelligence as proposed by Zohar & Marshall, I N, (2000)

### ***Spiritual Intelligence and Caregiving in the Context of Neurodevelopmental Disorders***

Considerable evidence exists to claim that the mental health of caregivers depends on the demands of their caregiving duty. Studies show that caregivers who engage in positive health behaviours report lower levels of the subjective burden of caregiving. Positive health behaviours include exercising and good dietary habits, seeking the support of others, managing stress and finding meaning in life. (Sisk, 2000) Skrzypinska studied the evidence to validate the construct of Spiritual Intelligence and its relation to well-being. Adequate evidence exists to presume Spiritual Intelligence as a facilitator to promote adaptive functioning and search for the meaning of life, and other factors crucial for well-being. (Skrzypińska, 2021) A positive relationship between emotional intelligence, spiritual intelligence and caring behaviour has been observed by Sunaryo et al. Increased spiritual intelligence has also been linked to lower burnout in nurses. This study also posits that compared to emotional intelligence, spiritual intelligence has more relevance in the context of burnout which again affects caring behaviour. (Sunaryo et al., 2018) While studying the connection between spiritual intelligence and mental health, Pant and Srivastava found that both have a positive relationship. A link between higher spiritual intelligence and mental health has been established. (Pant & Srivastava, 2019) Interventions targeting the mental health of caregivers need to consider spiritual intelligence as a critical component. While predicting the Quality of life, based on spiritual intelligence in mothers of children displaying behavioural problems, Farshad et al. observe Spiritual Intelligence is a significant factor affecting the quality of life, just next to resiliency. (Farshad et al., 2020) Healthcare

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**Fig 6: Factors improving well-being in caregivers**

providers need to consider the interconnection between spiritual intelligence, caring behaviour and burnout and incorporate these factors as strategies to improve spiritual intelligence; these strategies need to be included in educational programs targeting caregivers. (Kaur et al., 2013) **Figure 6** represents various factors that elevate the well-being of caregivers, Spiritual Intelligence is one of them.

### CONCLUSION

It is evident that caregivers of neurodevelopmental disorders experience immense stress, burnout and other mental health issues. Navigating through the caregiving duties entails various environmental supports and internal resources. Evidence also points out that caring behaviour can result in personal growth, finding the meaning of life, better coping with problem-solving abilities and other inner strengths. Spiritual intelligence is a third process encompassing reasoning and emotional processes and enables a person to navigate efficiently through various stressful events and life, in general. The relationship between spiritual intelligence and well-being has been highlighted in emerging evidence. Research has to focus on the interconnection of spiritual intelligence and well-being of caregivers of neurodevelopmental disorders, how it affects various components of well-being and strategies to improve the same. It will also be interesting to study whether improved spiritual intelligence is a consequence or precedence or both of caring behaviour. Future perspectives may also include streamlining the strategies to improve spiritual intelligence in caregivers of neurodevelopmental disorders for psychologists and other healthcare providers to incorporate into their practice.

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### **Conflict of Interest**

The author declared no conflict of interest.

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