

To study the difference in the alienation level of cancer patients pre and post recreational activities

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Abstract: A very well established cancer hospital i.e. Jawaharlal Nehru cancer hospital and research center was chosen for my purpose as soon as I got the permission to carry out the proceedings I started meeting patients in the hospital under the guidance of Dr. N. Ganesh. Initially the actual purpose was not disclosed to the patients and it took a considerable time to establish a rapport with them.

Initially it was decided to take the sample on male/female or age demarcations but once stepping in the hospital premises it was noticed that patients are not there at our ease but at their ease, according to their treatments and the nature of cancer. Thus sampling was done randomly but most of the patients were taken from chemotherapy wards as they were frequently available there.

Key Words: Cancer, Alienation, Recreation,

1. INTRODUCTION:

Cancer the name itself brings stagnation to the pace of life. A cancer patient has a very obvious tendency while thinking about the future with a hesitant question mark. Yes, the future is not in the hands of anybody but yet the picture of the future in the case of cancer patient is always a picture of death...

2. ABOUT CANCER:

One of the primary differences between conventional and alternative medicine is how cancer is defined. Conventional doctors see a malignant growth and call that cancer. Consequently their treatments consist primarily of attacks against the tumors. Their preferred choices are surgery (cut out the tumor), radiation (burn the tumor) or chemotherapy (poisoning the tumor). If the tumor is removed or even reduced in this fashion, the doctor pronounces that the therapy is a success. All too often, however the malignancy returns either to the same location or spreads to another. At that point, we are told that cancer has returned, and the attack against the new tumor is repeated as before. By contrast, practitioners of alternative medicine do not consider the tumor to be cancer, but merely a symptom of cancer. They are more concerned with what caused the tumors to grow in the first place. They reason it is more logical to fix the cause of the tumor than to attack the tumors themselves. If they can accomplish that, and then the malignancies will stop growing, become harm lumps, and eventually be reabsorbed and discarded by the body.

The doctors of alternative medicine however see all malignancies as merely different manifestations of the same disease. What makes them appear different is that they take on some characteristics in which they grow. However, the more malignant the growth, the less they resemble their host organs and the more they resemble each other.

Uncontrolled growth and division of certain body tissues characterize cancer, so forming a tumor, so it is also called "Mitotic Run Amok". It is more common in people between 40 to 60 years of age. It is one of the chief killers today.

3. LITERATURE REVIEW:

Etiology is the study of the disease. Cancer is neither contagious nor hereditary disease. It is suggested that every organism have some inactive cancer causing genes called proto-oncogenes. Due to altered gene activity, normal control mechanism is lost and the abnormal cell growth and cell division take place. The physical and chemical agents, who induce cancer growth, are called carcinogens. The table below enlists the chemical carcinogens and organs affected.

CARCINOGEN	ORGANS AFFECTED
• Soot	• Skin, lungs
• Coal tar(3,4-benzpyrene)	• Skin, lungs
• Cigarette Smoke(N- Nitrosodiummethyiene)	• Lungs
• Cadmium oxide	• Prostate Gland
• Aflatoxin(a metabolite of Aspergillus)	• Liver
• 2-naphthylamine and 4-aminobiphenyl	• Urinary bladder

• Mustard gas	• Lungs
• Nickel and chromium compounds	• Lungs
• Asbestos	• Lungs
• Diethylstilbestrol(DES)	• Vagina
• Vinyl chloride(VC)	• Liver

Types of cancer

On the basis of their locations:

- **Carcinomas:** Those cancer types which are located in epithelial tissues and the glands e.g. breast cancer, stomach cancer, lung cancer, skin cancer, pancreas cancer etc. Cancer of epithelial glands is called Adenoma.
- **Sarcomas:** Those cancers which are located in the connective and muscular tissues derived from mesoderm e.g. cancers of bone, lymph nodes and muscles. These are called as lymphomas it affects the lymphatic system(e.g., Hodgkin's disease in man which is characterized by enlargement of lymph nodes, spleen, etc.), lymphomas if a
- **Leukemia(Blood Cancer):** These are characterized by increased WBC count of the blood(upto 2,00,000-10,00,000/mm³) due to their increased formation in the bone marrow. This decreases the erythropoietin and RBC count. These are the most common types of cancer affecting the child below 15years of age. Bone marrow transplantation is recommended.

On The Basis Of Their Spread:

- **Benign or Non-malignant tumor:** These remain confined in the organ affected and do not spread to other body parts. It is so as these are enclosed in the sheath of connective tissue. In this type of tumor, cells are more adhesive. Though these are less troublesome but still need immediate removal as it causes severe pain may become malignant.
- **Metastasis or malignant tumors:** these initially show slow growth, called latent stage, but later growth rate becomes very rapid causing overcrowding and damage to the normal cells. But later these enter metastasis stage(stage of secondary growth) in which the cancer extends to the neighboring tissues like the roots of a tree. Small pieces of primary tumor break of and are carried to other body parts by the blood of lymph where these form the secondary tumors. This process is called metastasis. Metastasis is the process of transference of cancerous cells from the site of origin to distant parts of the body the most frequent sites of metastasis are lymph nodes, lungs, long bones, liver, skin and brain. Such tumors are very serious and cause the death of the patient dues to increasing interference with the metabolic functions of the body and killing of more and normal cells. Metastasis stage usually occurs after age of 50 years when it is practically impossible to cure and proves to be fatal.

Causes Origin of Cancer:

- **Mutation theory:** This theory states that cancerous development is due to accumulation of gene mutations over a number of preceding years. As the number gene mutation increases, there are more and more chances metabolic disorders.
- **Selective gene activation theory:** This theory states that certain harmful but unexpressed protocogenes become active to onco genes which cause the loose the control over growth and division leading to the development of cancerous tumor. When such abnormal genes are some how repressed then remission occurs. **Michel Bishop and Harold Warmus(noble prize 1989) explained genetic basis of cancer.**
- **A-state theory:** It states that abnormal growth characteristic of cancer cells, is a reversion and evolutionary stage of growth called A-state, where the cells merely proliferate rather than performing specific function. Regardless of the hypothesis, the ultimate treasure is defamation of the DNA structure.

Type C Personality

According to W.W.Meissner(1977) of the Harvard medical school, cancer patients are relatively selfless individuals, they often display signs of great sacrifice and self effacement, finally most exhibit feeling of hopelessness and helplessness which is typical before the onset of cancer. These individuals tend to see themselves as being stupid, clumsy, weak and inept even though their achievements are often enviable.

A fighting spirit aids recovery. When grappling with serious illness or recovering from a major surgery, maintaining a fighting spirit is important. None has to surrender some inevitable verdict of illness. Two people afflicted with an identical condition may have very different outcome.

A careful study by Hans Eysenck confirms that such is the case in case of cancer patient. Eysenck, one of the greatest psychologists and researchers in this century has been extremely skeptical of the claims made by many therapists and mental health professionals.

Recreational Therapy

Recreation in accordance to the dictionary means pass time or relaxation. But as a therapy, Recreation, for the patient is all about hope, loving and living.

Staying in a hospital for weeks battling cancer is frightening. Even adult cancer patients often feel vulnerable and unable to take charge of their own lives.

By giving patients opportunity to create, laugh and play, recreation program puts a sense of choice and control back in their hands.

Recreation therapy is an innovative type of psychological therapy that has emerged with the technological advances in cancer treatment during the past two decades in many hospitals all over the world. It puts patients in a better frame of to be treated and helps them combat fear, fatigue, nausea and sleeplessness.

Therapeutic recreation(TR) professionals, traditionally concerned with the quality and potential of human life, face a difficult challenge in providing TR in setting that serve people with life threatening illnesses such as advanced or end-stage cancer(Connolly, 1993). Despite all of the technological advances in medical treatment in the latter part of the twentieth century, some cancers cannot be cured, but treatment for pain and emotional suffering must continue (Cimino, 1997).

Therapeutic recreation, in accordance to the American Therapeutic Recreation Association is:

“The provision of treatment services and the provision of recreation services to persons with illnesses or disabling conditions. The primary purpose of a treatment service which is often referred to as recreation therapy, is to restore, remediate, or rehabilitate, in order to improve functioning and independence as well as to reduce or eliminate the effects of illness or disability. The primary purpose of recreation services is to provide recreation resources and opportunities in order to improve health and well being. Therapeutic recreation is provided by professionals who are trained and certified, registered and/or licenses to provide therapeutic recreation” (ATRA, 1997).

Willets and Sperling (1983), list the goals and objectives of therapeutic recreation in serving the cancer patient this way:

- To educate or re-educate patients in the constructive use of their leisure time, during hospitalization and/or after discharge.
- To eliminate boredom and as a result, to help alleviate stress and anxiety.
- To provide a variety of unique recreation and cultural opportunities to patients.
- To help patients regain or reinforce their self esteem through recreation experiences.
- To provide emotional and psycho-social support to patients and their families.
- To adapt leisure activities for patients based on their physical and emotional needs.
- To continue, as much as possible, the patient's normal leisure activities during hospitalization.

Therapeutic recreation is a useful adjunctive or complementary therapy for the advanced cancer patient and can produce outcomes, which improve a patient's perceived quality of life (**Bost & Brown, 1982**). Quality of life is the balance between euphoric and dysphoric feeling states (**Aaronsen, Beckman 1987**). Physical illness and impairments from advanced cancer lead to a perceived reduction in the quality of life and a notable increase in anxiety, uncertainty about the future, and other dysphoric feeling states (**Aaronsen, Beckman 1987**). Adaptation to life with cancer may be relative to the reduction of dysphoric emotions and the creation of a life situation with adequate resources for personal gratification (**Aaronsen, Beckman 1987**).

The recreation therapist plays many roles in an oncology setting; assessing the patient's functioning, establishing goals and objectives, designing an appropriate treatment plan, evaluating each patient's progress and enhancing the patient's personal capacity to cope with the disease process(**Willets & Sperling, 1983**), **Stensrud (1993)**.

Recreational Activities

Recreational activities that were opted by us needed to be tailored according to the patient's needs. With a majority of patients, finding it comfortable and interesting to talk, we took conversation as our main tool. Along conversation various other recreational tools were used. The tools, which were used by us for our patient's, are:

- 1) **TELL US:(Conversation).**
- 2) **MUSIC THERAPY.**
- 3) **COME ON(Walk).**
- 4) **GIFTS.**

Alienation Scale

Alienation

It is true that the satisfaction and performance affect the individual's personality and his adjustment but sometimes an individual does not respond to one social situation and he escapes from the satisfaction, his need and his expectations.

Technically, this state is called as **Alienation**.

The frequent use of alienation as a central theme is due to the fact that it is common to all humans. Alienation is a feeling of not belonging. This feeling can be physical, mental, religious, spiritual, psychological, political, social or economical and often it tends to be a combination of more than one of these types.

Alienation is a driving force that pushes the human conscience to extremes. Whether it is alienation from civilization or from society, drastic changes consequently occur.

Olsen has divided alienation into 6 categories;

- Normlessness
- Powerlessness
- Meaninglessness
- Dissimilarities or isolation
- Dissatisfaction
- Disillusionment or Elysium

Five dimensions of alienation given by Seeman (1959)

Powerlessness- It refers to an instability to control ones destiny the feeling that the individual is an object dominated by other people .it is expectancy held by the individual that his own behaviour cant determine the occurrence oh the outcome he seeks.

Meaninglessness- This involves a lack of clarity as to what the individual ought to believe. The individual psyche system wonders in search of meaning one can not predict the consequences of acting on a given belief, and is unsure about the future outcomes of the behaviour.

Normlessness- It is a condition where the socially prescribed norms for individual are no longer effective; hence anarchy, disorder, instability, excessive competition and individualism result.

Isolation- presumes assigning low reward values to goals or beliefs that are highly valued in society. This refers to the uneasiness of the person to mix with others, and a feeling that a person is purposefully deprived from interacting and integrating with other's social, economic and religious life.

Self-Estrangement- refers to the fact that the individual gives no value to himself or what he has done. It is the failure to realize ones human potential, self estrangement maybe measured as the degree of dependence of the given behaviour upon anticipated future rewards, i.e, upon the rewards that lie outside the activity.

4. OBJECTIVES:

- To study the effect of recreational activities on cancer patients.

5. METHOD:

A very well established cancer hospital i.e. Jawaharlal Nehru cancer hospital and research center was chosen for my purpose as soon as I got the permission to carry out the proceedings I started meeting patients in the hospital under the guidance of Dr. N. Ganesh. Initially the actual purpose was not disclosed to the patients and it took a considerable time to establish a rapport with them.

Sample-Initially it was decided to take the sample on male/female or age demarcations but once stepping in the hospital premises it was noticed that patients are not there at our ease but at their ease, according to their treatments and the nature of cancer. Thus sampling was done randomly but most of the patients were taken from chemotherapy wards as they were frequently available there. I took a sample of 20 patients divided in 2 groups thus the design of study is a simple

Group Design-

- Experimental group
- Control group

ALIENATION SCALE		
	Before Recreational Activity	After Recreational Activity
EXPERIMENTAL GROUP	Response	Response
CONTROL GROUP	Response	

TOOLS - The tools were divided as follows:

Primary tools : it includes 2 sub tools

*Alienation scale - by Dr.R.V. Patil-the scale has 20 items out of which they are equally divided and based upon the 5 dimensions of alienation .The items are highly discriminating followed by 3 alternative answer “yes”, “undecided”, “no” covering all the 5 dimensions of alienation

Dimensions of alienation scale are as follows:

- a) Powerlessness
- b) Normlessness
- c) Meaninglessness
- d) Isolation
- e) Self estrangement

- **Recreational activities-** Recreation in accordance to the dictionary meaning is a pastime or relaxation. But as a therapy for the patients is all about hope, loving, and living, staying in a hospital for weeks and battling cancer is frightening. Even adult cancer patients often feel vulnerable and unable to take change of their own life. By giving patients an opportunity to create, laugh and play puts a sense of choice and control back in their hands.

Recreational activities that were opted needed to be tailored according to the patients need with majority of patients finding it comfortable and interesting to talk. I took conversation as my main tool. Along with its various other recreational activities were used like music therapy, friendly walk, books, gifts.

Secondary tools : being a paper pencil test the basic requirements like pen, alienation scale , manual, concentration, understanding, presence of mind, good listening and involvement on the part of examiner and examinee.

Administration- The scale is self administering. The purpose of the scale explained to the subjects. In no case the word alienation was used as keeping to their health notions I did not want to hurt them. It was assumed that their responses would be kept confidential. They were requested to read the instructions carefully and attentively. It was emphasized that there is no time limit and there is no right or wrong responses.

Results: - As our design is a two group separate observational readings were noted.

6. ANALYSIS OF DATA:-

Control Group

S.No.	Control Group	Sex	Scores	Percentile	Alienation Score Status
1	Case I	F	39	60	Average
2	Case II	M	30	40	Average
3	Case III	M	40	60	Average

4	Case IV	F	41	60	Average
5	Case V	F	43	70	High Alienation
6	Case VI	F	37	50	Average
7	Case VII	M	38	50	Average
8	Case VIII	F	46	70	High Alienation
9	Case IX	F	49	75	High Alienation
10	Case X	M	38	60	Average

Experimental Group

S.No.	Experimental Group	Sex	Pre Score	Percentile	Alienation	Post Score	Percentile	Alienation
1	Case I	M	41	50	Average	40	60	Average
2	Case II	M	37	40	Average	32	50	Average
3	Case III	M	43	70	High	39	60	Average
4	Case IV	M	46	70	High	39	70	Average
5	Case V	M	42	70	High	46	50	High Alienation
6	Case VI	M	41	60	Average	33	50	Average
7	Case VII	M	38	50	Average	37	50	Average
8	Case VIII	M	32	50	Average	32	40	Average
9	Case IX	M	31	50	Average	30	60	Average
10	Case X	M	49	75	High	41	54	Average
			37	57.5		37		

Scoring - After getting the entire data from 20 samples the next step is to score them in a proper format, as all the responses were demarcated in 3 alternatives, yes , no, undecided.

So a yes response is assigned a numerical value of (3), undecided is assigned a numerical value of (2), and a no response as assigned a numerical value of (1).The sum of these numerical values gives the “alienation scores” for the subjects, since the responses contributing the alienation are given a score, the higher the total score, the better would be the alienated subject. The level of alienation could be interpreted from the table given in the manual.

7. CONCLUSION:

Thus after scoring and analysing the data obtained it could be said that the recreational activity is supposed to have a positive effect on cancer patients. According to the data it is really helpful in reducing the alienation level of cancer patients.

Call from heaven.....

“This is the city of summer,
 Whirling winds and rains in June.
 Sky was just a limit here,
 When he found his dreams shoot up,
 They came down next with the ultimate defeat.
 The natural course of efforts.
 They said the rocks were so cool.
 But he felt them like a cauldron.
 Set up on a burning oven.
 Not to sooth his dry throat.
 But to wash up his dreams Things were not paid well.
 He bargained, no one heeded,
 Last minute he came down,
 And he sold his breath for nothing.
 The least thing you can make out,
 Is the best thing he can tell you.....”

Touching memories...

In life, one is bound to face a crisis and a family happens to be more vulnerable to anything and everything.

Imagine a happy family with healthy twins(male + female) and two more healthy children losing one of them at the age of fourteen.

Can we do so.... ? No we can not because the ultimate sufferers of the pain; agony and helplessness were the family members and parents of fourteen-year-old Akash Malhotra, who died of leukemia(blood cancer) last year.

Akash Malhotra, a family friend a bright student of Jabalpur, weaving dreams for future, died with a single handed question "can I be saved...?"

From allopathic treatments of leading doctors at Mumbai to ayurveda, homeopathy and jhaad phuk by maulvi baba, every door was knocked... but left answered.....

We could not do anything, everybody was helpless, consoling each other, but it did not work out. His parents turned out to be hysterical; his sisters were suffering from their own unique share of complications.

Anxiety, tensions, nervousness, stresses crept their ways but nothing came out. He went leaving everybody completely at logger-heads. It seems as if everybody needs immediate confinement and medical/psychiatric help.

At this time, that family needed shoulders to weep on, to be consoled, his elder sisters, who were almost of our age, needed answers in silent ways. One is not expected to have all the answers to the problems at all the times. Even the best of us find ourselves woefully ill equipped to deal with critical situation. It is possible that in a moment of sudden crisis, you your mind in a state of fury. Same situations are so dismissed and bleak that whatever you do, solutions or resolutions look impossible....Completely out of reach. These situations are the situations where someone close is sinking, someone close will never come back, some one close needs you and you can do nothing, nothing at all. This was the moment which made me feel the need to enlighten the end of dreadful tunnel of cancer. I need to console them in whatever possible ways I can. Being a psychology student, I could not help them medically but tried consoling them in best possible ways. Sometimes when one shares one's tears, anxieties & stresses, it becomes an unburdening which itself is the relief. My aim became to bring this relief to some of the cancer patients that came in my way. So I took up this project to bring the lost confidence in life of cancer patients and to an extent I was successful as my efforts did bring a bit of relief to the patients.

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