Chapter 5

Case Studies

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CASE STUDIES

INTRODUCTION

The purpose of selecting case studies for the research study on assessment of depression dimension is to understand the emotional and psychosocial problems of terminally ill cancer patients in depth and to plan intervention strategies. Case studies help in eliciting the social behaviour of the patient as well as the unitary character of the terminally ill cancer patient. The details and severity of a situation are sometimes missed by quantitative analysis and thus is compensated by case studies. The usages of both quantitative and qualitative data has made the study complete. It has also helped the investigator in maintaining the wholeness of the case and deepened the perception by giving a clear insight into the life of the patient.

Case study has enabled the researcher to prepare a comprehensive plan for treatment and restoration of health. The diagnostic process is largely devoted to gathering and evaluating data. The case study is basically therapeutic. In this particular study, case studies were not only oriented towards acquiring knowledge about the problem, but also directed to help the patients to solve or to be relieved of their problem of social functioning and to lend a helping hand towards a peaceful life. Planning intervention strategies for terminally ill
cancer patients was also the main aim of undertaking qualitative analysis. 15 Case studied were conducted from all the different strata of patient.

**CASE STUDY I**

<table>
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<tr>
<th>Patient</th>
<th>Mrs. X</th>
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<tr>
<td>Age</td>
<td>54 years</td>
</tr>
<tr>
<td>Education</td>
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<td>Occupation</td>
<td>House maker</td>
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<tr>
<td>Income</td>
<td>Middle income</td>
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<tr>
<td>Family</td>
<td>Nuclear family</td>
</tr>
<tr>
<td>Type of Cancer</td>
<td>Cervix Cancer</td>
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Two years ago, the patient was stricken with cancer of the cervix, but the patient was not aware of the fact. The pain manifested in the pelvic region and heavy bleeding followed. Endometriosis was troubling her and small bits of endometrial tissues were finding their way out into the abdominal cavity, which caused inflammation and painful adhesion.

Mrs. X consulted a gynecologist in the near by private hospital and the doctor prescribed her medicines and she was relieved of her pain. The doctor recommended biopsy. Since the pain had subsided she never bothered to go for it. After three months the patient complained of severe abdominal pain and heavy bleeding. She was immediately rushed to the hospital. The doctors after thorough check up diagnosed her having cancer.
and directed her for specialized treatment referred her case to Amala Cancer and Research Centre, Thrissur. At the hospital the oncologist confirmed her case as cancer of the cervix, that too in the third stage. By then the cancer had spread all over. As a last expedient the doctors decided to operate on the patient. She underwent an immediate operation, but efforts were not fruitful. Her serious condition was explained to her husband. After the operation the patient was shifted to the post operative ward and then to her room the very next day. For a week she experienced severe pain. She spent sleepless nights. The doctor administered her with pain killers and almost for a week she was drowsy. Her children rushed to the hospital. Due to personal reason they could not stay for many days in the hospital. They left for their homes after few days. When the investigator met the patient, only the patient and her husband were in the room.

The patient belonged to a middle class family and is in her middle age. She was very sad and gloomy. Her husband was a farmer and they earned their living from the fruit of their farm. They had three children—Two sons and a daughter. Of the three children the eldest son and the daughter is married and the youngest son a priest.

Her husband was a caring person and looked after her so well. He had a massive heart attack a year before and is also under treatment, strict diet and many other restrictions. His wife’s hospitalization had caused him many psychological and physical strains, financial drain etc. Since he had to spend
sleepless nights, he was not keeping well. All these had an effect on the medico-social and psychological well-being of the caretaker which added to the family burden. In spite of the husband’s health problems the patient is well looked after by him. The unexpected and heavy hospital expenditure had drained his pocket and he had to depend on the money lender, loans from kuries and relatives for help. The patient’s sister helped her with an amount of Rs 10,000. Since their son was not financially sound, he was not in a position to extend any help. Their youngest son a priest visited them and his words were much soothing and consoling.

The patient often said her prayers and hoped that God would cure her. She knew miracles wouldn’t happen but still her strong faith made her continuously pray for the Almighty’s healing touch.

In my first interview with the patient, I did not know how to start my conversation. I had gathered information about the patient from her consulting oncologist and the ward nurse. I did not know how the patient was feeling in her present condition. So I was cautious not to start with any question that might hurt her feelings. I walked towards her bed and enquired about her general wellbeing. I asked her whether she had a sound sleep the previous night, whether she had her breakfast and about her family. I explained to her the purpose of my visit as a way to get her consent to collect information on her medical condition as well as her psycho-social problems. She was very much co-
operative. She offered me a stool. She then answered all the questions I asked. She came to know about her illness only two days back and she started crying. Till then she thought that she had irregular periods as she was nearing her menopausal age. She was confused as to whether it could be of any use taking expensive and powerful medicines. She by then had lost all hope of recovery. She felt depressed for having to spend their whole savings on the illness which was not promising recovery at all. The patient was on chemotherapy and radiations. The doctor's advice demanded a minimum of 20 radiations which means a long stay along with the pocket drain. She was even more worried about her husband and feared that something would happen to him because of the physical strain and sleepless nights in the hospital. The doctor had told her that she would have to take bed rest for another 3 months even after she had left the hospital and to be careful in keeping away from all source of infection. This aggravated her worries; because in her absence her husband had to do the entire house hold chores, which he was not used to. Moreover, she required his assistance since she was not able to do things by herself. She was totally tensed and helpless, not knowing how things would move ahead. All these reflected in her talk with the investigator expressing her frustration.

She explained her present condition to the investigator. Whenever she closed her eyes, dreadful visions including her death loomed large before her inner eyes. The fear of death made
her insist on her husband’s presence always. She couldn’t just imagine leaving him alone and going away. She started weeping and her voice was feeble. She was totally shattered. I let her cry and held her hand tightly, for I knew that patients would feel greatly relieved if they could ventilate their negative feeling. After few minutes she stopped crying and said that it might be God’s will that she had to suffer. Might be she had done something wrong during her past life. This might be a punishment. She complained about her sleep disturbance and that she was not able to concentrate in her prayers. She was restless, and she said that whenever she closed her eyes to sleep she used to experience nightmare. She narrated an instance of her having dragged through a tunnel and pushed into a deep well. Likewise, she was having frequent nightmares and so she was not able to sleep and she had lost 8kgs of weight. She did not have appetite and didn’t feel like eating anything. At times, she got angry and shouted at her husband for no reason at all. This habit of hers was a sudden development after the onset of this illness and she found it difficult to control herself even though she sincerely wanted to. Sadly she remarked that her husband after the onset on her illness stopped discussing on any financial or family matters. She said that she felt as if she had become unwanted. It seemed that even the doctors had dismissed her as a lost case. Why should she be a burden to her family and many others? She was quiet often obsessed by such negative thoughts. She was in great distress. Mood fluctuations became a second nature with
her. Only regular supportive therapies could relieve her of her sufferings to an extent.

On being asked the patient’s husband said that he was doing his best but his wife was not satisfied. He said that he loved her and was ready to spend all that he had for her.

Her cancer showed noticeable symptoms only at its terminal stage. She was at the time undergoing radiation therapy and other necessary treatments. The patient was expected to leave the hospital after one month. Until then they had spent for the treatment nearly Rs.75,000/-.

Lack of means to know of her present state was confusing the patient. Her problem was systematically analyzed and after several counselling sessions and dozes of relaxation exercises the patient regained self-confidence to face the problems. The research investigator was able to make a purposeful positive relationship with the patient and it was of great relief to the patient and her family. Her husband appreciated a medical social work at the bedside of the patient. The investigator convinced her of the necessity to have self-control over her feelings and to be positive. She was advised to listen to music for diverting her mind and to pray to God for more strength and to fill her with God’s love. Tremendous change was noticeable in the patient after the counselling. It helped the patient to open up her self and reveal her doubts about her illness. Purposeful relationship with the patient helped the researcher to plan
effective coping up strategies for the patient which would help her to lead a peaceful life thereafter.

**AREAS OF SOCIAL WORK INTERVENTION:**

1. Try to understand the feelings of the patient.
2. Provide continuous care and empathetic understanding in dealing with the patient.
3. Give more awareness about her illness through the doctor and nurses.
4. Generate an optimistic attitude.
5. Regular counselling is a must for the patient to come out from her ill feeling about cancer and it will help to create a positive self-mechanism.
6. Help the patient to do some practical auto suggestions and it will promote curative process.
7. Right to information should not be denied

**CASE STUDY II**

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<tr>
<th>Patient</th>
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<td>Age</td>
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<td>Education</td>
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<tr>
<td>Occupation</td>
<td>Playing musical instrument</td>
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Income : Low income

Family : Nuclear family

Type of Cancer : Brain Cancer

He loved music but the music he loved gave him the headache. He was soon to find out, that it was not headache but brain cancer that blew off the light of his life.

Mr. X, 38 years old belongs to a Hindu caste ‘Marar’ family. He hails from a rural background and belongs to the low socio-economic strata. His means of livelihood is from his caste profession “Chanda”. He lives with his wife and three daughters. He is a member of the panchavadyam group of Thiruvambadi temple. He goes with the troupe to play the instrument. After every performance he returns home with severe headache, which was unbearable. He applies pain balm and also takes medicines. But the pain use to persist for hours and subsides but slowly. The severity of headache started increasing three months before and he underwent a medical examination. At a private hospital, the medical practitioner diagnosed him to have brain cancer. Seeing the seriousness of the illness the doctors posted him for an operation. There he underwent an operation. Due to paucity of money his wife went around begging for money. Even the temple authorities where he worked did not help him. Due to financial constraint, they took a discharge and got him admitted to the Government Medical College Hospital, Thrissur. After few days of expert treatment he was again shifted to Amala Cancer
Hospital. He is now in his last stage of life with no hope of coming back to normalcy.

His wife said he used to complain frequently about headache and he never took it so very serious. Neither did the patient nor the family members were aware of the seriousness of the illness. This is a typical case, which reflects multi psychosocial economic problems associated with medical problems faced by the patient and the family.

The patient is an introvert and he kept asserting that the headache was due to the constant hearing of the sound of drums. He was unable to accept the fact that he had something serious. It was after a series of frequent visits that he opened up. He was at first totally basically confused and he did not know what to do. Whatever thoughts of escape the patient had, he was trapped in the hands of the dreadful disease, which has eaten him up almost completely. Due to the severity of headache, he often got irritated and shouted at his wife. A person in pain always reacts in this way fighting for his life. The patient was found to be self-critical and blamed himself for not having gone for treatment earlier as soon as he had headache. He remarked, “if only had I took cared for myself, I would have been spared of this expensive surgery which I can't afford”. He was hurt because the temple authorities did not stretch out a helping hand in his need. They did not to pay him a single penny. He had to raise money for his treatment from the money lender and some of his relatives.
The patient was worried about his wife and children. He being the only breadwinner was worried about the plight of his family in his absence and whether he would be able to continue with his job and earn a living for the family. He said, “I have not sent my wife for work till now, neither does she know to do anything by herself.” All these thoughts drove him into utter confusion. Tears rolled, down his cheeks and he gently wiped them. He cried a lot and could not control himself. Since he had persistent headache, he could not be his own self and was getting irritated always. Living with his illness, he found it difficult to get sound sleep and to make appropriate decisions for his family. The persistent pain and loss of sleep troubled him a lot. Due to loss of appetite, he had lost 10 kgs of weight. He was worried and remarked, “I have shown anger and hatred to all who came to me, how then they will come forward and look after me. I do regret, I should not have done this. I could not control my anger and sorrows. No one understands me. The patient was made to ventilate all his negative feelings through the process of counseling. He was asked to analyze the cause of strained relations and develop control over his adversity. He was instructed in relaxation techniques and asked to talk out his sorrows and pains instead of suppressing them to himself. As a technique of relaxation, listening to music was advised and he was made to ventilate his problems to someone whom he trusted.
His wife was given an insight into the current condition of about the present position of her husband and made to accept the reality. The wife was asked to approach her husband with an open mind and not to feel offended when the husband shouted at her. She was made aware that it’s the physical pain which irritated the patient and not any personal ill-feeling towards her.

Regarding his daily activities, he was unable to perform anything by himself. He had strong faith in God and continuously prayed for God’s help. He said that God would take care of people who had no one, “God is present”. He then turned his head and tears started rolling down. The investigator held his hands and encouraged him by saying everything will work out and to place trust in the Lord. Emotional support was given to the patient by the family members. The application for receiving money was addressed to the private agencies and other banks. They had promised help at the earliest. A week later, the investigator met the doctor who treated the patient. In the doctor’s opinion the chances of recovery were meager, and at anytime anything might happen to the patient. Therefore, the next aim of the social worker was to prepare the family for facing final scene in the drama of life. With this motive in mind, the investigator called the wife and took her to a quite place, where she was made to ventilate her feelings. Slowly the investigator explained the seriousness of the situation. She burst into tears as she was not able to assimilate the shocking news. The social workers tried to strengthen her ego to face realities in life and
explained to he: “once a person is born, he can’t escape death, and every one born on this earth has to face it today or tomorrow”. No one could neither stop it nor run away from it. Therefore, what we have to do is to pray to God to give strength, to face the realities and also continuously pray for giving a healing touch to the patient. Miracles can happen where there is strong faith and fervent hope. She then washed her face and promised the investigator that she would not cry in front of the patient and make him worried all the more.

The next day when the investigator met the patient and his wife both were sitting together, engaged in a loving chat. Mrs. X was controlling her feelings without giving any clue to her husband on the critical nature of his condition. From that day onwards she didn’t mind her husband scolding her. She never let him alone, instead looked after him so lovingly. She always prayed for his fast recovery in spite of being aware of the fact that he was in the sinking stage. It’s her sense of responsibility towards her children, which gave her the courage to rise to the occasion.

**AREAS OF SOCIAL WORK INTERVENTION:**

1. Enhance the effectiveness of medical care rendered to the patient.

2. Helping the patient ventilate his problems of stress, tension.

3. Administering stress management techniques.
4. Pain management through relaxation exercise

5. Making him, do relaxation exercise and listen to music so that he is not preoccupied with his illness.

6. Being a religious person asking him to trust every thing to God’s mercy.

7. To be optimistic and to have a positive outlook towards life.

8. Regular counselling sessions are necessary for patients suffering from terminal illness.

9. Providing insights and avoiding unnecessary hopes

10. Breaking bad news to the family and patient in order to avoid heavy pool of depression when something unfortunate happen.

11. Right to information should not be denied.

**CASE STUDY III**

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<th>Patient</th>
<th>Mr. X</th>
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<td>Occupation</td>
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<td>Income</td>
<td>Low income</td>
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<td>Family</td>
<td>Nuclear</td>
</tr>
<tr>
<td>Type of Cancer</td>
<td>Blood Cancer</td>
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Mr X is a 38 year old Christian male who was admitted to the hospital on a symptom of vomiting blood. His social background revealed that his socio-economic background was very poor. He had been married for seven years but did not have any children. Theirs was a love marriage. His wife is a Hindu and he first met her while she was on her way to college. They met frequently and got to know each other and this understanding bloomed into a marriage between them. First she did not know that Mr. X was suffering from cancer. When their relationship became strong and proposal for marriage was raised from Mrs. X’s side, the patient disclosed the sad realities of his life. Mrs. X in spite of all this was ready to marry him. She did not have any one to support her as she was an orphan. She said, “It’s he who loved me first. I will sacrifice my whole life for him and she agreed to marry him.” She was true to her promise and was always at his bedside. In spite of being a Hindu she attended the religious rituals of the Christians. Mr. X took such a decision in spite of the protest raised from his family because his family was not giving him any material or emotional support. To live with such an illness one needed strong social and emotional support. When he was diagnosed as cancer, whatever little he earned was spent for his treatment. This was a real set back for the family who depended on him. So, they started showing displeasure, instead of empathizing. Therefore, he took a bold step by marrying the girl whom he loved. His only refuge was his brother, who came to him and helped him a little financially. Mr. X was a driver by profession. He had an educational qualification of SSLC. His
illness made him weak and he was finding it difficult to continue with his job since he had to undergo frequent hospitalization and treatment.

The patient not being financially sound had to look for external resources for his treatment. At the moment his treatment sources is from a Kuri loan and his brother. He had already spent over one and a half lakhs rupees. Not knowing how he could make both ends meet, he is very much worried and tensed. He was psychologically depressed and had lost his sleep. His moral support was his wife who stayed with him throughout.

After each blood transfusion and injection he was unable to sleep due to severe pain. He had a very fluctuating mood and according to the severity of his pain his mood kept on changing. He was unable to concentrate on anything and had lost control over himself. Most of the time he suppressed his feelings because there was no one with whom he could share his problems. His wife had to go for work. He was grieved that her boss did not grant her leave and they were in need of money. So he developed the habit of suppressing his feelings. He told the investigator that he wished he was cured and could live a more happy life with his wife. He was very much upset over his inability to be a good husband. He was unable to fulfill her wishes. He spoke about his unfulfilled sexual desire. “I would like to have sex with her, but I am not able to perform the act satisfy neither her desires nor mine”.
The patient due to his heavy economic burden and lack of support from his family especially parents and relatives, was strongly in favour of the idea of euthanasia. He strongly advocated that there should be a law for mercy killing. The investigator could interpret his statement in this way. It was due to the inability of Mr. X to be a good husband he favoured the concept of euthanasia. Psychologically he was dejected due to this fatal illness most of the time he was sad, he could not control himself and at times cried and groaned. He is lost hope and finds no meaning in life. He was often found dissatisfied and disgusted. In spite of all this, the patient did not take it as a divine curse unlike many other chronically ill patients. He is very much depressed but had never thought of suicide. Having no by stander, he suppressed his feelings. This was not a healthy practice because “an idle mind is always a devil’s workshop”.

Regarding his daily routine, it was noted that most of the activities he could perform independently except that his movements were a bit slow. He found it difficult to climb up the stairs and he refrained from doing things which caused strain to him.

His only means of ventilation of feeling was crying. He said, “I cry a lot”. “No one is with me, so whenever I feel sad, I cry and it gives me relief”. He was now unable to take decisions and he strongly agreed that it was this illness which was its root cause. He said, “When I was supporting my family, my words were valued, but now since I am not able to do things, no one
wants me. No one asks for my opinion nor does anyone come and meet me, except my wife and a brother of mine”. He had a tremendous weight loss of 10 kgs. He said he was not particular on having special food and he hardly had any appetite. He had to force himself to eat. He said, “I get tired to do anything and I have to force myself to do things that too with great difficulty”. This was his state. He asked with hope in his eye to say whether there was any magic, which could cure his illness. The investigator motivated him to continue with the treatment and to be positive in his approach.

He was made to ventilate his problems and the investigator’s role was that of a silent listener, helping him to get over his crisis by ventilating his problem, which he never did. Since he had good faith, the investigator asked him to give his whole self to God who knew all his feeling and definitely, the Lord would cure him. Faith in the Lord could do wonders. After long hours of persuasion hours with him, he slowly started ventilating his problems and was found relieved when positive strokes were given. The next day he was seen cheerful and said he had a good sleep. The feeling that there were people who cared for him was giving him relief. Till yesterday, he said, he felt as if he was in a forsaken island all alone, struggling between life and death. He remarked that professional counselling was really a relief-giving session. This reinforces the hypothesis that counselling is a good option and a healing touch for chronically ill patients.
The patient started spending hours with God while he was all alone in his bed during the day time. He had developed a strong bond with God and he wished some new medicines would be discovered to cure cancer. After the session with the investigator, he said that he would never again suppress his feelings, instead speak out and find practical solution for them. It was a real life-giving experience, sharing the patient’s problems.

**THE AREAS OF SOCIAL WORK INTERVENTION**

1. Giving emotional support through:

2. Encouraging the client to express his feeling of dejection and helplessness.

3. Strengthening family support system and regular visits so that the patient can be free from tensions, which arises out of strained social relationship?

4. Accepting the patient as he is.

5. Empathizing with the client by accurately communicating genuine concern, warmth and understanding of the situation and emotions involved therein.

6. Being with the client and assuring feeling of wanted ness which is going to provide healing touch for the patient.

7. Strengthening his ego as well as the caretaker’s, through counseling service.
8. Finding out resources for the client since he has economic constraints.

9. The client should be helped to understand the nature of his illness.

10. The patient has to be given knowledge about his disease and insight about the reality of his situation.

11. Emotional support to the client will help him accept his present condition

12. Counselling him and motivating him to participate and cooperate in his treatment.

**CASE STUDY IV**

Patient : Mr. X  
Age : 69 years  
Education : B. com  
Occupation : Accountant  
Income : Middle income  
Family : Living with his family  
Type of Cancer : Throat Cancer

Cancer is something we all dread and we always hope and pray that it never afflicts anyone, our enemies, says Mr. X, a 69 year old Brahmin, who gave priority to values and principles in his
life. He was diagnosed of having throat cancer six months back. He was in his third stage as in the opinion of his consulting doctor. The patient hailed from a rural background, from Palakkad district. He was working as an accountant in one of the private firms there. He started his career as an accountant from the age of 20 and he referred to himself as a workaholic.

About his family, his was a late marriage and his wife is only 50 years. He has two children, the eldest is a boy who is studying for his C.A. and has taken up a job as an accountant in one of the firms at Ernakulam. His daughter is studying for MSc Mathematics at Victoria College, Palakkad. Both the children were taught to be self-sufficient and these children told the investigator it’s their father who had taught them the importance of being independent and self-sufficient. Now both the children are in a position to say that they are able to stand on our own. They had not troubled their father for fees. They considered their father as role model. Mrs X hails from the very old ‘Gramam’s of Chittoor’ in Palakkad district and does not know how hard life is out in the town. She has never come out from her rural set up and is even scared to cross the busy road in the town. Therefore, she stays back in the village and it is her children who look after their father.

Mr. X is a strict vegetarian but at the same time a chain smoker. The beedies he inhaled is the sole reason for cancer, remarked the Oncologist who treated him; he has clarified all the doubts with the doctors who are treating him. He told the investigator, “I
use to sit late night till I completed an open file. These beedies were my companion all day and night, along with my files. I really enjoyed work but it was too late when I realized that these beedies were eating up my life and dragging me to the death bed”. I am a workaholic.

The patient had strong faith in God and he told, “Nothing will happen to me and I know all about my illness”. I have spoken it over to the doctor and nurses. To be sad is not a solution instead facing reality bravely is what we have to do. The investigator was shocked and at the same time astonished to see such a courageous man. All he wanted was to have somebody to speak out and keep him company. He was a cheerful and jolly good person. No family history of cancer was reported. Both his children come and stay with him. In the morning, his daughter stays and in the evening since female bystanders are not allowed she goes to stay with her Aunt at Thrissur. By the time, his son comes from Ernakulam and spends the night with his father.

The social and emotional support which Mr. X gets from his children is very much strong. This is his strength to face reality as reality. The patient is not scared of death and the state of his wife and children. Since he has taken care of his wife and children, he says, “I am sure my children will look after me and bear the expenses of my treatment. The investigator learnt many things from this patient. The merits of having optimistic way of life. He used to be proud of himself and say, “I am a proud father to have two dashing children”. He continued his conversation “I
was keen that everyone in life big or small should be self sufficient. Only God knows what our fate would be”.

There is a close bond of love, affection and respect seen between the father and children. The next day when the investigator met the patient, he was having a relaxed and open conversation with his son. He introduced the investigator to his son. Both were sitting together on the same bed. Even though he is fully aware of the extent, of his illness it is the bond of love and affection he shares with his family, which enables him to face life.

In spite of his strong and cheerful nature, he is still an ailing man and his major worry is that he does not feel rested and he had lack of sleep. Breathing difficulty and at time nausea were causing problems in having sound sleep. He has had more than 25 radiations and he says I do not have any painful sensation in the area. He is fatigued and tired almost all the time. He was found pleasant in the company of the investigator and spent hours talking. He suggested that it would be good if there were professional who would spare time with the patient, which was really a relief for the patient. He also added by saying, clarifying the doubts and helping them ventilate their problem would also relieve their suffering because neither the doctors nor nurses had time especially in these wards. The ratio of doctor to patient and nurse to patient was less.

Regarding the concept of euthanasia, he is not for a law, which gives authority to the doctor or patient to end his life. Only
God has the authority. He strongly opposed that no relative should be allowed to take decision affecting the life of a patient however, fatal the case might be, because the final say should be that of the patients. He was willing to do his best economically and psychological for the betterment of his father. The general belief that is prevailing among patients that cancer patients die with great physical suffering, emotional suffering and economic burden on the family is true. Mr. X is not an exception. Being optimistic he had his own outlook and positive self concept. He tries to be happy and gay in spite of all his aches and pains.

**AREAS OF SOCIAL WORK INTERVENTION:**

1. Counselling helps patients in ventilating their negative feeling, which affects his thought process.

2. Strengthening the ego so that the patient goes forward with this same will power.

3. Getting and making the relatives and wife also involve or come for visits apart from his children taking care of him.

4. It would be beneficial if medical social workers were appointed to solve the problems and clarify the doubts of the patient in the hospital.

5. Enhancing the effectiveness of medical care rendered to the patients by including the participation of all the medical team working for the welfare of the patients.
CASE STUDY V

Patient : Mr. X
Age : 66 years
Education : VIII standard
Occupation : Estate Owner
Income : High income
Family : Living with his wife
Type of Cancer : Lung Cancer

Mr. X is a 66 year-old agriculturist a native of Adimali who works on his farm land to earn his bread. He is hard working. This is how his daily routine starts. Early morning he wakes up and goes to his land. He waters the plants; goes near each plant and see how it grows. He is very much involved in his plantation that he does not even come home for his breakfast. His wife had to reach the food to the plantation where he sits and takes it. He does the spraying of pesticides himself. He is very much active and loves to toil in his plot and enjoy the fruits of his toil.

Except the youngest daughter all the others are married and well placed outside Kerala with their families. His youngest daughter is a nurse at U.K. The patient underwent a medical check up due to the persistent cough and discomfort at the hospital where his daughter was working previously. His daughter had just resigned her job to go to U.K. Its five months
back that this check up took place. To say a word about the patient, he was very brave and when the doctor called for his daughter to disclose the bad news of the medical diagnosis, he told the doctor, “See doctor, you can tell me straight about my illness because I have got all right to know about what is happening to me”. The patient was telling the investigator that ‘one day we all have to die. I lived happily, enjoyed my life the way I wanted and what if anything happens’. That was the response of Mr. X. He was so cool. Very few people could react so confidently in such a situation. Only people who are optimistic, financially sound, and did not have to dependent on their family for anything, can proudly say so. His wife was very silently, listening to the conversation of her husband and never said anything. The patient was a domineering person who and did not care for his wife as well as anyone around him.

The patient even though exhibited courage outwardly became upset and shattered when he heard the shocking news. He kept silent for a while and then asked the doctor what had to be done. His wife was very sad and gloomy and she never spoke anything. Mr. X was doing all the talking and everyone including the investigator was listening to him. A real interesting character, which I have never come across. On enquiry, it was found out that, it’s the life style which was responsible for the onset of his illness. Social factor responsible for lung cancer in the case of Mr. X are, the patient was a chain smoker of cigarettes, beedies and was a chronic alcoholic. Another reason
noticed about this patient was that he used to eat in his plantation where pesticides were sprayed and he also while explaining said that, very powerful pesticides and insecticides were used so that the pest and insects did not affect the bud of the plant which helped in producing fruits in abundance. The name of some of the pesticides used in his plantation was Furudan, Tartin which are fatal if consumed by human being. The conception of vegetables will definitely affect the consumers. In the case of this patient he had a habit of taking food in the open at some place in his plot of land. The polluted atmosphere may be assumed as an essential causative factor for Mr. X’s cancer.

He has nearly spent one and a half lakh of rupees towards treatment. He has financial support from his daughter, sons and relatives who are all very well off. He did not have any problem for his treatment. The patient is an extrovert by nature. You need not ask him this or that, he keeps on telling everything.

The various difficulties, which have affected his personal as well as family activities, are his breathing difficulty; his inability to attend religious and social gatherings. He has an upper hand in the family affairs and his family members respect him. His wife who is the caretaker has gone down in her health and has lost her weight drastically.

He is optimistic in his talks and a strong believer too. When he has severe pain, he resorts to taking medicines. He is not in favour of the concept of euthanasia. He has a strong will
power and he is ready to face anything that comes to him. He says at times, he is guilty and self-critical. When asked why? He said, “Only if I would have controlled my bad habits of smoking and drinking and made changes in my life style I would not have caught hold of this dreadful disease and would have lived longer. He remarked: “even though I am brave, for me a happier life means to live peacefully and die a happy death without the attack of any dreadful disease, which is life- threatening and creative of tension, stress for oneself and the whole family. He said ‘a stitch in time saves nine”. Similarly, he added by saying, “a careful and systematic life free from bad habits which are harmful to the health of the individual will help you to live a long and contented life.

He was by nature short tempered and wounded his wife by his words. The patient ones remarked that it is his aches and pains which made him short temper. She is scared to talk to him. She adjusts a lot and tries to get things done according to her husband’s wishes. Mr. X says he really doubts whether he can again be among his plants which he genuinely loved and cared for. His heart longs to be with them. After all his self praise he started complaining about his ailments.” I have to put in extra efforts to do work, I find hard to get sound sleep, I have lost weight and I feel weak”. He says he has lots of physical discomfort and gets tired very frequently. Regarding activities of daily living, except bowel irregularity and climbing stairs, he is able to do everything else himself.
To tell about the patient, he is a man of will power and is strong in his belief. He is ready to face the reality even though fate was harsh to him. The investigator was able to understand his courage from the way he bravely asked the doctor to break the news of his illness in the absence of any bystanders. Being positive and developing positive self concept helps in speedy recovery.

**AREAS OF SOCIAL WORK INTERVENTION:**

1. Strengthen the ego of the client to continue living in the same phase.

2. The braveness and courageous talks are just defense mechanism to cover his fear behind the illness. So added emotional support should be given to the patient.

3. Counselling and regular follow up will help the patient by giving him a chance to ventilate his negative feeling, deep inside his heart.

4. Watching interesting programmes on the TV and reading newspaper will help the patient to be relieved.

5. Counselling for the caretaker is very much essential.

6. Arranging meeting for relatives group in the hospital will help the relatives share their problems with other caregivers of patient.
7. Relaxation exercise for the caretakers is necessary. This helps in universalization of the problem, which gives relaxation and helps them to feel free from tension.

**CASE STUDY VI**

<table>
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<th>Patient</th>
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<tbody>
<tr>
<td>Age</td>
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</tr>
<tr>
<td>Education</td>
<td>V standard</td>
</tr>
<tr>
<td>Occupation</td>
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<tr>
<td>Income</td>
<td>Low income</td>
</tr>
<tr>
<td>Family</td>
<td>Extended family</td>
</tr>
<tr>
<td>Type of Cancer</td>
<td>Oesophagus Cancer</td>
</tr>
</tbody>
</table>

What will happen to my mother? For nine months, this had been the thought haunting the 35-year-old Mr. X, who was in his last stage of life. He had been diagnosed as having oesophagus cancer. He hailed from a rural background. He lived with his parents and a brother. Both his parents were illiterate and it was his brother who was with him as a caretaker during the treatment and all through hospitalization. His brother worked as a fitter in a private workshop and due to the continuous hospitalization, he was doubtful whether his workshop owner would take him back for the job. He was the only breadwinner of the whole family.

To give a briefing about Mr. X’s past; he got married in the year 2001. Due to serious incompatibility between the patient
and his wife, their marriage ended up in divorce. He remarked that his wife had no trust in him and always listened to what her parents said. He was of the opinion that his wife’s family was doing “mantras” to break their relationship. Being alcoholic, paranoiac thoughts were troubling him. He also admitted that on his side there had been many mistakes but since he did not want to recall those painful events. The investigator did not force him to say more it was also against the ethical values of professional counselling. The patient longed for his wife to be with him. He remarked that” it’s always good to have one’s better half nearby in times of joy and sorrows to share them. No other person could be a substitute during a crisis." Contrary to what he said, his brother opined that she had been a very good lady.

Before the onset of cancer, the patient forced by financial constraints left for Mumbai to earn his living to shoulder the family responsibilities such as looking after his parents and meeting the expenses of his brother’s education. He happened to fall into bad company due to peer group influence, and got into the habit of smoking beedies, and became addicted to drugs and alcohol, which slowly caused serious health problems. He was a non-vegetarian in his food habits. He had the habit of consuming alcohol in empty stomach and often skipped meals after the intake of alcohol. These bad habits were there with him as a companion for more than 8 years. He could not leave the habit of smoking and consuming alcohol until he had a severe set-back, when he was asked to give up the habits. He had a severe heart
attack and he was admitted to the hospital. The doctors after investigation found out that he had problems in his heart and including a hole in his heart valve. He had to undergo an immediate operation at Sree Chithira Thirunal Hospital, Trivandrum; all that he had earned was spent for treatment. Then after two years, he got married but it did not last long. Depressed and down he again started consuming alcohol, smoking and chewing panparag. Finally, after a year or so his health started deteriorating. He had severe chest pain and discomfort. Since his hemoglobin count was far less, than normal, he had to undergo blood transfusion. He could hardly eat anything. He was taken to a near by clinic at Palakkad. The doctor immediately referred him to Amala Cancer Hospital for expert advice. That was how the patient and his brother came for consultation. After detailed examination and test it was found out that Mr. X was suffering from oesophagus cancer and that too in its last stage. The brother and the patient did not know what to do. They did not reveal anything to their family and they started treatment as per the direction of the doctor.

They were in total financial crisis after the heart operation. His brother arranged money from Life Insurance Corporation, Co-operative banks and from their relatives. Now its nine months since this illness was identified and treatment started. There is no improvement and when the investigator met him he was been given blood since the blood count was fluctuating.
The patient’s brother stated that the general family background was poor and his parent’s had not been informed about the seriousness of the illness. Since I had to stay, back without going for the job, I am running in short of money. I am worried how to clear off the loan. The state of my brother is deteriorating day by day with no hope for recovery. The patient knew of the seriousness of his illness and he was totally confused. He was disturbed with frightening dreams when ever he closed his eyes.

He once dreamt of three frightening creatures dragging him up the steps and pushing him down from the top of the building. He was a pessimist. He was now in the last stage of cancer. He missed his mother, divorced wife, and wished they were near him. He suppressed his feelings for the most part but at times burst out with anger if his brother did not do things in the way, he expected it to be done. He knew that being angry would do no good and often apologized to his brother not to take things harshly and said that it was all due to his ill-health. He experienced severe depression and had lost appetite and sleep.

Regarding the concept of euthanasia, Mr. X remarked that there should be a law for mercy killing if the patient or close relatives requested for it but it should not be left to the discretion of the doctor. The patient himself felt he was a burden to his family. However, his brother did not favour the concept of mercy killing. The patient has lost hope and often cried and suppressed his feelings. He did not take it to be a divine punishment and put
the blame on himself. He had mood fluctuations, some times he was composed, and at times he was irritated and angry. He admitted that all these behavioural changes were due to his illness.

The patient, from his younger days, had to shoulder responsibilities. He had to give up education and take to agriculture. He educated his brother, who was now a mechanic. The subsequent events of his placement at Bombay for better landed him in a tragedy. He fell into bad company and learnt bad habits. His subsequent heart operation, and the divorce of his wife whom he loved so well completely shattered him. All these events aggravated the psycho-social problems.

**THE AREAS OF SOCIAL WORK INTERVENTION:**

1. Giving emotional support
2. Strengthening the ego of the client
3. Helping the client to ventilate his negative feeling.
4. Giving him a real picture of the problem
5. Mobilization of resources for his treatment
6. Counselling the family members as well as the patient
7. Removing of guilt feelings by giving insight sessions and relaxation exercise.
8. Preparing the patient for a dignified death.
9. Breaking of bad news about the illness to his relatives and parents.

10. Accepting the patient as he is for the betterment of the patient.

**CASE STUDY VII**

<table>
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<th>Patient</th>
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</tr>
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<tbody>
<tr>
<td>Age</td>
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<td>Education</td>
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<tr>
<td>Occupation</td>
<td>Worker in an oil mill</td>
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<tr>
<td>Income</td>
<td>Low income</td>
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<tr>
<td>Family</td>
<td>Nuclear family</td>
</tr>
<tr>
<td>Type of Cancer</td>
<td>Tongue Cancer</td>
</tr>
</tbody>
</table>

It’s the life situation and the nature of the job which drags a man into habits which in the long run knowingly or unknowingly makes him a prey to dreadful diseases like cancer.

The 67-year-old patient Mr. X is a Christian male living in an urban area with his wife and son. He was admitted to the hospital initially complaining of burning sensation while eating hot foods. Ulcers were noted on the side of his tongue. It was too late when he approached the doctor; the cancer of the tongue was almost in a serious shape. He was posted for a surgery where his affected area was removed. He underwent chemotherapy and 25 radiations. He had severe cough which did
not leave him at rest. He neither could sleep nor sit up. His whole body was pain.

He has two children, a girl and a boy. His son is not so educated and has only a small job, which is too little to eke out his pittance. He got his daughter-married even though he had to raise money with much difficulty. She gave birth to a premature girl child which added to the financial burden of the family. A large amount was spent for the girl, because in Kerala the first two deliveries of the girl are to be looked after by the girl’s family. One after another the family was having financial constrains.

They belong to very poor socio-economic strata. It was difficult for them to meet both ends. It was not long since his daughter got married; within two month, he was diagnosed to have malignancy in his tongue. He was under medication. Now its one and a half years since the patient has been diagnosed as having tongue cancer and is living in severe pain. Before cancer was diagnosed, he had two heart attacks and was in the hospital in a serious condition. He is under medication for that too. One early morning again the patient vomited blood and he was admitted to the hospital. His condition day by day is becoming worse. The expense has gone up to one and a half lakhs. They were poor and to meet the expenses they had borrowed from the Kuri office, Vincent –De Paul Society, a private Christian organization and from some other well-wishers.

In their family, no family history of malignancy was reported nor did anyone die of cancer. The family members on
having a chronically ill cancer patient experience severe burden. His wife worked as a maid in three houses. Due to the hospitalization of her husband, she could not attend the work and she had to see grumbling faces of the house owners. The regular hospitalization of the patient and the exorbitant expenses was beyond their capacity. His wife is psychologically depressed and has lost sleep, weight and appetite not knowing what to do.

One of the main social factors, which led the patient to be a victim of heart attack and cancer, was his smoking, which he took as a companion from his younger days in school. He had the habit of consuming alcohol, which was another culprit. He used to chew pan masala, too. His mouth was always engaged, during his work as a coolie in the oil factory.

The social support that the patient received from the family was but very little because the patient was a short tempered person and was not in good terms with his wife. The strained relationship was noticed between the two from the way they communicated. It was observed that the wife even though sat besides him as a by stander did not respond to him and hardly spoke to the patient. He always used to find fault with his wife and if at all spoke gave very harsh replies, which no one could tolerate. The reason for this as per analysis was the severity of pain the patient had and his illness, which did not leave him at rest. The severe cough and the strain on his chest while coughing and the infection in the chest were all reasons for his irritating behaviour. The wife was not been able to
understand her husband’s problem, which worsen the relationship, which added to a series of painful and stressful days. Through out day and night the wife had to stay, with no one to take turn to relieve her. This in addition, is a reason for her disgusted and angry replies to the patient. This aggravates the pain and suffering of the patient.

The investigator gave his wife a clear insight into the situation, his suffering and discomforts and requested her to help him out in his crisis. When the wife got a clear insight, her attitude changed and she started behaving in a polite way and in due course of time, she could adapt herself to the critical situation. Even the patient was given an insight and a clear picture of his wife’s condition. When both of them were educated about the real situation, instead of fighting and giving unpleasant retorts they were able to understand the position of each other and showed due consideration. The stay and service, which both rendered was made to be one of sacrifice through social work intervention. After a week on getting back to them they welcomed the investigator, asked to spend time with them, and thanked for the insight given to them. The patient remarked that even though both had pain and suffering the good words and the touch of his wife was more effective than the pain killers.

The patient being a pessimist by nature usually found fault with others. He was self-critical and blamed himself for the present state of affairs. He realized that it is his bad habit that has reached him to this present condition. He was given some
relaxation exercise and made him come out of his self-criticizing nature and accept the reality. The patient was found cheerful and there was smile on the face.

The next day when the investigator met the patient he was found to be a different man; she was really astonished to find the sudden change. To her surprise he called her to his bedside as she I was passing by. The patient remarked “the encouraging talk was relief-giving and gave him much relief from pain”. He told the investigator that his wife started understanding him and he felt relaxed and at peace. He also said, he attended the prayer service that came through the loud speaker and also let his wife go to the hall for prayer. He said that when he started accepting his illness and placing everything before God, he felt better and relieved. Thereafter the patient was found cheerful. He started ventilating his problems to his wife, instead of talking back harshly.

Regarding the concept of euthanasia, the patient was not all in favour of it, where as the bystander was for it for two reasons: she had no financial resources to meet the treatment expenses and the disease was in the incurable state. It was beyond Mrs. X’s capacity. She was all out for euthanasia. She also added, “Seeing the painful days and moments the patient was going through, I always wished it was good if the patient was no more – a total relief from the pain.”

Mr. X was psychologically down before social work intervention. He found his life, worthless, and without any
meaning. But supportive therapy for the patient and his wife changed their outlook. The patient wished he was cured and could lead a happy life once again. Social work intervention works wonders with these type of patients because it’s a platform where the patient can open up their self in the safety of the social worker.

THE AREAS OF SOCIAL WORK INTERVENTION:

1. Counselling is effective for the ventilation of negative feelings.

2. Therapies are essential, like transactional analysis to improve communication.

3. Ego has to be strengthened.

4. Relaxation exercise worked and drastic change was noticed in the patient.

5. The family members require counselling.

6. Acceptance of his position by giving a real picture of the illness helped.

7. Giving psycho-education to the patients and family members.

8. Forming relatives group, which will help them to share, their problems and universalization would given them relaxation.
CASE STUDY VIII

Patient : Mrs. X
Age : 46 years
Education : VI standard
Occupation : Housewife
Income : Middle income
Family : Nuclear family
Type of Cancer : Breast Cancer

Doctors have formed the concept of imaginary Gods in the minds of patients. In other words, they are soul savers. Nevertheless, their attitude should be for our lives and not for our piles.

Mrs. X is a 46-year-old breast cancer patient. She belongs to the Muslim community. Her parents passed away, during her childhood. She had to drop out from school, to take care of her younger brothers and sisters. Later at a very tender age of 14, she got married. Two years after her marriage, she had to undergo an operation. Back home she still complained of persistent discomfort in her abdomen. On further medical checkup by a surgeon and followed by a scan it was found that a pair of scissors was inside her stomach. She had to undergo another emergency operation to remove it.
At the age of 17, she conceived, but due to severe bleeding had to undergo D&C. Between the age of 17 to 26, she several times conceived, but could not deliver due to miscarriage.

According to the advice of the doctor of Calicut Medical College, she was taken to Manipal hospital for artificial insemination, but that too ended in failure. Now that she was bedridden, the possibility of conceiving was totally out of question.

It was 4 years ago she had been diagnosed for having breast cancer. The social diagnosis states that her stress, tension and pain might have paved the way for this deadly disease to slowly creep into her system.

Mrs. X is lucky to have a loving husband, who is her sole support. Her sister is also there at the hospital to take care of her needs. She resorted to prayers. She says “I am not able to concentrate in my prayers. I am worried most of the time”. She is pessimistic in nature, self-critical and at times turns out in rage. Then she, suddenly she turns gloomy and continues to be silent for long. She is worried about the permanent change in her appearance. She has lost all hopes of recovery and is now having constant suicidal ideations. The investigator sat besides her and made her ventilate all her negative feelings, which helped in giving her peace of mind. A clear insight about her present state of affair was explained and she was made to accept reality and live with it. To the investigators satisfaction, after counselling, considerable change did take place in the patient.
She promised to face life as it is and try her best to put a smiling face towards everyone. Mrs. X, her sister and her husband were there.

Even though they came from a middle-income group somehow or the other they were able to meet the expenses. They sold 25 cents of land which fetched them good amount and used it for the treatment. Her sister who was well off also helped them.

The patient remarked that she was lucky to have a good and loving husband. He was with her all through out her life, faithful always in spite of her having illness one after the other. He spent nearly two lakhs of rupees for her treatment and medication. She says, she had asked her husband to divorce her and marry again, and live happily. She requested him to do so because she was not able to fulfill his needs as a wife. The investigator by using the principle of universalization explained the roles that a sick person could play and told her that it was the same case with all the other sick women. The next task was to build in her courage to face reality.

She was made to ventilate all her problems especially negative, which affected her thought process. The investigator was a silent listener and only when it was for therapeutic use, interrupted the conversation and clarified doubts as she narrated her life long sorrowful story – a real sad story that one would not wish, even to happen to one’s enemy.
The investigator on hearing her sad story held her hands tightly and prayed for her. The touch and prayer gave relief to her. The social worker strengthened her ego to face realities and not to be a coward and run away from it.

The investigator using the principle of individualization and universalisation explained to her fact with examples of other known breast cancer patients. She was relieved. Since the patient had strong faith in Allah, we discussed on ‘Quran’ and how God tested the believer to test their faith in the Lord. She then believed that it was Allah who was testing her to find out her real faith. She had a very childish mind and she really enjoyed the discussion and clarification of doubts and felt relaxed. She said that she had forgotten all the pain during the time the investigator was with her. Since her blood count was falling down she was given a bottle of blood. She says, “I am really happy that you were here to clarify my doubts. I was scared of the doctor and the nurses. They never clarified my doubts about my illness”. She strongly advocated the need of a professional social worker to be a regular visitor who could console the patients and clarify the doubts in a simple way.

Professional service rendered by the social worker was of great help. There was change in her attitude towards life and she herself came forward with suggestions on how she would plan the days and hours ahead. She promised that she would not go back to the past and cry over the lost days. Instead live a happy
life trusting everything in Allah who is all mercy full and good and worthy of praise.

Two days later, when the investigator met the patient she was found cheerful, and she welcomed the investigator warmly. She sat up on her bed and started communicating first. One can notice that there have been slight changes in her depressed mood and there was smile on her face. She said that she had decided to live with her illness whatever the end might be, instead of complaining and finding no meaning in life.

She promised that she would never hurt her husband even in words. Her husband understood her, trusted and loved her so much and was able to read between lines of her words and action. She promised to develop positive self concept for the days a head and live happily.

THE AREAS OF SOCIAL WORK INTERVENTION:

1. Regular counselling service will definitely help the patient to come out and accept reality.
2. Encourage the patient to freely express her feeling of dejection and hopelessness.
3. Relaxation exercise and discussion on topic of her interest were suggested to keep her mind away.
4. Accepting tough realities of life.
5. Strengthening the weak ego of the client.
6. Empathizing with the patient on the different tragedies that has occurred in her life, accurately communicating
genuine concern, warmth and understanding of the situation and emotion involved there in.

7. The patient has to be helped to understand the nature of her illness and its implication on her future.

8. Counselling session for both-husband, wife and her sister the caretaker has to be given, on a regular basis to strengthen their ego.

9. Enhancing the effectiveness of medical care rendered to the patient is a must.

10. Right to information is a human right. It should not be denied for the patient as well as their family members.

**CASE STUDY IX**

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<tr>
<td>Age</td>
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<tr>
<td>Occupation</td>
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<td>Income</td>
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<td>: Extended family</td>
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<tr>
<td>Type of Cancer</td>
<td>: Esophagus Cancer</td>
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</tbody>
</table>

“Values are known, not in their presence, but in their absence. Life is obviously a long run, but rarely does one think that he will have to make up....”
Mr. X is a 55 year-old Hindu married middle-aged man. He lives with his mother, wife and two children. His wife is an L.I.C. agent who is the bread winner after the onset of her husband’s illness. Both his children are educated. His son is a counselor in Shri Chinmaya Swami educational institution. His daughter is working as a school teacher. He hails from a rural area, Koddanoor. He has an educational qualification of S.S.L.C.

One day the patient had difficulty in swallowing his food and as he forced to swallow he had severe pain. He stopped taking solids and was on liquid diet. Suddenly one fine morning the patient vomited blood. He was taken to the hospital. He was referred to Amala cancer institute. There he was diagnosed as having oesophagus cancer. In five months, till now, he has completed 20 radiations and is in his last stage of life. No death in the family has been reported due to cancer. He got into the habit of smoking and consuming alcohol and regular use of panparag from the days he was running a hotel in Andhra Pradesh.

To give a short description of his life story, the patient in search of a job reached Andhra. He lived there with his relatives and in course of time he put up a hotel with the support of his relatives and friends. He slowly started earning his livelihood. It was during this period he met a man named Mr. Y who had lunch very often at his hotel. Slowly he started being a regular visitor and then a well-wisher. The patient was young and hardworking. This man Mr. Y was a manager in a near by firm.
In due course of time, the patient put up two more hotels by his hard work. Mr. Y was deeply impressed by his personality and hardworking nature, so he gave his daughter in marriage to him. The hotels flourished and money flowed in abundance. The patient began to lead a spend thrift life, his attention diverted from business. This caused his downfall. He was terribly frustrated and got into the habit of drinking alcohol, smoking and taking narcotics. He became an addict of alcohol and drugs. He returned to his hometown at Koddanoor. Again after a few years with the help of his friends and relatives, he started a hotel in Andhra, since he had his wife’s family there. He started prospering again. He had a politician friend who was a regular visitor to his hotel. One day a group of ‘gundas’ of the opposition party killed his political friend in front of him. He was shocked and it took months for him to recover from his shock. He still has not recovered. To forget the incidence from his mind he again started drinking and became an addict. Getting two to three set backs one after another he was sunk into a pool of depression. He winded up his business and came back to Koddanoor. He just sat at home drinking and never made efforts to find a job to earn bread. His wife for livelihood joined as an agent in the Life insurance Corporation. Since then, she has been the breadwinner.

Due to his chronic alcoholism and irresponsible behaviour none of his family members sympathized nor consoled. Since the family was not supporting him, he was very much depressed not
knowing what to do. He suffered from inferiority complex and the patient use to displace his anger on his mother, wife and children. He has pain all over his chest and he has breathing problem too. The patient has nausea and is very much worried by the side effects of the treatment. Some of the difficulties manifested by the patient was whenever he closed his eyes to sleep he woke up by see frightening dreams. He wished to open his eyes but couldn’t. He was nervous and very much worried about death. Due to this illness, he keeps aloof and is less involved in any activities. His family does not care for him and did not ask his opinion for anything. He looks very sad and gloomy. The patient was self-critical and gloomy, his bowel and bladder was incontinent. He is a believer and he says when ever he is frustrated he resorts to religious mean, but he was not sure of how much relief he was getting.

The investigator on listening to the story of Mr. X helped him to build up courage and face reality. He was encouraged to develop positive self concept and to live in the present. Doubts about the illness were clarified and gave the patient an insight about the problem. The patient ventilated one and a half hour of sharing session and was relieved of his tension and misconception. He was found to accept his situation and instead of being critical, he started asking God to cure his illness and help him get along with everybody as normal. He promised he would not displace his anger on his wife and children and in the
coming days live with peace with everyone, which he did not have until now.

He was worried about death. The investigator sat with him, gave him emotional support, in the areas of fear, and helped him to accept reality and face death if at all it happens in a dignified way. He was asked to be in good terms with his family members and be sorry for his past deeds. His son was asked to communicate more and keep his father abreast with the happenings in the family and consider his father as a member and create a feeling of wantedness. His wife was asked to come and stay with him in the hospital and show the patient that he was wanted and loved by them all and that they have pardoned his mistakes and has not taken things seriously. Thus, the investigator was able through social work intervention to bridge the gap between the patient and the family and help them all to remain in peace.

After a week when the investigator met the patient, he was seen happy and all his family came and spoke to him and showed concern for him. “I feel they have forgiven all what I have done against them”. I do not mind if I die – they will at least pray for my soul.

THE AREAS OF SOCIAL WORK INTERVENTION:

1. To strengthen his weak ego
2. Helping him to accept reality.
3. To give a clear picture about his present condition to the patient as well as to his relatives.

4. Helping the client to ventilate especially his negative feeling, this affects his thought process.

5. Counselling the patient as well as his family to have a positive approach towards the patient and show concern in his pain.

6. Empathizing with the patient by accurately communicating genuine concern, warmth and understanding of the situation and emotion involved there in.

After touching the above areas of intervention with the client and his family both the patient and the family members were relieved. The patient felt that in this world there was somebody who cared for him. His depressed approach slowly started changing to hope and a desire to live a happy life. He felt that its because of his deeds he was punished and wished to have a rewind and start a new life again. Nevertheless, man has only one life and he has to live it in a good way.

**CASE STUDY X**

Patient : Mr. X

Age : 63 years

Education : SSLC

Occupation : Retd. Ex-military
Chapter 5

Income : Middle income
Family : Extended family
Type of Cancer : Stomach Cancer

If you think that the world around you is smooth, you will find it easy to walk on. If you are able to distinguish reality from nightmare, you can and will be able to foresee opportunities rather than obstacles.

Mr. X is a 63 year-old Retd. ex-military. He hails from an urban background. He has an educational qualification of S.S.L.C. He joined the military at the age of 23 years. He lives with his wife and his son’s family. After retirement from the military service, he had planned to wisely invest his savings so he could live comfortably. He started a hardware shop and also invested nearly one lakh in his grand daughter’s name with an intention of using it at the time of her marriage. He kept aside a portion for his personal use and thought that the pension would be enough for meeting the monthly expenses. It was at this phase the dreadful illness caught hold of him. The treatment expenses were so high that he had to fall back on the deposited money for continuing treatment. His son was not well-off and is completely dependent on the patient.

By nature, the patient is a soft-spoken person and is systematic in planning everything. While enquiring about hereditary factors responsible for cancer no family history of cancer was reported. It was only six months back he was
diagnosed for stomach cancer. One fine morning he experienced severe pain in the abdomen and was admitted. He had to undergo a surgery and presently feeling better than before. It was two weeks after the surgery the investigator met the patient.

On enquiry about the social factors responsible for his illness, the patient explained his plight. He was asked to take medicines for diabetics (dional) by the military doctors. For years, he continued taking it without checking his blood sugar. He being in the military was a regular user of alcohol. In the case of Mr. X these were the two social factors responsible for cancer, so says the consulting oncologist. He has severe gastric problems along with diabetics. He is now facing financial crisis since his treatment has incurred almost everything he saved for future. He is struggling to meet both ends. He is worried because his planning has gone berserk. Due to this illness, he finds it difficult to move about. He remarked that the general atmosphere of the family was dull. “My wife has lost her weight by taking care of me”. His son took care of his needs while he was in the hospital. The patient was having strong family support. He does not like to depend on others. He is not affected with guilt feeling because it is not due to his faults he was affected with this cancer.

Mr. X is a non-vegetarian and consumes a lot of meat along with his drinks. He being in the military is very systematic. He wakes early in the morning and being a strong believer goes to church regularly. But since the onset of this illness he finds it
difficult in going to church. After being diagnosed for cancer he is always sad and gloomy remarked his son. He is also worried about the future of his family. Living with this illness, is difficult. Mr. X complains about sleep disturbances and he wakes up in between the middle of his sleep, which leaves him un rested. He has lost his weight and appetite and feels fatigued and tired. He has behavioural disturbances like nausea, pain and breathing difficulty. Since the onset of this illness the patient always gets irritated on small matters, which he was not in the habit prior to the present illness. He is an optimist and he has a clear idea about his illness from the doctors and nurses who is treating him. He says he does not have fear of death. He has already accepted that he has this illness and being an individual with strong personality and faith has left everything to be done according to God’s will. The investigator was astonished on seeing his braveness and his clear insight about his illness. It's true that a person who has a clear insight about his illness can plan his days ahead in a better way, even though he is on the verge of his deathbed. A patient’s personality factors, education and nature have to be studied well before breaking such painful news.

If the patient is optimistic and has a strong faith in God, the investigator feels that the approach towards life and death will be always positive and healing will be much better. A patient who starts denying that such an illness is not his or who suppress all his sadness in himself, will be making situations
worse and he will be inviting death faster when compared to an optimistic person. This is a lesson the investigator learnt from the attitude of the patient.

It is true that however strong you are when mishap comes, one will be upset. However, gradually one will regain strength and get back to reality and self. This will help one in fighting with the illness.

**THE AREAS OF SOCIAL WORK INTERVENTION:**

- Helping the patient to ventilate his negative feeling.
- Strengthening the ego of the patient in dealing with his problems.
- Spending time talking to the patient, which is giving him relief.
- Helping him to find resources for the treatment.
- Accepting the patient’s feeling.
- Encouraging him to lead a spiritual life.

**CASE STUDY – XI**

<table>
<thead>
<tr>
<th>Patient</th>
<th>Mrs. X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>58 years</td>
</tr>
<tr>
<td>Education</td>
<td>5th STD</td>
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<tr>
<td>Occupation</td>
<td>Astrology and palm history</td>
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<tr>
<td>Income</td>
<td>Low-income group</td>
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Family : Extended family

Type of Cancer : Uterus Cancer

Mrs. X, 58 year-old belongs to a Thayer caste Hindu family, in a rural area. She lost her husband when her daughter was only two years old. He succumbed to a severe heart attack leaving her alone with their child.

The patient earned her living with the knowledge she had in astrology. She was proficient in reading the palm. She had the uncanny ability to predict the future and the past of the clients with much accuracy. She thus gained the confidence of her clients. This made her very popular. This was her only means of livelihood. Her daughter was married to a coolie (daily wage earner). And has two children. The husband is irresponsible and does not look after the family, so the daughter stays with the patient. Now the patient has not only to look after herself but also her daughter and her children.

It was three years back the patient experienced heavy bleeding and consulted the gynecologist. For six months she was under treatment and she was feeling good. Then after few months again she started experiencing heavy flow of blood. She met the doctor. As she was not getting better the case was referred for expert advice to Amala Cancer and Research Center, Thrissur. There after several tests she was diagnosed for uterus cancer. Frequent hospitalization caused additional financial burden to the already poor Mrs. X. She is now depressed,
irritated and financially shattered. This left the vibrant woman a total wreck. Cancer was identified in the third stage. She has completed 30 radiations and spent nearly one-lakh rupees. Her sister, clients and well-wishers contributed a huge sum for incurring the treatment. Poor woman is struggling hard to make her ends meet. This situation gave rise to many difficulties, which necessitated the need for social work intervention. The problems faced by Mrs. X can be classified into the following areas.

She felt she was useless and good for nothing. She was shattered and had lost all hope. She was found sad, irritated and having lost self-confidence. All these precipitated psychological stress and mental trauma in her. Unhappy and distressed she has lost her appetite and weight. Even though the patient spoke friendly with the investigator, she was getting irritated and spoke harshly with her daughter and other bedside patients. Her daughter said that “its after this illness was diagnosed such a change in behavior was noted in her mother. I sometimes feel like going off, but what to do? After all she is my mother.” When the investigator told the patient she should not have harshly spoken to her daughter and other bed side patients she said that “it was not purposefully she got angry”. She was worried; about the fate of her daughter if something would happen to her. Her daughter was irresponsible and did not know how to take care of her little children whom she had brought along with her to the hospital. There was no one to take care of them at home. She
said that she is a bit less in her intelligence and the patient had to be always behind to get things done.

The patient was not able to sleep due to pain in the abdomen. If at all she slept, she would wake up in between and found it difficult to get a sound sleep. She remarked I have spent sleepless nights. Because of the sleepless nights she hated someone coming and enquiring about her wellbeing. She avoided meeting visitors and talking to them. Her social relationships were getting strained because she was not able to attend any functions. Before her illness she used to do household chores and found time to mix with the people and attend religious functions. Her thoughts became self critical and she told the investigator that “I feel this illness was a punishment for the wrongs I have committed during my past”. When asked she just kept quiet and was not ready to answer, instead she tactfully switched on to some other topic. The researcher did not want to hurt her feelings by probing further. She was worried about her appearance and health. In between conversations she remarked, “Only if I was cured, I have to do many things in life”. She was refusing to believe this illness had happened to her.

The patient had faith in God and she believed that God could cure her. When asked how she felt at present compared to that during the beginning she said “I feel tried and worn out. I feel day by day my condition is getting worse”. The patient was worried because when things are asked to the doctor or nurse they did not tell things clearly. Due to lack of proper medical
information the patient was confused. She often did things herself without giving much trouble to her daughter. Her policy was not to trouble any one as far as possible.

When asked about her opinion on the concept of euthanasia she was against it. However, her daughter was for it. She remarked, “There is no point in wasting money if there is no use. She even said that do you know how hard it is to raise money and go through the hospital procedures. See I am here with my children”. Concerning the emotional and social support the family members provided the daughter said that “What all things, can I do for my mother with these two children around”. Even though willing to render support because of personal reason the daughter was not able to rise up to the patient’s expectation. This can be stated as one of the reasons for depression.

In order to build her self-esteem and overcome her negative self-image tremendous positive strokes was offered. She was given some relaxation exercise. She was asked to listen to music, read books, watch TV or go for prayers regularly. The research investigator advised her to control her emotions and try to behave in a pleasing manner, which will be appreciated by her caretaker and bedside patients. The caretaker was also given a clear picture of the patient and was asked to be patient with her mother since she is suffering and is in pain physically and psychologically.
THE AREAS OF SOCIAL WORK INTERVENTION:

1. Regular counselling service will definitely help the patient to accept reality.

2. Encouraging the patient to freely express her feeling of dejection and helplessness.

3. Accepting the patient with all her shortcoming and strengthening the weak ego of the client.

4. Empathizing with the patient by accurately communicating genuine concern, warmth and understanding of the situation and emotions involved there in.

5. The patient was also helped to understand the nature of her illness and it’s implications for her future.

6. To give a clear picture about the patients present condition to her daughter.

7. Helping her to find out external resources, which could help the patient to continue treatment without any interruptions.

8. Motivation has to be given to the patient and family members.

9. Strengthening the ego of the client.

10. Use of inner resources of the client like.

11. Spending time giving professional help will definitely help speedy recovery and peace of mind.
12. Educating the caretaker and other family members regarding the need for continuous emotional support in fast and quick recovery.

13. Right for information should not be denied.

**CASE STUDY XII**

<table>
<thead>
<tr>
<th>Patient</th>
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<tbody>
<tr>
<td>Age</td>
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<tr>
<td>Education</td>
<td>B. Sc Chemical Engineering</td>
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<tr>
<td>Occupation</td>
<td>Retired Chemical Engineering</td>
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<tr>
<td>Income</td>
<td>High income</td>
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<tr>
<td>Family</td>
<td>Living with spouse</td>
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<tr>
<td>Type of Cancer</td>
<td>Tongue Cancer</td>
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</table>

Mr. X, 56 years old belongs to a Muslim community, in an urban area. He is fair and looks outwardly healthy. His was an intercaste marriage. He married an Anglo Indian woman. Because of his intercaste marriage, he had to face many problems from both communities. He worked as a mechanical manager in Kerala Soaps Detergents and Chemicals Company at Kozhikode district. He was highly brilliant and excellent in his academic performance as well as career. His father retired from the Health services of Kerala.
Both he and his wife lived happily. But they were not blessed with any children. One day the patient noticed a colour change on his tongue. They consulted various doctors, and underwent many laboratory tests. The doctors at last diagnosed the disease, as tongue cancer. The patient was not able to believe that such a disease had caught hold of him. He did not have the habit of smoking, drinking, or chewing. He as per the doctor’s advice took medicines and regularly went for medical checkup. However, after a year, due to severe pain he was admitted again at Amala Cancer Institute and Research Centre, Thrissur. There was no option other than the removal of affected area of his tongue. Several times radiation was administered. At last, the affected area of the tongue was replaced by taking a piece from his hand. For this, three major operations was conducted. He spent nearly 3 lakh rupees for this. The entire retirement benefits were utilized for this. He did not know what to do because the whole retirement benefit was spend for treatment and he was the only source of livelihood of more than three families. When he was in good health, both their earnings were spent for the livelihood & education of the dependents. His father was bedridden for many years. He passed away two years back. He had spent a lot of money for his father’s treatment he being a renal failure patient.

The patient’s life story is full of sorrows one after another. One of his brothers-in-law died in Gulf as soon as he reached there for employment. That was real shocking news. The patient
had to carry the burden of his sister’s family. The rehabilitation, education and marriage of the children were put on his shoulders. Soon after this incidence, another brother-in-laws also died. Again, the responsibility of taking care of that family came on him. He spent a lot for setting them and the education of his sister’s children. He has 3 sisters and his aged mother with ailments living with him.

Now apart from the physical strain, tension and draining of his pockets, he is having a lot of psychological problems, which adds to his present state of suffering. He cannot speak clearly and fluently. He could not take food through the mouth. Hence liquid food is been given through ryles tubes, which was inserted through his mouth. Even though he is suffering a lot, he is very bold & optimist is in his approach. His wife is very sincere and affectionate towards him. She looks after him through out, day & night, in the hospital as well as at home. He said that it was the presence of his wife that gave him relief more than the medicines.

Even though the patient spoke friendly with the investigator and visitors, he often became sad and gloomy after they had left. His wife remarked that such a change in behaviour was noticed in him after the operation. Fluctuating mood was observed in the patient. Before the operation, he was calm and quiet. To state an incident about the patient, when he was in the hospital, he was much worried about his bedside patients, too. On hearing about the death of one of the fellow-patients, he
got thoroughly upset and started enquiring about the possibilities of his own survival, his cancer being in the advanced stage.

From then onwards he was found to be restless and he could not sleep well. During the sleep he was disturbed by severe cough. This caused severe pain to his body and disturbed his sleep in between. His friends and relatives are of the opinion that how can this type of illness be found in him. The patient is very religious and prays daily. The patient used to take utmost care about his health. During the interview, he expressed his feelings that his illness is a punishment for the wrong activities committed by his ancestors. When asked what made him say so he just kept quiet. He then expressed his desire to do good things for the poor people, his dependents and the society if he was cured.

When enquired about the opinion on the concept of euthanasia, he was against a law for it. His wife was also against it. Since they had no children, they lived for each other and could not dream about something bad happening to either one of them. Mrs. X remarked that her husband was of great support for her both psychologically and socially. She only wanted him to be alive. Other family members also rendered full support to him, which to an extent has reduced his personal depression.

The patient being an optimist, he was waiting for a happy day when his illness would get completely cured. He enjoyed the frequent visits of his friends and relatives to the hospital, which
gave him a boost and relaxation. He was asked to read books of great authors, which would give much relief than the medicines. He was also asked to spend more time on computers, watching T.V. and to attend prayer service regularly. He prayed to God to save others from such illness and wished that no one would be a victim of this sort dreadful disease.

**THE AREAS OF SOCIAL WORK INTERVENTION:**

1. Regular counselling service will definitely help the patient to come out from the sad and gloomy state.

2. Regular visits by friends and relatives will make him pleasant and relaxed.

3. Accepting his illness.

4. Helping to share his ideas and views with others as a relaxation technique.

5. Empathizing with the patient by accurately communicating genuine concern, warmth and understanding.


7. Helping him to ventilate his negative emotions.

**CASE STUDY XIII**

<table>
<thead>
<tr>
<th>Patient</th>
<th>Miss. X</th>
</tr>
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<tbody>
<tr>
<td>Age</td>
<td>21 years</td>
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<tr>
<td>Education</td>
<td>B. Sc Nursing</td>
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</tbody>
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Occupation : Nurse

Income    : High income

Family    : Extended family

Type of Cancer : Stomach Cancer.

Ms. X hails from an ancient, catholic family of Thrissur. She lost her father when she was 19 years old, since then she was under the care and protection of her eldest brother who is doing business.

She was very good in her studies and has completed her BSc Nursing with third rank from the MG University Kottayam. She immediately got placed in a reputed Hospital. While she was working there, once while dressing to go to the hospital she experienced severe pain in her abdomen and she was taken to the hospital where she did her studies i.e Devamatha Hospital, Koothattukulam. There she was admitted and was referred for gynecological check up. She knew everybody in the hospital so she was attended immediately. When the doctors in the casualty referred her for gynecological consultation, the duty sisters started teasing and passing comments. The patient was sad and she was set back. She had a big stomach and the duty sisters misunderstood her to be pregnant. After the gynecological consultations, it was found that she had a lump inside her stomach, which was malignant. Something strange the investigator found about this case was Ms. X was at first happy on hearing the bad news because she could escape from the
mocking of the public. She underwent three operations. She was diagnosed at the end stage and the doctors could not do anything to save her.. The investigator interviewed the patient the previous day of her death. I still remember her saying that “I have to go tomorrow at 10.30 and have to get ready for it”. She was well prepared for her death and she knew how her last stage would be. Her brother had three distillery shops and they minted money from that. Her sister was a doctor at The Government Medical College, Thrissur. When the doctors who looked after her would show interest in speaking to her sister and hide saying medical issues to her she would, say “doctor I know what my illness is, more than my sister. I have the right to know about my illness and wouldn’t feel bad”. She knew her death time and she was preparing well for it.

However, as a fresh graduate she started her life with a lot of dreams and ambitions. When she realized that she was suffering from cancer, she lost all her enthusiasm and hope in future. She was very much upset and worried. Her wedding was also fixed but when they came to know about her illness they not only dropped the idea of going forward but also never turned up to see her. She said these two things the previous day of her death. She was like a wounded deer helpless, sad, and unable to tell her grief to any one. She shared her soul’s grief and told the investigator that she was relieved for she had someone to listen to her.
The problem faced by her can be classified into the following area.

Understanding that she was in her last-stage, the compulsory bed rest made some psychological stress in her. She spoke very friendly with the investigator and she was getting joy by speaking with her relatives and other bedside patients. Nevertheless, it was noted that she was lacking in confidence.

Regarding her sleep pattern, she was not able to sleep well, and found it difficult to get a sound sleep. She said, “She had spent sleepless nights”. She hardly got any pleasure from the hospital stay. It was a real strain for the patient and the hospital procedures also led the patient into severe psychological stress. Before her illness, she was very busy with her studies and household works. She answered all questions that were asked by the researcher. Asking questions to the doctor, nurse and bedside patients reveals her interest in knowing more about her illness. In other words, she was trying to get a clear insight about her problem from maximum number of sources.

She had strong faith in God and she believed that God would relieve of her pain. Every day she read the Bible and received the Holy Communion, which was giving her strength in living with her illness. Regarding her daily activities, the patient required the help of others. On enquiring about the concept of euthanasia her sister was against it. But on asking her, she was for it. She remarked, “There is no point in suffering so much pain, wasting money and time of her relatives in nursing her”.

Concerning the emotional and social support the family members gave her she remarked that they were willing to render support but because of personal reasons like business activities and hectic schedule they were not able to spend time with her. The feeling of not being wanted is one of the reasons for her depression and she preferred a speedy death without troubling her dear and near ones.

In order to overcome her negative self-image tremendous emotional support was offered during the counseling session. This support helped the patient to express unpleasant emotions. She was made to ventilate her inner feelings especially negative. She suddenly burst into tears; the investigator wiped her tears and consoled her. The touch was healing for the patient and within few minutes, she gained courage and came back to herself. She was made to accept reality and face it with courage. Being a person of strong faith, a small prayer specially was said for her. She was asked to read books, listen to music, which she likes, and spend time every day sharing her problems to God. The research investigator told her that she wanted to see her cheerful and to trust in the Lord because he does only well for all. She said she knew it. She also said, “I will be reaching God soon”. The investigator bid farewell by promising to met her the next day. It was really shocking to hear the sad demise of the patient when the investigator reached the hospital the very next day. God had taken the patient in his safe custody. The patient before her death told her sister that the vehicle will come at
10.30 and I will be going..........These were her last word. May her soul rest in peace. If the patient had lived for some more years the areas of social work intervention will be as follows.

**THE AREAS OF SOCIAL WORK INTERVENTION:**

1. Regular counselling service definitely helped the patient to come out and accept reality.

2. Encouraging the patient to freely express her feeling of dejection and helplessness.

3. Accepting the patient as she is.

4. Empathizing with the patient by accurately communicating genuine concern, warmth and understanding of the situation and emotions involved there in.

5. The patient has to be given emotional support and induce in her a feeling that everyone is wishing her fast recovery.

6. The presence of relatives and friends will help the patient to develop confidence.

7. Exercising good habits like reading, watching T.V. will help the patient to relax.

**CASE STUDY XIV**

Patient : Mr. X  
Age : 28 years  
Education : B.com
Mr. X, 28 year old, male hails from a Catholic family in a rural area. He lives with his father, mother and two brothers. His father is a farmer and is also having a small business. His mother is a homemaker. The patient is their eldest son; he has two younger brothers. One of them is a high school teacher and other, working in a private company outside Kerala.

The patient was in a seminary at Hyderabad. It was during his seminary life, he happened to catch hold of a severe cough. He then consulted a doctor who prescribed him medicines for his cough. But his condition did not improve with the medicines. Then the doctor referred him for further tests. It was after detailed investigation, he found out that the cause of his persistent cough was malignancy in his lung. His illness was diagnosed as lung cancer. Then the Rector called for his parents, explained his health condition and sent him back home for further treatment. They brought him to Amala Cancer Centre, Thrissur. He was in a critical condition. There he had to undergo an operation and complete a course of radiation. He spent more than 1 lakh rupees which was a heavy burden for a middle-income family. His family and close relatives helped him to bear the treatment expenses.
He and his family members had to face many difficulties because of his cancer. Financial burden was there and psychologically he was totally worn out. Most of the time he had very poor appetite and had lost his weight due to this disease. He faces difficulties both physical and mental. He knows his condition very well. He never tried to be self-critical. Being a seminarian, he had strong faith in the God Almighty. He believes that nothing will happen in his life without the Lords knowledge. Nevertheless, he is desperate with his condition. He says, “I could not fulfill my desire”. By his words, he was indirectly expressing his sorrow. He actually wanted to go out into the community to do missionary work.

His family gave him care and support and the patient is very much satisfied. His family members tried to hide their sorrow and to be cheerful so that their son did not feel the seriousness of his illness. His mother says, “We were waiting to see our son at the Altar of God. However, God did not let his wish and our wish be fulfilled. He turned my son’s path”. These words reveal their despair. The patient’s brothers took turns to look after him.

The patient behaved very normally to everybody. When many visitors came to see him, he imagines he is very sick, and this feeling caused fear in him. Therefore, his family members tried to avoid visitors. He goes to the church with his brothers when he is able to walk and when he feels well. Most of the time he tries to be in union with God, in whom he has trusted.
He is not much worried about his appearance and health. He spends his time by reading books and praying. He has a special skill in praying, a real gift of God. He never irritates anybody. He is always calm and peaceful in behaviour. He speaks in a humble and polite way.

His family members and well-wishers are ready to do anything for him. He says “here are many people, who like me and pray for me and that is my strength”. This shows the social support, he has from his family, relatives and friends. During the early days, he had a strong hope in his recovery. Now he has given up hope and is losing his confidence day by day.

**THE AREAS OF SOCIAL WORK INTERVENTION:**

1. Regular counselling will definitely strengthen the ego of the patient to accept and face reality.
2. Encouraging the patient to freely express his negative feelings.
3. Regular visit by close friends, relatives and spiritual guides.
4. Accepting the client as he is.
5. Administering relaxation exercise.
6. Encouraging him to listen to music, watch T.V., spend time with the God and his family members.

**CASE STUDY XV**

Patient : Miss. X

Age : 20 years
Education: 7th standard
Occupation: Nil
Income: Middle income
Family: Nuclear family
Type of Cancer: Bone Cancer.

Ms. X, 20 years old hails from a Muslim community, in a rural area. She lives with her parents. Her father is a businessman and mothers a homemaker. She has a brother. She belonged to a middle class family. She is bright in her studies. However, unfortunately this dreadful disease 'bone cancer' captured her. She could not continue her higher studies. The signs of cancer was noticed, when she was in ninth standard. The symptoms manifested were she had persistent fever which lasted for long. Her hemoglobin count was very low. Once she fainted and was rushed to the hospital.

The parents were very much sad on learning about the illness of their daughter. Her mother always cried thinking of the pitiable condition and sad fate of her daughter. However, they did not know that their daughter had cancer. Nevertheless, they knew she had some serious illness, which the doctors did not reveal completely. She was referred for expertise treatment to The Government Medical College Hospital.

Her type of cancer is bone cancer and it is a type, which spreads very fast. Now she is in a critical condition. Firstly, it
was seen as a cyst. Later it spread to other parts of the body. Now it has spread into the large intestine and she finds it very difficult to eat. She has lost almost 5 kg weight. Her cancer was identified only during the third stage.

The frequent hospitalization has caused financial burden to the patient’s family. They sold their landed property for bearing the treatment expense. She had already completed 20 radiations and spent nearly 1 lakh rupees. Their relatives gave support in the form of man and money. Now the patient is struggling hard to meet both her ends. The situation gave rise to many difficulties, which necessitated need for social work intervention.

The problem faced by Ms. X is that she is most of the time self-critical and has lost confidence in herself. She gets angry always and complains of physical illness. She, at times, spoke friendly. She was very much upset and had fluctuating moods. She spoke about ending her life instead of being a burden to the whole family. Her mother was at her side always and helped her to drive out from her all those bad thoughts. The patient is in a worse stage. However, in spite of the worse condition the patient manages to do everything independently and did not seek any help from others. The patient hates any one sympathizing on her condition, but at the same time, she wanted everyone to pamper her and show loving care. She kept on denying that any serious illness is happening to her. Her parents did not give her a clear
picture of her illness but from their expression, she doubted something serious was happening to her.

Due to the disease, she had a feeling of hatred towards others and used to complain why such bad things were happening to her alone. She has lost her confidence. She always talked to her mother about her death day. It was just to confirm whether she was serious. Her mother used to console her by saying nothing serious was with her and to have faith in God and the treatment done by the doctor instead of thinking nonsense.

The investigator gave her emotional support, clarified her doubts, and spoke positively. She after an hour’s conversation was found cheerful and slowly promised the investigator that she would not think negatively and would not make her parents sad by asking unnecessary questions and speaking about death. The investigator cheered her by saying that everybody falls sick and it’s the positive strength that helps the patient to recover fast. Sometimes she would be in a different world. When asked about, she cried for some time and then kept quiet. The patient was very sensitive and felt hurt on asking about her wishes. Her dream was to be a doctor. She was very much worried about her looks and personality and her deteriorating health condition.

In order to build confidence in her counselling was rendered regularly. Emotional support from her friends, relatives, parents and siblings were found essential. Psychological support helped the patient to expel unpleasant
emotions. The investigator with her knowledge and skills helped the family members to accept the fact that their daughter was having cancer and helped her parents to ventilate their feelings. It was shocking for the parents to know the fact and they burst into tears. Slowly insight about the treatment procedures and how frequently they had to continue with the treatment was explained. They were asked to be cheerful in front of their daughter and to constantly pray to God for his guidance and protection over their whole family.

The patient was asked to read books, magazine, watch T.V., engage in leisure time activities, and go for prayers regularly and completely trust in the Lord. Relaxation therapy was given to her because she was very much tensed. The patient was asked to control her negative emotions and behave in a pleasant manner to all. She was asked to pray well and sacrifice the small pains for the cause of her fast recovery. When guidance was given, drastic change in her behaviour was noticed within a week’s time.

**THE AREAS OF SOCIAL WORK INTERVENTION:**

1. Regular counselling service to patients and her family.
2. Accepting her feelings.
3. Empathizing with the patient by accurately communicating genuine concern, understanding situations etc.
4. Emotional support for the family members.
5. Ventilation of negative feeling by the patient and their family.

6. Imparting insight about the illness is very much essential because sudden knowledge about chronic illness will shatter the patient and family altogether.

CONCLUSION

Case studies helped the researcher in obtaining a holistic picture about the multifarious areas of the problem the patients face. Terminally ill patients are in pain and are also experience all sorts of mental tension, physical problems, psychological problems, social problems, personal problems and problems of social functioning. Qualitative analysis of individual case has helped the investigator in analyzing areas of intervention for the terminally ill cancer patients. The areas for intervention noted are stated after each case analysis. Case studies in general have helped in identifying intervention areas and planning strategies for the patients. The various areas identified may be summarized thus: most of the patients were not aware of the seriousness of their illness and they complained about lack of information about their illness and treatment procedures and that there was no one to listen to their problem. Right for information about the patients illness should not be denied if the patient or family members come forward asking for it. The ego of the patient needed to be strengthened and insight about the illness has to be provided so that they are able to accept the illness and plan for their future. The social support system was not strong
enough and most of the patient’s lacked the real support they expected from their near ones. Most of the patients had financial constraints to continue with the treatment and this financial burden is one of the reasons for thoughts like suicidal ideations creeping into their minds. It was also noted that lack of materials resource at hand had an effect on the approach of the relatives towards the patient. This dreadful disease cancer has drained the pockets of almost all the cancer patients and their family and used most of the precious time for the treatment which were all in vain. This attitude of the relatives has an adverse effect on the cancer patients, by leading them into a pool of depression. So providing material resource to the right patient has to be taken up as the duty of the society. A touch of humanitarism which is the basic philosophy of social work should be revived in all these settings. Strengthening ties will help in having empathetic attitude towards the patients. Most of the cancer patients were found to be over talkative. It was remarked by their relatives that they were normally silent and if at all they spoke they always complained about their pain and used to get irritated and angry with the care taker. This was actually their helplessness and frustration which was manifested in the form of anger. If only an oncology social worker is been appointed for working in all the oncology wards of the hospitals can a professional touch be provided in giving awareness classes to the relatives and patients. The present condition of the patient, how they are expected to behave towards the patient and the expectation of the patient could be explained. Ventilation of the problem of the
relatives could be made possible only by forming ‘relatives group’. This has been found to be useful in bringing about drastic change in the approach level towards the patient and in their attitudes. By doing so strengthening of family ties and strengthening the ego of the patient is made possible. Psychological support through counselling will help the patient to attain insight and accept reality. Clarification of doubts and misconceptions which would otherwise lead them to a pool of depression can be removed through social work interventions. Actively participating the spouse in the care and rehabilitation process is a must.

The social investigator was able to identify few cases where social stigma was attached to them. They were asked to take bath in an outside toilet. They were not served food in a common plate. Their food was served in the verandah. They were not included in any activities of the house. In some rare cases it was found that they waited to see fast death of the patient. The care takers frequently enquired when the home care service would come and attend the patient. They would skip giving medicines for the patient by saying that the patient is not able to swallow. It was noted in few cases that they were least bothered about whether the patient took food or not. Some families remarked that they did not have time to speak to the patient. The situation was a shade better in the case of patients who were bought to the hospital. At least there was some one to bring them to hospital and look after their needs.
The oncology social worker should also extend his work to the community level. Being a member of the hospital team, he/she should be able to arrange outreach programmes, identify cases in the community and give material help as well as provide for psycho-social care for the needy patients. Owing to the lack of interest on the part of the relatives, patients suffer from neglect in their homes with denial of proper diet, medicine and psycho-social care. It was the house visits which opened the eye of the research investigator. The investigator would like to conclude by stressing on the dual role to be played by an oncology social worker, whose service should be made available not only in the hospital but in the community as well. The mobile care unit attached to the pain and palliative care unit is doing a marvellous job by reaching out to the needy terminally ill cancer patients in the community. All these services should address to add life to the rest of the days of the patient rather than days to his life.