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Social and emotional problems in the rehabilitation of cancer patients: a study of 14 patients age 60-75 with cancer of the cervix

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BOSTON UNIVERSITY
SCHOOL OF SOCIAL WORK

THESIS

SOCIAL AND EMOTIONAL PROBLEMS IN THE
REHABILITATION OF CANCER PATIENTS
A STUDY OF 14 PATIENTS AGE 60-75 WITH
CANCER OF THE CERVIX

Submitted by

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In Partial Fulfillment of Requirements for
the Degree of Master of Science in Social Service

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CHAPTER I
INTRODUCTION

The Massachusetts Division of the American Cancer Society granted funds to the Harvard Medical School to undertake a research project for the study of patients with a primary diagnosis of cancer of the cervix. The study which began in June, 1954, at the Massachusetts General Hospital, included patients from three other hospitals, namely, Peter Bent Brigham Hospital, Free Hospital For Women, and Pondville.

A social worker was assigned to the project for the two-fold purpose of enabling the patient to be rehabilitated socially, emotionally, and economically, and of integrating meaningful social data with medical findings. Thus, the social worker had both service and research functions. Every patient in the project was interviewed by the social worker with the exception of those patients in the Pondville Hospital.

Cancer is a body of cells which behave abnormally and, if not controlled, cause eventual death. Cancer of the cervix, which is the subject of the study, is not considered as dangerous as cancer of other organs because it is more easily detected and sometimes, has better prospects for control.

"Eight instead of two out of ten patients with cancer of the uterine cervix could be saved by adequate public education concerning the importance of early diagnosis through periodic physical examinations and by appropriate use of

existing therapeutic know-how." 1/

Cancer brings serious emotional problems to those who have been affected by the disease.

"The effects of illness on an individual, his family and his close associates can have as many different meanings as there are possible combinations of such factors as personality development, social conditions, environmental pressures, ways of becoming ill or handicapped, methods of treatment and possible end results." 2/

From the onset of symptoms to the termination of convalescence, a patient experiences anxiety to some degree. While the popular emphasis is on the negative aspect of the illness, the total experience may prove to be of positive value to the patient in relation to herself, her family and her total situation.

In this study, the writer is concerned with patients between the ages of sixty and seventy-five. A diagnosis of cancer has a significant meaning to these patients.

"Cancer is predominantly a disease affecting aged and aging persons...Death has in general a different significance for persons in advanced life than for those of younger age...In elderly patients, even among those who are well, death is potentially around the corner...His hopelessness is more firmly fixed than in the younger patient, and the psychological reaction to pain, weakness, and other organic changes is much more outspoken...Environment is often an aggravating

1/American Cancer Society, Inc., Cancer, (March, 1955), Vol. 5, No. 2, p. 1.

2/Caroline H. Elledge, The Meaning of Illness, "Medical Social Work" (April, 1953), 2:49.

factor in the psychological condition of dying elderly patients. Often the patient, even prior to the occurrence of the actual disease, has suffered from the feeling that he is unwanted, that there is no room for him, and that no one sympathizes with his suffering. This and other extrinsic factors deepen the sense of hopelessness, increase confusion, and lessen the resistance of the dying patient." ^{1/}

In the older patient, illness creates a sense of dependency. This imminent situation may be a frightening experience as it represents failure to this person.

It is important for the medical social worker to understand the reactions of a sick person who becomes dependent.

"Accurate diagnosis, including evaluation of physical limitations, of somatic complaints, and of the role of the ego defenses is essential. Without a sound diagnosis, the caseworker cannot plan the individualized and flexible treatment procedure appropriate to the older client. She must take into account the wide range of factors, including the connection between the older person's past experiences, and his current problems; his cultural patterns; the family interaction and balance; his strengths and abilities as well as his handicaps." ^{2/}

The role of the medical social worker in a hospital setting is continually increasing in importance. The social worker has a close working relationship with other members of the team as well as with the patient in the achievement of the rehabilitation goal which recognizes the patient's physical, social, emotional and environmental needs. Casework services are offered

^{1/} Ralph Ginzburg, M.D., "Should the Elderly Cancer Patient Be Told?", Geriatrics (January-February, 1949), 4:101-102.

^{2/} Marc H. Hollender, "Individualizing the Aged," Social Case-Work (October, 1952), 33: 342.

to the family of the patient in order to determine their attitudes about the illness. Each member of the family reacts in a different manner to the diagnosis of cancer, according to the personality structure. Attitudes of a family and their understanding of the illness may affect the care and treatment of a cancer patient. As the patient and the family are similarly undergoing a period of crisis, it is the role of the social worker to assist both in making the best possible adjustment to the illness.

Purpose.-- The purpose of this study is to analyze the social and emotional effects of cancer in relation to rehabilitation of the patient and the role of the social worker in the rehabilitation program. An attempt is made to answer the following questions:

1. What is the meaning of this illness to the patient and how does she deal with it emotionally?
2. What is the extent of the disability and the extent of returning to the previous level of activity?
3. What is the effect of the illness on the course of the interpersonal relationships within the family?
4. What is the role of the social worker in treatment of these cases?

It is the writer's opinion that this study will be helpful in evaluating the role of the social worker and the techniques which are utilized in relation to rehabilitation of the patient. It is hoped that this study will indicate the position of the

social worker as a member of the team and the casework services which can be extended to the patient and her family.

Selection of Cases.-- This thesis represents one part of a group study which was undertaken by four Boston University School of Social Work students. 1/

All of the patients who were treated at the three hospitals for cancer of the cervix under the Harvard Medical School project were available for the study. Thus, the sample represents the total population of all the patients with the given diagnosis who came to the clinic during this period. The group originally consisted of fifty-eight patients who came to the clinic from June, 1954, to April, 1955. Some private patients were also included in the study. Two cases were eliminated from this group as the records were missing; and two were dropped from the medical research project for other reasons.

The sample of fifty-four cases was divided among the four students on the basis of age as it was felt the individual's reaction to an illness differs according to the stage in life at which it occurs. The writer is studying the group between the ages of sixty and seventy-five. The division of cases according

1/The three other theses have the same major title as this with the following subtitles:

Savannah Mitchell, A Study of Thirteen Patients Age Thirty to Thirty-Nine With Cancer of the Cervix.

Loretta Dixon, A Study of Fourteen Patients Age Forty to Forty-Nine With Cancer of the Cervix.

Rita Kaplan, A Study of Thirteen Patients Age Fifty to Fifty-Nine With Cancer of the Cervix.

to age groups was as follows:

age	30-39	13 cases
age	40-49	14 cases
age	50-59	13 cases
age	60-75	14 cases

Method.-- For the purpose of this thesis, these cases were studied for a period of six months. There were two social workers on the project who were available for consultation. Medical and social casework records were utilized. A uniform schedule was formulated and filled out by each of the student participants on her group of cases in order to obtain the necessary factual data from the records. The writer refers the reader to the Schedule in the Appendix.

Limitations of the Study.-- This study has been concerned with the diagnosis, treatment, and other medical factors only as they affected the social and emotional aspects of the situation.

As each student in the group was studying only a small number of cases, it is unlikely that the whole range of possible problems will occur in these small samples.

The case records which were used were summary recordings and did not have a detailed report of each interview. However, both of the social workers were available for consultation to clarify the factual material in the records and to describe in more detail how each case was handled. In using the case records of other social workers, another limitation is the difficulty in determining how their attitudes and feelings about the illness may have affected their relationships with the patients. It is assumed that conclusions were based on a diagnostic under-

standing of the patient and her total situation, thus biases would be reduced to a minimum, and it is unlikely that factual data would be affected.

For the most part, only social work records were used in the study, thus, it was not possible to determine the effects of other therapeutic agents on rehabilitation, such as, the role of the attending physician, nurses and hospital personnel in another setting, who would work to achieve the common rehabilitation goals as related to their specific disciplines. It is possible that the setting and staff approaches to the problem of rehabilitation may have differed in these hospitals.

CHAPTER II

CHARACTERISTICS OF THIS PATIENT GROUP

The following tables are presented in order to give a clearer picture of the social and personal characteristics of the patients included in this study.

Table 1 indicates the areas where the patients lived. It is interesting to note that as many patients came from outside Metropolitan Boston as from within it. For the purpose of this study, Metropolitan Boston includes those cities and towns which are within about a twenty mile radius of Boston.

Table 1. Residence

Residence	No. of Patients
Boston	3
Metropolitan Boston	4
Outlying Towns	5
Out of State	2
Total	14

Table 2 shows the ages of the patients under consideration. They range from sixty to seventy-five years of age. The age of the patients had little relation to the severity of the symptoms.

Table 2. Age

Age	No. of Patients
60-64	5
65-69	6
70-75	3
Total	<u>14</u>

Regarding the place of birth, six persons were born in the United States and eight were foreign born. Of this group, only two patients presented language difficulties.

Table 3 shows the religion of the patients. Six of the patients were Catholic and six were Protestant. The large proportion of Catholic patients is expectable since Boston has predominantly a Catholic population. All of the patients in this age group were white.

Table 3. Religion

Religion	No. of Patients
Catholic	6
Protestant	6
Jewish	0
Unknown	2
Total	<u>14</u>

Table 4 indicates the marital status of the patients. There were no single persons in the group. More than half were

not living with their husbands. Only two of the patients were married twice and one patient was separated from her second husband.

Table 4. Marital Status

Marital Status	No. of Patients
Married	6
Widowed	6
Separated	1
Divorced	1
Total	<u>14</u>

Table 5 indicates the number of children born to each patient in this age group. All of the patients were married and had given birth to children. The majority had four children or less. Of the three remaining, one had seven, another had ten and the third had "several" children.

Table 5. Number of Children Born

No. of Children Born	No. of Patients
1	2
2	4
3	4
4	1
5	0
6	0
7	1
8	0
9	0
10	1
"Several"	1
Total	<u>14</u>

The living arrangements of the patients are represented in Table 6 according to members in the household. Of the patients in this group, six were living with their husbands, and in three of these instances, there were also unmarried adult children in the home. Four patients lived with their children, and in two of these cases, the children were married. One patient lived in the home of her ninety-year old mother. Of the remaining three patients, two lived alone and one lived in domestic service.

Table 6. Members in Household

Members in Household	No. of Patients
Patient living alone	2
Patient and husband	3
Patient, husband and unmarried child	3
Patient and unmarried child	2
Patient in parent's home	1
Patient in home of married child	2
Patient in domestic service	1
Total	14

In this study, two patients were employed. One was in domestic service and one was employed in a factory. Both of these patients returned to work following treatment. Twelve patients were housewives and were able to perform their household duties to some extent.

Table 7 shows the level of education of the patients in this group. None of the patients had attended college and

only one completed high school. If this is evaluated in the light of present day concepts, with the popular emphasis on advanced education, this level of education would appear to be low. However, according to past educational values, prevalent during the school years of these patients, this level of education appears normal to the writer in view of the limited educational opportunities available. Of the foreign born, it is difficult to grade education as the standards vary in each country.

Table 7. Education

Education	No. of Patients
Completed high school	1
Left during high school	4
Completed grammar school	2
Left during grammar school	3
Unknown	4
Total	14

In this group of patients, six were living with their husbands. Of this number, two were retired and four were employed as follows: two were employed in a factory, one was employed as a maintenance worker, and another was a printer. One patient had a single son who was living with her and he was employed as a printer. There were no professional persons in the group, but one would not ordinarily expect to find such

people in a clinical setting.

Table 8 indicates the estimated income of the patients in this age group. Those patients whose income was less than fifty dollars a week were receiving Public Assistance and Old Age and Survivor's Insurance. On the higher income levels, the sources of support were the earnings of the patients' husbands. The patient who was living on her savings of seven or eight hundred dollars lived with her mother who was a recipient of Old Age Assistance. Two of the patients whose income was unknown were recipients of Old Age Assistance. In general, these patients are in the marginal or low income group, and it is not unlikely to find such persons in an out-patient department of a hospital. The income was barely sufficient to meet their needs, and the threat of illness was a definite threat to their financial security.

Table 8. Income

Estimated Income	No. of Patients
\$10-19	2
20-29	3
30-39	0
40-49	0
50-59	2
60-69	1
70-79	1
Savings	1
Unknown	4
Total	<u>14</u>

CHAPTER III
HOSPITALIZATION AND TREATMENT

In this chapter, the writer will present the medical information which pertains to the stage of the present illness, types of treatment received by each patient, admissions to the hospital, and visits to the out-patient department. The knowledge of the medical situation is important in considering the social and emotional material presented in this study.

Cancer of the cervix is generally classified according to four stages. The stage refers to the severity of the growth. As shown in Table 9, the greatest number of patients were in Stage II, and these patients have a "fair" to "guarded" chance of recovery.

Table 9. Stage

Stage of Illness	No. of Patients
Stage I	2
Stage II	9
Stage III	2
Stage IV	1
Total	14

According to the research project on which this study is based, the type of treatment which will be most effective in

early cancer of the cervix is determined by the vaginal smear prior to treatment. Radiation and surgery were the two basic types of treatment used in this project. Radiation included use of both radium and x-ray. For some patients preparatory medication was used to bring them to a point for optimal treatment by radiation. Surgery was sometimes followed by a course of x-ray, as in the case of the one surgical patient in this group. In this study, thirteen patients had radiation and one patient had surgery. However, one patient had undergone surgery prior to her contact with the project.

Table 10 shows the number of hospital admissions during the first six months of treatment. All of the patients were admitted to the hospital approximately one week preceding definitive treatment; this was to complete diagnostic procedures and to enable the patient to be in the best possible condition before treatment was started. This was accomplished by bed rest, high protein diets and other agents which would be applied according to the individual needs of the patient. At this time, social service evaluation was made and casework services were offered.

Table 10. Hospital Admissions

Hospital Admissions	No. of Patients
One admission	4
Two admissions	7
Three admissions	1
Four admissions	2
Total	<u>14</u>

Table 11 indicates the number of visits to the out-patient department during the first six months of treatment. As is obvious in this table, there is a sharp rise and a gradual decline in the number of visits. Of the patients in this group, the one with the fewest clinic visits had the most hospital admissions and died during the fifth month of treatment. There were no other deaths during this period.

Table 11. Out-Patient Visits

Case No.	No. of Visits According to Month of Treatment						Total
	1	2	3	4	5	6	
X-1		2	2	1		1	6
X-2		2	3	3	1		9
X-3	3	1	3	1	3	1	12
X-4	1	3	1	2	1	1	9
X-5			3	3	2	1	9
X-6		2	1	1			4
X-7	1	1	2	2	1	1	8
X-8		3	2	1	1	1	8
X-9	1	2	3	2	1	1	10
X-10		2	1	2	1	1	7
X-11	1	6	4	1	1		13
X-12		1	3	2	2	2	10
X-13	3	1	2	1	1	1	9
X-14		2	2	1	1	1	7
Total	10	28	32	23	16	12	

CHAPTER IV

THE EMOTIONAL MEANING OF ILLNESS

It is possible to understand many of the emotional reactions of older people by considering the stresses of their late years of life and their effects upon the previously existing personality structure. One of the most common of these stresses is the fear of physical disability which affects their self-esteem and dependency feelings and defense mechanisms. In this chapter, the writer will focus her attention on the emotional factors, the existence of which causes serious problems for aged cancer patients. They show many anxieties and fears of suffering, pain, helplessness, and death.

The reactions of cancer patients from the onset of their symptoms through treatment differs individually according to previous life experiences and particular personality patterns. It is important to examine past major illnesses a patient may have had in order to evaluate characteristic emotional reactions and defenses, and attitudes towards acceptance of treatment which a patient shows in her present form of illness.

The patients in this study were given the opportunity to discuss freely their past illnesses. They thereby revealed their individual techniques of meeting sickness which gave insight to the writer as to what each patient wanted to know and what she wished to discuss or deny about her present physical condition.

Information regarding past illnesses was available from the medical and social service records. Of the fourteen patients included in this study, one had had a nervous breakdown, and seven had undergone surgery. Of these seven, one each had had surgery for cataracts, ulcers, veins, prolapsed uterus, gall bladder, ear drum and a thyroid condition. The remaining patients did not report any past major illnesses.

In addition to the present diagnosis of cancer, it was found that these patients suffered from other diseases concurrently. Four patients had diabetes. Five other patients reported one each of the following conditions: a cardiac condition, hypertension, ulcers, hay fever, and arthritis. Five patients denied the existence of any disease. In this older group, it is natural to find the presence of other diseases. The impairment of one or more functions is characteristic of the aging process in general.

The knowledge of the diagnosis of cancer, per se, can be a very meaningful and traumatic experience for the patient. There is general agreement by the medical profession that revelation of a patient's diagnosis is an individual matter. This decision is often based upon the assessment by the medical team of the emotional strengths and weaknesses of the particular patient and her ability to make the required reality adjustments in her total life situation. Focused interviewing of the families of patients in this area often proves to be very helpful in formulating the ultimate decision in this regard. It is the physician's responsibility to reveal a diag-

nosis if necessary.

As shown in Table 12, of the fourteen patients in this group, ten patients admitted knowing their diagnosis, two patients verbalized their unwillingness to know and the remaining two patients stated they were suffering from a tumor. Nine patients, in their social histories, indicated that members of their immediate family had died as a result of cancer. In this group of nine, six knew their diagnosis, one did not want to know and two patients explained their present illness as a tumor.

Table 12. Knowledge of Diagnosis

Knowledge of Diagnosis	No. of Patients
Knew diagnosis	10
Did not want to know	2
Felt it was a tumor	2
Total	<u>14</u>

In this study, the term delay refers to the lapse of time between the onset of symptoms and the first medical contact. There was a basic similarity of symptoms as presented by the patients. The major complaints among these were vaginal staining, hemorrhaging, and frequent urination. As noted in Table 13, the largest single category was those patients who delayed one month or less before seeking medical advice. In accordance with the patients' statements, it was indicated that only two

in this group sought medical advice immediately upon discovering abnormal symptoms. Of the two patients whose period of delay was unknown, each sought medical attention before their contact with the project, and one of the two patients had undergone surgery at a local hospital.

Table 13. Delay

Period of Delay	No. of Patients
One month	5
Two months	2
Three months	2
Over six months	1
No delay	2
Unknown	2
Total	<u>14</u>

The emotional reactions of patients to cancer and its treatment can be viewed through the specific behavior and emotional patterns exhibited and the individual adaptation made under the basic threat to survival and security. In this study, the writer felt there was evidence of five types of emotional reaction displayed by the patients. These were manifestations of anxiety, denial, identification, projection and guilt. The occurrence of these emotional reactions is indicated in Table 14.

Anxiety, which is a state of tension, was found in every patient throughout the entire course of treatment. Evidence of

anxiety was found in such statements as; "I can't sleep, I am so anxious about my illness," "I forget so easily," "Will this treatment help my condition?", etc.

Denial, in this context, is the refusal to acknowledge the existence or seriousness of the illness, based on the person's inability to face the reality of the situation. In this study, all of the fourteen patients exhibited denial in some degree. One patient expressed it by saying, "I figure he (referring to the doctor) would have told me if things were not alright." Another patient said, "I got it in time." This statement was evidence of denial in this context, but this would not necessarily follow in every instance.

Projection is the act of ascribing to another person one's own attitudes, emotions or feelings. As one patient put it, "People think you are unclean," which may have been primarily her own feelings about the illness.

Identification is the adoption or absorption into one's own personality of certain characteristics or qualities which another person possesses. It was evident in ten cases in the study as is shown in the following statements: "My two sisters died of cancer of the cervix," "My mother had the same symptoms and she died of cancer."

Guilt is used here as the feeling tone which existed in individuals when attributing blame or fault to themselves or to others. 1/ In the ten patients who showed evidence of guilt, each

1/Ruth D. Abrams and Jacob E. Finesinger, M.D., "Guilt Reactions in Patients With Cancer," Cancer (May, 1953), 6:475.

one gave a different cause for her illness. Among them were inheritance, over-exertion in the care of a sick person, some injury or fall, negligence on the part of the doctor, too frequent sexual experiences, delay due to vaginal examination, delay due to illness or death of a relative, and the patient's own negligence. Illustrations of guilt feelings are as follows: "I never abused myself," "I led a clean life," "I don't want others to know my condition."

Table 14. Emotional Reactions

Emotional Reactions	No. of Patients
Anxiety	14
Denial	14
Projection	3
Identification	10
Guilt	10

In those cases where there was an obvious delay, there was evidence of guilt, and in three instances, there was evidence of anxiety due to the financial situation. While the symptoms were recognized, and the patients did delay in seeking medical attention, there is evidence of denial of the illness, in the postponement of seeking concrete help. Those who were realistic about the illness did not delay in seeking treatment. The patient who delayed over six months stated that she did not want to know her diagnosis.

CHAPTER V

LEVEL OF ACTIVITY AND FAMILY RELATIONSHIPS

An important function of the medical team for cancer patients is concerned with concerted efforts to effect rehabilitation of these patients to the highest functioning level of activity consistent with individual capabilities.

As applied to the particular advanced age group under consideration in this study, rehabilitation efforts may be limited to assistance given to the patient to resume the very basic aspects of their former life activities. In its ultimate conception, the goal in such treatment plans is to effect an increase in self-confidence, self-respect, and positive realistic values and, in turn, minimize and eliminate the negative, depressive reactions. Patients are thus free to return to previous functions, to the extent of their physical abilities.

In this study, the level of activity refers to the amount of work which the patient was able to perform prior to the onset of her symptoms as compared with her ability for work performance at her sixth month evaluation. Of the patients in this group, nine were able to resume their former duties and responsibilities, ranging from light to heavy housework. In addition, two patients were gainfully employed and were able to resume work again. One patient, Mrs. E., a 67 year old widow, was employed as a housekeeper, caring for an eighty-year old man, and the twelve room house in which they resided. Her duties included carrying up

coal for the kitchen stove, tending the furnace, emptying ashes in addition to normal household tasks. At her sixth month checkup, she reported that she felt much better, and her general physical condition was improved. She reported "no symptoms." She had returned to work at this time, and was now doing the cooking, cleaning, dusting and general light household tasks. The other employed patient, Mrs. J., a 60 year old married woman, lived with her husband in a duplex house which they owned. Prior to her illness, she was employed full time as a stitcher and bench worker, in addition to performing her household duties. At her sixth month checkup, she was reported to be looking well and was able to do her own household duties, which consisted of cleaning, cooking and washing by machine, and she had returned to her job in the factory. The patient stated that she did "take life a little easier."

Of the other five patients studied, four stated that they were able to do less work. They were all housewives. One patient died in the fifth month of treatment, having been placed in a nursing home during this study. It was interesting to note that of all the patients who stated they were able to do less work, one was in the more advanced stage of the illness.

One of the most important rehabilitation measures for the cancer patient is the part played by the family in supplying a warm, supportive role as their contribution to the patient's valued life activities. This serves to dispel her feelings of rejection, inferiority, inadequacy, guilt, unacceptability to others, and resultant depression. If a patient can believe she

is accepted by her family, she has a better chance of believing herself to be acceptable to others. In each of the fourteen cases studied, the social service data recorded and described the family relationships as good. As has been previously pointed out in Table 7, eleven patients were living with members of their family. When the relatives of the patients had contact with the social worker, considerable tension and anxiety regarding the diagnosis and prognosis were noted in each instance. One patient, a widow, living with an adult married son, stated that her son's alcoholism had increased as a result of learning the diagnosis. Another patient's family constantly questioned the doctor and the social worker regarding the progress of her condition. They became so emotionally upset, transmitting so much anxiety to the patient, that it was necessary to place a part-time housekeeper in the home during the day while the son and daughter-in-law worked.

Four of the patients experienced changes in living arrangements as a result of the illness. Of this group, one patient, a widow, went to live with a married daughter during the course of treatment in order to facilitate transportation to the hospital. She returned to her own home following treatment. Another patient, who was living with her senile husband, went to live with her married daughter for the same purpose. Her husband remained at home and was cared for by a son who lived in another apartment in the same house. This patient also returned home following treatment. The third patient, who was living

with her husband, was placed in a nursing home during the third month of treatment, having found it necessary to sell her home in order to defray medical costs and expenses. The fourth patient who had been separated from her husband was reunited to him during the course of treatment.

Because of popular misconceptions about cancer, and its treatment, the social workers in this project made the effort to contact members of the patients' families as well as persons connected with convalescence and rehabilitation during the early days of the patients' hospitalization. Family co-operation proved to be of much value in helping patients to accept their illness and follow the prescribed course of treatment.

CHAPTER VI
CASEWORK SERVICES

Social casework is a process which enables an individual to achieve a better adjustment in personality and to his environment. The goal is to bolster the ego and help the person to balance the outer and inner forces, and thereby reduce the individual's emotional burdens.

With a diagnosis of cancer, patients are faced with many physical, environmental, social, economic and emotional stresses during the course of their illness. The nature of this illness and the radical procedures usually involved in adequate treatment contribute to the many varied social and emotional needs of these patients.

In this study, each patient was seen by the social worker in an attempt to relieve anxiety, help the patient to follow treatment recommended by the physician, and obtain optimum rehabilitation. Members of the family were also seen by the social worker. Casework services may be classified according to the following categories: environmental modification, psychological support, clarification, and insight development. For the purposes of this study, these terms will be used according to the definitions of Florence Hollis. ^{1/}

^{1/}Florence Hollis, "The Techniques of Casework," Journal of Social Casework (June, 1949), 30: 235-244.

Environmental modification refers to the steps which the social caseworker takes in an attempt to bring about a favorable change in the client's environment. ^{1/} Table 15 indicates the types of environmental services which were given to these patients. Of the fourteen patients in this group, seven were provided with transportation by Red Cross or in the form of taxi paid by project funds. One patient received taxi fares from the Old Age Assistance Department in her town; two refused assistance from the project and travelled by public conveyance; and the families of the remaining four patients provided transportation. It is interesting to note that four of the patients who received transportation from the project were on the higher income level. Transportation was available to all patients for the twofold purpose of insuring optimum physical health and psychological support.

Services of the Visiting Nurse were made available for one patient. This patient was in Stage III of the illness and was living with her senile husband.

Payments on two hospital bills were reduced through the intercession of the social worker. Two referrals were made to Public Welfare Agencies for financial assistance. Through project funds, housekeeping services were given to one patient who was living in the home of a married son and his wife who

^{1/}Ibid., p. 236.

were employed during the day. Of the fourteen cases, two had been referred for nursing home placement, and one patient did not accept the recommendation of the physician.

Table 15. Environmental Modification

Services	No. of Patients
Transportation	7
Visiting Nurse Services	1
Nursing home placement	1
Public Assistance referrals	2
Housekeeping services	1
Reduction of hospital bills	2

Psychological support aims to strengthen the ego, and this may be accomplished in the following ways: encouraging the client to talk freely and express feelings, understanding of the client's feelings and acceptance of her behavior, an indication of interest in the client, desire to help and improve the situation, confidence that the client is able to make decisions, and respect for the steps taken by the client when this warranted. ^{1/} Supportive therapy was used with every patient in this study, and with the families of ten patients. In the cases where there was no social service contact with family members, three lived out of state, and one patient was living with an elderly parent. It was felt that it was important to have a thorough understanding of the psycho-dynamics of emotional illness, and such an understanding would be used as the basis for selecting an appropriate

^{1/}Ibid., p. 237.

plan of treatment using supportive measures.

According to Miss Hollis, clarification is understanding by the client of himself, his environment, and/or people with whom he is associated. It is directed toward increasing the ego's ability to see external realities more clearly and understand the client's own emotions, attitudes and behavior. ^{1/} Clarification often accompanies psychological support. In this study, clarification was used with each patient and with the families of the ten patients who had contact with the social worker. In most instances, this technique was used to further explain some phase of the medical picture. In one instance, a patient expressed fear of contagion of the disease and questioned the fact that she did not have pains in her breasts which she felt she should have had with a diagnosis of cancer. The social worker clarified these misconceptions. In another case, a patient expressed much hostility toward the medical team for her dependent state. The social worker expressed her understanding of these feelings in the light of her personality structure and past experiences. It was pointed out to the patient that she was older and needed to receive care and have things done for her. The patient was able to accept this interpretation and followed treatment as was recommended. In this case, the patient was able to face reality through the assistance of the social worker.

^{1/}Ibid., p. 239.

Insight development, according to Miss Hollis, involves carrying understanding to a deeper level than that described in clarification. Sometimes conflicting feelings and emotions lead the individual to distort reality so seriously or react to it so inappropriately that understanding is impossible without the deeper perception of insight. ^{1/} As insight therapy deals with unconscious material, it is important to have access to psychiatric consultation. As this is not always available, insight through interpretation is seldom used in a casework setting and was not used in this study.

^{1/}Ibid., p. 241

CHAPTER VII
CONCLUSIONS AND INTERPRETATION

This study was undertaken in an attempt to examine the role of the social worker in the rehabilitation of the patient with a diagnosis of cancer of the cervix, and to study the emotional and social effects of cancer in regard to the rehabilitation of the patient. As stated in the introductory chapter, the following questions have been studied:

1. What is the meaning of this illness to the patient and how does she deal with it emotionally?
2. What is the extent of the disability and the extent of returning to the previous level of activity?
3. What is the effect of the illness on the course of the interpersonal relationships within the family?
4. What is the role of the social worker in the treatment of these cases?

This study revealed that each of the fourteen patients under consideration presented similar problems of social, emotional and economic nature. The nature of the illness and the treatment involved contribute to the social and emotional needs of patients with cancer. Every illness has a different meaning for each individual. To some patients, it may be a source of satisfaction, a release from the burdens of life, or a welcomed invitation to death, thus providing a negative experience. To

other patients, it may be a more positive experience, enabling a person to understand herself better or to strengthen family ties. In this study, one patient was reunited to her husband during the course of treatment.

The patients in this group were anxious and fearful throughout the course of treatment. Every patient chose to deny the illness and many patients identified their illness with that of a member of their family who had died of the same cause. Patients appeared to have a need for finding the cause of their illness, and some expressed guilt as they attributed the cause to themselves or to some other person. This guilt, which was found in ten patients, was sometimes a reason for them to deny their illness and delay in seeking treatment.

In this study, the two patients who were employed prior to the onset of their symptoms were able to return to their former employment. Only one patient was completely disabled and required nursing home placement during this period. Ten patients were able to return to their former level of activity. In summary, optimum rehabilitation was achieved in the majority of cases. Anxieties and fears regarding the diagnosis and treatment were not deterrents preventing patients from returning to their former activities. There appeared to be no correlation between what the patients acknowledged or denied regarding their diagnosis and the types of adjustments and levels of activity that they later achieved.

Adequate care and treatment for a cancer patient can be

affected by the patient's family responsibilities and by attitudes of members of the family towards the patient. In the group of fourteen patients in this study, the family relationships were described as good. This may have been a very positive factor in achieving optimum rehabilitation in these cases.

The study disclosed that the social worker, through the practice of generic and specific casework, plays an important part on the medical team. She is able to help the patient in accepting her illness, thus facilitating treatment measures. The social worker, by understanding the meaning of illness to the patient and her family, was in a position to offer the best services for rehabilitation of the patient. In this study, the social worker used environmental modification, clarification and supportive therapy.

One of the basic skills in the practice of casework involves establishing effective relationships with the patient and the family, thus accepting patients where they are, and allowing them the right to self-determination. It is important for the worker to have a knowledge and understanding of the implications of the illness.

From this study, it is seen that the role of the social worker carries many responsibilities, requiring ability to function skillfully in the teamwork approach and skill in dealing with both patients and their families, as well as consideration of the medical, social and emotional components of illness in working toward maximum adjustment.

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Katherine Spencer

APPENDIX

SCHEDULE

1. Identifying Social Data

Case number ____ City, town ____ Address ____
 Distance from hospital in miles ____
 Date of birth ____ Place of birth ____ Race ____
 Religion ____ Marital status ____ Date of marriage ____
 Children ____ Date of birth ____ Sex ____
 Whereabouts of children ____ Members in household ____
 Housing ____ Number of rooms and number of persons ____
 Comments of patient or social workers _____
 Occupation of patient ____ Education of patient ____
 Occupation of husband or other wage earners ____
 Other means of support ____
 Number in family dependent on income ____

2. Medical Data

Onset of symptoms and how discovered ____
 Date and description ____
 Date of first medical contact ____ With whom ____
 Date of first contact with the project ____ Stage ____
 Type of treatment ____
 Radiotherapy _____
 Medication for radiotherapy ____
 Surgical ____
 Dates of hospitalization ____
 Admission ____ Discharge ____
 Date of OPD visits ____ Type of treatment ____
 Other diseases present ____

3. Emotional Meaning of the Illness

Past major illnesses and the dates _____
 How handled _____

Major illnesses in the family or other significant
 figures _____
 Relationship and date _____
 Description of patient's reaction to this _____

Attitudes and feelings about present illness _____
 Understanding and reaction to initial symptoms and
 final diagnosis _____
 Feelings about seeking medical attention (including fears,
 hostility toward medical personnel, and so forth) _____
 Patient's reason for delay _____
 Description of defenses used:
 Manifestations of anxiety _____
 Evidence of guilt _____
 Evidence of denial _____
 Evidence of projection _____

Attitudes and feelings about treatment _____
 Patient's understanding about treatment procedure _____
 Description of patient's feelings about medical
 recommendations _____
 Fears _____
 Acceptance, etc. _____

Description of reality factors involved in patient's
 planning for treatment _____
 Cost _____
 Transportation _____

4 Impact of Illness on Family Relationships

Description of family relationships before and at onset of
 illness

Description of family's reaction to diagnosis (fears,
 acceptance, guilt, anticipated deprivation, etc.)

Description of reality problems posed to family by patient's
 absence and/or illness

Description of patient's feelings about separation from
 home; effect of her disability upon previous role in
 the family

Description of changes in family roles during and after
 illness

5. Level of Activity

Prior to symptoms

Work activities in the home

Work activities outside the home

At three-month check-up

Medical status

Nursing care required

At six-month check-up

Nursing care required

6. Case Work Services

Environmental modification

Transportation

Provision of nursing services

Housekeeping services

Other use of community resources

Psychological support

Clarification

Insight development

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