Social Connection: Strengthening the Social Bonds of Cancer Patients

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Abstract

This article is to look deeper into the social connections of cancer patients and how technology like video games can be used to help those diagnosed with cancer cope and overcome the diagnosis. Those who have been diagnosed often times find themselves facing countless treatments, and while they want to go out and be with friends they find it harder and harder to due to what the treatment takes out of them. With video games we can look at ways that they can connect them to other cancer patients and to also make them feel more connected to each other. Its with hopes that eventually the gaming industry will soon develop a network of games to allow these patients to interact and communicate with like minded and similar situations to those that they have, like stage of cancer, treatment, and how long they have been in treatment.

Keyword: VideoGames, Cancer treatments, Cancer patients, Social Gaming, Social Connections.
In today’s world, we are all connected through means of social media, cell phones, and online communities. One of the most popular online communities has been the online gaming community. These communities have shown to be very welcoming and supportive to people of all types and situations, coming together to play a game they all care about and forming connections along the way. However, something else that is growing in our country is the amount of cancer diagnoses. With these diagnoses we are also seeing younger adults and children as the ones who have the hardest time with processing the news. In a study by R.L Siegel in *Cancer statistics 2015* (2015), “Cancer is the second most common cause of death among children aged 1-14” (Siegel, 2015). I’m looking to show how the gaming industry can help these cancer patients cope and also adapt to not only the diagnosis but having someone to lean on and guide them through the treatment.

The growing concern in the modern era is how we are connected and what effect it has on us. Many people like to believe that gamers are antisocial and don’t have any friends. On the contrary, gamers have friends all over the world even. Results have shown in C.J Ferguson’s article title *Blazing Angels or Resident Evil?* (2010) that “social connections formed through such online games can be very deep and meaningful to those involved.” (p.77). Having made several of these connections myself, these connections, while not physical, definitely last, and in some cases last longer than connections made with people in person. There is a healthy disconnect that is found in online communications, and it is that there isn’t this constant view of what we are doing physically but where we are mentally. The connection is different when they aren’t following you around seeing everything that you do like some of your friends would but that they are there to talk to you when you need them.
Another major issue is the rise in cancer diagnosis. While cancer has always been a known issue for the last 4-5 decades it seems that more and more diagnoses are coming up and in younger patients. With this revelation it’s possible that at a younger age patients don’t exactly know how to handle such a diagnosis. Another way to overcome the social game might be that the patients need help from those who are having diagnosis than them as seen in the article *Social Comparison Activity under threat* (1989) by S.E Taylor and Lobel, that cancer patients “seek exposure to other patients who have overcome or adjusted to their threatening situation, and avoid exposure to those who are doing poorly.”(p. 571). This leads into an interesting subject of, if there is a way to connect the social increase from video games and use it to help those going through the difficulties of cancer treatment. This in itself brings in some questions. Do you want it to be a strict network of just patients or do you want to allow the outside world to be able to interact with them as well. A personal belief is that it would benefit more to be just patients only.

Several Patients could be considered for this experiment. One to focus on would just be younger adults and children as they are normally the target audience of games. These target groups will help the potential of getting similar pools of participants. It’s important to also consider doing a potential closed server session if possible so that we can see the potential research on how the patients react to playing with other patients going through similar treatments. Also seen in the same paper *Social Comparison Activity Under Threat* (1989) by S.E Taylor that “research on cancer patients consistently shows that cancer patients also evaluate their situation vis-a-vis less fortunate others” (p.570). This is critical to the participants chosen because it shows a direct correlation between levels of cancer patients. By levels it’s described
as the varying levels of diagnosis and stages that the cancer has hit not only to stage four but also in remission. Stage four being the worst level and remission being the best case scenario.

During assessment, many things are important to keep in mind. The first of many is about pre-existing exposure to certain video games. For instance, some patients may have pre-existing exposure to shooters or even just social gaming in general so they may have less trouble getting involved or not getting discouraged. Depending on the game there may be different variation of success. As seen in Lobel Granic and R.C.M.E Engels article The Benefits of Playing Video Games (2014) “In these virtual communities, decisions need to be made on the fly about who to trust, who to reject, and how to effectively lead a group… gamers learn social skills and prosocial behaviors… that translate to the real world” (p.73). This correlation to the real world is important because it is the basis of the study. Being able to make friends online and help bridge the social gap can help the patients. Through positive reinforcement and success as a team will begin to show signs of encouragement.

The next thing to look into is the length that the patients have been diagnosed. For instance a new diagnosis is less likely to feel like they need more social interaction while those who have a longer or more severe diagnosis may need more social interactions. Thompson, Rodenbaugh, Perez, and Schootman wrote in their combined paper title perceived social support change in patients with early stage breast cancer (2013), “One possible explanation for the decline in social support among the patients is that it represents a natural baseline level of social support after an initial boost in support following a breast cancer diagnosis” (p. 893). This could be because when we hear that someone close to us like a family member or friend has cancer we sympathize with them and what to show support. As the condition goes on and gets
better some days we tend to fall off on the support sometimes, not because we stopped caring but we just don’t vocalize our thoughts. Another contributing factor could be if any patients are faced with any physical disability. As found in G.M Williamson and R. Schulz Article titled *Activity Restriction mediates the Association between pain and Depressed Affects* (1995), “Among hospitalized cancer patients, Bukberg et al. (1984) found that the variable most strongly related to clinical depression was a degree of physical disability” (p.369). These factors can cause some problems if the patient is being compared to those who aren’t in the same condition or more depressed. The issue is that humans deal with different levels of shock and stress differently, many have learned through high stress work environments how to cope while others haven't had that experience.

**Method**

**Participants**

Patients from a North Texas children's hospital. The patients were selected with a multitude of factors, from stage one to stage 4 cancer patients, as well as patients in remission. Patients ranging in range from 10 - 30 were selected as to not corrupt potential date. This was chosen due to the idea that the younger ages are more open to video games while the older patients were not as interested. Patients were not paid and treated in accordance with the “Ethical Principle of psychologist and code of conduct”. (American Psychological association, 1992).

Participants (N= 128). This was decided on for a proper break up of a control and a variable group. With each game the patients played being the same as to get a more accurate result. Both groups (N=64) had similar ranging diagnosis. The control group was asked to play
like they would any time and to communicate with others as they would normally online. This group was set up on a worldwide server and were not limited to just other patients.

The variable group was given the similar task to the control group however they were only set up on a closed network system. This is not told to them so that they will talk to each other and get to know each other, thus helping build the bonds. The game destiny was selected due to several factors, first factor being that the core gameplay fits with the team objective mind set and requires players to communicate.

Procedure

Participants were given an hour and a half every day to play and communicating with the social group online and to write down how it went, how they felt about the game and how they felt working as a group. This was done every day for 2 weeks. Of course there are some things that cannot be accounted for. For instance you can never make someone be friends with each other. You also cannot make someone play a game if they don’t feel like it. However, besides these factors participants were required to play and communicate across both groups.

Future

I would like to see an expansion in games, from MMO (Massive Multiplayer Online Game) to Minecraft and even games like Grand Theft Auto, and Call of Duty. This is because they are more popular games and more likely to relieve stress do to their nature. It also opens the door to more potential patients and connections, some who play MMO’s aren’t always the same as though who play say Call of Duty or Minecraft. This also expands the age range.
In the proper environment and with the considerations that have been given then very hopefully the patients have been able to reach out and make more connections and maybe even have someone that they can reach out to and help both cope and relate too. A team made up of L. Padilla-Walker, S.M. Coyne, K. Collier, and M.G. Neilson in the article *Longitudinal Relations between prosocial television content and aggression*, “Prosocial behavior towards strangers is more strongly motivated by dispositional factors such as empathic concern” (p.1317). These connections and networks that they make are going to be the most beneficial to their social health.

All of these can be used to better understand the mind and mental thought process of the patients. Something that has interested me during my studies is if we can connect these patients with similar people, maybe we can actually do some good and help those who need it. If we could create a game specifically for these patients and use it in potential applications like at children's hospitals. The developers could create a network for patients to reach out and not only be surrounded by people of like mind and situation but not let these kids and patients feel as left out during treatment where they may not feel like going out with friends.
References


Appendix

Survey For Method Section:

1) What were your first thought about the team you played with today.

2) Do you find yourself feeling better after playing with the team.

3) On a scale of 1-10 how would you say you are feeling after the play session as compared to before the session.

4) Do you live close to any of the individuals on your team, (Same State, Same City)

5) Do you find that your teammates have any similar medical histories? (cancer diagnosis, Remission of cancer)

6) If given the opportunity would you play with these teammates again?

7) Did you find the style of game you were playing was beneficial to improving your mood?