CASE REPORT

Subjective wellbeing of an individual with a chronic illness: A case study

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ABSTRACT

Background: Having a chronic illness can upset a person’s life, which can further be explained in terms of its influence on the well-being of the individual. An individual with a chronic illness often has to deal with innumerable challenges and adapt to changes that the illness brings about, which further affects how they cognitively and emotionally evaluate their lives. It was felt necessary to understand from the perspective of a chronically ill individual the way they feel regarding the illness and cope with it from time to time. Aim: The aim was to develop an understanding of the subjective wellbeing and health management practices of a person undergoing a chronic illness. Method: It was a case study based on an in-depth, semi-structured interview. A questionnaire of Quality-of-Life Inventory was also administered on the participant. The case of the study was a male undergraduate student, aged 20 years suffering from Crohn’s disease. Results: The results from the QOL assessment show that the participant has an overall high level of life satisfaction. Data analysis through thematic analysis depicted various themes encompassing the challenges faced, precautionary measures taken, etc. The results suggest adopting sources of recreation, alternative practices and the importance of cultivating a positive outlook in health management practices. Application: The present study has contributed to our understanding of how individuals adapt to life after chronic illness.

Keywords: Chronic illness, subjective well-being, health management practices

INTRODUCTION

Subjective well-being: Subjective well-being refers to how people evaluate their lives - in terms of what they think and feel about it.[1] It is divided into two components broadly: Affective well-being (AWB) which refers to the extent an individual experiences positive emotion (e.g., feelings of happiness) and the absence of negative emotions (e.g., depressed mood). Cognitive well-being (CWB) refers to the evaluation of overall satisfaction in various aspects of one’s life.[2,1,3] To put it simply, a person's cognitive and affective assessments of his or her life are what constitute subjective well-being.[4]

The idea of subjective well-being fits within the "hedonic" worldview, which views happiness or well-being as primarily about maximizing pleasure and minimizing or avoiding pain. In contrast, from a "eudaimonic" viewpoint where one lives in harmony with their actual selves.[5] This viewpoint focuses on finding purpose in life and realizing one's potential, as well as the degree to which one does so.[6]

Access the Article Online

DOI: 10.29120/IJPSW.2022.v13.i1.553

Website: www.pswjournal.org

Quick Response Code

Chronic Illness and Quality of Life: By definition, a chronic illness is a long-lasting and possibly permanent event in a person's life. It is the personal experience of living with the affliction that often accompanies chronic disease.

The general well-being of people and society is known as quality of life (QOL), which describes both the good and bad aspects of existence. It tracks various factors that affect

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How to Cite the Article: Mahanta N, Sahu S. Subjective wellbeing of an individual with a chronic illness: A case study. Indian J Psychiatr Soc Work 2022;13(2):87-97.

life happiness, such as physical health, family, education, employment, wealth, religious convictions, finances, and the environment. One frequently distinguishes between the subjective and objective quality of life in quality-of-life studies. In terms of subjective quality of life, it's important to feel content and positive about life in general. Fulfilling societal and cultural aspirations for monetary prosperity, social status, and physical wellbeing is what it means to live a life of objective quality.

A person's life can be disrupted by a chronic illness, and this disruption can be understood in terms of how it affects quality of life (QoL).[7] Limitations reduce the positively reinforcing effects of engaging in worthwhile activities and emotions of personal control, and they can make it harder to get what you want or stay away from what you don't want.

In a study of 11,500 people aged 50 and older, it was discovered that chronic lung disease and stroke have the most negative effects on subjective well-being.[8] Additionally, a person's perceived well-being declines the more chronic diseases they have. A meta-analysis of the effectiveness of SWB treatments in changing levels of SWB was presented by a study, and several interventions seem to have had a positive impact.[9] In addition to improving people's quality of life, positive interventions offer health researchers the chance to empirically evaluate the relationship between SWB and health, both on their own and in combination with therapies that reduce negative emotions.

Scientific literature evaluations and meta-analyses have typically come to the conclusion that subjective well-being can be advantageous to health and longevity. Yet, since health can affect SWB, it might be difficult to distinguish between effects coming from different directions.

Rationale: Having a long-term, or chronic illness can have an either positive or negative impact in one’s life in many ways. One may often be tired and in pain which might not be visible to others. It can cause hindrances in personal life, work, and might also lead to financial problems. Chronic diseases or illnesses are uncomfortable and frequently interfere with daily activities and functioning. However, they may or may not require medical treatment. Many such conditions simply run their course and get better on their own. However, some form of medical intervention, over the counter or prescribed medications such as antibiotics, splints, casts, etc. may be necessary. There might be some who in spite of the struggles look into their condition in a positive manner. They try out alternatives, join support groups and are on the tip to live their lives to their fullest and accept their illnesses as a way of life.

Thus, it is important to understand from the perspective of chronically ill people the way they feel pain and deal with it from time to time and their coping strategies. It is also important to understand how they adapt to these changes, refrain from certain activities, and have a sense of awareness of what is good or bad for them. It is necessary to not view them as somewhat ill or disabled but acknowledge the fact that they are fighting every day to be healthy and lead a happy life.

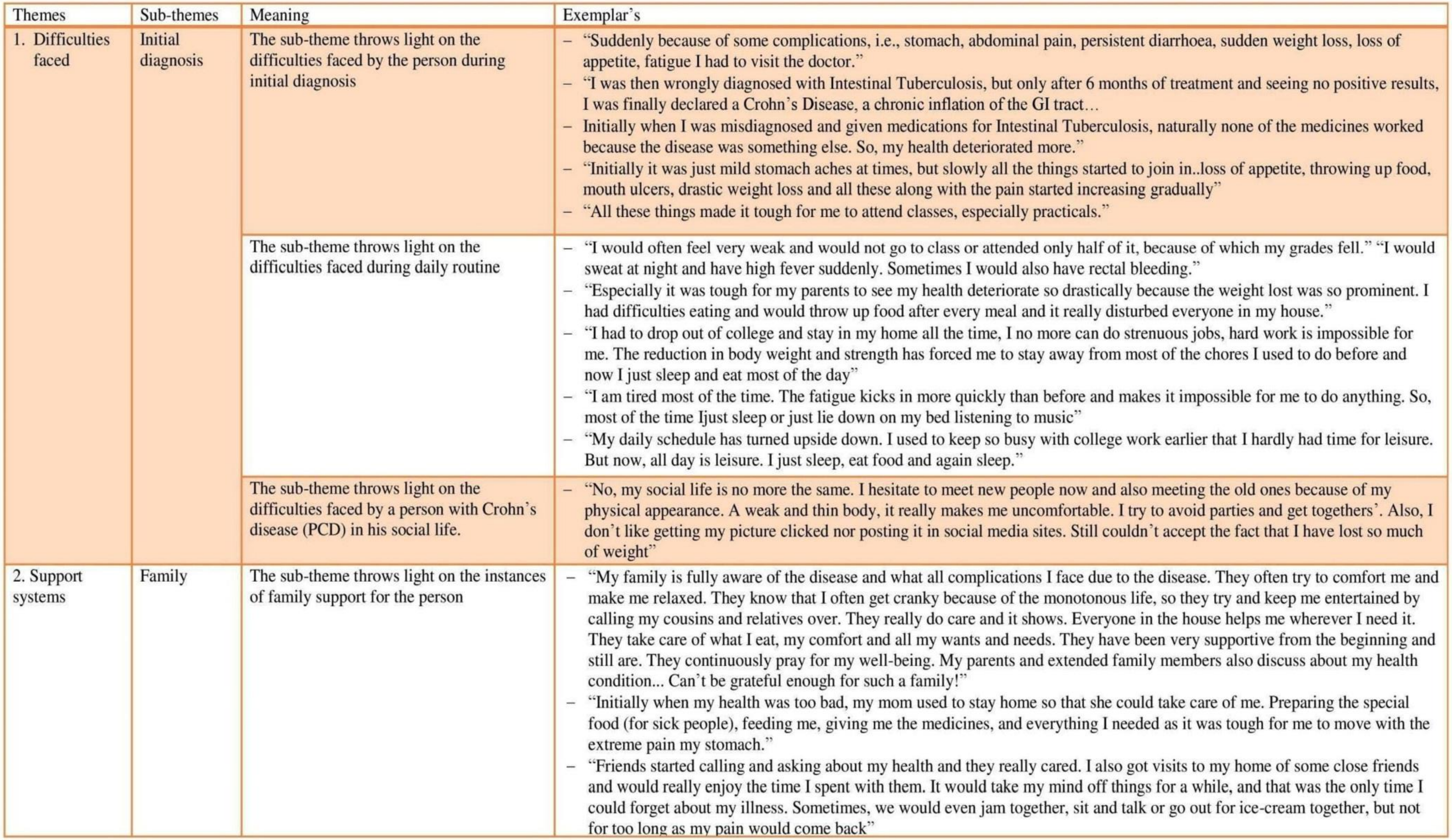
METHODOLOGY

The single-subject case study design was adopted. A semi-structured interview with open-ended was used following a set of themes to discover the subjective well-being and health management practices of a chronically ill individual. A quality-of-life inventory was also administered on the participant to collect quantitative data. Using self-reporting of the significance they place on 16 different life domains as well as their current contentment with each domain, it was used to evaluate the person's quality of life. Collated data was then analysed.

Case Introduction: The index case was 20-year-old, single, Hindu; currently pursuing his undergraduate course in Culinary Arts, from Manipal University. He belongs to a middle socio-economic status background hailing from Guwahati, Assam, and is a patient of Crohn’s disease.

RESULTS

RESULTS



Themes	Sub-themes	Meaning	Exemplar's
1. Difficulties faced	Initial diagnosis	The sub-theme throws light on the difficulties faced by the person during initial diagnosis	– "Suddenly because of some complications, i.e., stomach, abdominal pain, persistent diarrhoea, sudden weight loss, loss of appetite, fatigue I had to visit the doctor." – "I was then wrongly diagnosed with Intestinal Tuberculosis, but only after 6 months of treatment and seeing no positive results, I was finally declared a Crohn's Disease, a chronic inflation of the GI tract… – Initially when I was misdiagnosed and given medications for Intestinal Tuberculosis, naturally none of the medicines worked because the disease was something else. So, my health deteriorated more." – "Initially it was just mild stomach aches at times, but slowly all the things started to join in..loss of appetite, throwing up food, mouth ulcers, drastic weight loss and all these along with the pain started increasing gradually" – "All these things made it tough for me to attend classes, especially practicals."
		The sub-theme throws light on the difficulties faced during daily routine	– "I would often feel very weak and would not go to class or attended only half of it, because of which my grades fell." "I would sweat at night and have high fever suddenly. Sometimes I would also have rectal bleeding." – "Especially it was tough for my parents to see my health deteriorate so drastically because the weight lost was so prominent. I had difficulties eating and would throw up food after every meal and it really disturbed everyone in my house." – "I had to drop out of college and stay in my home all the time, I no more can do strenuous jobs, hard work is impossible for me. The reduction in body weight and strength has forced me to stay away from most of the chores I used to do before and now I just sleep and eat most of the day" – "I am tired most of the time. The fatigue kicks in more quickly than before and makes it impossible for me to do anything. So, most of the time Ijust sleep or just lie down on my bed listening to music" – "My daily schedule has turned upside down. I used to keep so busy with college work earlier that I hardly had time for leisure. But now, all day is leisure. I just sleep, eat food and again sleep."
		The sub-theme throws light on the difficulties faced by a person with Crohn's disease (PCD) in his social life.	– "No, my social life is no more the same. I hesitate to meet new people now and also meeting the old ones because of my physical appearance. A weak and thin body, it really makes me uncomfortable. I try to avoid parties and get togethers'. Also, I don't like getting my picture clicked nor posting it in social media sites. Still couldn't accept the fact that I have lost so much of weight"
2. Support systems	Family	The sub-theme throws light on the instances of family support for the person	– "My family is fully aware of the disease and what all complications I face due to the disease. They often try to comfort me and make me relaxed. They know that I often get cranky because of the monotonous life, so they try and keep me entertained by calling my cousins and relatives over. They really do care and it shows. Everyone in the house helps me wherever I need it. They take care of what I eat, my comfort and all my wants and needs. They have been very supportive from the beginning and still are. They continuously pray for my well-being. My parents and extended family members also discuss about my health condition... Can't be grateful enough for such a family!" – "Initially when my health was too bad, my mom used to stay home so that she could take care of me. Preparing the special food (for sick people), feeding me, giving me the medicines, and everything I needed as it was tough for me to move with the extreme pain my stomach." – "Friends started calling and asking about my health and they really cared. I also got visits to my home of some close friends and would really enjoy the time I spent with them. It would take my mind off things for a while, and that was the only time I could forget about my illness. Sometimes, we would even jam together, sit and talk or go out for ice-cream together, but not for too long as my pain would come back"

3. Precautions		The theme throws light on the precautions taken by a person with Crohn's disease to reduce its effects	– “I also have some food restrictions like Dairy, Tomatoes, too much carbohydrates, fried food and very spicy and oily food. I have to eat numerous times a day…around 5-6 times...so that my stomach is not empty” – “I can no longer have milk or other dairy products, no oily and spicy foods, also no food that forms gas in the stomach” – “I used to go to the gym before, but now I just can’t. Lifting weights is not my thing anymore. I stretch in the mornings but exercising is not what I can do anymore” – “I am tired most of the time. The fatigue kicks in more quickly than before and makes it impossible for me to do anything. My health does not allow me to be physically active that much. So, most of the time i have to just sleep or just lie down on my bed” – “The sleep cycle has increased drastically. Before, I used to sleep only for like 6-7 hours a day, now I’m supposed to sleep around 14-15 hours a day. Sleep is necessary for healing!” – “Currently I am under total rest and not working neither attending college” – “I visit the doctor every 2 months for routine check-up and some tests to be performed so that the disease can be kept under track”
4. Sources of recreation in life	Music	The sub-theme refers to music as a source of recreation for a person with Crohn’s disease.	– “Music is a great source of recreation in my life. I love music and keep listening to it. I also play the guitar so it’s an add on.” – “Music has played a great role throughout my life. It has been my guide, a friend to whom I look up to in my difficult time. If you love music, you will understand that it supports you like anything in every moment of your life, whether it’s a happy one or sad. I used to listen to slow melodic songs all the time which helped in soothing the pain from the disease. But sometimes hard rock music was all I needed to scream out the anger and pain from the disease, this only happened in extreme times when I would become very frustrated because of it. I also played some instrument, mostly the guitar and ukulele when I got too bored with everything. Also, I tried learning some new instruments like the drums and Dotara. Moreover, music has helped me a lot to get through this.
	Social media	The sub theme refers to social media as a source of recreation for a PCD.	“Social media like Facebook and Instagram also adds on to the list, it keeps me occupied at times and it’s nice to know what my friends are doing all over the place through these platforms”
	Pet dog	The sub-theme refers to the person’s pet dog as a source of recreation in his life.	“My pet dog, Barfi also acts as a great entertainment for me when I am home. He keeps me company every time and he is my best friend”
5. Alternative practices	Self Help techniques and usage of self-help books	The sub-theme refers to the tools of Law of Attraction that a person with Crohn’s disease engages in	“Mostly, as an alternative treatment I rely on the tools of Law of Attraction, i.e., Affirmations, subliminals and hypnosis. If you have read the book called, “The Secret” you will know what I am talking about. These are techniques by which you can make your subconscious mind believe anything you want. And they say, whatever your subconscious mind believes will definitely happen. So, I imagine myself to be perfectly healthy and fit”
6. Reflection of a positive outlook		This theme throws light on the amount of hope and optimism displayed by the person	– “Yes, there has been great improvement in my health condition. All the complications I used to have, is either gone or has minimized. I feel a lot better and energetic now. I feel I am almost there to hit remission this time and I hope I can continue with my regular life once again” – “I choose to ignore all apprehensions and think positively about the future, it makes life easy to live and also keeps you happy.” – “I would just like to say one thing, that just “Don’t give up”. Don’t give up on your body, don’t give up on your life. All these chronic diseases just make you stronger. Life is beautiful and enjoy it to the fullest, don’t care about some stupid disease. I know it’s hard, but you can do it. Just take care of yourself, take your meds on time and be regular, eventually everything will seem fine.” – “I also uploaded a before and after picture of myself on Facebook, after losing 24 kgs. I wanted to spread awareness about the deadly disease and its consequences. After posting it and opening my heart out, the post kind of made it easier for me to accept my condition, as I figured out that I’m not alone in this battle, there are a thousand more, like me, with Crohn's disease, we all need to come together, spread more awareness and feel good about each other, despite having a health condition.”

DISCUSSION

The purpose of this report was to develop an understanding of the subjective well-being and health management practices of a chronically ill person. It focused on the domains of idea of health, perception of health, precautions, alterations in life, lifestyle changes, work life balance, forms of recreation, awareness of family members, social life and future expectations. The research was based on one in-depth, semi structured interview of a student with Crohn’s disease which was recorded and then analysed using thematic analysis.

The various themes that emerged from the analysis were:

The first theme that was identified after exploring the data through thematic analysis was “Difficulties” which includes three sub-themes, namely, during initial diagnosis, daily routine and in social life. The first sub theme during initial analysis refers to the difficulties which the participant had to go through right after he was diagnosed with Crohn’s disease, while he was pursuing his undergraduate course in Culinary Arts, from Manipal University. The participant describes how he couldn’t attend classes, especially practicals, as he would often feel weak due to high fever, abdominal pain, persistent diarrhoea, constant vomiting, loss of appetite, sometimes even rectal bleeding because of which his grades fell. Some of the exemplars, “*Initially it was just mild stomach aches at times, but slowly all the things started to join if. Loss of appetite, throwing up food, mouth ulcers, drastic weight loss and all these along with the pain started increasing gradually”, “Then suddenly because of some complications, i.e. stomach, abdominal pain, persistent diarrhoea, sudden weight loss, loss of appetite, fatigue I had to visit the doctor.”, “All these things made it tough for me to attend classes, especially practicals.”, “I would often feel very weak and would not go to class or attended only half of it, because of which my grades fell.”* The participant also expresses how he had to go through an unfortunate event of misdiagnosis when he was wrongly diagnosed with Intestinal Tuberculosis , *“I was then wrongly diagnosed with Intestinal Tuberculosis, but only after 6 months of treatment and seeing no positive results, I was finally declared a Crohn’s Disease, a chronic inflation of the GI tract…Initially when I was misdiagnosed and given medications for Intestinal Tuberculosis, naturally none of the medicines worked because the disease was something else. So, my health deteriorated more.”*

Transmural inflammation in the digestive tract is a chronic immune-mediated disorder known as Crohn's disease (CD). Significant morbidity and a lower quality of life are linked to CD.[10,11] According to estimates, there are between 26 and 199 incidences of CD per 100,000 person-years in North America.[12] Inflammatory bowel diseases are a class of illnesses that are named after the physician Burrill B. Crohn, who along with colleagues Dr. Leon Ginzburg and Dr. Gordon D. Oppenheimer originally identified the illness in 1932. (IBD). With more than 10,200 new instances of IBD identified each year, an estimated 233,000 people living with the condition (including 5,900 children), and a projected cost to the Canadian economy of $2.8 billion annually, Canada has one of the highest rates of the disease.[13] We are in a time when it is more challenging for doctors to distinguish between intestinal tuberculosis (ITB) and Crohn's disease (CD) due to shifting epidemiology, and the morbidity and mortality resulting from a delayed or incorrect diagnosis is very high.[14] The goal of a study carried out by Zheng et al. in 2005 was to provide an overview of the present state of the disease and to better understand the incidence of Crohn's disease in mainland China. It was discovered that although the incidence and prevalence rates of Crohn's disease were still lower than those in Western and other Asian nations, the condition is now more widespread.[15]

The second sub-theme throws light on the difficulties faced during daily routine. The participant describes how he had lost weight drastically, and that it was difficult for his parents to see him like that as he would throw up after every meal and have constant stomach/abdominal pain. The participant expresses how he had had to drop out of college eventually, as he could no longer do strenuous jobs, and how the reduction in his body weight made him tired most of the time, because of which he sleeps most of the day. Some exemplars, “*Especially it was tough for my parents to see my health deteriorate so drastically because the weight lost was so prominent. I had difficulties eating and would* *throw up food after every meal and it really disturbed everyone in my house.", "I had to drop out of college and stay in my home all the time, I no more can-do strenuous jobs, hard work is impossible for me. The reduction in body weight and strength has forced me to stay away from most of the chores I used to do before and now I just sleep and eat most of the day", "I am tired most of the time. The fatigue kicks in more quickly than before and makes it impossible for me to do anything. So, most of the time I Just sleep or just lie down on my bed listening to music", "My daily schedule has turned upside down. I used to keep so busy with college work earlier that I hardly had time for leisure. But now, all day is leisure. I just sleep, eat food and again sleep."* Similarly, in the QOLI the participant has written '*recurring abdominal pain, fatigue, persistent bloody diarrhoea interferes with day-to-day life'* under the area of health which indicates how the symptoms act as a hindrance in his daily life.

Crohn's disease (CD) and ulcerative colitis (UC), the two most prevalent types of IBD, are chronic conditions that fluctuate between times of remission and flare-ups. Symptoms of these conditions include bloody diarrhoea, urgency, exhaustion, weight loss, and stomach discomfort. A person's health and well-being, including their social, emotional, and economic status, can be profoundly impacted by poorly controlled IBD. Many patients who get medical treatments achieve long-lasting, sustained remissions, which lowers their need for hospitalization and surgery and vastly enhances their general health and quality of life. IBD has a wide range of effects on patients' and their families' physical and emotional health, social wellbeing, and economic stability. While some patients saw outstanding initial therapeutic responses and sustained periods of remission, others had difficulty finding curative medicines.[13]

In order to better understand the unmet needs of IBD patients and their caregivers, Crohn's and Colitis Canada held the "Patient and Healthcare Professional Conference on the Burden of Disease in IBD" on April 30, 2012. Patients expressed the urgent need to develop best practices for navigating life transitions, address the particular challenges faced by children with IBD, and increase understanding of the struggles faced by people with IBD among both health care professionals and the general public through personal vignettes.[16] Healthcare professionals who sincerely wish to meet patient demands without risking their recovery or long-term health have a constant dilemma when it comes to accommodating requests for alternative or experimental treatments.[17]

The third sub-theme throws light on the difficulties the participant had to face in his social life. The participant describes that is social life is no longer the same, as he hesitates to meet old people and new ones because of his physical appearance. This could have an impact of social isolation on the participant as he would often feel like he is missing out on social events. The participant expresses that he doesn't like posting pictures on social platforms, nor getting his own photos clicked, due to his drastic weight loss. Some of the exemplars, "*No, my social life is no more the same. I hesitate to meet new people now and also meeting the old ones because of my physical appearance. A weak and thin body, it really makes me uncomfortable. I try to avoid parties and get togethers'. Also, I don't like getting my picture clicked nor posting it in social media sites. Still couldn't accept the fact that I have lost so much of weight".* Many CD patients choose to keep their condition a secret because they feel uncomfortable discussing their worries and anxiety. This veil of secrecy adds to the patient's burden and feeds the myth that CD is something the patient can control and can be cured by lowering stress, altering nutrition, and making other lifestyle changes.[13]

The second theme that emerged from the analysis was "Support systems" which include two sub themes namely, family and peer. The first sub-theme throws light on the instances of family support for the participant. The participant describes how his family has been supportive from the very beginning and how they try to comfort him and make him relaxed, by calling his cousins and relatives over to keep him entertained due to the monotonous routine as he would often get cranky sometimes. The following exemplars also indicates the support and love the participant got from his cousins and relatives. Some exemplars, "*My family is fully aware of the disease and what all complications I face due to the disease. They often try to comfort me and make me relaxed. They know that I often get cranky because of the monotonous life, so they try and keep me* *entertained by calling my cousins and relatives over. They really do care and it shows. Everyone in the house helps me wherever I need it. They take care of what I eat, my comfort and all my wants and needs. They have been very supportive from the beginning and still are. They continuously pray for my well-being. My parents and extended family members also discuss about my health condition... Can't be grateful enough for such a family!".* The participant expresses how his mother used to take leave from office, and take care of him, feed him, give him his medicines and everything else that the participant needed. The participant also expresses how his father has also been very supportive which indicates how supportive and caring the parents are for the participant. Some exemplars, "*Initially when my health was too bad, my mom used to stay home so that she could take care of me. Preparing the special food (for sick people), feeding me, giving me the medicines, and everything I needed as it was tough for me to move with the extreme pain my stomach."* The participant also expresses how his father has also been very supportive. Some exemplars, *"My father accompanies me to the doctor's chamber every time. He keeps track of my reports and also takes appointments for the doctor whenever needed."*

The second sub-theme throws light on the instances of peer support for the participant. The participant describes how his concerned friends started calling him up to enquire about his health and also visited him at his house and that he really enjoyed the time spent with them. The participant also expresses how his spending time with his friends also helped him to keep his mind off the health condition. Some exemplars, "*Friends started calling and asking about my health and they really cared. I also got visits to my home of some close friends and would really enjoy the time I spent with them. It would take my mind off things for a while, and that was the only time I could forget about my illness. Sometimes, we would even jam together, sit and talk or go out for ice-cream together, but not for too long as my pain would come back".* In the QOLI the participant has marked the importance of friends and relatives as extremely important and has marked a higher level of satisfaction with them. Peer support is extremely beneficial during the diagnosis process, when many patients with Crohn's disease feel entirely alone and unsupported, and close friends can help alleviate some of this isolation and anxiety.[13]

The third theme that emerged from the practical was, "Precautions" and it throws light on the precautions taken by the participant to reduce the effects of Crohn's disease. The participant describes the restrictions he has on food, and mentions that he has to eat around 5-6 times a day to keep his stomach full. Some exemplars, "*I also have some food restrictions like Dairy, Tomatoes, too much carbohydrates, fried food and very spicy and oily food. I have to eat numerous times a day..around 5-6 times...so that my stomach is not empty", "I can no longer have milk or other dairy products, No oily and spicy foods, also no food that forms gas in the stomach".* In terms of physical exercise, the participant expresses that his health condition does not allow him to be physically active so the participant mostly spends his time sleeping or lying down on his bed. Some exemplars, "*I used to go to the gym before, but now I just can't. Lifting weights is not my thing anymore. I stretch in the mornings but exercising is not what I can do anymore", "I am tired most of the time. The fatigue kicks in more quickly than before and makes it impossible for me to do anything. My health does not allow me to be physically active that much. So, most of the time I have to just sleep or just lie down on my bed".* With the recent London Olympics placing a renewed emphasis on sports, Crohn's and Colitis UK questioned its members to learn more about how IBD patients exercised in 2014. According to the poll, many people with IBD exercise regularly and report feeling better as a result. It did, however, identify a sizable proportion of respondents who claimed that IBD had a major negative influence on their capacity to engage in, enjoy, and gain from sporting activities.[18] To beat the fatigue, the participant's sleep cycle has also increased drastically. Some exemplars, "*The sleep cycle has increased drastically. Before, I used to sleep only for like 6-7 hours a day, now I'm supposed to sleep around 14-15 hours a day. Sleep is necessary for healing!".* The participant also expresses that he is under total rest and also visits his doctor every two months for a routine check-up so that the disease is kept under track. Some exemplars, "*Currently I am under total rest and not working neither* *attending college", "I visit the doctor every 2 months for routine check-up and some tests to be performed so that the disease can be kept under track".*

The fourth theme that emerged from the analysis was "Sources of recreation in life" which includes three sub-themes, namely music, social media, and pet dog. The first sub-theme throws light on music as a source of recreation for a person with Crohn's disease. The participant expresses how music has been both a guide and a friend for the participant in his difficult times, and how supportive it has been for him. Some exemplars, "*Music is a great source of recreation in my life. I love music and keep listening to it. I also play the guitar so it's an add on.", "Music has played a great role throughout my life. It has been my guide, a friend to whom I look up to in my difficult time. If you love music, you will understand that it supports you like anything in every moment of your life, whether it's a happy one or sad.*" Our elders prescribed simple old chant scales to treat chronic illnesses. These scales are strikingly comparable to human vocal patterns, indicating that the source of their healing power is something innately entire that is already present in each of us.[19,20] Our five senses—sight, hearing, smell, taste, and touch—allow us to perceive all of existence as a type of frequency; thus, our body uses specific frequencies to trigger behaviours and regulate our well-being.[21,22] Ancient civilizations thought the voice had particular mystical abilities and could cure by flitting between the temporal and spiritual planes.[23] Consequently, speech and spirituality were intricately linked in the continuing expression and satisfaction of the most fundamental needs and desires of the human condition. Vocalization may be utilized to directly affect one's mental, physical, and emotional health and acted as a bridge between realms.[24] The participant also goes on to express how music was a medium for him to vent out his emotions and how it helped to soothe and calm him down. Some exemplars, "*I used to listen to slow melodic songs all the time which helped in soothing the pain from the disease. But sometimes hard rock music was all I needed to scream out the anger and pain from the disease, this only happened in extreme times when I would become very frustrated because of it."* The participant mentions that he would play his guitar and ukulele to kill time and even learnt a few instruments after his diagnosis, and that music helped him to go through it. Some exemplars, "*I also played some instrument, mostly the guitar and ukulele when I got too bored with everything. Also, I tried learning some new instruments like the drums and Dotara. Moreover, music has helped me a lot to get through this."*

The second sub-theme that emerged from the analysis was "Social media" which throws light on social media as a source of recreation for the participant. The participant describes how social media platforms like Instagram, Facebook would keep him occupied at times. The participant also expresses that it was nice to see his friend's whereabouts on these platforms. Some exemplars, "*Social media like Facebook and Instagram also adds on to the list, it keeps me occupied at times and it's nice to know what my friends are doing all over the place through these platforms"*

The third sub-theme that emerged from the analysis was "Pet dog" which refers to the participant's pet dog as a source of recreation for his life. The participant expresses that his pet dog, Barfi also keeps him company all the time. Some exemplars, "*My pet dog, Barfi also acts as a great entertainment for me when I am home. He keeps me company every time and he is my best friend".* A study found that therapy dog visits in an outpatient setting significantly decreased pain and emotional distress in individuals with chronic pain. The study also discovered that having a therapy dog visit dramatically reduced patients' mental discomfort and feelings of wellbeing when their loved ones and friends accompanied them to doctor's appointments.[25] Depression and chronic illness often coexist. Animal Assisted Therapy (AAT) may provide healing and hope for patients, regardless of whether they are experiencing a terrible day due to a physical setback or are dealing with a more serious case of the blues. It has also been said that Sigmund Freud was the first to recognise the value of using animals in therapy. Freud was known for bringing his beloved chow-chow into his therapy sessions because he thought the pacifying influence of his own dog was especially beneficial with the youngsters he dealt with.[26]

The fifth theme that emerged from the analysis was “Alternative practices” which includes one sub theme namely self-help techniques and usage of self-help books. The sub-theme throws light on the tools of Law of Attraction that the participant engages in. The participant expresses that he relies on the tools of Law of Attraction which helps his subconscious mind to believe whatever he wants. The participant further mentions that he thinks of himself as a healthy boy, and that these techniques have helped him to come a long way from the health condition. Some exemplars, “*Mostly, as an alternative treatment I rely on the tools of Law of Attraction, i.e., Affirmations, subliminal and hypnosis. If you have read the book called, “The secret” you will know what I am talking about. These are techniques by which you can make your subconscious mind believe anything you want. And they say, whatever your subconscious mind believes will definitely happen. So, I imagine myself to be perfectly healthy and fit”.*

The sixth theme that emerged from the analysis was “Reflection of positive outlook” which throws light on the sense of hope and optimism displayed by the participant regarding his health condition. The participant believes that there have been great improvements in his health condition, that he feels a lot energetic and that he will hit remission this time. The participant also expresses hope to continue with his regular college life once again. Some exemplars, “*Yes there has been great improvement in my health condition. All the complications I used to have, is either gone or has minimized. I feel a lot better and energetic now. I feel I am almost there to hit remission this time and I hope I can continue with my regular life once again”, “I choose to ignore all apprehensions and think positively about the future, it makes life easy to live and also keeps you happy.*” On being asked advice for people with the similar health condition, the participant offers the following advice, “*I would just like to say one thing that just “Don’t give up”. Don’t give up on your body, don’t give up on your life. All these chronic diseases just make you stronger. Life is beautiful and enjoy it to the fullest, don’t care about some stupid disease. I know it’s hard, but you can do it. Just take care of yourself, take your meds on time and be regular, eventually everything will seem fine.”* The participant also displayed an immense amount of positivity, when he expresses that he had posted a photo of himself, after losing twenty-four kgs to spread awareness about Crohn’s disease which indicates that even though the participant struggles, he sees a positive side to it. Some exemplars, “*I also uploaded a before and after picture of myself on Facebook, after losing 24 kgs. I wanted to spread awareness about the deadly disease and its consequences. After posting it and opening my heart out, the post kind of made it easier for me to accept my condition, as I figured out that I’m not alone in this battle, there are a thousand more, like me, with Crohn's disease, we all need to come together, spread more awareness and feel good about each other, despite having a health condition.”* Women reported using a variety of coping mechanisms to help them deal with their diagnosis of IBD in a research study by Fletcher et al. in 2008, which had as its goal to explore the lived experiences of women diagnosed with the GI disorders of IBD and also focused on the coping mechanisms used by women. These coping mechanisms included a positive outlook, support, controlling the situation and surroundings, distraction/ignoring the problem, and relaxation.[27]

CONCLUSION

This paper was based on one in-depth, semi structured interview of a male participant with Crohn’s disease. The participant does not have any family members with the same health condition as it’s a rare chronic disease, and also had not heard about the disease before and had to research it when he was diagnosed initially. At first, all the research made the participant very apprehensive about his future as Crohn’s disease leads to colon cancer or other complications in the future, and had difficulty dealing with it and struggles with it even now, as his health condition had forced him to drop out of college and be under total rest. But the sources of recreation in his life, where he uses music as a medium to vent his emotions, and the self-help techniques he engages in has helped him to look at his health condition with a positive outlook. The participant describes how his parents have always been supportive from the very beginning and how they would make all ends meet to make him happy and comfort him. The participant’s cousins and friends are also very supportive and always come to his aid. The participant uses Instagram to keep a check on his friend's whereabouts, and stay in touch with them. He also mentions how his friends give him surprise visits every other day, and how they jam and make music together. The participant also mentions his pet dog Barfi, who follows him around all the time and gives him company. The participant also expresses that although he cannot go into the line of Culinary Arts anymore, as chefs have a maximum of 14-15 working hours, and his health condition will not allow him that, the participant plans to open up his own restaurant, and focus on providing people with healthy food. The optimistic nature is reflected in the participant as he accepts his health condition in a positive manner and chooses to ignore the apprehensions and think positively about his future as it keeps him happy, and also considers that this disease has made him more self-conscious about choices regarding self and health habits. The participant had an overall high score in QOL, which indicates that he has made his peace with his health condition accordingly.

Conflict of Interest: None

Source of Funding: None

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Submitted on: 30-03-2022

Revised on: 27-07-2022

Accepted on: 29-07-2022

Published on: 30-07-2022