Chapter 2
Review of Related Literature

2.1 Introduction

2.2 Studies related to the Life Event Stress of the employed and unemployed women.

2.3 Studies related to the social support of the employed and unemployed women.

2.4 Studies related to the physical and psychological health of the employed and unemployed women.

2.5 Studies related to Life Event Stress, Social Stress and psychological health with reference to profession of women


2.1 Introduction

A research is a careful critical inquiry or examination in seeking facts or principles, diligent investigation in order to ascertain something. It goes with the activities that involves of search i.e. the activities are undertaken to repeat a search. This process of repeating a search includes studying the research material or the already existing literature. Re-searching the literature gives direction to the investigation. As said ‘No research takes place in a vacuum’, means the literature principles serves as guidance. Hence the researcher gets guidance as to which variables to include and how to apply those variables while undertaking research. The previous principles of research also provide knowledge by going through the studies undertaken to gain some new information or to review the already existing principles. In doing this way, the repetitions could be avoided.

The present chapter aims to get a proper guidance regarding the variables that are under study, secondly to understand the relationship between the stressful life events, social support and the physical and psychological health of the women. With this in mind, several important studies have been mentioned.

The attempt is being made in the present study to know the relationship between the stressful events, social support and health of the women both working and housewives. It also aimed to study the effects of certain personal variables on stressful events, Social Support and health.

Today’s age besides being scientific and technological age, it is also the age of research. Each and every area needs to be researched upon or has given us scope for research. Research would be guided by studying its literature or material. No research takes place in a vaccum. The researcher gets same important guidelines by reviewing the researcher already searched upon. It gives guidance as to which projects to include and what types of variables to apply while undertaking research. A research is undertaken to gain same more information, knowledge and principles. Hence it becomes
important for any researcher to go through earlier studies so as to avoid repetitions too.

The existing literature also clarifies the concepts. It is also important to co-relate the concepts by reviewing the earlier studies. The researcher may able to study thoroughly and when proper guidance is achieved, one can get an idea what to include and what to neglect.

The aim of the present chapter therefore, is to observe the studies undertaken in the past. About finding the relationship between the life event stress, social support and physical and psychological health of the women (employed and unemployed).

The present age where women have almost some out of their homes and performing multiple roles, has given rise to lots of stress and affecting their health (physical and psychological). On the other hand the women who are performing their stereotype role that of being merely a housewife, are also being affected or not? In both the cases – whether working women or housewife who experience life event stress has effect on physical and psychological health? And whether social support has any effect on health? Researches are done on working women regarding the life events stress, social support and even on health concerns by both the medical professionals and psychologists.

In the present study the researcher had aimed to observe studies with the reference to relation between life event stress, social support and physical and psychological health of both the employed women and unemployed (housewife).
2.2 Studies regarding stressful life events:

Psychologists have been studying stress and stressors and its impact on psychological states and physical health for several decades. Initially researchers focused on stressful events themselves, called stressors. In today’s society, since more and more women are working outside their houses, it has led them to perform multiple role job related stress, anxiety, role conflict, overload etc. The effects of these is seen on health when her resources will probably be sufficient to deal with the event, she feels moderate amount of stress. But when her resources are not sufficient to cope up with stress or stressful events, then she experiences a great deal of stress. Stress then results from the process of appraising events which may be harmful, threatening or challenging and of responding to those events. To see how the researchers have arrived at our current understanding of stressful events, it is useful to consider some of the early contributions to this field.

Many studies have been conducted by the department of epidemiology and biostatistics, school of health science and nursing in the University of Tokyo, Japan (1994) to correlate stressful events and smoking. The study concluded that though the stressful life events, smoking and drinking did not differ between many patients, with graved disease, there were significant correlation between them especially in women. In the same year 1994, a study was conducted by Schwanzer and co-worker to examine the unemployment and social support on health among the East German refugee. In 1989, prior to the opening of the Berlin war, the researchers launched this study to examine the experiences of being a migrant / refugee in West Berlin and it completed in 1991. They were given scales on employment status as always jobless, job hunt, and never jobless. Ill health consisted physical symptoms, related to heart complaints, pains in limbs, stomach complaints. The results concluded that the stressful event (unemployment) and health are positively correlated and Social Support was a mediator. Ill health was greatest among the unemployed and who reported low Social Support. One study conducted by C.P. Khokhar and Manoj Kumar Chauhan to find the relation between emotional stress as contributing to several types of physical
and psychological symptoms. Stressful events suppress the immune system of the body. Among the psychosomatic disorders, asthma is causally related to emotional stress. C.P. Khokar & Seema Rani at the University of Gurukul Kangri, Hardwar studied mental health in relation to locus of control of divorced and marital adjusted women. Results showed significant difference on mental health in divorced woman and marital adjusted women.

Tharakan (1994) found that professional working women experienced greater stress than housewives. Kuch, Tung, Svent in their studies correlated stress with poor physical health. Malhotra (1996) reported that unreasonable performance pressure (stressors) and demanding life style of an executive women often cause health problems such as hypertension, migraine, High BP, Insomnia, Ulcers, Cardiovascular disease.

Job stressors (stressful events) increases tension (safer 1994) psychological strain (O’Driscoll & Beechr 1994) and leads to mental ill health, (Travers and Cooper 1993) physical symptoms and depression (Schaubroeck and co-workers 1992).

Studies have been conducted to know type of stressful events (sources) and its effects on health. Studies conducted at the University of Michigan by Carolyn J, Thompson and Eric L. Dey (1998) on the college and University faculty. It was designed to capture a variety of potential sources of Stress related to time constrains, home responsibilities governance, and promotion concerns. The results indicated that the time constrains were the main sources of stress.

Recent literature has documented on the adverse consequences associated with stressors and insufficient support between health behavior and alcohol consumption. (Head et al 2002). This is also true that Social Support serves a mediator to face stressful life events and to reduce ill effects on health of working women. There is extensive evidence that people with strong social networks and Social Support, live longer and enjoy better health than relatively isolated individuals. Uchino et al (1996) noted that high quality
of Social Support appears to have beneficial effects on aspects of the cardiovascular, endocrine and immune systems.

Kemoli, Particia and Wanfiria in their studies on Kenyan professional women regarding SS and role of stress found that there was significant correlation between the experience of stress and Social Support.

In the same line of investigation of correlating stress, social support and coping and the women professionals, Carol, Ann, Linda, Monica, Evans and Wortman, focused on a group of mothers, married women and professionals regarding their multiple roles and Social Support. The study revealed that majority of women perceived their husbands as engaging in each type of supportive behavior. 59% of women felt that their spouse supported each other’s career equally. Women who reported some inequality were more likely to say that they supported their husband’s career more than their husbands supported their career.

In the study conducted by Priscilla, Paul, Cherian (2002) revealed that certain stressors like sleep disturbances, anxiety were prominent factors responsible for the coronary artery diseases.

**Life event stress among the employed and unemployed women.**

Life events are those events in one’s life which demands much more capability on the part of women to cope up with. Women – since their roles are changing, has given rise to lots many events like having a nuclear family, loan – payments, job-tensions, and even changes in the life-style like going on a tour, picnic, and other entertainment activities which have become part and parcel of her life. Even the women who are merely housewives, the role of being modern women has added more tensions and stress. The transition of role of women itself has created events that demands extra effort on their part. Life events like separation, divorce, home – loans, engagements, marriage, etc. have been commonly found in today’s society. All these stress
producing events affects health adversely. Many psychologists and their studies reveal the fact that social support serves as a mediator that reduces the severity of stressful events and thereby reduces its effects on health.

Much of the research in this area deals with the psychological symptoms associated with stressors. The stressors are with which the symptoms are associated include, unemployment, divorce, home-loans, separation, extra marital relations, job-conflicts etc. and that effects such life event stress, are morally negative and may range from feelings of encasings to psychosomatic ailments to impaired work performance and finally to coronary heart diseases. (Marshall and cooper 1979).

A study was conducted by Schnauzer and co-workers in 1994 to know the effect of stressful vent (unemployment) and social support on health among the East German refugees. The study consisted 235 migrants who took part in three stages of data collection i.e. always jobless, job hunt, successful and never jobless. It found that relationship between stressful event (unemployment) and health was positive and social study was a mediator ill health was greatest in those who were unemployed, who reported low social support.

The studies conducted by the Department of Psychosomatic medicines, Department of Epidemiology and Biostatistics and school of Health sciences and Nursing at the University of Japan (Tokyo) was to correlate stressful life events with smoking.

As started by Lazarus and Folkman regarding the relationship between the life-events and social support; “it can help to prevent stress due to events, i.e. by making harmful and threatening experiences been less consequential, or provide valuable resources when stressful event does occur”. Thus social support serves as a buffer in facing stressful events.

Long Woolfell, and Light (185) found that depression increased as the importance and undesirability of a major life event also increased in the
subjects. But they all found that the amount of depression diminished as social support increased when people had strong ties with the subjects.

Pearlin and Lieberman (1997) found that when stressful life events were relatively infrequent or minor, married and unmarried women had similar level of depression.

Maddi and Kobasa developed several reservations about the clustering of life events research and conclusions based on it. They noted that even though findings consistently were reported showing correlation between life-event scores and illness, the corrections usually were not very strong. They also questioned the recommendations that emerged from the early studies on life events that change ought to be avoided on at least minimized?

Many popular accounts of researchers advise people to avoid the stressful life events if they want to stay healthy. But the question is how far such advices are desirable or realistic? Many such researchers connecting the stressful events and health issues have ignored the individual differences in perceptions to stressful events. We are all poor victims of our events, and when stressful life events mount, we are all at risk.

Studies by Kahn, Kobasa and Maddi, and many others on 259 women executives having a high life event score showed that there in increased in severity of illnesses when the life-events were more and frequent. Well being and social networks of women using the data of 235 married female nurses. The results showed that measures and means of social support were positively connected with the health of the nurses.

Article appeared in the Journal of Occupational Behavior – a study conducted on 64 employed South African mothers regarding interrelationship between conflict with spouse, support and marital functioning. Finding suggested that spouse support may moderate the negative effects of inter role conflict on marital satisfaction and verbal communication.
Studies have been also conducted in Rajasthan on Indian women regarding the Marital adjustment and subjective well-being. In India educated housewives and working women revealed that marital adjustment and subjective well-being of the employed women were better than those of housewives. Women working outside their homes reported good general health, life satisfaction and self-esteem and lower scores on insecurity, and anxiety.

Findings by Evans and co-worker (2000) regarding the effects of stressful events which are more acute have given mixed results. Some events were more stressful while few less stressful had fewer effects on illness. Similarly Segerstrom and Miller (2004) noted that subjective reports of stressful life events are not usually associated with immune system.

Miller and Cohen (2001) reviewed 85 studies with rather disappointing conclusions.

Hammen, Marks and Mayol and DeMayo (1996) found that negative life events affecting personal relationships were stronger predictors of depression among working women for when depending relationships were important where as setbacks in the achievement domain rendered the more autonomous women more vulnerable to depression.

Researches have also been conducted to associate the long term stressful events with immune responses. Herbert and Cohen found that exposure to a long term stressful event was significantly related to poorer immune functioning, Researcher, conducted in India regarding the stressful events and illness link. A study conducted by Navdeep Kaur and Hardeep Lal Joshi (2010) regarding the coronary heart disease, prone behavior patterns, stressful life events and subjective well-being of 56 women who had coronary heart disease. The results showed that stressful life events were significantly related to health. The CHD patients who had been the victim of stressful life events for life time period were more pessimistic. Stressful life events experienced within one year was negatively correlated with general well-
being. The patients (women) who experienced stressful life events for short time reported that their lives were smooth and joyful.

The article published in the Journal of Personality (1993) titled. “Personal and environmental factors contributing to parenting stress among employed and housewives” concluded that there was no difference in child’s health and sleeping or eating patterns among the employed mother’s children. It means the level of parenting stress is not related to employment status alone.

Thus all the studies conducted regarding the stress illness link have studied the physiological effects of stressful events. Still the research in the recent years has examined the effects of stressful life events on specific health related behaviors and more general behavioral changes. Similarly in the recent years since women have entered into the arena of job, more studies are conducted regarding the relationship stressful events and illness were especially on the working women. Being ill, itself is a stressful event. In this case, then the stress following illness has implications for the working women. It is also true that line of researches in the area of effects of stressors have talked about support which serves as a mediator to cope up with stressful events.

2.3 Studies on Social Support of Women:

Social ties and social relationships with others have long been regarded as emotionally satisfying aspects of life. Women are more affiitive than men, hence, social ties can mute the effects of stressful events, helps women to cope up with it, and reduce the likelihood that stress will had to poor health. (Sarasan, Sarason and Gaurung 1997) What exactly are the benefits that Social Support provide? Researches demonstrate that SS effectively reduces psychological distress, depression, anxiety among women during the experience of stressful events. A considerable body of research focuses on the mental health being affected by the Social Support among the working women. Social Scientists have noted that women who have very low socio-
economic status often utilize social networks that provides them protection and survival in dense and depressed communities. Studies on women with low socio economic status suggested that the bounded solidarity of kinship networks decreases chances of women to pursue for economic mobility by creating stressful obligations for reciprocity. Studies conducted on Social Support among the black women at the University Of Nebraska by Lesa A Johnson in 2010 focused on the role of Social Support on mental health.

A study of residents near the site of the Three Miles Island nuclear accident on 1979 (by Fleming, Baum, Gabriel and Gatchel 1982) revealed that women with high levels of Social Support felt less distressed than did women with low levels of Social Support.

Studies conducted by Haines, Hulbert and Beggs(1996), and Lin Ye &Ensel in (1999) found that Social Support alleviates psychological distress among working women.

A study conducted by Dunkel, Schelter and Wortman(1981) on the victims of sudden severe uncontrollable events like recently widowed revealed that SS plays a vital role to reduce the severity of such stressful events.

Krischbaum and co-workers (1995) studies concluded that when women perform stressful events in the presence of a partner, especially their male partner; they sometimes appear to be more stressful tasks alone. It also revealed that SS lessens cardiovascular and cortisol responses to short term stressful events. Women who had high level of Social Support have fewer complaints during pregnancy and childbirth as N.L. Collins, DunkelSchetter and Lobelreports, these women are less susceptible to herpes attacks, show better adjustment to coronary artery disease.

Studies conducted by Singh, PoonamArora and Meenakshi (1998) regarding the stressful events and SS among the Indian nurses suggested that there is significant correlation between stressful events and SS. It revealed that these women experienced less role stress, less overload of
work and faced the stressful events in better ways as compared to nurses who had no support or had less support.

A study was conducted by Bonnerman, Elizabeth and Diana to find the relationship between SS interactional style and occupational stress and strain among police officers. It revealed that high level of SS is positively related to reduce fatigue, stress level and increases level of achievement and job satisfaction.

Henderson, Linda Joan studied on Social Support as a response to life events in Canada (2000). The study was to check whether an individual tries to seek support while facing stressful life events. The study clearly indicated that Social Support is directly related to life event stress. I.e. whenever people faced any stressful event in their life, they were directed towards support. Earlier studies in the same line were conducted by Savage, Julie Sarhan (1986) aimed to find whether social support and personality hardiness serve as a mediator during stressful life events. The study included teachers, administrators, and business women employed in different occupations. The results when classified into the social support received from friends, family and colleagues, revealed that as compared to friends and colleagues, social support received from family had a positive influence on mental happiness. It also revealed that as compared to unmarried women, the married women received more support from close friends and showed less symptoms of illness. The business women received greater support than librarian or women at lower class job. Women at permanent job received greater support as compared to those on temporary jobs.

Sheridow, Paula Mangum (1997) investigated the strength of working mothers the social support received by them, the role strain and the sense of coherence. These mothers had pre-primary school going children. The study consisted of the mothers with respect to education and socio economic status. It revealed that the mothers who received higher level of social support were having higher educational qualifications and had higher posts on job and were
from higher middle class. The social support had positive correlation with sense of coherence.

An investigation was made by Mitchell, Margret, Lueretia (1991) regarding the relationship between perceived social support, satisfaction and depression among female caregivers (who looked after the old people). The results revealed that the perceived social support and satisfaction were related to depression i.e. There were more chances of these caregivers to develop symptoms of depression in case when they did not receive social support and their satisfaction level. When the satisfaction was less, more depression symptoms were seen.

The study conducted by Garner, Greens and Thompson aimed to find the relation between relational support, role saline and job stress in working women. The study concluded that income of the working women was directly associated with occupational stress and anxiety. Income also affects the relational support. C.P Khokar and Seema Rani at the University Of GurukulKangri, Haridwar studied mental health in relation to focus of control of divorced and marital adjusted women. Results showed significant difference on mental health in divorced women and marital adjusted women.

In one of the investigation, Aly and Aly and Abadal Salam, found that there was positive correlation between the support received from home and the behaviour and mental conditions of the working women. Women who received lower level of support showed higher score on stress and that affected their work efficiency.

The frontier of social support research is to identify the bio psychosocial pathway by which social support exerts beneficial or health comprising effects. Although social support has an impact on health independent of any influence on health habits, it also appears to affect health directly. A.J. Christensen et. al. 1992 reports that people with high levels of SS are typically more adherent to their medication regiments, they are more
likely to use health services especially when the support network is positively inclined towards those services.

Studies conducted by chambers, Linden, Maurice ad Lenz (1993) found that Social support was associated with lower systolic blood pressure in working women, especially when these women go through stressful workday.

McDowell, Victoria and Jeanne studied the role of social support and preferred employment status in the mental health of mothers in urban and rural areas. The results stated that the urban women who preferred employment were more happy, prosperous and were mentally healthy. The working women received support and their mental health was better than non working women.

Studies conducted by Hampton and Karen were to correlate self-esteem, economic strain and Social Support among women. It showed that women who had more economic strain, experienced more stressors were hardly in need of any support or guidance. Whereas those who received less support showed negative feelings and were not satisfied, this gave a very less score on self-esteem.

A longitudinal study was conducted by Schawarger and co-workers (1994) regarding the ill health among German refugees. It showed that within always jobless group, those who received high social support reported fewer physical symptoms than those who received lower level of social support. In addition to this, those who were unemployed and reported having received less social support, were having ill health.

Studies conducted by D. Januna P.V. Ramamurti in Andra Pradesh aimed to find the relation between life event stress and social support as modifiers of adjustment to bereavement in older adults. Results indicated that in the widowed sample, health remained quite stable but depression increased sharply. Health was a function of pre bereavement health, new interests;
financial pressure and life events had strong effect in the widowed sample than in the comparison sample.

The study of Rosenbaum and Cohen (1999) revealed that women who had at least one resource (spousal support or resourcefulness) were less distressed than women who did not have either of these resources. Lack of spousal support was assumed to be stressful because it might have indicated to the women that they did not fulfill what is expected by them as good mothers and wives. Studies conducted by Diane Robinson Brown and Lawrence E. Garyl at Howard University on Social Support network differentials among married and unmarried Black females indicated that having a spouse had little influence on the number of socially supportive relationships or the most important sources of assistance with financial problems. A marital partner is a source of emotional support for married females.

Hynes and coworkers (1980) carried out a study to examine the interrelationship between perceived control and social study and their effects on the stress illness link. They examined the prevalence of coronary heart disease in women and compared this prevalence between working and non-working women. The results showed that the working women were not more likely to have coronary heart disease than non-working women. Within the group of working women those who showed low work support were also more likely to have coronary heart disease the results also showed that a higher number of children increases the risk of heart diseases.

This increase in number of children and increase in coronary heart diseases was not found in non-working women.

Studies conducted by RotheeramBaous and Co-workers (1996) on HIV positive patients revealed that social connections were found to be supportive as when family, friends and romantic partners were ready to help and provide support. In the same line of studies it was found that the larger the size of social networks, the faster the early progression of HIV.
Uchino and co-workers noted that high quality of social support appears to have beneficial effects on aspects of the cardiovascular, endocrine and immune system.

Niedhammer and Chea (2003) suggested that high level of social support within the workplace contribute to enhance physical health and high rating of job satisfaction.

De Jonge and co-workers (2001) studies found that social support moderates the negative import of occupational stress and effects on health outcomes.

Evans and Steptoe (2001) in their field study on workplace social support and heart rate. The study took place for over a period involving 3 work days and 2 leisure days. It showed a very low level of workplace social support on with elevated heart rate on work days.

Greenglass and Burke (1986) mentioned that social support has been negatively related with burnout in women but not in men. Burke also suggested that the tendency of women to utilize social study is more effective than men, it due to traditional female role and request for help which females would readily do.

The study published in Journal of Personality and social Psychology titled as: Type A. Behavior in employed women – its relation to work, social study, stress, tension and health. Suggested that Type A behavior was related to both stress and tension for the married women only. Social support from various sources was not related to Type A or B behavior. Stress and tension were more for those who reported that they had many sources of support.

2.4 Studies on Physical and Psychological health of women:

In every part of the world, the role of women is changing with the rapidly changing family norms, customs, traditions and values. The women
whose mental health is good is better able to understand the changeable phenomenon of modern scientific age and she can undertake and face the strains and stressors. Able to withstand the stressful life event which has become a part and parcel of her life. But the women whose mental health is faulty will not be able to handle the events and its consequences just as a physically healthy person can stand exposure or recover from infections more readily in comparison to unhealthy woman.

One of the earliest contributors in the field of stress and stressful events were the researchers conducted by Walter Cannon and Hans Selye who explored the effects of sex hormones on physiological functioning. In any stressful experiences, the physiological patterns that are seen i.e. enlarged, adrenal cortex, shrinking of the thymes and lymph glands, ulceration of the stomach etc. In response to stressful events, one often experience the effects of sudden elevations of circulating catecholamine’s that in certain respects do not serve the purpose for which they were originally intended. Continuous experience or frequent experience of stressful events leads to prolonged cortical secretion related to destruction of neurons in hippocampus. The experience of stressful events does affect the physical as well as mental health of the individual.

Studies conducted to correlate the stressful events affecting the physical and mental health by Linden and Paul (2000). It was regarding the recovery processes followed by stressful events, in particular, the inability to recover quickly from a stressful events, may be a marker for cumulative damage that stressful event had caused. The stressful circumstances lead to cumulative damage to the organism. Repeated stressful events cost, chronic exposure to heightened neural or neuroendocrine response. These includes decrees in cell mediated immunity inability to shut off cortical in response to stressful events, lowered heart rate variability, elevated epinephrine level, a high waist to hip ratio, volume of the hippocampus, memory, high plasma fibrinogen and elevated BP.
Bhattacharya and Bhatt (1983) compared family adjustment of 76 Gujarati speaking middle class married working women and 70 non-working women. The study hypothesized that the dual role burden of employed women contributed to differences in familial adjustment, neuroticism and psychological conflicts between the two groups of women. The results showed that the married working women were better adjusted, more stable and experienced less psychological conflicts as compared to non-employed married women.

Singh and Bawa (1996) reported that working women, especially nurses were better adjusted to their health problems as compared to clerks. The study also revealed that working women were better adjusted at home than non-working women and non-working women were better adjusted to their emotional problems.

Richardson, Burke, and Mikkelsen (1999) studies indicated that women who experienced high role conflict and had frequently experienced stressful events reported poor health and had little life satisfaction. Farhan (1999) also conducted studies regarding the health problems of working women. The possible negative health consequences reported in the literature included stress related disorders, lowered immunity to disease cardiovascular reactivity.

Dooisserer&Wannce (2000) studied the employment status and wellbeing of their employed mothers followed by child birth. It revealed that higher level of marital, job itself and home making were related to better psychological well-being. The attitude towards employment and Social Support were not associated with wellbeing. The findings also showed that multiple roles do not affect the well-being of these mothers. The family income and timings of return of work after childbirth contributes to their wellbeing.

Sangeeta and Sahn (2003) on their study of 120 employed and 120 unemployed women indicated that employed women had higher self-
efficiency as compared to unemployed women. The study revealed a strong association between self-efficiency and psychological wellbeing.

Becker and Monen (2002) and Peake & Harris (2002) showed that women’s experience of conflict between the work and family (household work) was more problematic for the employed women than unemployed women. The employed women felt more responsible for family commitments and home tasks.

The study conducted by Sharma Yadav & Yadav in 2001 correlated the stressors related to job and the physical and psychological health of the employed and unemployed worker aged 25-35 years. It revealed that age and job stressors had no significant effect on physical and psychological health of both the employed and unemployed women.

Lundberg and Parr (2000) concluded that work load (stressors) and physiological stress responses are directly related to the health of the working women. The working women had to face greater stress problems than working men and the health of the working women was more affected than men.

Araron Antonsovsky’s observations regarding one third of Isare. Females in the camps as survivors were very much striking. These female survivors’ had reasonably good emotional health inspite of unimaginable horrors of the camp. He devoted nearly 3 decades to the study of who stays well, even while facing severe adversity and stressful life events. Studies that have considered that the subsequent occurrence of oil forms of cancer following periods of stressful events have given mixed results. The most impressive study by Kvikstad (1995) involved over 14,000 women in Norway found no increased risk of reoccurrence or death of those who had lost a spouse or had been divorced. Petticrow (2002) concluded that there were few indications of significant associations between stressful events and cancer.
McGee (1999) notes that speculation about stressful life events as a cause of breast cancer may be found in medical opinion at last as far back as 1893.

In a recent review, Duijts (2003) confirmed that there was a significant albeit modest association of breast cancer with the death of a spouse as severe most life event.

Fox Studies also mentioned that breast cancer and loss of spouse are both relatively common among women over 60.

Graham and co-workers (2002) in their 25 years of follow up of 170 women patients who had received surgery for breast cancer and found no evidence of a relationship between stressful events and increased risk of relapse.

Many researches were carried out by Cohen and Williamson to correlate stressful events and exposure to viruses. The subjects were more likely to catch virus with high level of stressful events than those who catch viruses biologically.

Among the Indian researches and studies conducted by Dr. Pushpa Parmar, regarding the mental health and problems of adjustments faced by employed and unemployed women (2008) suggests that Indian women are facing constant mental tension, worry, less freedom from husband and family, living traditionally, helping husbands, having clashes over money matters, clashes due to husband’s suspicious nature etc. Study also suggests that both the employed and unemployed women are facing same problems which affect their mental health. Studies conducted by Vikas Sethi and John Dickson in U.S.A on psychological well-being and social support on women selected from different organizations whose was 25-35 years. The study revealed that those females who felt happy with social support were able to face various types of stressors in life and social support greatly influenced the well-being.
Studies conducted by Centre for Social Research New York on the Health and Health care of the employed and home makers. Result suggest that better health was associated with deserved positive roles and positive events i.e. marriage and parenthood. Worse health was associated with negative events like role expansion, child disability, sick spouse and marital separation.

Studies conducted by the School of education and social Policy on the well-being and social networks of women carting the data of 235 married female nurses. The results showed that measures and means of social study were positively correlated with the health of the nurses.

Article appeared in the Journal of Occupational Behavior a study conducted on 64 employed South African mothers regarding Inter role conflict, spouse support and marital functioning findings suggested that spouse support may moderate the negative effects of inter role conflict on marital satisfaction and verbal communication.

Studies conducted in Rajasthan – India regarding the Marital adjustment and subjective well-being, in India educated housewives and working women revealed that marital adjustment and subjective well-being of the employed women were better than those of housewives. Women working outside their homes reported good general healthy life satisfaction and self-esteem and lower scores on insecurity and anxiety.

2.5 Studies related to Life Event Stress, Social Stress and psychological health with reference to different types of occupation into which women are involved:

Occupation has become a necessity in modern necessity in modern life. Each f the third women in the society are found to be involved in any type of occupation. Each housewife is found to be doing some work as a means of earning. Searching job and making it a profession itself is stressful. The type of occupation does have impact on the health of majority of the women now-
a-days whether working as a teacher, as a clerk, as a manager, a course coordinator, a consultant, a counselor, a nurse, as an LIC agent or in the income tax department. Studies have been conducted on college teachers, school teachers, bank employees not specifically with reference to the effect of each profession but generally how the physical and psychological health is affected when women are involved into job and job stress.

A study conducted by Manju Sharma regarding job stress and mental health of the school teachers in Gaya town (Bihar) showed that job stress significantly correlated with health. These schools teachers showed high job stress and had very poor coping skills which are responsible for poor mental and physical health.

A study conducted by Sandeep Kumar, Lalit Kumar, Mishra and A.P. Singh in Banaras Hindu University (Varanasi) regarding the job-involvement and health of the women who worked in underground mines. The results showed that there was significant difference in pre and post task stress level in motivation thinking style, neuroticism.

Studies conducted by Carolyn J. Thompson and Eric L.Dey at the University of Michigan (1998) was to find out the main stressors of African American College and University faculty. The results indicated that most common sources of stress (stressors) were time constraints while less stress was experienced in areas like governance and home responsibilities.

Ying Bing Yip in 2001 in Hong Kong (China) conducted studies regarding work stress and the risk of low back pain among nurses. The results showed that out of 377 nurses 153 reported low back pain within 12 months. Hence association exists between stress and physical health.

Studies conducted by Mohammad Jamal and Vishvanath in Canada (1991) regarding shift work department type job-stress and behavioral intentions among nurses. The samples age was 33 years and had nursing license for 14 years and experience of 5 years. The results showed that age
had significant effect on job stress, original commitment and turnover intentions. Nurses 25 years of age fixed shifts showed highest commitment and their mental health was also good as compared to nurses over 26-35 years on rational shift. Nurses in non-intensive care departments were better off than nurses working in intensive care departments. These strategies also showed the nurses who received social support from their husband were better off than the nurses who did not have any emotional support from their husbands.

A literature review (2003) by Andrew McVicar on workplace stress in nursing was to identify the sources of stress (stressors) and child care nursing. The findings suggested that workload, leadership management style, professional conflicts and emotional cost of caring were the main stressors for nurses and further this review stressed on prevention of stressors and stress management techniques. Bannerman, Elizabeth and Diana conducted studies on the interactional style and occupational stress and social support among police officers. The study revealed that positive effects of social support was as per assumption among the police officer females was Social Support was positively related to reduce fatigue, stress level and increase in achievement level and job-satisfaction. A study was also conducted on nurses by Mitchell, Margret and Lucretia (1991) regarding Social Support satisfaction and depression among female caregivers who were looking after the old people. It revealed that these care-givers developed symptoms of depression in case when they did not receive Social Support and when their satisfaction was less, they showed symptoms of depression.

**Conclusion :**

Thus social study can be an important Stress resistance resource, contribution to mental and Physical health. A study by Oxman and Colleagues (1995) found that among 232 older open heart patients, participation in social or communes by groups significantly reduced. Chances of dying within 6 months of Surgery.
Thus studies and other studies strongly suggest that the more the individual is tied into positive supportive relationship, the more positive one’s mental and physical health would be.

* * *