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1. Introduction:

Over the last half century women’s participation in labor force and career opportunities has expanded many folds. As far as the western societies are concerned, employment is a central prerequisite for meeting the socially defined needs of the people. Indian society has been extremely complex and its social and economic structures are significantly different. Going by Indian traditions, the role of women is that of housewife (grihini). However, during post-independence, it has been realized that the nation cannot progress without the active participation and co-operation of women. Therefore efforts had been made to provide equal opportunities to women – be it in the field of education and occupation. These efforts have increasingly brought a great change in the life of women, influencing their attitudes, values and participations in different walks of life. In our society – each woman has a social role which appears to have its own demands and requires adjustment on the part of women to successfully deal with it. A large body of empirical work shows that women’s role involvement affects their physical and psychological health or well-being. It is concerned with her feelings about her daily life experiences. For working women one group of experiences and for housewives other group of experiences. The feelings about their life extends from negative states such as worries and unhappiness to more positive states which are not simply states of absence of worries or unhappiness but are the states referring to second mental health. Researches regarding woman have centered around two competing theories. One arguing that employment provides psychological and social benefits to women, through increased contacts and social interaction with other people and thereby increases in sense of self-esteem. The other theory stresses on the overload suggests that the pressures and the demands of juggling multiple roles, may exhaust women’s personal resources, damaging their physical and mental health. More recently women have been accepting employment outside home to a great extent due to economic necessity, educational opportunities and upward mobility. It is also true that the traditional female role that of a full time housewife is also quite satisfactory. In addition to this, the year 2001 had been declared as “Women Empowerment Year”. All these have brought into
focus, the various researches regarding women. Today working women is
torn by the conflict between home and job. She experiences anxiety, tension,
and stress. Stressful events, the term, raised by the researchers are the
events or the situations that disturbs the individual. Stressful event could be
related to job, job-environment, relationships, family, natural calamities etc.
Such events could be social and psychological like departure of a family
members, divorce, separation, big loans, marriage, etc. All such
circumstances or events stress producing events to women – either working
or a housewife. Such stressful events produce serious adverse effects on the
health and psychological wellbeing of women. Researches have been
undertaken regarding the relation between stress producing events and
illness. But not all women respond to major life changes. The stressful life
events for women are causally expressed in a variety of undesirable effects
on the performance – household or at job and in worst circumstance on the
health. It is incredibly recognized that stressful events are the components of
any disease and not just those labeled as “Psychosomatic”. Researches have
established this point that there exists a positive relationship between
stressful life events and subsequent illness. It is important to study the nature
of stressful life events to necessitate socially adaptive responses on the part
of women. Researches regarding women have centered around two
competing theories. One arguing that employment (stressors) provides
psychological and social benefits to women through increased contacts and
social interaction with other people and thereby increases in the sense of self-
esteem. The other stressors is the overload, suggests that the pressures and
demands of the stressful events may exhaust physical and mental energy of
women. Women, while facing the stressful life events will always be seeking
support – either from husband, parents, family members, friends, colleagues,
and children and even from pets.

Rosenfield (1997) reported that in the comparison of men, women perform
66% more of the domestic work, sleep one half hour less per night, and
perform an extra month of work each year. Many occasions for stress seems
to contort women employment outside home emerging from demands and
challenges associated with work and non-work responsibilities, thereby posing
obstacles to women’s psychological health. Many comparative studies have been conducted regarding the relationship between the health and women’s employment and unemployment. Hence the present study is undertaken to study the effects of stressful life events and health of women.

The aim of this study is to answer a question or to solve problem related to women both employed and unemployed. It is important to find out information regarding the basic concepts used in this study, to define each of the concept used and to know its consequences and effects. In the present research mainly three concepts are under used. They are life event stress, social support and physical and psychological health.

1.2 Life Event Stress (LES)

1.2.1 Introduction:

In everyday life, we come up with a wide range of pressures. We have different kinds of coping strategies to cope with these pressures. When we fail to cope up with pressures, stress arises. Technically the stressful situations put the individual under pressure which may have harmful and unpleasant or disabling effects. Now a days it is very difficult to think of a stress free life. Stress comes in all shapes and sizes and has become so pervasive that it seems to permeate everything and everybody. Stress is unavoidable consequences of life. Without stress there would be no life.

Stress is a major source hurting human being. In common parlance stress is experienced when an individual becomes incapable to cope with the demands of environment.

People always have had to cope with the expected and the unexpected. Even our ancestors had to face events like uncertainties of climate, food supplies, and relationship with the neighboring tribes etc. as stressful events. One writer refers these events as major events. For a child going to school and facing new faces and new challenges are stressful. Students going from high school to college, marriage are another stressful
event - Pleasurable it may be but stressful. For a women child – rearing process, children leaving home-either for further studies or after marriage, menopause, retirement, death of a husband are all stressful life events. A Gallup Poll commissioned and published by Health magazine in 1994 listed the sources of stressful events that women are facing today are as follows:

<table>
<thead>
<tr>
<th>Source</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job related</td>
<td>71%</td>
</tr>
<tr>
<td>Money problem</td>
<td>63%</td>
</tr>
<tr>
<td>Family</td>
<td>44%</td>
</tr>
<tr>
<td>Housework</td>
<td>37%</td>
</tr>
<tr>
<td>Health related</td>
<td>35%</td>
</tr>
<tr>
<td>Child care</td>
<td>20%</td>
</tr>
</tbody>
</table>

The environmental psychologist H..S..Asthana, in his keynote address at the National Symposium in Stress, Coping and Mental Health (1998) has pointed out that the stress seen in India today is because of conflicts within the value system – especially related to the role of women.

The role of stressful life events in the etiology of various diseases has been a fertile field of research for the last 25 years. It is becoming recognized that stress can be one of the components of any disease not just those designated as “psychosomatic’. As Dodge and Martin (1970) have expressed it:

“The diseases of our times are etiologically linked with excessive stress and in turn this stress is a product of specific socially structured situations inherent in the organization of modern technological societies”.

Stress as conceptualized by Selye (1956) is a broad and general concept like anxiety, describing the organism’s total reaction to environmental demands. Arnold stated that stress is any condition that disturbs normal functioning. According to Cooper and Appley, stress is the state of an organism where he perceives that his wellbeing is endangered and that he
must divert all his energies to its protection. Lazarus refers stress to physiological behavioral and cognitive responses to events appraised as threatening or exceeding one’s coping responses and options. According to Caplan, Marshal and Cooper, stress is a stimulus or a situation to which man reacts with learned coping mechanism activated by homeostasis principle and fuelled by energies which are infinite in supply. Stress could be distinguished at the social and physiological level. Psychological stress is the presumption that person interprets and guides every adaptation interchange with the environment, and uses cognitive activities, evaluates perception and thoughts.

Selye’s research supports the assumption that the experience of stressful life events increases the risk of morbidity and even mortality. Local factors are dump in the determination of stress. It is possible that even with the stressors used by Selye, the stress response was mediated by the emotional disturbances, discomfort and pain caused by these noxious states.

Psychosocial stress has a negative impact on health, which is studied with reference to life events. Major life events refer from cataclysmic events such as death of a spouse or being fired from a job to mere mundane but problematic events such as having trouble with one’s boss.

Stressful life events are the stress events / situations which the individual experience during a given period of time in life. Because the accumulation of minor irritations may also be stressful, alter has been focused on the cumulative health of daily stresses include having too many meetings (at job) thereby not having enough time for one’s family.

More recent studies on the stressful life events and its impact on health (PWB) have been made by Withingson and co-workers in 1995.

Stress is a phenomenon of being stretched by the demands made on an individual, beyond the limits of his /her potential to cope. It is basically pressures that impinge on man and make him suffer under it. Such situations constitute the rules and not the exceptions in life and that is why we have not just to learn to live with them, but more so to learn to conquer them as a
victorious general. In modern societies, we are obliged to face the situations in their face, and also control and regress our reactions of pain and fear which have grave psychological consequences leading to what we call the situations of ‘stress’. Lazarus, a chief proponent of the psychological view of stress maintain that when individuals confront a new or changing environment, they engage in a process of primary appraisal to determine the meaning of the event. Life event may be perceived as positive, neutral or negative in their consequences. Negative or potentially negative events are further appraised for their possible harm, threat or challenge. Harm is the assessment of the damage that has already been done by an event. A women for example, is fired by her boss may perceive present event as harmful in terms of her own loss of self esteem. Threat is the assessment of possible future damage that may be brought about by the event. Women who lost her job may anticipate the problems of loss of income. Finally events may be appraised in terms of ‘challenge’, the potential to overcome and even profit from the even. A women who has lost her job may fell that how she would be better taking care of her children and home in better manager and will search for a new job later on.

Generally all definitions of stress emphasize on one aspect i.e. in terms of events/ situations – known as stressors. It includes variety of external and internal stimuli that evoke stress such as noise, delays, losses, crowding, bad relationships, or highly competitive work environment.

Stress can emanate from variety of sources. Pestonjee (1992) has identified 3 important sectors of life from which stress may originate:

- **Job and Organization**: These refers to the totality of the work environment such as job description, work culture, interpersonal relationships and compensation offered.
- **Social Sector**: Denotes the socio-cultural milenn of a person. It may include religion caste, language, attitudes and beliefs of other, the political and legal environment etc.
• **Intra psychic Sector**: This encompasses those aspects which are intimate and personal such as an individual’s values, abilities, temperament, personality, needs, expectations and health.

• **BROWN (1984)** has listed five categories:
  
  • **Customary anticipated life events** (major change in life) such as marriage, divorce, beginning / ending of school, children leaving home and retirement.
  
  • **Unexpected life Events**: (any major life event which occurs suddenly) like sudden loss of job, major accident, becoming aware of a terminal illness.
  
  • **Progressive, accumulating – situational events** (any continuously recurring problems in life, activities) like daily hassles, job and family stress, school stress and competition.
  
  • **Personality Glitches** (any personal traits that create social problems) such as poor communication, low self – esteem, insecurity, lack of confidence, poor decision making and fear of failure.
  
  • **Value dependent traits**: Circumstances generating thought feeling conflict) like revolution, broken homes, moral dilemmas like cheating or failing, and peer pressure v/c personal conscience

  **1.2.2 Definition:**

  The concept of stressful life events is enshrouded by a thick veil of confusion and divergence of opinion. It has been used by the researchers as a term for stress – producing events and conditions (SPEC’s – By McGrath and Beehr 1990) that are social and psychological rather than physical. The life events stress is conceptualized with situational encounters with a meaning that a person may attach to such events. It refers to our feeling that something important to us is being jeopardized by events in our daily lives. In other words the stressful life events are causally implicated in a variety of undesirable effects on our performances and health.
Life events are defined as, discrete experiences that disrupts an individual's usual activities causing substantial change and readjustment.

Life events stress is any environmental event in any place, which requires some types of adaptive response on the part of the individual.

Life events stress are the demands of a particular situation that are appraised by an individual where he/she has to exceed the resources available and thereby threaten his/her well-being and necessitate a change in managing the situation.

Life events stress is defined as those events that require a certain amount of social readjustment from the individual.

Stressful life events are the events or situations which the individual experiences during a given period of time in life.

It was assumed that any event which forces an individual to denote from his/her habitual pattern would be stressful. Such event could be pleasant as well as unpleasant.

Hence according to Selye, stress is assumed to be caused by the need to adapt to new situation. However there are evidences that only negative events are related to indicators of ill health (Ross and Mirowsky 1979).

When the situation has been appraised as stressful, individuals have to do something to master the situation or to control their emotional reactions to the situation. These processes of responses to stressful demand are the coping strategies. Coping strategies have two forms–

(i) Problem – focused coping
(ii) Emotional focused.
The problem focused coping is directed at managing and altering the problem are causing stress.

The emotional focused coping includes cognitive operations such as attempts to reappraise the situation as less threat my individual under stress are likely to draw for their social resources and seek and social support (Amirkhan 1990). However the need to seek out social support under stress is to some extent influenced by individual differences in affiliative tendencies and the nature of the stressor that women adapt while coping with stressful experiences. Endlerand Parker (1990) argue that social support that she receives is considered a resource for coping states rather than a specific coping dimension.

Over the past few decades much research effort has been invested in examining the beneficial effects of social support on health and wellbeing i.e. the availability of social support from family members/ friends etc. is associated with a reduced like of mental illness and physical illness.

1.2.3 NATURE OF LIFE EVENT STRESS:

(i) The individuals own rating of the event is important.

It has been argued by many researchers that life experiences should not be seen as either objectively stressful or benign but that this interpretation of the event should be left to the individual .For women experiencing events, their perceptions differ. For e.g. divorce. For one it female may be extremely upsetting whereas for another female it may be a relief from an unpleasant situation if in case her husband beats her after drinking. Life events are to be evaluated according to the following points: (a) The desirability of the events i.e. whether the event is regarded as positive or negative. (b) How much control the individual has over the event i.e. what is the outcome of the event (c) The degree of required adjustment following the event.
(ii) The problem of retrospective assessment:

It is important to find the link between the life events and subsequent stress. For this reason, the life events are not completely retrospective for e.g.: If an individual has developed cancer and is being asked to rate his /her life experiences over the last year, his /her present state of mind will influence his /her recollection of that year. This effect may result into over reporting that event as more negative and under reporting positive events. For e.g.: “I have developed cancer because my husband divorced me”. Thus it is over rated by one female. Another female who under rates the event would say, “I developed cancer because it is a family weakness, my lifestyle and experiences are unrelated as I have had an uneventful year.”

(iii) Life experiences may interact with each other:

Individuals when being asked to note their recent life experiences, they regard them as independent of each other. A divorce, a change in job(s), a marriage would be regarded as an accumulation of life events that together contribute to a stressful period of time. However one event may encounter the effects of another and cancel out any negative stressful consequences. Hence the life events interact with each other.

(iv) What are the outcomes of a series of life events?

Psychologist and health professionals originally interested to assess the relationship between stressful life events and health status. It was assured that if the life experiences were indeed stressful then the appropriate outcome measure was on health. Hence, the diagnosis of illness were done with regards to health issues like cancer, heart attack and hypertension. It could be that individuals experiencing higher number of life events would be more likely to get a medical diagnosis. Such an outcome measure is restrictive, as it ignores lesser “illness” and relies on an intervention by medical professional to provide the diagnosis. The outcome has its own problem as Is a change in eating habits – a life event or a symptom of life event? Is a change in sleeping habits – stressor or a consequence of stress?
Traditionally, the assessment of life experiences has conceptualized such life events as short-term experiences. But now it is not so. The role of a woman – as a traditional housewife has changed to multiple roles. Hence stressors are now ongoing. Moos and Swindle (1990) identified domains of ongoing stressors which reflect chronic forms of life experiences as:

(a) Physical health stressors
(b) Home and neighborhood stressors (Safety and cleanliness)
(c) Financial stressors
(d) Work stressors
(e) Spouse related stressors
(f) Children related stressors
(g) Extended family stressors
(h) Friend related stressors

They incorporated these factors and developed the Life Stressors and Social Resources Inventory. They argued that life events should not be evaluated in isolation but should be integrated into two facets of an individual's life, their ongoing social resources (social support) and their ongoing stressors.

1.2.4 Dimensions of Stressful Events:

Given that stress can produce a variety of responses what is the best way to measure it? Events are stressful to the extent that they are perceived as stressful. Responses to stress are manifold and include physiological changes, cognitive reactions, emotional reactions and behavioral responses; these stress responses may create the possibility of variety of stress markers, which could be accessed directly. Events themselves are not inherently stressful. They depend on how they are appraised by an individual. The dimensions are as follows:
(A) Positive – Negative Events:

Negative events are more likely to produce stress than the positive events. Negative events have potential to be more stressful because they present people with extra work or special problems that may tax or exceed their resources. Positive events like planning a party, going on a tour, holiday – shopping, job – promotion or getting married all draw off substantial time and energy. But such positive events are less likely to be reported more stressful than the undesirable events like trying to find a job, death of a family member, or getting divorced.

Negative events show a stronger relationship between psychological distress and physical symptoms than do positive events. This may be because only stressful events that have negative implications for the self-concept produce potential or actual loss of self-esteem or erosion of a sense of mastery or identity, (Thoits 1986). Among people who hold negative views of themselves, positive life events appear to have a detrimental effect on health, while people with high self-esteem, positive life events are linked to better health. (J.D. Brown and McGill 1989)

(B) Predictable and Unpredictable events:

Uncontrollable or unpredictable events are more stressful than controllable or predictable events. Negative events no doubt are stressful but when unpredictable are likely to be more stressful as compared to negative events but are predictable. When people feel that they can predict, modify or terminate an aversive event or fall they have access to someone who can influence it, they experience it as less stressful. For e.g: payment of a loan when predictable will be less stressful as when the other party demands the whole sum all of a sudden. Uncontrollable events influence the biochemical reactions and also have been tied to immunosuppressive effects. Feelings of control not only mute the subjective experience of stress but also influence biochemical reactions to it. Uncontrollable stress has been tied to immunosuppressive effects. Feelings of control also appear to influence the endogenous upload systems people under stress, who perceive that they cannot exercise control over the stressful events
have high levels of endogenous opioid. One study found that being able to anticipate stressful events and feeling that one had control over them mentally heightened perceived stress but also increased the ability to adjust to the stressful events. (Vinod Kumar and Caplan – 1986).

(C) Ambiguous Events and Unambiguous (clear – cut) events:

Ambiguous events are often perceived as more stressful than clear-cut events, when the potential stressor is ambiguous; an individual has no opportunity to take any action. All the energy of a woman is devoted in trying to understand the stressor rather than coping or overcoming it. This is what is time-consuming and resource sapping task.

On the other hand, clear – cut stressors, let the individual get on with the job of finding solutions and do not leave her / him stuck at the problem – definition stage. The ability to take confirmative action is usually associated with less distress and better coping (Billings, Moos, Lazarus, Stoupatiks – 1985).

1.2.5 Stressful Life events and negative emotions:

Psychological factors that may interfere with the functioning of the respiratory system, that bring on an asthma attack include life events that are stressful, anxiety, anger and depression and frustration. Even when asthma is originally induced by an infection or allergy, psychological stress can precipitin and attack. Because of the link between the ANS and the constriction and dilating, of the airways, and the connection between the ANS and emotions, research has focused on heightened experience and expression of negative emotions. People with asthma show greater constriction of the bronchial tubes in response to stressors (Affleck 2000).
1.2.6 Delayed Effects of Stressful Life events:

Recent research has focused on the potential delayed effects of stressful events including experiences in early childhood, or disease later in life. The major, chronic or recurrent stress events deregulate the system and which overtime produces accumulating risk of disease. Repetti and Co-workers (2002) termed this as “Risky – families”. Families that are high in conflict or abuse and low in warmth and nurturance produce offspring with deficits in stress regulatory systems. By virtue of having to cope with the chronically stressful family environment, children from such families may develop heightened sympathetic reactivity to stressors and exaggerated cortisol responses. Because these stress systems and their dysfunctions are implicated in a broad array of disease, it should not be surprising that an early major stressful event would produce damage later in life. In one study by Repetti and Colleagues (1998), it was found that the adults who reported more problems in their childhood, the more vulnerable they were in adulthood to an array of disorders including depression, lung disease, cancer, heart diseases and diabetes. They also developed poor habits like smoking, poor diet, lack of exercise that these early stressful environment prompted them. Other researches similarly shows the impact of early life stressors on later illnesses (Leserman, Li-Hu, Drossman, 1998). For example: individual who had experienced post-traumatic stress disorder (PTSD) during Vietnam war, were found in older age to have significantly higher risk for circulatory, digestive, muscle, skeletal, metabolic, nervous system and respiratory disorders.

1.2.7 Historical Issues:

Life events research has evolved from early models viewing life changes as inherently stressful and having similar effects on all who experience them to more complex models emphasizing individual differences in both reactions and vulnerability of life events.
The early studies on life events conceptualized it in terms of the amount of readjustment or change that the events were likely to entail. These studies were based on the assumption that any change in life would be stressful. The pioneer in this field is the work of Tom Holmes and Richard Rahe in 1967. They developed the Social Readjustment Rating Scale (SRRS). The SRRS asked subjects to report the occurrence of events that had occurred over the previous year, and these events were given Life Change Unit (LCU) scores like 100 for death of spouse, 28 for an outstanding personal achievement. Total scores were viewed as a measure of life change and as an index of stress.

Most of the investigators in India have made use of SRRS developed by Holmes and Rahe. Singh and co-workers (1983) pointed out some serious methodological issues which have also been raised by several researchers regarding the validity and reliability of this scale. In view of all the methodological difficulties, attempts have been made by Indian researchers to construct life event scales which are most suited to Indian culture. Some of these attempts are Dube’s Life Events Scale (1983) Singh’s Life Events Scale (1983) Batliwala’s Life Events Scale and Daftaur’s modified version of Life Events Scale (1992).

1.2.8 THE LIFE EVENT THEORY:

Throughout the 20th century, models of stress have varied in terms of their definition and so with the life events stress with its emphasis on physiological and psychological factors.

One of the earliest models of stress was developed by (CANNON 1932). It was called fight or flight model of stress that suggested that external threats (events) elicits the fight or flight response involving an increased activity rate and increased arousal. Stress was thus defined as a response to external stressors (events) which was prominently seen as physiological.
Another theory was Selye’s General Adaptation Syndrome (GAS) developed in 1956, which insisted on three stages as the ‘Alarm Stage’ which described an increase in activity and accrued immediately when the individual is exposed to stressful events. The second stage was called ‘Resistance’, which involved coping. The third stage as ‘Exhaustion’ which was reached when the individual had been repeatedly exposed to stressful events and was incapable of showing further resistance.

The life events theory is an attempt to depart from both Selye’s and Cannon’s model. Holmes and Rahe (1967) developed the schedules of recent experiences (SRE) which provide the respondents with an extensive list of possible life changes or life event. These ranged in supposed objective severity from events such as death of a spouse, death of a close friend, death of a close family member, or jail term to more moderate events such as son or daughter leaving home, pregnancy to minor events, such as vacation, change in eating habits, change in sleeping habits, or change in number of family get together. Originally the SRE was scored by simply counting the number of actual recent experiences.

The transition thrones originated from the work on bereavement, family crisis and depression by Parkes, Hill, Holmes and Rahe, Kubler Ross, Brown and others by 1970 the US Corporation was using it for culture shock briefings to volunteers. Transition theory formed key aspects of life role, life span development and life stage theories promoted by Super Gergen, Levinson, Spearman, Hopson and other recognized requisition as primary cause of stress. Models of transition Endeavour to describe how individuals respond to change – change that is brought by stressful events, either in their own lives or environment. Most of the transitions are associated with significant life events of the individuals. Transitions are also studied for trauma experiences. It indicate that positive life events like marriage, birth of a child, engagement, going on a tour, new job have as much potential for psychological disruption as negative events.
Women in these days have a lot of balancing to do between home and workplace, including balancing between social and personal requirements. The issues of maternity, menopause, parenthood, gender roles, condition at home and workplace, financial and social issues.

Sociological researchers assert that family structure (working or stay at home, mother and others) affects performance and employee attendance either directly or interactively. Family demands, children under six, difficulty with child care, arrangements are strongly associated with the absenteeism at workplace or affecting the level of performance. A strong relationship between social support and stressful events is found. It relates to a women’s help seeking attitude, social networks, kinship, networks and support networks.

The other most nagging events coming from hormonal changes in women’s body is the menopausal phase. Women go through lot of anxiety, tension, worry, emotional suppression, and ills of physical and mental stress before and during menopause. One may breeze through menopause with few symptoms, experience a number of physical and emotional changes like unpredictability of periods, changes in appearance due to fat accumulation in body, hot flashes, sleep disturbances, night sweats, followed by cycles of mood swings, irritability etc.

1.2.9 Life events and Health:

Studies have also been conducted over past two decades regarding the effects of stressful events on health. It showed that the greater the life events, the greater the harmful impact on health, emotions and quality of life. A fascinating research study in Beirut found that the greater the number of violence related events an individual has encountered, the greater the incidence of cardiac problems. Dohrenwend and Dohrenwend (1986) have documented many incidents as to how life events contribute to physical and psychological distress. The greater the number of events, the more intense the events, the greater are the chances of illness, injury and local problems. A recent study shows that life events contribute to kidney stones. (Associated
Press, 1997). Two scientists namely Rabkin and Struening 1976, summarized their finding on life events and personal well being as statistically significant relationship have been found between mounting life events and onset of sudden cardiac death, accidents, athletic injuries, tuberculosis, leukemia, multiple sclerosis, diabetes and entire gaunt, minor medical complaints. High scores on checklists of life events have also been repeatedly associated with psychiatric symptoms and disorders.

For women, life events are more stressful due to her multiple role, they are more frequent also – as one event related to family, other with spouse, next with financial difficulties, or with children. All these events are more likely to lead to distress to the extent that those events are unpredictable, uncontrolled and negative individual differences are found with events experienced by women i.e. events experienced by one woman might be negative but for other it might not. If the death of the husband is sudden and unexpected, it will be more traumatic. If the death of a husband occurred after lingering painful illness, it might not be that stressful.

Stressful events can, indirectly effect illness by altering women’s behavioral patterns, especially health behavior. In case of separation from her husband, it is more stressful as it produces changes in lifestyle and emotional disruption. If the couple has had a traditional marriage, the wife may be used to having meals together, prepared for her husband, she may new eat poorly or not at all. She is used to sharing bed with him, now will face difficulty in sleeping without him. Because of this distress, she may either start smoking or become alcoholic too. S. Cohen and Williamson (1988) found exactly this kind of relationship in a study of stress events and health behaviors. People who face such events reported getting less sleep, less likely to eat breakfast, and using more alcohol, drugs. Thus health habits are altered and illness is the consequence.

Researches have to focus on the delayed effects of stressful events on health and illness. Events experienced in childhood also affects later adulthood with one or other type of illness / disease. Some of the major
chronic or recurrent stressful events deregulate and produce accumulating risk of disease. (Repetti and co-workers -2002).

1.2.10 Types of life events:

Criticisms have been raised concerning the tactic of aggregating total life events to generate an overall score. Many studies on life events have turned the total number of events into a single score by aggregating all life events experienced within a given time frame. This approach treats all events the same, without taking into account the subjectively and perceived importance of each event. Since life event inventories cover a variety of events of different importance, equating those events may be insensitive in capturing the significance of different life events, and it may fail to detect the effects of specific events that generate a great deal of stress. Some researchers have suggested the use of a more dimension specific approach, focusing on specific kinds of events by dividing scales into categories, such as health related events and loss events.

(1) The personal events: Personal events like marital conflict, sexual difficulties, trouble with neighbor, change in residence, or in sleep, eating habits etc are subjective in nature. Such events vary from person to person and even its intensity of experience varies.

(2) Impersonal events: Stressful events like death of a friend, son / daughter leaving home, marriage of a daughter / son, appearing for an interview, retirement etc are the events that are positive and negative at the same time.

(3) Desirable and undesirable event: "Events are positive in nature. Events like marriage of a daughter or dependent sister, getting married, outstanding personal achievement, new family member, a pleasure trip on holidays. The undesirable events are negative in nature. They are not welcomed as it gives negative feelings to a person, who experiences it. Events like death of a
spouse, extramarital relations of a spouse, divorce, separation, lack of child, robbery, theft, broken love affair etc are undesirable events. It causes more depression especially when they came all of a sudden. Such events are unpredictable also affecting health.

(4) Ambiguous events: Events like change in working conditions, birth of a daughter, change in eating habit, wife / husband begins or stops working, begin or end schooling are not very much specific in nature. Such events are like stressful as compared to unpredictable and undesirable events.

1.2.11 Life events are not uniform across population:

Some researchers have called into question whether scale items contain relevant and representative life events for target populations. Since scales are rarely generated on the basis of large and well developed sampling frames, it is hard to judge if the items cover a sufficiently wide range of possible events. More importantly, exposure to life events varies in terms of age, gender, and social roles. For example, retired individuals cannot be promoted, men cannot be pregnant, and unmarried individuals cannot experience marital conflict or divorce. Inclusion of irrelevant items for the target population may result in misclassifying individuals as having fewer numbers of life events.

In response to this concern, a number of life event inventories have been developed for various populations, including the Psychiatric Epidemiological Research Interview (PERI) for general populations, the Life Experiences Survey (LES) for adult age groups; the College Student Life Events Schedule (CSLES) for college students, and the Louisville Older Persons Events Scale (LOPES) for the elderly population.
1.2.12 **Confounding of life events and outcomes:**

Confounding is a particularly important issue in the examination of life events. Many items in life event inventories are closely related to health (e.g., illness, injury, and hospitalization), so they can be easily confounded with physical and mental health outcomes. Due to concerns about the confounding of health and life events, some researchers recommend separating health – related life events from non health related items. Some studies have selected only healthy elderly individuals in examining the impacts of life events in order to exclude confounding of health variables (see Willis, Thomas, Garry and Goodwin).

1.2.13 **Recent findings on life events and well-being:**

Numerous studies have examined the consequences of life events on a variety of physical and psychological outcomes. In general populations, life events have shown to be associated with a variety of physical problems and indicators of psychological distress. However, the magnitude of these associations is often found to be only modest. Researchers have suggested several ways to explain the low associations found, including methodological issues and individual differences in coping resources.

One fruitful strategy in the study of the effects of life events is, the longitudinal study of individuals with psychological or physical disorders that tend to have period of remission and recurrence. For example, it is extremely difficult to demonstrate conclusively that life events provoke the initial onset of depressive disorders but longitudinal research on individuals with a history of depression provides convincing evidence that life events can lead to recurrence of depressive episodes. Sophisticated longitudinal studies even support the contention that major life events play important roles in onset and recovery from episodes of bipolar disorder and multiple sclerosis disorders that are commonly viewed as entirely biomedical. Research on life events in these clinical populations has also led to increasing recognition that some life
events are caused by the disorders studied; for example, loss of a job may be precipitated by early symptoms of a mental disorder.

Life events are defined as discrete experiences that disrupt an individual's usual activities, causing a substantial change and readjustment. Examples of life events include marriage, divorce, illness or injury, and changing or losing a job. In the literature on stress, life events have been traditionally considered as one type of stressor, along with chronic strains (ongoing stressful circumstances such as living with disability or poverty). Since the pioneering work of Tom Holmes and Richard Rahe in 1976, an enormous body of literature has developed on the topic of life events and illness.

1.2.14 Individual differences in response to life events:

Contrary to the assumption that life events have uniform effects that can be measured by life change units, later studies have shown that the consequences of life events depend on the nature of the events (e.g., whether they are undesirable, unpredictable, or uncontrollable). Growing attention has been paid to subjective meaning of the events to the particular individuals who experience them, rather than the objective occurrence of the events. Since the occurrence of the same event can yield different meanings to each individual, the subjective appraisal has been identified as critical part of the effect life events have on wellbeing. For example, people generally think that divorce is a stressful experience; however, for some individuals, such as those who have gone through a long term problematic marriage, divorce can be a resolution of stress and even a relief.

The consequences of life events on physical and psychological well-being are influenced by individual differences in coping resources. When life events occur, individuals’ coping resources can buffer the negative consequences of life events and facilitate adjustment. Coping resources may include physical resources (e.g., health and function), psychological resources (e.g., personality traits, values, goals, religious beliefs, self-concept and self-
control), and social resources (social network and social support). One of the most frequently researched psychological resources is mastery, which refers to the extent to when a person feels that he or she has control over his or her life and environment. Individuals with high mastery tend to have a positive perspective on the social environment and believe that they can control or alter their environment. Therefore, those with high mastery are more likely to protect themselves from negative consequences when they face stressful life events.

1.2.15 Retrospective bias in reporting life events:

Conventional life event inventories usually ask respondents to read a list of events and report those that occurred to them over a specific time period. The time frames vary from six to eighteen months. Some researchers have raised questions on the accuracy of individuals’ memories for life events. In general, people tend to report fewer events for a more distant time period. In addition, a retrospective approach is vulnerable to biasing effects such as selective memory, denial, an over reporting. For example, depressed people are likely to report more negative events because they tend to focus on the adverse sides of life and to search for events to justify their current moods.

Being dissatisfied with the checklist method, the researchers have attempted innovative ways to assess life events. Some studies have used combined methods of self – reporting on checklists and interviews. Karen Raphael and colleagues (1991) assessed the occurrence of life events every month. For ten months using a checklist and at the end of the study they did detailed interviews on experience with life events for the studied period. They found that more events were reported on a concurrent monthly basis than were reported on a retrospective interview for the same period. As an alternative to retrospective report over long periods, some researchers have conducted multiple follow ups for the occurrence of life events, with a very short interval between interviews, in order to detect the onset of events. This approach solves some problems associated with the retrospective report
using a checklist method; however, it requires a large sample and longitudinal follow-up.

1.2.16 Life events research:

Life events research has evolved from early models viewing life changes as inherently stressful and having similar effects on all who experience them to more complex models emphasizing individual differences in both reactions and vulnerability of life events. In addition, there have been a number of conceptual and methodological critiques that have led to more sophisticated models and methods of assessing life events. Recent studies demonstrate that, even with careful attention to methodological issues, life events can have important effects on health and psychological well-being.

1.2.17 Relation between Life Event Stress, Social Support and Health:

Stress is major source hurting human being. In common parlance stress is expressed when an individual becomes incapable to cope with the demand of environment, which results in pressure and strain, bringing the person full tensed and uncomfortable. In stressful events the individual is threatened beyond his capacity to endure. Then the adopts some coping strategies stress has been used by the researchers as a term for stress – providing events and conditions, that are social psychological rather than physical in nature and also as a strain variable. Life stress presumably encompasses all Stress Producing Events and the conditions in past and present. Among the many indicators affecting the physical and mental health is stress. Health or well-being means lack of stress, stress inoculation and resistance to future stressors. Coping skills and predictability of stressors are the major description of the well being condition.
1.3 Social Support :

1.3.1. Introduction:

“People need people. And reaching out with care and concern for another heals both the receiver and the giver. So break beyond your boundaries and give yourself to others. They need you.” This is what rightly being stated by Donald A Tubesing and Nancy A. Tubesing.

The modern age – an age of anxiety and stress where there is lot of anonymity, there is always a continuous need for a fellow being.

Social Support generally means the existence and availability of people on whom we can rely, people who let us know that they care about, value and love us. Someone who believes that she / he belong to a social network of communication and mutual obligation experiences social support. It could be measured in terms of the structure of a person’s social relationships in general, or of a particular type of such as marriage, friendship, or organizational membership. In addition, social support is also conceptualized in terms of the “functional” content of the relationships such as the degree to which the relationships involve flow of affect (feeling intensity).

- The emotional concern
- Instrumental or tangible aid
- Information

In spite of the diversity of approaches, some clear commonalities and differences in orientation, and a consensually valid set of types of social support have been delineated. It is frequently considered to be a multidimensional construct. Social support can be provided by the supportive people who stand in any of a variety of role. relationships to the local person. In family it could be a spouse, a son, a daughter, parents, siblings, in laws. Friends are always considered as support providers. In an organization, the main sources of support are supervisor, co-workers and people from outside the employment i.e. friends, neighbors, relatives.
The term social support like stress is of multi-dimensional construct. It has varied meaning in terms of the ways in which it is provided. Human beings need support at every step of life. Whether the support is provided or not man always expects support, if not in kind then in verbal form also. Social support is received at all ages and by all people at different stages of life. One stage or the other, man needs support from other fellow beings. (Loopatta (1996)).

An association between interpersonal relationships and local and physical health has long been noted, both in case reports and by research. The issue of social relationships and health was revitalized in the mid 1970’s by Cassel (1979) and Cobb (1976). When the concept of Social Support was introduced, in a relatively short time it has shown to be an important construct in the health research. The concept of social support has created interest of research for two different reasons; First social support appears to be one of the mediating factors in the relationship between stress and health outcomes and Second, social support including interventions for stressed individuals seems to help in diminishing the consequences of stress or to improve adjustment.

Social support containing psychological interventions has been suggested to be capable of improving both psychological wellbeing of the patients and the biological course of these diseases. In research, the dimensions of social support have been divided into structural aspects, quantity of relationship or ‘social networks’ and functional aspect of support derived from the networks. It has been argued that the perceived adequacy of the support is partially independent of the sources of support; adequate support may be derived even from only one very good relationship. On the other hand, a person may perceive lack of support although he has many social contacts. Empirical studies have shown that a person’s own subjective perceptions of received support are positively related to both psychological distress and physical health outcomes. Therefore the improvement in perceived social support is the target for psychosocial interventions.
Nearly a century ago, the pioneering sociologist Emile Durkheim found that the more integrated individuals are in social systems, the less vulnerable they are to suicide. This finding fits his more general theory that social connection plays a supportive and protective role in individual’s lives. Antonovsky (1979, 1987), contends that generalized resistance resources (GRRs) help provide protection through assisting the person in the belief that events are fairly predictable and will turn out reasonably well. That is, social support promotes a sense of coherence. He identifies social connections as important GRR and cites several studies to support his view. Similarly Lazarus and Folkman (1984) suggest in their transactional process – oriented, coping approach to stress that social support can play a vital role as a resource in dealing with difficult life events. They state: “The social environment is not just a major source of stress, it also provides resources which the individual can and must draw upon to survive and nourish”. The importance of social support as a stress resistance resource is reflected in the entire issue of Hopeful 1990, in his academic journal devoted to predicting, activating and facilitator social support. Greenberg (1980) points out that social support often flows through social support groups. Support groups exist in so many forms and ablations that, it is sometimes confusing to identify what the basic ingredients are. Some of the necessary factors are:

(i) The same people attend
(ii) The group meets regularly.
(iii) The group has met for an extended period of time until closeness develops
(iv) It provides an opportunity for informality, spontaneity and incidental contacts.

Greenberg also maintains that the most importance way true social support takes place in groups with these factors is not through the central activity of the group but through informal, incidental contacts, like:

- Driving to and from meeting with someone.
- Having dinner together before and after the meetings.
- Having a group pot luck meal
• Talking during coffee breaks in the social get together after the formal meeting
• Chats, separate social get together and the like
• Solving problems and making decisions together
• Pairing up outside the groups with another group member
• Going on a trip together, to a convention or a retreat setting.

1.3.2 Definitions of Social Support:

Social ties and relationships with others have been regarded as emotionally satisfying aspects of life. They can also mute the effects of stress, help an individual cope with stressful events and reduce the likelihood that stress will lead to poor health.

Social support has been defined in a number of ways. Initially it was defined according to the number of friends that were available to the individual. However, this has been developed to include not only the number of friends supplying social support, but the satisfaction with this support.

(1) Social Support refers to relationship that bring positive benefits to the individual

(2) House defines social support as an interpersonal transaction involving one or more of the following:
* Emotional concern (liking, love, empathy)
* Instrumental aid (goods or services)
* Information (about environment)
* Appraisal (information for self-evaluation)

(3) Social support refers to various types of aid and support provided by members of one’s social network. New Storm, John W. and Keith Devis (1995)
(4) Social support is usually defined as the existence and availability of the people on whom we can rely. – Valaux (1952)

(5) Social support has been defined as the information from others that one is loved and cared for, esteemed and valued, and part of a network of communication and mutual obligation from parents, spouse, lover, relatives, friends, community such as church, club or even by pets”. Siegel (1993)

(6) “Social support is a specific set of linkages among defined set of persons, with the additional property that the characteristics of these linkages as a whole may be used to interpret the social behavior of the persons involved.” Erickson. (1994)

(7) Cobb (1976) defined, Social support as information leading the subject to believe that he is cared for and loved, he is esteemed and valued, and he belongs to a network of communication and mutual obligation.

(8) Social support is generally used to refer to the perceived conform, caring, esteem or help that individual receives from others. Wallston and coworkers (1983)

(9) Gottiled (1981) referred to “the substance of social support as the help that helpers extend”.

(10) Thoits (1982) argued that support is the degree to which an individual’s need for affection, approval, belonging and security are met by significant others.

1.3.3 Importance of Social Support:

It is apparent from the literature that social support is connected to a set of situations and activities. Social support is the existence and the availability of people on whom we can rely, people who let us know that they care about, value and love us. Someone who believes that she / he belong to a social network of communications and mutual obligation experiences Social support. There is growing concern that social support is positively related to psychological well-being. During the last two decades, predominant paradigm is the social support literature examines social support as an exogenous variable enhancing health irrespective of stress level or protecting people from
the pathogenic effects of stressful events. This effect implies that if an individual’s psychological strain is high due to life or occupational stress, the receipt of appropriate forms of Social support might serve to reduce that psychological strain directly, without having any particular impact on situation determining SPEC. Non experimental field studies have shown an adverse relationship between presence or magnitude of Social support and psychological strains.

Social support has important implications for the health and well-being of the aged. The aged in India has been fortunate in the sense that aged in India held a prestigious position in the family. The family support system is very much intact in India, which gives support to all aged people.

There is evidence that social support is inversely related to the prevalence and incidence of a number of physical diseases. Individuals experiencing social support lower their risk of developing coronary heart diseases and social support also facilitates recovery from such diseases.

A direct effect of social support on health independent of the amount of stress individual’s experience could occur because large social network provide people with regular positive experiences and set of stable socially rewarded roles in the community. Individuals with help levels of social support have a greater feeling of being liked and cared for. The positive outlook this provides would be beneficial to health independent of stress experience. A high level of social support encourages people to lead a more healthful lifestyle.

One of the approach to that includes the emplace of social support is the buffering hypothesis which states that social support affects health by protecting the individuals against the negative impact of thigh level of stress buffering operates through two types of processes.

First individual who experiences a high level of social support may appraise a stressful event such as financial crisis or the loss of a job is less
stressful than people with little Social support because they know that there are people to whom they can turn for advice or who would even be willing to support them financially.

Second way in which social support might buffer the negative impact of stress is by improving people’s ability to cope with the stressor. Thus somebody who is experiencing a crisis might be better able to cope if he/she knows people who can give advice or even provide solution to the problem. The model of Social support suggests functions as follows: (i) It lessens the effect of stress and strain. (ii) It moderates physical and psychological health relationships (iii) if moderates job related stress/strain (iv) It has an impact on each primary variable directly.

Relation between Social support and stressful events: Different kinds of stressful events create different needs like seeking information, financial assistance, emotional help or assistance etc. Thoit (1986) is of the opinion that Social support would be effective when it fills the particular need that is created. In this view, effective Social support may be thought of as coping assistance. Empathetic understanding on the part of support provider is no doubt valuable. So that they can sense what kinds of support will be most helpful to a person going through/experiencing a stressful event. People who need support in turn may be most effectively helped by others when they are able to communicate that they need support and what kind of support they need. Social support as a coping assistance should match one’s need and what one receives from others in social network. This matching hypothesis suggests that only when there is a match between the needs produced by a stressful event and the type of support that is available will there be a buffering of the stress experiences by social support. Some kinds of support are useful with most kinds of stressors. It could be having someone to talk with, to talk and bring a solution, or having someone who makes one feel better about oneself or having someone who could reduce the level of stressor family and friends can provide informational support abut stressful events. For e.g. if an individual is facing an uncomfortable medical list, a friend who went through the something could provide information about the exact procedures,
how long the discomfort will last and the life. An individual having a problem on the job may get information from co-workers about how to manage time or delegate tasks appropriately or how to approach a supervisor.

During times of stress, people often suffer emotionally and may experience bouts of depression, sadness, anxiety and loss of self-esteem. Supportive friends, and family can provide emotional support by reassuring the person that he/she is a valuable individual who is cared for. The warmth and nurturance provided by other people can enable a person under stress to approach it with greater assurance.

The re-conceptualization of Social support might be explained in the light of main effects on coping with stressful events. Social supports a coping mechanism that individual uses under stressful conditions. Three ways of social support operations are desired as follows:
(a) Problem – focused: this way Social support has a direct action on the event or self, to remove or alter circumstances perceived as threat.
(b) Emotion – focused: these way actions are performed or thoughts are generated to control undesirable facings that are resulted due to stressful events.
(c) Cognitive – focused: is an attempt to change the meaning of a stressful event. So that it is perceived as less threatening.

1.3.4 Types of Social support:

Social support initially was being defined according to the no. of friends that were available to the individual for the working women, colleagues, room-mates, spouse seems to be support provider for housewife family members, in-laws, and neighbors are supporter. According to Wills (1985) the following are the types of supports:
(a) Esteem – support: Where other people increase one’s own self-esteem.
(b) Informational support: Whereby other people are available to offer advice.
(c) Social companionship: This involves support through activities.
(d) Instrumental support: This involves physical help.

According to Schoflar, Cassel and Lazarus, there are two types of Support: Network support and perceived support.

(a) Social Network is defined as “a specific set of linkages many a defined set of persons, with the additional property that the characteristics of these linkages as a whole may be used to interpret the society. Behavior of the persons involved. Such linkages operate as sources of social support. It also depends on the situation of receiver. It depends on size of network, frequency of contacts marital status.

(b) Functional social support can further be divided into 3 steps as (i) affect experiment of liking, respect, (ii) affirmation: (expressions of agreement / same act of statement, (iii) Aid: (transactions involving direct assistance).

John W. Newstrom and Keith Davis in his Book “Organizational Behavior” (1995) have mentioned 4 steps of Social support as:

(a) Instrumental support
(b) Informational support
(c) Evaluative support
(d) Emotion centered support

House (1981) mentioning the importance of social support has given the following types as:

(a) Emotional support: Such a type of support reduces the pain of the person. It could merely be by active listening, non verbal gestures etc.
(b) Positive support: With positive support the receiver is provided with an alternative or suggestion to solve his / her problem. Thus, maintaining his / her self-worth and self-esteem. It reduces anxiety and stress.
(c) Motivational support: When an Indi is unable to solve his /her problem, lunch a support is provided whereby he /she think capable of solving a problem.
(d) Informational support: Such a type of support provides information as to how to solve a problem, how to face it, how to give direction to reach to solution.

(e) Instrumental support: Such a type of instrumental support provides an assistance, an instrument, object or services.

1.3.5 Stages of Social support:

Social support has emerged in recent years as a very useful concept. It is useful because it helps to explain why some people are damaged by the life problems to which they are exposed while others are able to resist threat to their psychological and physical well-being. Of course, social support is not alone in its capacity to shield people from the delirious effects of difficult life events. Social support under such circumstances is distinctively and inherently a social construct. There are 4 stages of Social supports under:

1. Revelation or Recognition
2. Appraisal
3. Selection of the forms of support
4. Support outcomes.

(1) Revelation and Recognition of the problem that one is facing:

Recognition is essential to support as one cannot supportively respond to a troubled if he / she's trouble is not recognized. The simplest form of recognition is when one partner comes home and talks about the distressful condition to his /her spouse or family member. The verbal communication becomes importance over here. It is also important that let the time capes between the occurrences of the stressful event and be prepared to reveal it to another person. There are still non-verbal or indirect behavioral cues also to recognize the problem. Some people attempt to conceal job distress from their spouses as a result of a deep seated question to any kind of self-revelation, while most prefer privacy some spouses are willing and able to wait calmly until their mate is ready to take. Some of the utterances as “you’re certainly an bad mood” or
“you’re acting strongly tonight” or “What’s eating you” are also indication of support to reveal stress.

(2) Appraisal:

The appraisal depends largely on the perception of the potential donor. It also depends on the perceived for between the problem and the distress it is creating. Here one has to make judgment about the intensity of the distress consistent with the problem. The donor might tell: “it’s all in your head”. “Don’t be so bothered”. Or “Don’t make a mountain out of a molehill”. Here by saying this, the problem is demeaned or trivialized.

(3) The forms and functions of support:

Support is laden with symbolism, such that an act that is perceived as supportive by one person may not be by another, or an act that is supportive at one time or for one problem may not be when it occurs at another time or for another problem. As Jacobson (1987) points out the “meaning context” of support can very considerable among people, including marital partners. A major consequence of Social support is its contributions to individual coping. In the earlier works of Pearling and Schoopler, it was found that one of the most important functions of coping is to construct a meaning of the difficult situation. Such that threatening properties are neutralized. This is what Lazarus and Folkman (1984) refers as an ‘appraisal process’. The clarification of a problem that results from support involves a major redefinition of the problem. Thus support can provide the very language needed to talk about the problem. Along with meaning shaping, support also provides coping assistance. It does so by helping to identity for the distressed the option for coping strategies. In many studies the respondents reported that while talking about the problem to their spouses, It had to the recognition of various coping strategies. Thus support can help both to give definition and meaning to a problem and bring into view optional strategies for coping. In these ways, Social support does involve coping assistance, as Thoits (1986) describes it. Social support performs varies functions. It protects the persons from
damaging his / her self-esteem and view of himself / herself as meriting the respect. The second function is, protection against stress overload. It also involves diversion. Social support can help the individual to keep symptoms of stress under manageable control. Spouses can be quite conscious of what they are doing when they try to get one’s “minds” off their problems. It entails virtually any activity that succeeds in providing same temporary escape or relief of tension, talking a talk together, going for a movie, making love, seeing other people, going shopping etc. self-esteem can also be reaffirmed or holstered through support, especially when the member or spouse helps the troubled to maintain a sense of. Self-worth sometimes deliberate attempts are made to divert the probed in a way that reduces tension or symptoms of stress.

(4) Successful and unsuccessful support:

There are many instances, where the donor attempts to provide support for the distressed, but he or she does not perceive himself or/ herself as being the recipient. So it cannot be taken for granted that if one gives support the other receives it. Where support fails, it is usually because the support that is given is not that which is wanted. To understand unwanted support, it needs to be recognized that there is really but a limited number of ways support is conveyed. It can be given merely by listening to the troubled, buy asking questions, by giving guidance / advice, by demonstrating esteem and affection and indirectly by shielding the stressed person from additional stress buildup and by providing stress reducing diversions. A skilled donor probably utilized each of these mechanisms to convey support. However, one of these mechanisms sometimes interferes with or disrupts the effectiveness of the others. And that is what happens in advice giving where the respondent reports dissatisfaction with the, support given, they point to unwanted or untimely advice as the reason. One of the reason they give is that the substance of advice is not appropriate to the nature of the problem. Sometimes advice is unwanted because it is perceived to be more in the service of the donor’s own inner needs. Advice is not inherently ineffective,
it is ineffective when it is separated from the other modes of support delivery and placed as the first and primary channel of support.

Social support depends on social network. Social network refers to the “Specific set of linkages among a defined set of persons or a give person. The larger the social network, the greater the number of social ties or person – to person linkages. Being socially connected is the opposite of being isolated. A social network can be characterized not only by its scope but also by its composition (eg. Co-workers, family-members, friends, relatives, neighbors, club-members etc) and the quality (eg. Close or distant, friendly or unfriendly, supportive or indifferent). Social ties differ in two ways – numbers of ties and intensity (closeness) of ties. Social support refers to the relationship that brings positive benefits to the individual. Perceived social support means social ties the person perceives or experiences as fielding positive gains. Greenberg (1980) points out that Social support often flows through Social support groups. Support groups exist in so many forms and affiliations that it is sometimes confusing to identify what the basic ingredients are.

1.3.6 Social support and Health:

Social support has important implication on the wellbeing and health of the people. There is growing evidence that Social support is positively related to Psychological wellbeing. During the last two decades the predominant paradigm in the Social support literature examines, social support as an exogenous variable enhancing wellbeing and health irrespective of stress level or protecting people from the pathogenic effects of stressful events.

1.3.7 Does Social support affect health?

A number of studies have examined whether social support influence the health status of the individuals. Lynch (1977) reported that widowed,
divorced or single individual have higher mortality rates from heart disease than married people and suggested that heart disease and mortality are related to lower levels of social support. Berkeman and Syne (1979) reported the results of a prospective study whereby they measured social support in (1965) 4700 men and women aged 30-69 whom they followed up for 9 years. They assessed whether the presence or absence of 4 kinds of social ties – marriage, contacts with friends, church membership and formal – Informal group associations, affected the likelihood of the persons dying over the next 9 years. People low or lacking in each type of social tie were 30% to 300% more likely to die than those who had each type of relationship. These trends held for both sexes and at all age levels, although marriage had the strongest protective effect. It is important to note that social support can have low different types of relationships to mental and physical well being. The greater the social support, the more positive the health.

A study by Oxman and Colleagues (1995) found that among 232 older open heart patients, participation in social or community groups significantly reduced chances of dying within 6 months of surgery. Researches also indicated that birth complications are lower in women who have high levels of social support, suggesting a link between social support and health status. Researches also examined the effects of social support on immune functioning. A study by Arnetz and Coworkers (1987) examined the immune system function of 25 women who were either employed or unemployed. The unemployed women received standard economic benefits only or received benefits as well as psychosocial support program. The results showed that the unemployed subjects showed better immune social support function.

1.3.8 The role of personality disposition on social support and health:

Personality characteristics could increase an individual’s chance of finding social support and at the same time contribute positively to his or her coping ability. It becomes plausible that individuals who are socially competent are also more likely to develop strong support networks and to stay
healthy by effectively coping with stressful events or in performing health enhancing behavior. Personality characteristics sometimes might bias individual’s report of the level of social support and of health symptoms. In Trishingen Study, it was observed that a scale measuring the perceived availability of social support and the neuroticism scale of the Eysenck Personality Inventory, individuals who had high level score on neuroticism tended to report lower level of social support. According to Watson and Pennebaker (1989) these individuals were also more likely to report higher level of stressful life events and higher level of psychological and somatic symptoms, neuroticism could be partly responsible for relationships observed between measures of social support, perceived stress and perceived symptomatology. There are number of psychological and biological processes through which social support might influence individuals’ health. A person who is integrated into a large social network of family and friends is subject to social controls and peer pressures that influence normative health behavior patterns. Social integration could have positive or negative impact on health. Social support is positively associated with behaviors that are primitive of health. Such behaviors could be non-smoking, adequate sleep, prudent diet and moderate drinking behavior. Berkman and Syme (1979) reported positive relationship between their structural measures of social support and various health practices. Social support influence health behavior as for example, smoking success in stopping smoking and the ability to maintain abstinences over a longer period of time has been linked to supportive behavior from spouses and friends. (Cohen 1988).

Many of the psychological processes that link social support to psychological well-being and health may be mediated by self-esteem i.e. the positive or negative beliefs and evaluation that the individual holds about himself or herself. It is widely accepted among clinical, social and personality psychologists that a positive and stable self-esteem is important for the individual’s well-being. Tejpal (1978) emphasized on the social groups to which we belong are major determinations of our definition of ‘self’ and form the basis of social identity. Social relationships may fulfill a number of support functions which are beneficial for individual self-esteem. The emotional
support plays a central role in self-esteem and psychological working. As Bernard has described: “one of the major function of positive; expressive latch is to raise the status of the other to give help, to reward, in ordinary human relation, it performs the stroking function. As infants need physical caressing or stroking, so do adults need emotional or psychological stroking or caressing to remain normal”.

It is acknowledged widely that personal relationship and social support are important for physical and mental health. Health and the well being are not merely associated with networks or the availability and frequency of contacts but the perceived closeness and informational value of the contacts.

So far as illness or disease is concerned, social support works both ways. First it reduces risk of illness occurrence and secondly it speeds up recovery rate in illness when it occurs. (Kulik and Mahber 1989). It also reduces the risk of mortality due to serious disease as social isolation is a major risk factor for death in human being. (House et al. 1988). It is found in the studies of content for initial health status showed that people with high quality and sometime high quality society, relationships had lowered mortality rate. In combating threat of illness it is found that people who had few society. Community ties were more likely to die during this period than people with many ties. Society contacts enable women to live an average of 2 : 3 years longer than low society, contact women (Berkman and Shyme 1979). Women with high level of social support have fewer complications during pregnancy, his susceptibility to herpes attract lower rate of myocardial infection and lower rate of psychological distress. Social support does seem to enhance the prospects for recovering among women who are already ill (Wallstone et. l 1983) It is due to high level of social support that arthritis patients feel less pain than women patient with lower social support (De Vellis, Santer, Cohen 1986)
1.4 Physical and Psychological Health.

1.4.1 Introduction

The desire for the prolongation of life…. We may take to be one of the most universal of all human motives. (Keneeth Arrow – 1975)

The attainment and preservation of health reaches to the very core to human existence. In its broadest sense, health cloth, physical and psychological is an overarching concern for every human being, group and society. Health is described and explained in various discourses that are socially constituted. The concept of health, mind and body vary across time and place. The concepts of health and illness are embodied in the everyday talk and thought of people of all languages, cultures and religions. An emphasis on health as wholeness and naturalness was present in ancient China and Classical Greece, where health was seen as a state of harmony, balance or equilibrium with nature. Health as defined by WHO, as the state of complete physical, social and spiritual well-being, not merely the absence of illness.

Health is generally seen as a biological indicator of well being Health not only provides freedom from all illnesses but also ensures that all physical mental and social wellbeing pervade in that state. Health is a resource of everyday life and an essential part of wellbeing, not the object of living. It is a positive concept emphasizing social and personal resources and physical capabilities. Improved physical health and resistance of disease have long-term effects on wellbeing.

Well being includes both physical and psychological health Physical and Psychological health refers to reduced risk of certain chronic diseases, relieves symptoms of depression, helps to maintain independent living and enhances overall wellness. (U.S. Dept. of Health and Human Services – 1996) Regular body work i.e. physical working of the body keeps our mind
and spirits healthy. Thus physical and psychological health is interrelated to each other.

Mental or psychological health refers explicitly to the subjective perception that a person has of his or her quantity of living. This subjective perception is the personal satisfaction relevant to expression to emotions and sentiments, personal developments and achievements, self-concept etc. Therefore psychological health or well-being is represented by the level to which people show sentiments, positive attitude towards various aspects of their lives. Mental health has always remained the Cinderella of all health concerns. It is the springboard of thinking and communication, skills, learning, emotions, growth, resilience and self – esteem. The clinical psychologist HARPRIET BRIKER explains:

“Bombarded with daily life stress, working women are sniveling the epidemiological ranks of ulcer, cases, drug, alcohol, abuses, depression, sexual dysfunction, and physical ailments including backache, headache, allergies and recurrent viral infection and flu”.

The vast majority of women are illiterate, underpaid, exploited, deprived, and disadvantaged. Many of our religious and social practices have steeped women in a morass of backwardness, illiteracy and ignorance, condemning them to inferior positions in society, completely dominated by men. But in urban areas with the spread of education and the increase in number of working women outside their homes, the situation is gradually changing. Women have risen above socio-cultural traditional and well-defined role of a housewife and have gradually evolved into the dual and more self-fulfilling role of working women and a housewife. Some of the factors responsible for this change are better education, changing socio-cultural values and the need for supplementary income due to inflation. Women's occupational status is closely associated with the home and family. A clear conflict emerges between the socially approved status of women as
homemaker on the one hand and the status as an employed worker on the other. Familial duties come in the way of employment prospects. Women face the dilemma of somewhat contradictory role perceptions. The loyalties, interests, and aims differ between home and work-place and demand two different types of individualities. As the report of the committee on the status of women (ICSSR 1974) states processes of change are responsible for considerable divergence between ideal role behavior. Performance of multiple roles in varied social situations often leads to changes in the perceptions of the individual. Changes in the actual role performance, over a period of time influence the expected role behavior. When a housewife takes on the working role, she not only finds a change in her status within the family and outside it, but she also takes upon herself increasing pressures to reconcile the dual burden of the two role located in different sectors of the society in house and work-place. The working of the wife mother outside the home necessitates the rearrangement of the familial roles and tasks. The probable effects of the married women would be her absence at meal times, inability to perform several tasks single handedly like maintaining an orderly home, entertaining guests, cooking elaborate meals which are routinely organized by stay-at home housewives. The presence of young children and other dependents further exacerbates the situation. To pursue double-roles the working home maker has to work within a stricter time schedule and arrange things more systematically. This itself imposes the need to exercise greater mental and physical alertness. The relationship of multiple role involvement with stress and psychological well being has become an important issue for debate amongst researchers. As Long and Porter (1984) pointed out, the psychological consequences of role accumulation depend not only on the total number of roles occupied but on the nature of particular roles, because roles differ in social values attached and in the pattering of privileges and obligations associated with them (Vandewater, Ostrove and Stewart 1997).

Depending on the importance of mediating processes women’s employment may result in diverse outcomes like daily hassles, organizational
stress on one hand and uplift and life satisfaction on the other. Researchers (Baruch and Barnett 1986; Thakar and Misra 1995) have found that is the quality of women’s experience in performing her social roles that constitutes the key for understanding the status of their psychological well-being. Thus, heavy work-load on working women affects their physical health, whereas dual role playing affects her psychological health.

1.4.2 DEFINITION

The word ‘Health’ is derived from old High Cierman and Anglo Saxon words meaning “whole’ hale’ and ‘holy’. Historically and culturally there are strong associations with concepts such as wholeness, goodness, holiness, hygiene, cleanliness, saintliness, godliness. An emphasis on health as wholeness and naturalness was present in ancient china and classical Greece where it was seen as a state of Germany, balance of equalities with nature.

For Plato it is harmonious functioning of man’s soul. Galen - the early Greek Physician believing that hygiene (health) or Coaxial (Soundness) accrue when there is a balance between hot, cold, dry and wet components of the body.

WHO (1946) defined health as ‘a state of complete physical, social and spiritual cubing, not simply the absence of illness.’ Argele, Martin and Crossland (1989) believed that health is composed of three related components: positive affect (pleasant mood and emotions) absence of negative affect (unpleasant mood and emotions) and satisfaction with life as whole.

(1) Fundamental indicator of wellbeing Mental health is a positive sense of well being, in which the individual realize his / her own abilities, can cope with the normal stressors of life, can work productively and fruitfully and is able to make a contribution to his / her community. (WHO 2004)
(2) Mental Health is the emotional and spiritual resilience which allows us to enjoy life and to survive pain, disappointment and sadness? (Health Education Authority 1997)

(3) The primary aim of mental health activity is to enhance people’s well being and functioning by focusing on their strengths and resources, reinforcing resilience and enhancing protective external factors. (WHO Europe Declaration 2006)

(3) Good physical health entails absence of obvious destruction and the presence of positive functioning.

(4) Mental health concerns intellectual capabilities, emotional control and various social skill such as empathy and assertiveness. (Veenhoven 2004)

(5) The physical and psychological wealth mostly has different perspective for sociologists. It is “good living conditions”, for ecologists and biologists livability”, for politicians and social reformers it is preconception of what a good living environment is like.

(6) In one sense the living arrangement of the individuals is indicator of the physical and psychological wellbeing including income, health status, the availability of care giver and marital affluence? (Federal Interagency Forum on aging related statistics – 2004)

(7) Mental Health include those behavior, perception, and feeling, that determine a person’s overall level of personal effectiveness, success happiness and excellence of functioning as persons. (Kornhauser, 1965)

(8) Pelletier, (1994) “Mental health is a process of enabling individuals and communities to increase control over the determinations of health.

1.4.3 Physical illness its nature:

(1) Physical illness is often unpredictable means the individual does not get an opportunity to consider any possible coping strategy.
Information about illness is unclear. Much of the information regarding the illness is not clear to the individuals, particularly in terms of causality and outcome.

A decision is needed quickly. Any type of illness requires quick decision about the action to be taken.

Ambiguous meaning: there is uncertainty about causality and outcome i.e. how much serious the illness is? Is not known.

Limited prior experience: There is lack of prior experience on the part of individual which affects coping strategies.

Thus health is related to physical (type of stressors) economic and social aspects of living environments (type of support available). The social environment provides safety, freedom. The overall living environment can also be measured indirectly by how well people thrive in it. When people flourish in an environment, the quality of that environment is apparently sufficient, though not necessarily ideal. A number of studies demonstrated that social networks is (social support) associated with more favorable health outcomes, both mental and physical including older populations. (Bath and Deep 2005) volunteering and informal health showed strong associations with physical and psychological health (Wahrendorf and Kneseback and Siegrist 2006). It is apparent that the happiest people have good quality social relationships (Seligman 2004). Although, they perceive their social relationships in at least two, out of three important areas (family, friends and romantic partners) to be very positive.

The physical and psychological health refers to the ‘whole person’ – i.e. it concerns to wholeness of an individual, the mind body relationship. If illness occurs, diagnostic efforts are usually focused on the sick organ, and on the other parts of the body that might be involved as either the cause or effect of sick person.

1.4.4. The characteristics of psychologically healthy people:

The characteristics of psychological healthy people are found to be as under:
• They feel good about themselves. Psychosocially healthy people are not overwhelmed by fear, love, anger, jealousy, guilt or worry. They estimate their abilities accurately, take life’s disappointments in stride, maintain their self-respect, and accept their personal shortcomings.

• They feel comfortable with other people. Psychosocially healthy people have satisfying and lasting personal relationships and do not take advantage of others, nor do they allow others to take advantage of them.

• They control tension and anxiety. Psychosocially healthy people recognize the underlying causes and symptoms of stress and anxiety in their lives and consciously struggle to avoid illogical or irrational thoughts, unnecessary aggression, hostility, excessive excuse making, and blaming others for their problems.

• They are able to meet the demands of life. Psychosocially healthy people try to solve problems as they arise, to accept responsibility, and to plan ahead. They set realistic goals, think for themselves and make independent decisions. Acknowledging that change is inevitable, they welcome new experiences.

• The curb hate and guilt. Psychosocially healthy people acknowledge and combat their tendencies to respond with hate, anger, thoughtlessness, selfishness, vengeful acts or feelings of inadequacy.

• They maintain a positive outlook. Psychosocially healthy people try to approach each day with a presumption that things will go well. They look to the future with enthusiasm rather than dread.

• They cherish the things that make them smile. Psychosocially healthy people make a special place in their lives for memories of the past. Fun is an integral part of their lives. So is making time for themselves.

• They value diversity. Psychologically healthy people don’t fear difference. They do not feel threatened by people who are of a different race, gender, religion, sexual orientation, ethnicity or political party.

• They appreciate nature. Psychosocially healthy people enjoy and respect natural beauty and wonders. They take the time to enjoy their
surroundings and are conscious of their place in the universe. Thus, we have noted the characteristics of psychologically healthy person.

1.4.5 Factors influencing psychological health:

The factors having their impact on psychological health are mentioned below:

• **External factors:**
  Our psychosocial health is based on how we perceive our life's experiences. While some experiences are under our control, others are not. External influences are those factors in our life that we are not able to control, such as who raised us and the physical environment in which we live.

• **Influences of the family:**
  Our families are a significant influence on our psychosocial development. Children raised in healthy, nurturing happy families are more likely to become well-adjusted, productive adults. Children raised in families in which violence, sexual, physical or emotional abuse, negative behaviors, distrust, anger, dietary deprivation, drug abuse, parental discord or other characteristics of dysfunctional families are present may have a harder time adapting to life. In dysfunctional families, love, security and unconditional trust are so lacking that the children in such families are often confused and psychologically bruised. Yet, not all people from healthy family environments become well adjusted. There are obviously more factors involved in our “process of becoming” that just our family.

1.4.6. Women’s health issues:

In the developed world, women today have longer life expectancy and lower morality rates then do men at all ages, but epidemiological studies show that women report more chronic disease and disability (Chaudhary and Weisman 2002). During the past decades, the sciences of behavioral medicine have recognized the importance of women’s health in research and in patient care. Knowledge about the biological, psychological and
social factors influencing women’s health has grown considerably and efforts to change the thinking of the scientific community and the general public have led to a better understanding of women’s health. Specially, women’s physical and mental health is influenced substantially by physiological and social role changes during the life stages. Viewed from this life experience, psychological development and functioning and the nature of psychopathology, (Zahardi 1990) which results in different psychological developmental patterns. The three important stages are adolescence, pregnancy and childbirth and menopause.

• **Adolescence:**
  
  The period of adolescence is well known for the biological, social and cognitive changes in both genders. During this stage biological and psychological changes increase the risk for certain psychopathologies for example, the development of depression, eating disorders. Young women are at great risk for harmful health behaviors that influence their psychological and physical well-being. During this stage women are more sensitive to conflict or change in the family environment.

• **Pregnancy and childbirth:**
  
  The transition to parenting for women and men is usually a normal biological task, but women frequently spend a great deal of time involved in care giving and so experience many biological and psychological changes during this period of time. A women’s experience of pregnancy and childbirth will most likely affect her role as a mother, her perceptions of the child and herself, and her relationship with her partner (Shearer1983). Studies have shown that more negative psychosocial outcome appear to be associated with cesarean section birth than with vaginal deliveries (D’Matteo et al., 1996). The postponed encounter between mother and child may be a consequence of breast-feeding or bonding and may result in less positive maternal reactions to the newborn (Cranley, Hedahl and Pegg 1983). Women who experience cesarean or other interventions need to be given additional psychological support to cope with difficulties arising after
childbirth. During pregnancy women has to face many problems. Women who are dependent, who have the feelings of low self-esteem, lower expectations and higher levels of anxiety than do men (Jarvis and Schnoll 1995). During pregnancy sexually transmitted diseases, malnutrition and vitamin and mineral deficiencies are often found in them. During pregnancy many women neither have adequate facilities for such problem nor anyone to look after them. Further depression and chronic anxiety, social problems, familial backgrounds and also plays their roles.

• Menopause:

In the developed countries, menopause generally is viewed by women as a negative phase of life when symptoms and loss of well-being and function are bound to occur (Hvas 2001). Evidence shows that women at age 50 years are generally in good health and experience emotional stability as well as positive personal development (Fodor and Franks 1990). Studies during past decades have shown that the duration, severity and impact of symptoms vary by individuals as well as by populations. Research has also shown that the menopausal experience may be influenced, either directly or indirectly, by socioeconomic status. Lower educational level, lack of employment outside of the home, and lower socio economic status, are associated with increased severity or longer duration of menopausal symptoms (Avis, Crawford and McKinlay 1997). Occurrence of mood and sleep disturbances and somatic symptoms has also been found to be predicted by social status and employment status. Up to 100 symptoms have been attributed to menopause; depression, anxiety, joint pain, headaches, insomnia, loss of sexual interest, hot-flashes and vaginal atrophy have been perceived as the “menopausal syndrome” (Derry, Gallant and Woods 1997). Research has suggested that the prevalence of depression in women is substantially higher during menopause than during other phases of life, possibly due to the changing hormone levels (Kaufert, Gilbert and Tate 1992). Recent studies have shown that reductions in estrogen during menopause do not influence mental well-being (Slaven and Lee 1998). Therefore, the occurrence of depression cannot be attributed to hormonal deficiency. Epidemiological studies have shown mainly that
psychological stressors were more likely to predict depression. Such stressors may include existent health problems, responsibility for the care of relatives, negative attitudes towards again, and history of previous depression (Woods and Mitchell 1996).

• Multiple roles:
  During the past decade, numerous studies have shown the positive effects of multiple role involvements on women’s physical and mental well-being (Barnett and Baruch 1985). The more roles a woman fulfills, the better physical health, higher life satisfaction, and less depression she may experience. Multiple roles are beneficial, but the quality and combination of roles can sometimes have a negative influence on a women’s life. Many roles drain energy, and this may result in conflict and have a negative influence on well-being (Barnett 1993). Family roles are regarded as women’s core roles, and success in the roles of wife and mother has been considered fundamental for psychological well-being and thought to be less stressful than the worker role. Wife roles can often be in conflict with mother roles, and this can lead to distress. In today’s modern society, declaring the distribution of roles between both genders, but no depriving either from its natural or assumed roles, may actually assist women and men in participating in both family and work lives without experiencing a great degree of role stress. Studies show that women sometimes use psychoactive substances, anxiety, depression, and feelings of worthlessness resulting from gender role expectations that are difficult for them to meet (Bollerud 1990; Root 1989). Results of several studies have found inconsistencies regarding family roles. Some studies have found that there are advantages for married women (e.g., Verbrugge 1982), whereas other have shown that life satisfaction and well-being are just a high or higher among single and employed women (Madleson and Notman 1981). Multiple roles clearly improve self-esteem, satisfaction with life and wellbeing, if the roles complement each other, that is if the role result in the feeling of being successful both personality and financially.

Women commonly work in jobs that involve high psychological demands and other low levels of control (Karasek and Theorell 1990) and this low level of
control can lead to cardiovascular disease, sickness, absence from work and psychological distress (Walters et al. 2002).

Nevertheless, women working in paid jobs generally have better health status than do full-time homemakers. Women working full-time outside their homes are usually responsible for domestic labor, sometimes leading to role strain. In studying the influence of family, work and material circumstances on health, it was found that ill health among women was subject not only to employment status, occupational class, and housing tenure (as found among men) but also to marital and parental status but also to marital and parental status (Arber 1991). Recently, a study found that the most important predictors of good health among women were being in the highest income category, working full-time, caring for a family, and having high levels of social support (Denton and Walters 1999). Some interesting details regarding women's psychological health along with physical health are also found. Depression is second most common disease worldwide, with a lifetime prevalence of 15 percent and perhaps as high as 25 percent for women (Kaplan and Sadock 1998). Depressive symptoms are more common among women with low socio economic status, women living in poverty and women experiencing role strain, marital discord and physical and psychological abuse. Women are often vulnerable to depressive symptoms at certain periods of the reproductive cycle. Depressive symptoms can be experienced by women before the onset of menstruation, after giving birth to child, or at the time of menopause. The changes in hormonal levels alone do not explain the true cause of the depressive symptoms. The prevalence of anxiety disorders is nearly three times higher in women than in men. Anxiety disorders often are undiagnosed for years, and women suffer in all functions of their lives. The symptoms of anxiety affect women’s families and close relationships, resulting in over dependency, conflict in relationships, substance abuse, or domestic violence. Women with anxiety disorders are sometimes blamed for their symptoms and regarded as not being strong enough to control the symptoms and the reduction of self-esteem worsens the symptoms of anxiety. Sensitivity to anxiety is thought to influence perception of health. Women with high anxiety sensitivity reported more severe menstrual symptoms, more pre occupation
with body sensations, and more negative attitudes toward illness (Sigmon, Dorhofer, Rohan and Boulard 2000). Dysmenorrhea or painful menstruation is the most common gynecologic disorder among young women, with a prevalence of 60 percent to 93 percent (Chacko and Kelder 2000). A variety of symptoms, such as vomiting, fatigue, back pain, and headaches, the experience of pain. Studies measuring pain threshold have shown the women with dysmenorrheal and an enhanced pain perception.