Chapter - I

INTRODUCTION
Introduction

Over the years extensive researches have been carried out emphasizing on the role of social support in the day to day living. In almost every sphere of life the impact of social support is visible. It is evident from the review of literature on social support that it is very closely associated with physical and mental health.

Health psychologists believe that social and personal resources play a crucial role in the process of adjustment to a life crises such as in the diagnosis of a fatal disease e.g. cancer. Studies have shown the benefits of social support for psychological and physical health in the face of general life stress and in the adjustment to stressful life events. Health psychologists have studied the association of social support for the patients adaptation to the serious illness. Krause (2002) has studied the relationship between key dimension of social support with health and well-being.

Cancer is most dreadful disease of this time and also a leading cause of death in many countries. The nature of the disease is such that it is progressive, often fatal they cannot always be successfully treated. Because of its nature, the patients suffer’s from lots of trauma and anxiety. Hence, social and family support would play a very positive role on the recovery of illness and psychological well-being of the cancer patients.

The word cancer comes from the Greek word for Crab, Karkinos. We are all familiar with cancer as a tumor – an invasive and malignant growth. The ancient Greek physician who first described cancer noticed that some malignant tumor resemble a Crab – a hard mass with claw like
extensions. In modern times, cancer has retained its reputation as an alien invader and is perhaps the most feared of all noninfectious diseases. Cancer is not the most common cause of death, but it is correctly seen as a progressive, often fatal, condition that cannot always be successfully treated.

Cancer is one of the most dreadful diseases of this time. In this disease certain body cells multiply without apparent control, destroying healthy tissue and organ and endangering life. This disease is the leading cause of death in many countries. Cancer occurs in most species of animals and in many kinds of plants as well as in human beings.

All tumors are not cancerous. Benign (non cancerous) tumors tend to remain localized and usually do not pose a serious threat to health. In contrast, malignant (cancerous) tumors consist of renegade cells that do not respond to the body's genetic controls on growth and division. To make matters worse, malignant cells often have the ability to migrate from their site of origin and attack, invade, and destroy surrounding body tissues. If this process of metastasis is not stopped, body organs and systems may be damaged and death may result. Although some malignant cells remain as localized tumors and do not automatically spread, they do pose a threat to health and should be surgically removed.

Cancer strikes people of all ages but especially middle-aged people and elderly. It occurs about equally among people of both sexes and can affect any part of the body. The parts most often affected are the skin, the digestive organs, the lungs and the female breasts.
Without proper treatment, most kinds of cancer are fatal. In the past, the methods of treatment gave patients little hope for recovery, but the methods of diagnosing and, treating the disease have improved greatly.

Since the 1950’s, today, about one-third of all persons treated for cancer recover completely, or live much longer than they would have lived without treatment. Many research remains to be done to find methods of prevention and curing the disease. To help further research in this area, many countries have anticancer programs.

Types of Cancer

There are more than 100 identifiable forms of cancer. Although lung cancer is the most deadly form (accounting for about 30 percent of total cancer deaths annually), cancer can attack virtually any part of the body with devastating results.

The four most commonly occurring types of cancer are:

Carcinoma: This is cancer of the epithelial tissues that forms the skin and the linings of the internal organs. The most common type of cancer, carcinomas account for approximately 85 percent of all adult cancers. They include cancer of the breast, prostate, colon, lungs, pancreas, and skin. Affecting one out of every six people in the United States, skin cancer is the most common (and most rapidly increasing) type of cancer in America (Greenlec, Harmon, Murray & Jhun, 2001).

Sarcomas: This is cancer of connective tissue, malignancies of cells in muscles, bones, cartilage and fluid. Much rare than carcinoma, sarcomas account for only about 2 percent of all cancer in adults.
Lymphomas: This is one of the type of cancers that form in the lymphatic system. Included in this group are Hodgkin's disease. This is a rare form of lymphoma that spreads from a single lymph node and non Hodgkin's lymphoma, in which malignant cells are found at several sites. Approximately 60,000 new cases of lymphoma are diagnosed each year of which 90 percent are non Hodgkin's lymphoma.

Leukemias: This type of cancer attack the blood and blood-forming tissues, such as the bone marrow. Leukemia leads to a proliferation of white blood cells in the blood stream and bone marrow, which impair the immune system. Although often considered a childhood disease, leukemia strikes for more adults (as estimated 25,000 cases per year) than children (about 3000 cases per year).

There are many types of common cancer.

Lung Cancer

Carcinomas arising in the lung have recently become the most common type of cancer to occur and, by far, account for the leading cause of cancer related deaths. In addition, the incidence of lung cancer has been increasing and continues to increase relentlessly every decade.

Carcinomas of the lung most frequently occur in the 50 to 60 years old age group and are associated with many kinds of irritants ranging from asbestos to tobacco smoke. Smoking 2 packs of cigarettes per day for 30 years results in a 1 to 20 chance of developing a cancer of the lung and a risk of death from lung cancer approximately 20 times greater than that of a non-smoker. One of the most common symptom of lung cancer is a
persistent cough. Other symptoms include chest pain, shortness of breath and blood coughed up from the lung (hemoptysis). Surgery is the usual treatment for lung cancer, but only half of the cases are operable at the time of diagnosis. This may involve the removal of a cancerous tumor or an entire lobe of lung because many cases of lung cancer are not diagnosed. Until they are fairly well advanced, radiation and chemotherapy are also often necessary.

**Breast cancer**

Breast cancer is the next most common malignancy and the most common cause of cancer-related deaths in females. The disease has a wide variety of presentations, as well as behaviors. In some patients it proves to be rapidly fatal, while other patients manage to live in symbiosis with their disease for many years. In addition, the disease frequently proves to be hormonally sensitive and the clinical course and management in preverses post menopausal patients, may differ significantly.

Carcinoma of the breast usually is found as a painless mass within the breast, at times the tumor becoming attached to overlying skin causing dimpling or retraction of the nipple, one uncommon clinical variant occurs in the so called inflammatory breast carcinoma which may result from a particularly aggressive tumor. In such cases, the lesion rapidly obstruct draining cutaneous lymphatics causing a red, hot, swollen, tender breast which may appear inflammatory in nature. Breast cancer typically occurs in the pre-menopausal period and appears to be related to an unopposed, prolonged estrogenic stimulus. For example, women who never were pregnant and therefore never had their menstrual cycle interrupted, have an
increased incidence of breast cancer. Conversely, women who were pregnant before age 20 or nursed their babies for prolonged periods or who had an oophorectomy at a young age appear to have a smaller risk of this disease.

Biopsy frequently discloses plugging dermal lymphatics by tumor. Patients having inflammatory breast carcinoma have an extremely poor prognosis and frequently die of metastatic disease with in a short period.

Breast cancer is most likely to strike women between the ages of 35 and 55, to about the age of 65. In rare instances, men also develop breast cancer. Nearly 70 percent of all female breast cancer patients recover and remain free of the disease 5 years or longer after treatment.

**Cervix cancer**

Cancer of the uterus has two distinct forms depending upon the precise site of origin with in the uterus. Carcinoma of the cervix occur more commonly; however, in recent years the relative proposition of lesions arising in the cervix as compared to the uterine endometrium has decreased.

Carcinoma of the cervix typically affects the perimenopausal woman. It is more common in females who have a history of intercourse with numerous non-circumsized male partners and in females who began to engage in intercourse at an early age.

Squamous cell carcinomas account for approximately 95 percent of all tumors arising in the cervix and the majority are moderately well differentiated lesions. The posterior lip of the cervix is the most common site origin and both exophytic and infiltrative types of lesions are common.
Through routine check-ups and the use of the papanicolaou smear, most cases of carcinoma cervix can be detected before they invade surrounding tissue or produce symptoms when symptoms are present, they are generally related to changes in menstrual cycle menorrhagia or metrorrhagia. In post menopausal women unexpected vaginal bleeding, especially after intercourse, is a common sign. A waterly, yellow vaginal discharge may also herald carcinoma of the cervix.

**Colorectal cancer**

Colorectal cancer is cancer of the large intestine (colon). In the western world this is one of the more common types of cancer. Its incidence rises with age, beginning around 40 and reaching a peak between 60 and 75 men and women are affected about equally.

Symptoms of colorectal cancer vary, depending on the site of the growth in the colon or rectum. Generally there is a change in bowel habits such as constipation, diarrhoea, or episodes of both, and occasionally nausea or anemia, stool may become either flattened or pencil shaped, and they may contain blood, visible or not. Because colorectal cancer is slow growing, physical symptoms may not appear for quite sometime. The best prospect for an early diagnosis lies in regular physical examinations that include stool testing for blood and a proctoscopic examination.

Treatment usually involves a wide surgical removal of the colon (colectomy) and if possible the rejoining of the cut ends. Sometime there is indication that the cancer may have spread, the regional lymph nodes are also removed. Radiation, chemotherapy, or immunotherpay may be used during certain stages of cancer.
Prostate Gland cancer

Gland cancer involves the large gland surrounding the male urethra just below the bladder, affecting about 96,000 men annually. The disease progresses very slowly. Only when the disease is well-advanced do symptoms occur. One of the main symptoms is difficulty in urination, resulting from an enlarged prostate, normally about the size of a chestnut, which then obstructs the flow of urine. There may be a need to urinate frequently, particularly at night. Urination may be accompanied by a painful or burning sensation. Blood may appear in the urine, and urination may be difficult to start and stop.

These symptoms occur more frequently with a benign enlargement of the prostate, called benign prostate hypertrophy (BPH). Advances in prostatic surgery and radiotherapy have greatly reduced the incidence of the importance in the treatment of this disease.

Skin cancer

A common cause of skin is excessive exposure to the sun, the most frequent victims being people with fair skin. Many of them live in the southern and south-western states, where the sun is strong and the skin is frequently exposed to it. Skin sensitivity to the sun may also be increased by antibiotics, certain drugs, and birth control pills.

Symptoms of skin cancer may include any change in the appearance of the skin, such as a wound that does not heal, or any sudden change in a birth mark, mole or wart. Any mole that bleeds, enlarges, itches, shows up
after age 30, or becomes tender should be examined by a doctor immediately.

Special precautions with moles are extremely important because they are often starting points for malignant melanoma, a deadly form of skin cancer that can spread to other parts of the body. Most forms of skin cancer can be cured with surgery or with topical anticancer drugs.

**Stomach Cancer**

Stomach cancer is most likely to affect men than women; incidence peaks between the ages of 50 to 59. Stomach cancer is often associated with gastric ulcers, exposure to asbestos and various dietary factors, including the excessive consumption of nitrates and smoked or salted fish and meats.

Symptoms include vague stomach discomfort, unexplained weight loss, and anemia. Diagnosis is accomplished by means of X-ray films, biopsy, endorsed and gastric analysis.

Usually radiotherapy and chemotherapy are not effective. Excision of the tumor is usually recommended, with a survival rate of about 40 percent.

**Testicular cancer**

Testicular cancer is cancer of the male testis, often involving an undescended testicle. Usually affecting men between the ages of 20 and 35, tumors develop more often in the right than in the left testicle. Testicular accounts for less than .005 percent of all cancer cases annually.

Early symptoms are almost non-existent, the disease revealing itself only in later stages. These later symptoms include lung problems,
obstruction of the passage of urine between the kidneys and the bladder or a lump in the abdominal areas.

Accurate diagnosis includes internal examination of the scrotum by means of a light instrument and urine tests. Treatment may include any combination of radiotherapy, chemotherapy, and surgical excision. Prognosis is often very good.

**Uterine Cancer**

The main sign of uterine cancer is abnormal bleeding from the vagina; back pain is a secondary symptom. A dilatation and curettage test usually provides the most accurate diagnosis. This involves the scraping of the inside of the uterus with an instrument in order to obtain pieces of tissue for laboratory analysis.

Hysterectomy is the usual treatment of this type of cancer. 70 percent is the normal survival rate.

It is known medically as endometrial cancer, a disease of the membrane lining the uterus. Occurring most often in women between the ages of 40 and 60, it may be associated with ovary malfunction, a history of infertility, estrogen therapy, and a combination of hypertension, obesity and diabetes.

**Bone Cancer**

The most common symptom is pain especially at night, because children often experience pain due to falls and rough play. It is easy to dismiss this early symptom. Any child whose pain persists for more than a week should be taken to a doctor. Other danger signals to look for include
prominent veins. Unusually warm skin over the bone, and swelling. An X-ray can often detect the presence of bone cancer, and a biopsy will confirm any suspicious findings.

Chemotherapy is usually used to treat bone cancer, sometimes in combination with surgery and radiation. In some cases the diseased portion of the bone can be removed surgically and replaced with a metal prosthesis. This is then followed by chemotherapy.

**Brain Cancer**

Brain cancer can strike at any age of the person, but its most frequent victims tend to be younger adults. Symptoms include headaches, blurred vision, nausea, difficulty in working, and personality changes. Loss of vision in the eye on the side of the tumor may also occur.

Brain is lightly confined within the skull and plays such a vital role in the management of the entire body, any tumor, even a benign one, is considered dangerous. The usual treatment is surgery often followed by radiation or chemotherapy. If a tumor is inoperable, radiation therapy is usually applied. The development of sophisticated scanning technique has made it possible to locate and evaluate brain tumors much more precisely than in the past. As a result, the chances of successful treatment have been greatly enhanced.

**Bladder cancer**

Bladder cancer is the most common malignancy of the urinary tract. About 70 percent of those who get bladder cancer are men, many of whom are between the ages of 50 and 70. An early symptoms may be a small
amount of blood in the urine (microhematuria). This is more often associated with conditions of the kidneys. A more common sign of bladder cancer is gross hematuria, where the urine becomes red.

If the malignancy has developed in the bladder wall itself, it spreads rapidly to underlying muscles and is very difficult to treat. If the cancer has not spread before treatment is initiated, the recovery rate is about 70 percent. Recurrence of bladder cancer is relatively common.

Papillary cancer of the bladder is a very common form of the disease. It does not grow into the bladder wall itself rather, it is attached to it by a kind of stem. It is easily removed by a surgical procedure.

**Leukemia**

Sometimes called blood cancer. It is a disease of the bone marrow, where blood cells are produced. It is characterized by an increase in abnormal immature leukocytes (white blood cells), which then interfere with the production and function of normal white cells, needed by the body fight infection.

Leukemia is the most prevalent type of cancer in children, though the incidence of the disease in adult is far higher, roughly 8 to 10. Males are twice are likely to get the disease. Symptoms include fatigue, blood in the stool, bleeding gums, frequent infections and bruises, enlarged spleen and lymph nodes, pain in the bones or joints and weight loss.

Leukemia may be diagnosed by examining blood smears under a microscope, but the confirmation requires an examination of the bone marrow. The marrow sample obtained by inserting a needle into the hip bone or sternum of the patient, while using a local anesthetic.
People who suffer from certain kinds of chronic leukemia are able to live for years with little or no therapy. Acute leukemia, on the other hand, requires aggressive chemotherapy. With the development of several new and highly effective anticancer drugs, the recovery rate among acute leukemia patients has greatly improved in recent years. This is particularly true of children suffering from lymphocytic leukemia, a type of blood cancer, affecting primarily lymphocytes, cells vital to functioning of the body’s immune system.

**Symptoms of Cancer**

Cancer has no symptoms in earliest stages it may appear before the cancer begins to spread. The American Cancer Society lists seven warning, any one of which may indicate that disease is developing:

1. Any changes in bowel or bladder habits. These might indicate cancer of colon, bladder or prostate.
2. A sore does not heal. This could be a warning that mouth and skin cancer is developing.
3. Blood in the urine may be a symptom of bladder or kidney cancer. Blood or mucus in the stool may indicate bowel cancer, unusual vaginal discharge or bleeding might be a sign of cancer of the female reproductive organs.
4. A thickening or a lump in the breast or elsewhere in the body.
5. Persistent indigestion or difficulty in swallowing. These may be sign of stomach cancer or cancer of esophagus or throat.
6. Obvious change in a wart or a mole, any sudden change in their size, shape or color could signal skin cancer.

7. Persistent cough or chronic croakiness. A persistent cough may be a sign of lung cancer, especially if accompanied by spitting of blood and loss of weight.

Anyone experiencing any of these symptoms for two or more weeks should promptly consult a physician. Any one of these symptoms should be considered a possible warning sign of cancer, but not definite indications of cancer. Authorities agree that early detection of cancer is the most important ingredient in successful treatment. Certain types of cancer can be detected in the early stages of development through self examination. Breast cancer and testicular cancer are common example.

Causes of Cancer

There is no specific cause of cancer. Most experts agree that people develop cancer mainly through repeated or prolonged contact with one or more cancer causing agents, known as carcinogens. Scientists suspect that some people may agree to a tendency towards some forms of cancer, such as breast and colon cancer.

Carcinogens increase the probability of cancer because they damage body cells, eventually causing at least one cell to become cancerous. The most common chemical carcinogen is the tar found in tobacco smoke. Industrial chemicals, such as arsenic, asbestos, and some oil and coal products, can increase the risk of cancer. Chemical carcinogens polluting air and drinking water can raise the risk of cancer for entire communities.
microscopic concentrations they are also used in some food and agricultural processes.

Some natural substances, such as the molds that grow on corn and peanut crops, are also suspected carcinogens. Diets that are high in fat may play a role in colon cancer.

Overexposure to the ultraviolet rays in sunlight can cause skin cancer, particularly in people with fair, sensitive skin. Large doses of x-rays are also a cancer hazard, as are radioactive substances.

Although definite causes of cancer remain hard to identify, the behavior of cancer cells is easily recognized. Unlike normal cells in the human body, cancer cells grow at an unlimited rate. They do not grow large than normal cells, as is commonly believed, but they last longer and divide more frequently. In the process of their uncontrolled growth, cancer cells compete with healthy cells for space and nourishment they may take over, replace, or kill normal cells. The rate at which this process takes place varies greatly from one form of cancer to another.

The cancer cells, dividing at uncontrolled rate, a cluster form of cells called a tumor. Benign tumors do not spread to other parts of body; malignant (cancerous) tumor do.

The spread of cancer (metastasis) occurs when some cancer cells break away from the tumor and travel through the lymphatic system or the bloodstream. These cancer cells may then lodge in other organs or tissues and cause new tumors to form. Cancer can also spread by invading tissues that surround the tumor. Once cancer has metastasized it is very difficult to treat.
Prevalence of cancer in India

Cancer rate in India is lower than those seen in western countries but are rising with increasing migration of rural population to the cities, increase in life expectancy and change in life styles. According to National Cancer Registry Programme of Indian Council of Medical Research (1997). Cancer rate in India in 1997 as follows:

Leading Cancers in Population Based Cancer Registries under National Cancer Registry Programme of ICMR (1997), Men

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<th>Delhi</th>
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<td>(3.2)</td>
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Figures in parenthesis are the crude incidence rates per 100,000
Leading Cancers in Population Based Cancer Registries under National Cancer Registry Programme of ICMR (1997), Women

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Figures in parenthesis are the crude incidence rates per 100,000

Relationship between Psychological Disorders and Cancer

The association between melancholia and cancer was first suggested by Galen in A.D. 200-300. Gedman (1701) also suggested that cancer might be related to life disasters. Psychological factors play a role in the development of cancer and predicting behaviours such as smoking and diet, which are implicated in its initiation. Sufferers of cancer report psychological factors affect on.

1. Behavioral factors. Behavioral factors have been shown to play a role in the initiation and promotion of cancer. Smith and Jacobson (1989) reported that 30 percent of cancers are related to tobacco use, 35 per cent to alcohol. These behaviours can be predicted by examining individual health beliefs.
2. Stress. It has also been shown that stress has a role to play in cancer. Laudenslage et al. (1983) reported a study which involved exposing cancer-prone mice to stress (shaking the cage). They found that if this stressor could be controlled, there was a decrease in the rate of tumour development. If the stressor was perceived as uncontrollable, this resulted in an increase in tumour development. This suggests a role for stress in the initiation of cancer. Sklar and Anisman (1981) suggested that an increase in stress increased the promotion of cancer, not its initiation.

3. Life events. It has been also suggested that life events play a role in cancer. A study by Jacobs and Charles (1980) examined the differences in life events between families who had a member who was a cancer victim and families who did not. They reported that among families with a cancer victim, more members had moved house, more had changed some form of their behaviour, more had seen their health status deteriorate and more had got divorced, suggesting that life events may well contribute to the onset of cancer.

4. Type C personality. Individuals are described as passive, appeasing, helpless, other focused and unexpressive of emotion. Eysenck (1990) described it 'a cancer prone personality', and suggests that this is characteristic of individuals who react to stress with helplessness and hopelessness, and individuals who repress emotional reactions to life events. An early study by Kissen (1966) supported this relationship between personality and cancer are reported that heavy smokers who develop lung cancer have a poorly developed outlet for their emotions, perhaps suggesting type C personality. In 1987, Shaffer et al. carried out a prospective study to
examine the predictive capacity of personality and its relationship to developing cancer in medical students over 30 years. At follow-up, they describe the type of individual who was more likely to develop cancer as having impaired self-awareness, being self-sacrificing, self-blaming and not being emotionally expressive. The result from this study suggest that those individuals who had this type of personality were sixteen times more likely to develop cancer than those individuals who did not.

5. Anxiety: Anxiety also appears to influence pain perception. Fordyce and Steger (1979) examine the relationship between anxiety and acute and chronic pain. They reported that anxiety has a different relationship to these two type of pain. When the individuals experiences acute pain, they also experience increased anxiety. Successful treatment reduce the pain, which subsequently reduce the level of anxiety. This reduce anxiety then causes a further reduction in the pain. Therefore, because of the relative case with which acute pain can be treated, anxiety is related to pain perception in terms of a cycle of pain reduction. However, the pattern is different with chronic pain. Because treatment has very little effect on chronic pain, this increase anxiety, which can further increase pain. Therefore, with chronic pain, anxiety is related to pain perception in terms of a cycle of pain increase. Research has also shown a direct correlation between high anxiety levels and decreased pain perception in children migraines and sufferers of back pain (Feuerstein et al., 1987).

Role of Psychological therapies in the alleviation of symptoms

Psychological therapies play an important role in the alleviation of symptoms of cancer and in promoting quality of life. Cartwright et al.
(1973) described the experiences of cancer sufferers, which included very distressing pain, breathing difficulties, vomiting, sleeplessness, loss of bowel and bladder control, loss of appetite and mental confusion. Psychosocial interventions have been used in an attempt to alleviate some of the symptoms of the cancer sufferer and to improve their quality of life.

1. Pain management

One of the main roles of psychology in terms of pain management, and this has taken place through a variety of different pain management techniques. For example, biofeedback and hypnosis have been shown to decrease pain. Turk and Rennert (1981) encouraged patients with cancer to describe and monitor their pain, encouraged them to develop coping skills, taught them relaxation skills, encouraged them to undertake positive imagery and to focus on other things. They reported that these techniques were successful in reducing the pain experience.

2. Social support interventions

These interventions take place through support groups, which emphasize control, meaningful activities and aim to reduce denial and hope. It has been suggested that although these sorts of interventions may not have any effect on longevity, they may improve the meaningfulness of cancer patient's life.

3. Cognitive-Behaviour Therapy

Respondent conditioning and visual imagery, relaxation, hypnosis and desensitization have all been shown to decrease nausea and anxiety. Redd (1982) and Burish et al. (1987) suggested that 25-33 per cent of cancer
patients show conditioned vomiting and 60 percent show anticipatory anxiety. It has been suggested that guided imagery may reduce the severity of these problems.

4. Body Image Counselling

The quality of life of cancer patients may also be improved through altered body image counseling, particularly following the loss of a breast, but more generally when dealing with the grief at losing various body parts.

5. Cognitive adaptation strategies

Research also suggest that quality of life may also be improved using cognitive adaptation strategies. Taylor (1983) used such strategies to improve patients self-worth, their ability to be close to other and to improve the meaningfulness of their lives. Such methods have been suggested involve self-transcendence and this has again been related to improvements in well-being and reductions in illness-related distress.

Social Support

Health psychologists have extensively studied the association between social support and mental and physical health and found that it is extremely beneficial in highly stressful situation.

Cancer patients face with multiple stressful situation during the course of illness, such as disabling physical symptoms, limitations in daily activities, feeling of uncertainty. About a quarter of the cancer patients experience depressive, stress anxiety, life events and pain in the period of illness.
According to health psychologist, social and personal resources play a crucial role in the process of adjustment to a life crisis such as a diagnosis of cancer. Social support has been frequently studied as a psychosocial resource (Hobfoll & Vaux, 1993; Thoits, 1995).

Support is a powerful preventive and healing process. Social support means useful helping resources providing by others. Literature on social support suggests that it is very much important concern in our daily lives. This concept has also emerged as the moderator and mediator of stress, lack of problems, excessive worry, self preoccupation and stress proneness (Blazer, 1982; House et al. 1982).

The concept of social support has variously been defined by the researchers as social bonds (Henderson, 1977), social networks (Mueller, 1980), meaningful social contact (Cassel, 1976), availability of social confidents (Brown et al., 1975), and human companionship (Lynch, 1977).

Social support refers to the perceived comfort, caring esteem, or help a person receives from other people or group when he need (Cobb, 1976; Gentry & Kobasa 1984; Wallston et al. 1983; Wills, 1984). According to Cobb (1976) people with social support believe they are loved and cared for, esteemed and valued, and part of a social network, such as a family or community organization, that can provide goods, services and mutual defence at times of need and danger. Kahn and associates (Kahn, 1979; Kahn and Antonucci, 1980) define social support as the expression of liking, administration, respect, love, agreement and affirmation as well as the provision of direct aid and assistance. It is apparent that social support is multi-dimensional construct which not only represents that the person has
social relationship but also indicates that he is esteemed and cared for. As a
social activities or transactions he perceives that a support may come from
many different sources the person’s spouse or lover, family, friends, co-
workers, physician or community organizations. Social support is defined as
the comfort, assistance, or information one receives through formal or
informal contacts with individual or groups (Wallston et al., 1983).

Social support is the kind of help that the person perceives from others
i.e. emotional, personal, practical, informational and instrumental. The
quality and amount of the support is more concerned with social support
given by different sources. Cohen and Wills (1985) have defined social
support in terms of functional support. According to them functional support
indicates whether interpersonal relationship serve specific function or not
(e.g. provide affection, feeling of belonging on material aid).

Observations in a variety of setting have led to the idea that social
support (a) contributes to positive adjustment and personal development and
increased well-being in general (Brenda et al., 1990; Cohen & Wills, 1985)
and, (b) provides a buffer against the psychological consequences of
exposure to stressful life events (Cohen and Syme, 1985; Kesseler and
Meleod, 1985).

Despite strong support for a positive relationship between perceived
social support and adjustment to stressful life-events, much more
empirically derived evidence is needed to provide a basis for theoretical
advances in the area of social support (Heller, 1979). Theoretical reviews of
social support literature have increasingly called for research to move
beyond simple demonstration of the effects of social support to analysis of
the mechanisms by which support exerts its beneficial effects (e.g. Cohen, 1988; Larocca et al., 1980; Thoits, 1986; Wallston et al., 1983). Social support correlates positively with self-esteem, extraversion and negatively with neuroticism, depression, hostility, loneliness, anxiety and lack of protection in diverse samples.

Several studies have shown the benefits of social support for psychological and physical health in the face of general life stress (Brown, Bhrolcharin and Harris, 1975; Cobb, 1976; Dean & Lin, 1977; Hirch, 1980; Kaplan, Cassel and Gore, 1977; Wilcox, 1981).

Researchers have suggested that there are five types of social support Cohen & Mekay, 1984; Cohen & Wills, 1985; Cutrona & Russell, 1990; House, 1984; Schafer et al., 1981; Wills, 1984).

1. **Emotional support**

It involves the expression of sympathy, caring, and concern towards the person. It provides the person with a sense of comfort, reassurance, belongingness and of being loved in time of stress. Emotional support can provide strength to patients and families who are given the challenge of facing an accumulation of losses.

2. **Esteem support**

Esteem support occurs through people's expression of positive regard for the person encouragement and agreement with the individual's ideas or feelings, and positive comparison of the person with others. Such as people who are less able or worse off. This kind of support required to build the individual's feeling of self-worth, competence, and of being valued. Esteem
support is especially useful during the appraisal of stress, such as when the person assesses whether the demands exceed his or her personal resources.

3. **Tangible or Instrumental support or functional support**

   This type of support involves direct assistance, as when people give or tend the person money or help out at the time stress, helping with specific tasks. This might include rides to clinic appointments, helping with cooking or cleaning, or going to the doctor with you to take notes and provide a second set of ears.

4. **Informational support**

   It includes giving advice, direction suggestions or feedback about how the person is doing, for example, a person who is ill get information from family or a physician on how to treat the illness providing you with information about cancer. This might include finding facts about your type of cancer, gathering information about treatment options, or talking to others who have had experiences similar to yours.

   There has been disagreement about how much information should be given to a cancer patient or his family, and what type of material should be shared, and at what time, certain personalities need of a diagnosis.

   Recently more effort has been made to educate the public as well as cancer patients and families about many aspects of the disease. Not informing a patient has become an old school of thought.

   A variety of resources exist today so that knowledge is available in many formats and is applicable at different points of the disease process. Education is an important coping resource for many, who will be able to
obtain better control over their situation with increased understanding and information, for example, providing information about cancer. This might include finding facts about your type of cancer, gathering information about treatment options, or talking to others who have had experiences similar to yours.

5. Network support or Structure support

It provides a feeling of membership in a group of people who shared interest and social activities. Recently social support has been classified into two categories: perceived support and received support. Perceived support generally refers to the psychological sense of support derived from feeling of loved, valued, and part of a network of reliable and trusted social relationships (Gottlieb, 1985). It is more stable over time because it is not context dependent.

Received support represents concrete instances of helping derived from one's social network, with this help or 'provisions' usually being categorized as emotional support, instrumental support, appraisal support and informational support (House & Kahn, 1985). Some authors have used the term “enacted support” in the place of received support (Barrera, 1986; Tardy, 1985). The type of support a person receives and needs depends on the severity of illness, for example, instrumental or structural support may be more important for friends and family members. Emotional and informational support may be particularly important for people who are seriously ill.
Theories of social support

There are a variety of overlapping theories about how support affects behaviour.

**Buffer hypothesis**: One of the earliest theories was based on the concept that poor social ties reduces feedback and as a consequence one becomes confused; this confusion increases susceptibility to errors. According to this theory social support protects the individual and acts a buffer to environmental stresses.

**Direct effect**: This theory assumes that practical and financial assistance from friends can alleviate or prevent some stressful life events. A sense of belonging and positive reinforcement can improve satisfaction with life. As a consequence, one might have fewer physical and mental disorders. In contrast to the buffer theory, this theory assumes that social support has an effect in the absence of stressful events.

**Personality characteristics**: Individuals with a sense that they are well accepted by others are more likely to establish positive relationships and receive help. Similarly, those who feel that they are not accepted are less likely to feel they have friends and may fail to get help even when help is available to them. Not only does the availability of help differ by the sense of acceptance but also positive sense of acceptance leads to better coping skills. Individuals reassured about their social support worry less about where help might come from and spend more time facing problems. Because a sense of acceptance is a personality trait learned early in one’s childhood, this theory assumes that social support is a relatively enduring characteristic of the individual rather than a changing feature of the environment.
Transactional: The ecological model sees social support as a feature of neither the individual nor the environment, but as a transaction between the two. The person must maintain relationships by providing support to others when needed. In return, others will provide support when the individual is in need. Overtime, the transactions of helping and being helped must balance, otherwise social ties change. Thus, in stressful situations sometimes relationships break and other times strengthen, depending on whether the support has been reciprocated. This independence in helping each other need not involve the same types of support, one may provide financial support to others and in turn receive emotional support. The theory also predicts that a person with good personal skills is more capable of helping others and therefore has more good will to rely on when he himself endures a series of stressful events. In the transactional model, social support limits the individual’s future behavior by requiring him to reciprocate.

The recent explosion of research in the area of social support has provided a wealth of information about the nature of the relationship between social support, stress, and health consequences. Reviewing these studies and critical reviews of research (Cobb, 1976; Dean & Linn, 1977; Thoits, 1982) it can be seen that this area of investigation has been observational and generally a theoretical and for the most part devoid of attempts to create unifying models. This is not to be criticized, as observation is a necessary stage of scientific advancement (Kuhn, 1970). Research will be able to test aspects of the model so as to create increasingly accurate explanations of the social support process. This is a necessary step toward clinical application.
Health psychologists have found that many of these chronic illnesses could have been prevented through modification in behaviour, for example, approximately 25% of cancer and heart disease death could be avoided annually through the cessation of smoking alone. Poor diet and lack of exercise contribute to the onset of many disorders.

Research has shown that people who get support are better able to cope with cancer and their immune system is better. According to Caplan’s theory (1974) social support implies enduring pattern to continuous or intermittent ties that play a significant role in maintaining the psychological and physical integrity of the individual overtime. For Caplan a social network provides a person with psychological supplies for the maintenance of material and emotional health. The studies reported by Sarason et al. (1983) were on the medical, surgical and psychiatric disorder patients.

According to Shumaker and Brownnell (1984) supportive behaviour would be seen as exchange of resources between at least two individuals perceived by the provider or the recipient. This interactions tend to be viewed as supportive when they are intended to gratify people’s need (Thoits, 1983).

**Limitation of social support**

Social support measures suffer from two major limitations. One is the lack of established, “gold standard” measures. The variety of different measures currently in use makes it difficult to draw conclusions based on comparisons of results across studies. The second limitation relates to the variability of support over time and our mobility (to data) to assess these variations and their impact on relation on relationships between social
support and health outcomes. As a result, we currently have little evidence linking social support to the occurrence of major physical health outcomes, despite strong theoretical reasons for believing that such effects exist.

Diseases can be prevented through social support. Many theories has been proposed by Berkman & Syme (1979) mental, physical, emotional self-destructive health habit of a person may be due to "isolation". This may be the main cause for suicide or accidents. Last but not the least day to day research on particular subject points out that "isolation" affects the whole body and is the cause of heart disease and cancer as well as arthritis, gastrointestinal upsets, skin problems, headaches, and complication of pregnancy.

In the words of Dennis Jaffe (1980) "all disease are social disease" which clearly through light on "social support structure" without which the graph of body's immune system fall to an extent. The Almada researchers shows the effect of absence and presence of social network to fight against or in origin of illness. The effect is related to body's stress response. One who lacks outlet for stress may have "stress related illness" and on the other hand who fight or are has stress busters are much healthier. Ultimately it shows the vital role played by "social support system" and "isolation" in origin and fighting against disease.

**Subjective well-being**

The dimension of human behaviour which is studied in the present study is subjective well-being. Nowhere relevance of psychology to humans is more evident than subjective well-being, which is to do with people's feeling about their everyday life activities (Bradburn, 1969; Campbell,
Such feelings range from negative mental state (Anxiety, depression, dissatisfaction, unhappiness etc.) positive aspect of life (good health, satisfaction happiness etc.).

Historical Antecedents: The roots of well-being can be traced from the beginning of human civilization. Since antiquity, it has constituted one of the greatest subjects in the field of philosophy of life as endoemonics (e.g., Aristotle's Ethica Nicomachea). Happiness is supported to be good fruit of religion. The every holy mission of the Jesus Christ's Sermon on the mount is to bring about true well-being of mankind. So it is the teaching of Shyakmuni who become Buddha under the Bodhi tree on the bank of the Nairanjana River. "By their fruits shall ya them" may not be only with regard to the specific religion concerned. It can also be applicable to other great religions in the world. In almost every religion it is claimed that, "by the grace of people's devout faith in the respective religion or religions, walking with love on the righteous way should laid to their true well-being or true worthness of life" (Nishizawa, 1998, p. 1).

Since times immemorial men have prayed "Sarva Sukhinah bhavantu" (Let all enjoy well-being). For centuries the emphasis has been on the negative aspect of well-being as emancipation from suffering, suffering from the consequence of events of actions, or suffering from the tension of desire. The opening verse of the Shrimad Bhagavat speaks of freedom from three kinds of suffering (Tapa-trays) – physical suffering (Adhibhautika tapa), psychogenic sufferings (adhyatmika tapa) and suffering originating from unknown forces (adhidaivika tapa). The verses that follow dilate on psychogenic sufferings or kleshas, those in which human beings get
engulfed by the developed of disordered (sauri) personalities caught in anxiety producing illusory fixations or attachments. The physical sufferings involved in disease, old age and death had moved the Buddha to look for resources for emancipation from them for satisfaction of what Murray (1938) had called the need harmavoidence.

The most important feature of well-being, according to Geeta, is emancipation from anxiety producing fixation and attachments. The quran talks about Saber, tawakkul and Ghazali made a distinction between three expressions, nafse mutmaina, is contended and satisfying soul; it is opposite to nafs-al-lawwama, the admonishing or troubled soul.

There are some very basic notions which are inherent in the Vedanta telling as that man’s well-being depends upon his understanding of the meaning and purpose of life which cannot be taken apart from its creative force and its self-transcending quality, or the will-to-be. From the point of view of the finitude of life, meaning in life are to be found in the reality around us. All problems and sufferings in the life tend to arise from “absorption of the creative force of life in pursuits that frustrate its true meaning and are ultimately self defeating, such pleasure seeking, searching for happiness in organic satisfactions and sensory pleasure; or else, they arise under an attitude of irresponsibility toward life and indiscriminate actions. We have observed that three notions enter into all the emphasis in the vedantic view of life.

Subjective well-being is a new field of research that focuses on understanding the complete range of well-being from utter despair, to elation and total life satisfaction. It is a field of psychology that attempts to
understand people's evaluation of their lives. These evaluation may be primarily cognitive (e.g., life satisfaction or marital satisfaction) or may consist of the frequency with which people experience pleasant emotions (e.g., joy, as measured by the experience sampling technique) and unpleasant emotions (e.g., depression).

Subjective well-being refers to how people evaluate their lives and includes variables such as life satisfaction and marital satisfaction, lack of depression and anxiety, positive moods and emotions. The idea of SWB or happiness has interested for millenia. In the recent years it has been measured and studied in a systematic way. A person's evaluation of his or her life may be in the form of cognitions (e.g., when a person gives conscious evaluative judgements about his or her satisfaction with life as a whole, or evaluative judgements about specific aspect of his or her life such as recreation). An evaluation of one's life also may be in form of affect (people experiencing unpleasant or pleasant moods and emotions in reaction to their lives). Therefore, a person is said to have high SWB if she or he experiences life satisfaction and frequent joy, and only infrequently experience unpleasant emotions such as sadness and anger. If a person is said to how low SWB than he or she is dissatisfied with is life, experiences little joy and affection, and frequently feels negative emotions such as anger or anxiety. The cognitive and affective components of SWB are highly interrelated.

Most people evaluate her or his life as either good or bad so they are normally able to offer judgements about their lives. Moreover, people virtually always experience moods and emotions, which have an hedonic
component that is pleasant, indicating a positive reaction, or unpleasant, indicating a negative reaction. People have a level of SWB, even if they do not often consciously think about it, and the psychological system offers virtually a constant evaluation of what is happening to the person.

**Components of subjective well-being**

There are three primary components of SWB: satisfaction, pleasant affect, and low levels of unpleasant affect.

Subjective well-being is structured such that these three components form a global factor of interrelated variables. Each of the three major facets of SWB can in turn be broken into subdivisions. Global satisfaction can be divided into satisfaction with the various domains of life such as recreation, love, marriage, friendship and so on, these domains can in turn be divided into facets. Pleasant affect can be divided into specific emotion such as joy, affection, and pride. Finally, unpleasant or pleasant affect can be separated into specific emotions and mood such as shame, guilt, sadness, anger, and anxiety. Subjective well-being can be assessed at the most global level, or at progressively narrow levels, depending on one’s purposes. For example, one researcher might study life satisfaction, whereas another might study the narrower topic of marital satisfaction. The justification for studying more global levels (rather than just focusing on the most molecular concepts) is that the narrow levels tend to co-occur. In other words, there is a tendency for people to experience similar levels of well-being across different aspects of their lives, and the study of molar levels can help us to understand the general influences on SWB that cause these covariations. A justification for studying narrower definitions of SWB is
that we can gain a greater understanding of specific condition that might influence well-being in particular domains.

Domains of subjective well-being

There are several cardinal characteristics in the study of SWB (Diener, 1984). First, the field covers the entire range of well-being from agony to ecstasy. It does not focus only on undesirable state such as depression or hopelessness. Individual differences in levels of positive well-being are also considered important. The field is concerned not only with the causes of depression and anxiety but also with the factors that differentiate slightly happy people from moderately happy people and extremely happy people.

Second, SWB is defined in terms of the internal experience of the respondent when assessing SWB an external frame of references is not imposed. Many criteria of mental health are dictated from outside by researchers and practitioner (e.g. maturity, autonomy, realism), SWB is measured from the individual’s own perspective.

This approach has both advantages and disadvantages. Although it gives ultimate authority to our respondents, it also means that SWB can not be a consummate definition of mental health because people may be disordered even they are happy. Thus, a psychologist will usually consider measures in addition to SWB in evaluating a person’s mental health.

Hallmark of SWB is that the field focuses on longer term states, not just momentary moods, although a person’s moods are likely to fluctuate with each new events, the SWB researcher is most interested in the person’s
mood over time. Momentary happiness can not be related to SWB. As SWB is a wide term in which momentary happiness has a iota place.

**Demographic variables and Well-being**

Demographic factors are often only weakly correlated with it. For example, Campbell, Converse, and Rodgers (1976) found that all demographic factors together accounted for less than 20 percent of ten variance in SWB. Variables such as education, ethnic status, and age often correlated at very low levels with reports of SWB. Nevertheless, some demographic variables do consistently predict SWB. For example, married people of both sexes report more happiness than those who are never married, divorced, or separated (e.g., Lee, Seccombe & Shehan, 1991) one benefit of marriage may be providing interesting and supportive social interactions for the individual. Furthermore, there is evidence that happy people are more likely to marry in the first place (Mastekaasa, 1999; Scott, 1991). So the causal influence between SWB and marriage may work in both directions. In addition to the effects of marriage on participants, we have found differences in SWB between the children of intact marriages versus divorced marriages (Gohm, Darlington, Diener, Oeshi, 1997). Life satisfaction is lower when one’s parents had a highly conflictual marriage or when they were divorced, and this pattern was true in both individualistic and collectivistic cultures. Perhaps growing up in a conflictual or distrusting environment interferes with one’s later social relationships because of the cognitive templates it builds for relating to other people. Several types of evidence bear on the question of whether money makes people happy. There are substantial differences in the self reports of SWB between rich and poor
nations. In contrast, SWB reports have not changed at all in wealthy nations such as the U.S.A., Japan, and France as they have gained more income over the last 20 years (Diener, 1995). Diener, Sandrick, Seidlitz, and Diener (1993) found that respondents in the U.S.A. whose income increased or decreased did not change in S.W.B. Finally, we know that the correlation between income and SWB is small in most countries. Therefore, there is a mixed pattern of evidence regarding the effects of income on SWB. One possibility is that income only influences SWB at lower levels where physical need are at stake, but that increasing levels of wealth above this level make little difference to happiness.

Subjective well-being is rapidly growing research and applied area. SWB is an average positive in industrialized nations, though people do differ in their levels of pleasant affect, unpleasant affect and life satisfaction. Several potential causes of the individual differences in SWB have been explored, and temperament looms as an important influence. People's goals, cognitive styles, and activities are also likely influences of SWB. External circumstances are often less important to SWB than is often believed, probably because people partially adopt to them. Nevertheless, extreme situational differences such as that between life in the wealthiest and poorest nations do appear to affect SWB. Values are related to positive SWB in that peoples who are involved in goal activities that they believe are important, they are more likely experience feelings of well-being.

Most people are not depressed most of the time, it makes sense to study positive forms of well-being, not just absence of well-being but this varies according to the wealth of nation. When we examine the entire range
of well-being, we obtain hints about factors that can increase quality of life if people come to meet their basic physical needs, they will increasingly turn to concerns about quality of life.

**Recovery**: The risk of fatal diseases has increased to a greater extent. Fortunately, in this era deep rooted tradition of good health practices, modern medicines and knowledge of treatment of disease helped a lot in the recovery of an illness. The Oxford Advanced Learner’s Dictionary (2000) defines recovery from illness as “to get well again after being ill/sick, hurt etc.

Recovery of illness is closely associated with amount of social support one receives from closed person e.g. parents, siblings, friends, spouse.

**Role of Psychosocial Factors in the Recovery of Cancer**

Cancer diagnosis equals a major trauma with reactions ranging from despair and panic to apathy or rage, all of these are powerful negative emotions. Psychoneuroimmunology tells us that feelings, moods and general outlook affect our immune system, which is boosted by hopefulness, determined outlook, and undermined by a despairing, helpless attitude, our every thought and emotions are determined by a biochemical act.

Positive emotions are powerful tools for healing. The positive emotion can be powerful weapons in the war against disease. Laughter, Courage, tenacity, love and consideration for others and a connection to the patient’s own understanding of spirituality are all positive aspect essential for healing. In case lacking of these the patient’s total healing will be slow pace.
A positive, hopeful, determined attitude strengthens competence, while despair, negativity and fear weaken it. Unhappiness or a traumatic events can overwhelm our cells.

According to neuroscientist cells are conscious being that communicate with each other and affecting our emotions and choices. It is equally true that our emotions and beliefs affect the activity of our cells.

Negative emotions have a devastating effect upon the function of the body and specially the nervous system. The stress experienced from these emotion, causes stimulation to autonomic or involuntary division of the nerves – both sympathetic and parasympathetic branches. Blood pressure, heart rate, respiratory rate, and oxygen consumption is increased. Glucose is needlessly used up. Kidney filtration, gastrointestinal secretion and activity are decreased, affecting digestion and the release of body wastes and toxins. Insomnia, fatigue, loss of appetite, restlessness, avoidance and boredom are noted.

Many studies have examined effects of psychosocial factors in the recovery of cancer. In general, four types of factors have been examined : adjustment to illness, emotional expression, will to live and emotional stress. A number of studies have reported correlation between one or more of these factors and cancer outcome.

The role of the personal characteristics and behaviours might play in recovery from serious illness. It has become a widely discussed topic from the last two decades. It is also discussed both in the scientific and popular literature. In self-help books geared toward cancer patients, for example, certain attitude and characteristics, such as having a “cancer-prone personality” are commonly linked with accelerating the recovery of illness. Other
characteristics such as a strong "will to live" and a good "coping style" are credited with preventing illness, reversing the course of existing disease, or prolonging life.

Several popular books on the role of emotions and behavior in recovery from serious illness have helped bring this subject into the foreground of cancer treatment. Some of the best known examples include Norman cousin's *Anatomy of an illness* and *Head*. First, Bernie Siegel's *Love, Medicine and Miracles* and *Peace Love and Healing*, and the Sinnonton's *Getting Well Again*. These books encourage patients to combat feeling of hopelessness, passivity and depression that may accompany life-threatening illness and to develop positive outlooks and effective coping strategies. These books support the view that patient's efforts to promote physical, emotional, psychological and spiritual well-being or "healing" can also enhance the environment for medical care, improve psychological and physical adjustment to the disease, and in some cases tip the balance toward recovery. Guided imagery, meditation, psychological counseling, support groups, and other approaches are often used to help patients achieve these goals.

Psychological and behavioral methods are becoming a regular part of cancer treatment, the aim of these methods is to enhance quality of life. Psychosocial interventions have recently been made for the efficacy of psychological and behavioral approaches in improving the course of cancer in still uncertain. Research on relationships among emotions immunity and cancer is discussed. There are three popular psychological interventions for which claims of tumor regression or life extension have been made.
Psychosocial Support for Cancer Patients

Cancer patients and survivors for psychosocial support services has grown from the past decade. Psychological and behavioural interventions are being used to physical and psychosocial needs of cancer patients and long term survivors. Some of these interventions are incorporated into conventional treatment programs, while others are offered outside of medical settings, e.g., as a part of cancer support group activities. The main purpose of these interventions are help to patients reduce pain, control nausea and vomiting related with chemotherapy, and cope with other physical or mental disorders. For example, interventions are used to reduce distress related with cancer and chemotherapy include hypnosis, progressive, muscle relaxation training with guided imagery and systematic desensitization.

Psychological approaches are also being used to communicate broader emotional and social issues among cancer patients and their families. Patients may seek help in changing their lifestyle, in reducing stress, and reexamining their relationships with others, or unplanning for the future.

The psychosocial support offered by many groups which are based on the idea that cancer patients can improve the quality of their lives and contribute to their treatment and recovery by becoming actively involved in the fight against their cancer. These groups are not affiliated with facilities or organizations that provide medical care or advocate particular type of cancer treatment.

The growing population of cancer patients wish to become actively involved in the fight against their illness. One of the well known programmes offering psychosocial support is the Wellness Community, founded by Harold
Benjamin in 1982, the purpose of this program is to encourage cancer patients and their families to participate actively in the fight for recovery, improving the quality of their lives and possibly enhancing their chances of long-term survival.

The elements of Wellness Community are the mutual aid groups that focus on cancer patients feeling and teach self-help techniques with the idea that “positive emotions and positive mental activities may improve the probability of recovery from cancer”. Exceptional Cancer Patients (EcaP) program is another widely known support group is founded by Besrie Siegel in 1978, based on “Carefrontation”, described as “a loving, safe, therapeutic confrontation, which facilitates personal change and healing”.

Another model support program is Commonweal Cancer Help Program was started in 1985, aimed at helping patients cope with stress and resolve fears and anxieties (pain, illness and death), and improve the quality of their lives. The purpose of this program is to help cancer patients “discover those inner and outer conditions which they may best maximize their health and well-being”.

Objectives of the Present Study

The present study is an attempt to answer the query as to what kind of impact of social support have on the recovery of illness of cancer patients. The main objectives of the present study are as follows:

1. To identify the level of social support among cancer patients who are undergoing treatment.
2. To identify the impact of the types of social support on cancer patients.
3. To identify the level of subjective well-being among cancer patients.

4. To examine the influence of social support in the subjective well-being of cancer patients.

5. To examine the influence of social support in the recovery of illness.

6. To examine the influence of social support on subjective well-being.