Chapter - II

REVIEW OF LITERATURE
Review of Literature

The review of literature includes only those studies which have relevance and relation with the topic, and objectives of the present study. Since the main problem of the present study is on the “Influence of social support in the recovery of illness and subjective well-being among cancer patients undergoing treatment”, it would therefore, be proper to review studies concerning to the social support, influence of social support, recovery and subjective well-being with cancer patients. In the following section many of very important studies have been reviewed. A large number of studies have found consistent relationships between different dimensions of well-being and cancer disease. In this section some relevant studies conducted in the last five years or during 1998s have been reviewed.

Social Support in Cancer Patients

Ptacek et al. (1998) investigated the differences between husbands and wives on these support dimensions and to explore whether the relation between support and adjustment was different for generally similar in their general perceptions of available support and in the amount of support they reported seeking, compared to husbands of breast cancer victims, wives of prostate cancer victims reported receiving more support and being more satisfied with the support they received. Measures of social support predicted husband’s reports of marital satisfaction and adjustment, but not wives reports. Analysis indicated that sex differences in these support adjustment links were not attributable to differences in age, or in the time between completing treatment and participating in the study.
Pistrang et al. (1999) examined the psychological helping process that occurred when 26 breast cancer patients (the disclosers; aged 28-55 years) talked about their illness-related concerns with their partner and in a separate conversation, with a fellow patients (the volunteer helpers). From the observer's perspective, the volunteer helpers were more helpful, empathic and supportive less critical, and used more self-disclosure than the partners. Disclosers did not differentiate between the two types of helper, and gave generally high ratings to both conversations. Strengths and weaknesses of each type of helper were identified. Findings are discussed in relation to the literature on formal and informal helping, and implications for training non-professional helpers are suggested.

Gerits et al. (1999) examined the impact of locus of control (LoC), perceived social support, and their interaction on actual stress indicates as a consequence of the communication of the result of breast biopsy. Measures used included the Dutch versions of the Rotter internal-external locus of control scale and one of the 7 Depression Adjective check lists used to assess depressed mood. Little evidence was found for the existence of a relationship between psycho-social variables considered to be stress indicators and acute stress symptoms. Concerning the results of the 1st assessment, only the relationship between LoC and psychological distress variables was meaningful with regard to the existence of a relationship between psycho-social variables and natural killer cell system. Indicators, only the numbers of natural killer cells could be explained by the
psychosocial model indicating LoC, perceived social support from relatives, and the interaction between them.

Dunn et al. (1999) described how a volunteer peer support service assists women with breast cancer, and provides guidelines for practitioners in the development and implementations of such programs. A 2-phase evaluation of a breast cancer peer support program was undertaken to describe important attributes of the peer support intervention, the impact of the volunteer visit on women's self-reports of anxiety and key indicators of a successful volunteer visit. The key aspect of the peer support process was the bond of common experience leading to a decrease in social isolation, an increase in optimism about the future, and reassurance about personal reactions and feminity. It is recommended that peer support programmes should aim to time support visits to coincide with the time when patient support needs are highest, that volunteers need to be recruited from a range of back grounds and matched to patients most similar to them in way of life, and that peer support services should be embeded in a broad network of community support services.

Moyer et al. (1999) investigated that women treated for breast cancer with breast conserving surgery compared to mastectomy experience less social support and more mood disturbance, and that social support from significant others erodes over time. Perceptions of social support and psychological distress decreased overtime, and the discrepancy between recipient’s and provider’s judgments of available support increased overtime. Low levels of physical functioning led to relative increases in
social support, whereas high levels of psychological distress led to relative decrease in social support. Social support as related by patients (but not their partners) was a significant predictor of changes in psychological distress.

Sollner et al. (1999) investigated combined patterns of social support and coping style and correlations with adjustment to cancer in early stage melanoma patients. Regression analysis identified high active and low depressive coping behaviour as stronger predictors for perceived support than sociodemographic and clinical variables, cluster analyses yielded 4 coping-support patterns. High social support combined either with active coping or with sloicism, was associated with good adjustment, whereas low perceived support in the Ss living alone or in the patients exhibiting depressive coping behaviour was associated with poor adjustment.

Pistrang et al. (1999) examined how women with breast cancer perceived different style of peer helping. The findings supported the first hypothesis, that a helping style involving high self-disclosure would be positively evaluated only in the presence of high empathy. The findings did not support second hypothesis, that in conversations where high empathy is present, a helping style involving high disclosure would be evaluated more positivity than one involving low self-disclosure.

Batler et al. (2000) examined levels of intrusion and avoidance symptoms and their relationship to past life stress, current emotional support, disease-related variables with metastatic breast cancer. The results indicate that a sizeable proportion of these women experienced clinically significant levels of intrusion and avoidance symptoms related to their
cancer, particularly those with both more stressful past life events and higher current levels of aversive emotional support. These results indicates that metastatic breast cancer is an emotionally traumatic events for a significant proportion of women, particularly those with past life stressors and unsupportive social environments.

Coyne et al. (2000) have studied marital status, social support processes and psychological distress among women at high risk for breast and ovarian cancer who were anticipating genetic testing. It presents a means of using non-sense coding (J. Cohen and P. Cohen, 1983) to include unmarried persons in regression analysis examining the importance of marital support. These women had mobilized high level of social support married and unmarried women did not differ in distress, but women had to have more satisfying marriages than average to be equivalent to unmarried women. For the married women, husbands were more involved and more influential in decision making than female relatives, even in distressed marriages. Negatively from close relationships, particularly the spouse had more influence on these women's well-being than did positive involvement.

Ptacek et al. (2000) have obtained information about patients stress, coping and support during radiation treatment from 57 male survivors of prostate cancer (mean age 72.4 years) and their wives (mean age 69.27 yrs). Results show that dispute remembering having experienced substantial stress, survivors of prostate cancer were quite well adjusted. Patients remembered coping primarily by seeking support and indicated that they received a great deal of support from numerous potential support providers.
Bader et al. (2000) described the interaction effects of depression burden (depressive symptoms experienced as a burden – some side effect) with a set of oncology support interventions on social support for women receiving treatment for breast cancer. The influence of depression burden, specifically on the ability to Marshall needed support resources during illness. Women with high depression burden consistently lost more network members than did women who experienced depression but did not rank it among the top 5 side effects.

Brady et al. (2000) explored the reciprocal relations between social support and adjustment following a recurrence of breast cancer. The results suggest that it is not enough to consider how social support may influence women's adjustment; it is also important to consider how women's adjustment may shape their social support networks.

DeLecuw et al. (2000) examined the influence of different aspects of patients (mean aged 58.8 years) treated with surgery and/or radiotherapy. The relationship between social support and depression symptoms was especially apparent in patients with few general health complaints, whereas the availability of support seemed to be beneficial regard less of the situation the effect of received support was equivocal. The provision of support should be tailored to the need of the individual patient.

Kohli et al. (2000) examined the cultural beliefs (both as causes of illness and as factor in recovery) to which women patients attribute their cervical cancer and also assessed the link of causal and recovery beliefs to psychological recovery. The authors found that patients attributed fate, God
and karma as the cause of their cancer, but rated their doctor as a major factor in recovery. However, these beliefs had no link to psychological recovery of the patients. In general recovery beliefs were more often associated with actual psychological recovery. The implications of these findings within Indian cultural context are discussed.

Hagedoorn et al. (2000) assessed three ways of providing spousal support. Active engagement means involving the patients in discussion and using constructive problem-solving methods; Protective buffering means hiding one’s concern; and Over protection refers to underestimation of the patients capabilities, resulting in unnecessary help and excessive praise for accomplishments. The positive association between active engagement and the patients marital satisfaction was stronger for patients with a rather poor psychological and physical condition than for those with a rather good condition. Protective buffering and overprotection was negatively associated with marital satisfaction only when patients experienced relatively high levels of psychological distress or physical limitations.

Turner et al. (2000) examined the relationships between social support, both quantity (number of people) and quality (appraisal, belonging tangible and self-esteem) and neuro-endocrine function (mean and slope of diurnal salivary cortisol) among women with metastatic breast cancer. Results show that mean salivary cortisol was negatively related to interpersonal support evaluation list subscales of appraisal, belonging and tangible social support. NO association was found between quantitative
support or the esteem subscale of interpersonal evaluation list and mean salivary cortisol.

Gilbar et al. (2000) examined the impact on a parent of an adult child constructing cancer. Results show that parents displayed more depression symptoms than did ill children. There was a significant positive correlation between depression, anxiety and BSI Grand Severity Index (GSI) symptoms of the ill adult child and of the parent. A similar correlation was found between domestic environment, extended family relations, and total adjustment on the one hand, and family support on the other. Additionally, a significant but negative correlation was found interpersonal relationships, paranoid ideation, psychotism, and GSI on the one hand, and family support on the other. Parents reported receiving less assistance and support from their ill adult child than the child reported receiving from the parents.

Grey et al. (2001) explored issues of support and coping for couples where the man had been diagnosed with prostate cancer. The core category for the couples experience with diagnosis and treatment for prostate cancer was ‘Managing The Impact Of Illness’. Five major domains emerged, including: dealing with the practicalities; stopping illness from interfering with everyday life; keeping relationship working; managing feelings; and making sense of it all. While it was clearly important for couples to manage illness and to reduce its potential intrusion into everyday life, this strategy had psychological costs as well as benefits.

Manne et al. (2001) investigated whether individual differences in coping style, lifetime experience of traumatic events, perceived social
support and perceived social constraints were associated with symptoms of post-traumatic stress. Results suggested that more perceived social constraints and less perceived belonging support were associated with significantly more post-traumatic stress symptomatology, and this association was present after controlling for the effects of child age. Monitoring coping style and life time traumatic events were not significantly predictive of post-traumatic stress symptoms.

Lutgendorf et al. (2001) examined relationships among distress use of social support, IL-6, clinical status, and disability in gynaecologic cancer patients. IL-6 was significantly higher among patients than among controls. Among patients, seeking instrumental support at diagnosis was associated with lower concurrent IL-6. Distress was not correlated with these outcome measure and IL-6 did not mediate the effects of social support on these outcomes. These findings suggest that the ways patients cope with stress of cancer may be associated with a cytokine that is involved in tumor progression in gynaecologic cancers and with clinical variables at one years.

Sormanti et al. (2001) examined the role of the primary partnered relationship as a factor in women’s adjustment cancer. Results show that the type of support the partner provides as well as the mutuality of the relationship contribute positively to women’s coping.

Alferi et al. (2001) investigated the relationships between distress and perceived availability of social support in 51 Hispanic women being treated for early stage breast cancer. Emotional support from friends and instrumental support from spouse at pre surgery predicted lower distress
post surgery. Distress at several time points predicted erosion of subsequent support, particularly instrumental support from women in the family.

Gil et al. (2001) explored whether social support, depression, and personal characteristics (age, gender and stage of treatment) were main effects on hopelessness among 113 cancer patients (aged 26-77 yrs) in 3 phases of the illness: The main findings indicates a strong correlation between hopelessness and depression Multiple regression analysis, using hopelessness as a dependent variable and social support, illness phase, gender, and age as independent variables, indicate that patients with high level of social support felt less of a sense of hopelessness. Phases of the illness had no effect on hopelessness.

Fischer (2001). The article explores the author’s own experience with breast cancer and the resources and coping strategies that were most helpful in getting her through this frightening time. It affects not only the physical body, but also one’s psychological well-being and basic assumptions about the world paradoxically, having breast cancer can provide opportunity for personal growth and finding new meaning in life.

Hockstra et al. (2001) investigated levels of support and the concurrent and prospective effects of support on the psychological functioning of 128 parents (aged 21-53 yrs) of children (aged 0-16 yrs) with cancer in a prospective longitudinal study. The results show that parents received most support at diagnosis. Self-perceived quality decreased with time, but parents indicated they remained equally satisfied. Support significantly predicted concurrent and prospective distress of fathers, but not
of mothers. Dissatisfaction with support and negative interactions were consistent risk factors for fathers. Mothers who adjusted well psychologically received more support and were less dissatisfied than mothers who remained clinically distressed.

Spiegel et al. (2001) emphasized the importance of such intervention in promoting social support and emotional expression, dealing with death and dying, reordering life priorities, increasing family support and facilitating communication with physicians, summarized the health benefit of emotional expression, traumatic events in cancer studies.

Bourjolly et al. (2001) analyzed the differences in coping strategies and use of social support between African, American and white women with breast cancer. Finding suggests that both groups tend to seek social support as a way of coping with their breast cancer but differ in their sources of support.

Poole et al. (2001) identified the sources of emotional, informational and practical support and the relationship between their satisfaction with this support and their self reports of coping and quality of life with prostate cancer patients. Satisfaction with social support was significantly correlated with coping and quality of life. Significant differences were not found between attenders and non attenders regarding coping, quality of life or satisfaction with the three types of support.

Abend et al. (2002) provided dispositional optimism and interpersonal factors many influence how physically attractive breast cancer patients feel. Optimistic women reported more frequently agreeing with
their partners, higher levels of social support, and more feelings of physical attractiveness.

Ranchor et al (2002) examined the potential role of social support neuroticism and self-efficacy as predictors of short term and long term adoption to the diagnosis of cancer. Psychological adjustment was defined in terms of psychological distress. Multivariate analysis revealed that high neuroticism was associated with higher levels of distress in the short term. Higher levels of social support were associated with higher levels of distress in the long term.

Fogel et al. (2002) investigated the potential psychological benefits of internet use for medical information by breast cancer patients. Results showed that internet use for breast health issues was associated with greater social support and less loneliness than internet use for other purpose and non use.

DeGroot (2001) focused on the role of social support for cancer patients, given the high level of distress typically associated with the diagnosis and treatment of cancer. Studies have focused on social network size and the perceived adequacy of social support for concern patients, as well as for parent case givers of married cancer patients in relation to depression and health related quality of life.

Gilber (2002) assessed which contextual variables (parent caregiver, social support, age, and gender) and objective variables (types of diagnosis, stage of illness and patient distress) affected the adjustment to illness of parent care givers of an adult married cancer. Findings indicate that social
support and the patient's psychological distress were the main effects on the parent's psychological adjustment to the illness.

Hann et al. (2002) Examined the relationship of social support to the severity of depressive symptoms varies by patients age and gender. There were no significant differences by gender or age in the relationship of the social support variables to depressive symptoms. A larger social support network was associated with less severe depression for female patient and for younger patients but not for male patients or for older patients. For the entire sample, greater perceived adequacy of support and more satisfaction with family functioning were related to less severe depression.

Ptacek et al. (2002) study analysis revealed the associations between coping and two outcomes, psychological distress and marital satisfaction, depend on the supportive context in which survivors were coping. The association between seeking support and marital satisfaction was strong and positive for men with high perceptions of support but was fairly weak and negative for men with low perceptions of support, similarly, a high positive correlation emerged between wishful thinking and marital dissatisfaction for mean with low perceived support but a low negative correlation was observed between these variables for men with high perceived support.

Hudek et al. (2002) examined the effects of 3 sources of perceived social support and 4 coping strategies on measures of negative affect among 44 hospitalized and non-hospitalized women (aged 39-75 years old) with breast and gynecological cancer undergoing radiation therapy. The result
concerning the relationship between social support and coping strategies among hospitalized patients showed that support from medical staff was a positive predictor of problem-oriented coping, whereas friends' support was a negative predictor of physical isolation suppression of emotions among non-hospitalized patients.

Wright (2002) investigated an on-line cancer support community emphasizing communication concerns important to the community administrators. The results indicate a modest negative correlation between emotional support received on-line and perceived stress, differences in emotional support scores based in perceptions of disadvantages of on-line support groups, and different motives for using the community between people with cancer and family members.

Landmark et al. (2002) described how 10 Norwegian women (39-69 years old) with newly diagnosed breast cancer experience living with the disease. This paper explores the experience of social support as it evolves in women's relationship with others. Social support contains emotional, practical and informative dimensions. Interaction can be divided into two groups with close relatives and others the women know and have contact with interactions with organizations and institution staff. These interactions consist of social support and lack of social support.

Simpson et al. (2002) investigated relationships between the availability and adequacy of both close personal attachment and interactional support, and psychiatric morbidity in a sample of early stage
breast cancer. There was a strong relationship between SS and psychiatric morbidity in these patients with early-stage breast cancer.

Holland et al. (2003) examined the relation of perceived social support and coping to positive adaptation to breast cancer and found that perceived social support and approach coping strategies were associated with positive adjustment. Avoidance coping strategies were negatively related to psychological well-being but were unrelated to positive health behaviours. The results of an exploratory path analysis were consistent with a direct relation and an indirect relation through approach coping of social support with psychological well-being.

Manne (2003) explained coping and social support among the most widely written about and research topics in health psychology. Both constructs have been hypothesized as reasons why particular individuals are at increased risk for developing illness such as cardiovascular disease and cancer, why some individuals do not adapt well once they develop a disease, and more recently linked with disease course and survival once an illness is diagnosed.

Robinson et al. (2003) argued that although cancer occurs throughout the span, many of the most frequently occurring types of cancer increase as individuals grow older. One of the ways that cancer patients cope or adopt to their illness is through socially supportive communicative interactions and relationships. Cutrona and Russell (1990) argued that social support is multidimensional and suggested that social support is most effective when the support needs of the individual are consistent with the
type of social support being offered by the support provider. From the communicative perspective, the notion of optimal matching between the types of social support desired and the type of social support offered is extended to include the type of relationship between the communicants. In addition, it is argued that computer-mediated social support can be superior to face-to-face social support. This article attempts to identify some of the conditions under which this is true.

Baider et al. (2004) the purpose was to identify and compare the variable that characterize couples where both spouses are in high psychological with couples where the psychological distress of both spouse is within the normal range. In this results shows couples experiencing high psychological distress reported lower levels of perceived family support than couples in both spouses reported normal levels of psychological distress. The findings support the notion that perceived family support is associated with the psychological distress in both patients and spouses.

Solberg et al. (2004) examined the process of social support breast cancer survivors in rural Newfoundland and Labrador. The findings suggested that support groups facilitated via audio conferencing can transcend geographical distance and permit women living in rural areas to share each other. The use of telephone and audio conferencing technologies should be encouraged for the provision of information and support to people in rural setting where such services may be specially beneficial.

Manne et al. (2004) this study examined the role of family and family support in moderating the association between partner unsporting
behaviours and avoidance coping and coping efficacy experienced by women with breast cancer. This study also evaluated whether partner unsupportive behaviours had an indirect effect on patient distress via patient avoidance coping and coping efficacy. Result supported a moderational role for family and friend support on the association between partner unsupportive behaviours and coping efficacy. Among women who had high support from family and friends, partner unsupportive behaviours were not significantly associated with patients avoidance and coping efficacy appraisal. Among who had low support from family and friends, partner unsupportive behaviours were strongly associated with greater avoidance and poor estimates of coping efficacy. However, finding regarding the indirect effects of partner unsupportive behaviour on patients distress via avoidance and coping efficacy were inconsistent. The findings under score the importance of testing moderated models of social support.

Reynolds et al. (2004) explained that emotional support is known to provide psychosocial benefit for women with breast cancer, but women can experience a mismatch between support that is wanted and support that is received from their personal supporter. Patterns of wanted support were not related to better or worse psychosocial adjustment. A misalignment of support between the provider and the receiver significantly influenced psychosocial adjustment, and unwanted but received support (support commission) was uniquely associated with poor psychosocial adjustment. Clinical interventions using the support instrument could help match support providers actions to receivers performances.
Subjective Well-being in Cancer Patients

Carpenter (1998) studied the impact of breast cancer on self-esteem and well-being has been limited, conceptually by the failure to consider potentially positive outcomes after diagnosis and treatment and methodologically, by an overall lack of focus on well-being. The results supported the theoretical notion that the potential impact of breast cancer on a women’s self-esteem and well-being can be positive as well as negative.

Chandra et al. (1999) assessed the impact of cancer on the psychological well-being of newly diagnosed cancer patients before and during the course of radiotherapy in 70 consecutive cancer patients. During the course of treatment there was a decrease in the well-being scores on some dimensions such as perceived family and primary group support improvements were seen in the dimensions of positive feelings, coping, social support other than the family and spiritual well-being. There were no changes in the dimensions of negative feeling and perceived ill-health.

Spencer et al. (1999) assessed a wider range of concerns and relation to well-being. Strongest concerns were recurrence, pain, death, harm from adjuvant treatment, and bills. Body-image concerns were moderate; concern about rejection was minimal, younger women had stronger sexual and partner-related concerns than older women. Hispanic women had many stronger concerns and more disruption than other women. Life and pain concerns and sexuality concerns contributed uniquely to predicting emotional and psychosocial disruption; life and pain concerns and rejection concerns contributed to predicting social disruption.
Cotton et al. (2000) examined the relationships among spiritual well-being, quality of life, and psychological adjustment in women diagnosed with breast cancer. Results indicates a positive correlation between spiritual well-being and specific adjustment styles. There was also a negative correlation between quality of life and use of a helpless/hopeless adjustment style, and a positive correlation between quality of life and fatalism.

Kent et al. (2000) assessed changes in perceived risk, cognitive intrusions and distress in women undergoing counselling for familiar risk of developing breast cancer. There were substantial correlations between the measures of perceived threat, intrusiveness and the psychological consequences questionnaire scores. In additional, perceived risk and thought intrusiveness remained generally stable overtime, with information about actual risk apparently making little difference to perceptions or unwanted cognitive activity.

Kuijer et al. (2000) examined possible determinants and effect of three different style of giving support by healthy partners (aged 22-85 years) of patients (aged 33-83 years) with cancer. Patients evaluated the relationship with their partner more positively when their partners were more activity engaged, in turn, patients distress was positively related to the extent to which partners raid they showed active engagement.

Frost et al. (2000) examined the differences in the physical and social well-being of Ss (aged 27-86 years old) including 35 women newly diagnosed with breast cancer. Significant differences were not found
between groups on the BSI subscales with the exception of somatization, global psychosocial measures, sexual and marital relation subscales, while individuals with recurrent disease often experienced more difficulties with their well-being than women in the other groups, women newly diagnosed and in the adjuvant group experienced more difficulties in select areas of well-being when compared with women in the stable group.

Krause (2002) discussed the relationship between key dimensions of social support and health and well-being in late life. Issues explored related to negative interaction include the effects of unpleasant social encounters, and the relationship between positive and negative interaction.

Bloon et al. (2002) assessed the relationship between the size and integration of a women's social network, the social resources she draws from this network, and the effects of these resources on physical and mental well-being. Multivariate analysis indicate that consistent with predictions, controlling for sociodemographic and treatment related variables, the size of the social network was related to greater emotional support was related to better mental well-being. Contrary to predictions, greater use of instrumental resources was related to poorer physical well-being. The result indicate the importance of social resources on well-being following life-threatening.

Audrian et al. (2002) evaluated physical activity in women at moderate risk for breast cancer, the correlates of engaging in regular physical activity, and whether physical activity relates to psychological well-being. The results revealed that 55% of women were regularly active. Logistic regression models indicated that positive affect was associated with
increased and negative affect was associated with decrease overall and leisure activity. Women who perceived their risk for breast cancer as high were less likely. More educated women and those with higher perceived risk were more result suggest a need to increase activity levels in women at moderate risk for breast cancer, provide variables upon which interventions can be tailored to promote activity, and point to the psychological benefits of activity in this population.