



CRITICAL OBSERVATION OF PSYCHOSOCIAL MEDIATORS OF HEALTH HABITS AND PATTERNS OF HEALTH RELATED BEHAVIOR

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Abstract

Human health in present day's lifestyle due to technological advancement, stress to compete with world, urbanization, changing lifestyle and changing cultural beliefs of people has given rise to many diseases, particularly life style diseases. The studies have proved that Indians are genetically prone to heart diseases. The top ten causes of illness and death are accidents, suicide and diseases like, cancer, diabetes, blood-pressure and other diseases affected by quality and style of life. These are largely the result of psychological factors, including behavioural pathogens, lack of behavioural immunogens, psychosocial stress and poor coping strategies. The bio-psychosocial model of health and illness refute that biological, social and psychological factors interact in an interdependent or systemic way of maintaining health or causing illness. The emphasis of the article is only on the psychosocial mediators in health and illness. Mediators shape a person's responses to stress. They are the internal and external resources the person can bring to assess and interpret the magnitude stress, to assess his or her own capacities for addressing the stress, and to formulate a coping strategy to overcome the stress.

Keywords: *Psychosocial Mediators, Biopsychosocial, Microgenetic, Sedentary, Carcinogenic, Chemotherapy, Immunogenic, Antecedent, Anorexia, Cognitive,*



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Introduction

Health is the most valuable asset of human being. The individual behaviours play a significant role in health and illness. The life style of an individual is a sum total of his or her habits and behaviour. There may be some habits which is health damaging and some are health promoting. The health damaging habits or behavioural pathogens are significant risk factors for chronic diseases and ultimately leads to poor quality of life and death.

The research evidences had proved that certain habits are damaging to health, like smoking, alcoholism, overeating, overwork, etc. Indulgence on these substances over a period of time leads to risk of cancer, cardiovascular diseases and other chronic diseases. In a study

Dubey (2003) found that all the 15 male cancer patients had oral cancer and all of them had a habit of chewing tobacco as old as 15 to 25 years. At the time of study they were receiving chemotherapy or radiotherapy or a combination of both. Several studies had shown that this social/ cultural habit of "*paan*" chewing is detrimental to dental health and one of the major causes of oral-cavity cancer. It can be argued that *paan* leaves have some medicinal value but in Indian subcontinent it has been used with tobacco and betel nut, which make it lethal, when used continuously. Most of the chewables used in Indian subcontinent in the form of "*Gutkha*" are harmful in some way or the other and most of them are carcinogenic. In a survey conducted by Dubey (2006), the 200 undergraduate students of the university were asked about their habit of chewing *gutkha* and its effects on health. About 40 per cent students were using as many as ten pouches a day. About 80 per cent students had awareness of its bad effects on health, as it may cause oral and neck cancer, besides tooth decay and discoloring of teeth. When they were asked if they knew its bad effects on health why not give up this bad habit. Nearly 90 per cent said that they started it for fun and now it is difficult to leave because of the peer pressure. It was also asked that, have they ever tried to quit the habit. Only 10 per cent had given an affirmative reply.

Chewing tobacco or smokeless tobacco is more dangerous because absorption through the gums is the most efficient route of nicotine administration. Smokeless tobacco also impairs the sense of taste and smell, causing user to add salt and sugar to food, which may contribute to high blood pressure and obesity. Like tobacco, cigarette smoking and other such substances had served an antecedent cues and consequences. The smokers generally say that smoking play a central role in emotional regulation. The experiences of unpleasant emotions like, anxiety, anger, boredom and depression may solemnize through smoking. The consequent relaxing effect then reinforces them to take another cigarette. Besides this peer and adult models and peer pressure also encourages for Smoking and for other such products. These substances produce psychological and physical dependence. Psychological dependence means a state of emotional and mental preoccupation with the effects of the substance and a persistent craving for it. The worst part of it that psychological dependence mentally paralyzes the user to use the substance. The physical dependence means that the user body becomes totally dependent on the substance especially drugs and the prolonged use of it make the body so used to function under the effect of the drug that the body only functions normally with the presence of drug. WHO (1998) found that about 1.1 billion people

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worldwide smoke cigarettes. The bio-psychosocial factors influence people's beginning and continuing to smoke. The smokers and users of other substances also appear to be less health conscious and are more likely to engage in unhealthy behaviours (Istvan and Matarazzo, 1984). The smokers not only affect the health of oneself but also of those very close to them. Those with regular close contact with smokers (spouses, family members, coworkers and friends) are at risk for a variety of health problems (Marshall, 1986). Prenatal and neonates of smokers are vulnerable to develop cognitive deficits and physical ailments. A study suggests that parental cigarette smoking may actually lower cognitive performance among adolescents (Bauman, Flewelling and LaPrelle, 1991). Smokers are at the obvious risk of developing heart disease and lung cancer and also smoking increases the risk of chronic bronchitis, peptic ulcers, respiratory problems and fire accidents. Similarly, an excessive intake of alcohol for a long period of time may damage heart, liver and brain. At the psychological level it may cause lowered alertness, slowed reaction time, impaired motor functioning, short term memory loss, slurring words, etc.

Besides the substance abuse two other important behavioural pathogens are related to eating patterns and work patterns. Both overeating and under-eating, and eating unhealthy food all create danger to important vital organs of body. Nutritional food and good eating habits are fundamental building block for good health. The present urban modern diet incorporates high saturated fat, and cholesterol, low complex carbohydrates, high sodium and high alcohol which leads to obesity, coronary heart disease, hypertension and some types of cancer. Products like coffee, tea, soft drinks, and chocolates all contain caffeine in some amount or other. Caffeine or caffeine intoxication is a syndrome, which may be caused by chronic caffeine use. Caffeine intoxication brought on by excessive caffeine use and its symptoms include chronic insomnia, irritability, anxiety, muscle twitches and headaches. Caffeine addiction characterized as the effects of caffeine begins to wear off, users may feel let down mentally and physically depressed, exhausted and weak. To overcome these effects people normally take another cup of coffee or tea. Habitual practice leads to tolerance and psychological dependence. The relationship between caffeine consumption and heart and circulatory disorders are not very clear. However, coffee is considered as gastric irritant, which contributes in developing ulcers and digestive problems. Obesity has become a major health problem of affluent and urbanities worldwide. Obesity is associated with high blood pressure, diabetes, heart disease, kidney problems, stroke and psychological problems.

Approximately 50 per cent of Indian urban population is overweight. Obesity is basically the resultant of more calories intake than expended by metabolism or exercise. The opposite of overeating would be not eating at all, simply for the reasons of beauty and appearance consciousness. Extreme stress to one's physical status leads many youngsters not to eat at all this can cause eating disorders. Anorexia, an eating disorder endangers the health of the individual.

Earlier in Indian social and cultural life people follow the Ayurvedic prescriptions of food choices. The rich tradition of Ayurveda advocates the vegetarian food with full of fresh seasonal fruits and vegetables and avoiding food which has opposite effects. e.g. cold drink, ice cream should not be taken with milk coffee within a short interval. But westernization, party life in urban areas and easy availability of packaged junk food had washed out all these beliefs.

Psychosocial Factors

The physical body degenerates naturally. This process can be enhanced by the way we live and treat our body. For example, smoking, higher level of fat intake, inadequate sleeps, less physical activities and overall a sedentary life style allow ourselves to become physically unfit and continually cause distress to body. Besides this biological degeneration our thoughts and feelings are important factors in making us ill and delaying the process of recovery. Past researches in health and illness had accumulated the evidences that sedentary life styles, cognitive appraisal, our attitude towards health will determine our health status, as well as, whether we follow the advice of health care professionals. The health habits-the usual health related behaviours, which become the part of everyday patterns or life style-often contains many risks for illness and injuries. Although some risk factors are inherited through genes but many are behavioural. For example, smoking, chewing tobacco, eating saturated fats and sedentary life style are risk for heart diseases and certain types of cancers.

Behavioural Immunogens

The basic aim of preventive medicine and health psychologists is to modify the health behaviours of individuals, which are stated earlier as behaviour pathogens. Health behaviours are influenced by multiple factors. Behavioural immunogens is characterized by the health promoting behaviours like exercise, healthy diet, and proper sleep, relaxation and positive psychosocial environmental cues (Matarazzo dLeckliter, 1988). The poor health habits cannot be changed easily because it involves change in attitudes, strong motivation to change,

adherence to change desirable health practice and also maintaining adherence over-extended period of time. Behaviour modification incorporates multimodal approach.

Physical Activity and Fitness

The benefits of regular physical activity are paramount. Regular physical activity improves more than 50 different physiological, metabolic and psychological aspects of human life (Gates, 1992). Exercise improves the body shapes and muscles tone, which are great morale boosters. It also gives individuals self-discipline habits in life. Physical fitness has both physiological and psychological benefits.

The physiological benefit of regular exercise or physical activity incorporates improved cardio respiratory efficiency, improved skeletal mass, weight control and overall health and life span. The risk of chronic diseases like hypertension, osteoarthritis and diabetes can be reduced through daily exercise. Regular vigorous physical activity was found to be associated with 2-5 mm Hg average decrease in diastolic blood pressure. Hypertension is a strong predictor of CHD risk; therefore, this modest decrease in blood pressure has a large effect (Alpret, Field, Goldstein and Perry, 1990). Osteoarthritis, the most prevalent joint condition in women was also found to be improved through exercise. Supervised fitness walking and weight loss programme can improve physical capacity and knee joint osteoarthritis symptoms (Kover, Allegrante, MacKenzie, et al., 1992; Felson, Zhang, Anthony, et al., 1992).

Physical fitness appears to be related to the aspects of quality of life, like longevity, work performance, ageing, and social relationships. A classic study conducted at the Institute for Aerobics Research in Texas found that exercise does increase longevity. Participants who changed from a sedentary life style to one that included a brisk 30 to 60 minutes' walk each day experienced significant increases in their life expectancies (Blair, Kohl, Paffenbarger et al., 1989). Regular moderate exercise may make people less susceptible to disease but it may depend upon whether they perceive exercise as pleasurable or stressful activity. Dubey and Jaiswal (2002) conducted a study on those who regularly walk 4-5 km. in the morning and those who did not do it or other physical activity. The health status of morning walkers was better on the physical, mental, social and emotional health dimensions. However, on spiritual and environmental health there were no significant differences found. It was also found that morning walkers had positive health habits and they significantly less frequently struck with seasonal and acute illnesses as compared to their counterparts. Physical exercise has its

potential physiological benefits, which are easily noticeable. The psychological benefits are different to quantify. However, the psychological aspects are generally mentioned as reasons to continue to exercise such as motivation, attitude and appraisal. Physical fitness improves appearance and energy level. Feeling good about personal appearance and enhance energy level for work performance can provide tremendous boost to self-esteem. Improved strength, flexibility and energy for recreational activities all help in enhancing self-confidence and esteem. With advancing age biological degeneration is natural. The key issues is that decline in physiological functioning differ in active individual and those who lead a sedentary life.

Evidences suggest that the active 60 year old person may be as physically fit as the inactive 30-40 year old. Exercise interventions have promising effects with the chronically ill patients. It appears to decrease anxiety, nausea from chemotherapy and decrease pain for cancer patients (Carvey and Burish, 1988), and found useful for essential hypertension (Wittrock, Blanchard and McCoy, 1988) and with myocardial infraction patients and improve quality of life (Blumenthal and Emary, 1988). Exercise alone cannot bring physical fitness; it should be accompanied with healthy diet and food habits. Healthy eating is influenced by cultural factors, social pressure, family traditions, social events that involve eating and busy work schedule. Each culture has both healthy and unhealthy eating habits and also the patterns of what we eat, when we eat and how much we eat. Most of us take the eating activity as for granted. The first step towards changing the health status is to recognize the fact that the food we eat is for more reasons than just for survival. Proper nutrition and healthy eating can increase resistance to stress as well as disease and promote well-being. The busy life, cut throat competition and enormous stress curtails the sleeping hours. One of the most effective ways of combating with stress is sleeping well and taking a good night's rest. A good night sleep restores the body's equilibrium. The sleeping hygiene should be maintained to get a good sleep. Some sleeping rules suggest, do not get heavy meals before going to bed, do not take stimulants like alcohol, tea or coffee before going to bed, exercise moderately everyday etc. Taking a warm bath before going to bed would also work effectively. A good sleep relaxes the body. Relaxation puts the person in a state where he may be able to think about the problems with calm and cool mental piece of mind and may visualize all the possible aspects of solving it.

Positive Mental State

To be physically fit and active healthy diet along with proper sleep and moderate work out is prescribed. But above all the positive mental state is essential. Eustress in lieu of negative stress will enhance the positive mental state. Now the issue is that what characterizes the positive mental state. Jahoda (1958, 1963) introduced the notion of positive mental state and had given the criteria of mental health into six main categories –

- (i) Attitude towards self (self-awareness, correctness of the self concept, sense of self-identity).
- (ii) Growth, development and self-actualization (self-fulfilment, growth, motivation).
- (iii) Integration (balance of psychic forces, a unifying outlook on life, resistance to stressful condition).
- (iv) Autonomy (inner-control of behaviour).
- (v) Perception of reality (perception free from need distortion, empathy).
- (vi) Environmental Mastery (adequacy in interpersonal relations adaptation, adjustment, problem solving).

Positive mental state can be achieved by thinking positively. Focus on the positive aspects and not wallow oneself in self-pity. Positive thinking, a constructive thinking, incorporates to be optimistic but with a sense of realism, thinking about future and plan realistically about future, try to find some control, hope, self-efficacy, hardiness etc. All of these are personality characteristics, which construct a Psycho-immune system within the individual. This psycho-immune system give resistance to the individual to fight against any kind of stressor, whether a short-term stressor (e.g. facing a examination, struck in traffic, going for an interview or suffering with viral fever etc.) or a long term stressor (e.g. prolonged suffering from any chronic disease of oneself or spouse, bereavement, death of spouse, etc.), Broad personality traits such as those including Big Five model of personality (Costa und McCrac, 1985) may be important predilection of health behaviour patterns (Booth-Kewley and Vickers Jr., 1994). The Big Five personality factors are- Neuroticism, Extraversion, and Openness to experience, Agreeableness and conscientiousness. Neuroticism includes the disposition to experience relatively strong negative emotions and vulnerability to stress, has been associated with the presence of harmful health behaviours and absence of positive health behaviours.

Another important psychosocial mediator of health is perceived control. Perceived control is the feeling of being control of making decisions and take effective actions to avoid undesirable outcomes and produce desirable ones. Perceived control had explained 21.2 per cent variance in using active coping strategies and optimism accounted for 3.5 per cent variance followed by future orientation which explained 3 per cent variance. The perceived control would emerge as an important predictor of the use of active coping strategies, when there is a crisis in life (Dubey, 2003). Perceived control also predicted 2.7 per cent variance in quality of life when the participants were afflicted with a chronic disease (Dubey, 2003) and also predicted 12.3 per cent variance in the present satisfaction with life and 41.6 per cent variance in future satisfaction with life in chronically ill patients (Dubey and Agarwal, 2004). Health locus of control (Wallston, Wallston and DeVellis, 1978) also predicts a wide range of health behaviours. Internal health locus of control is positively associated with exercise behaviour (Normen, Bennett, Smith and Murphy, 1997) and health promoting dietary behaviour (Steptoe and Wardle, 2001). These findings suggest that perception of control may only be adaptive when some degree of control is possible.

The internal dispositions work subtly to shape one. Factors like, heredity traits, physical health status and elements of mental and emotional health would be individual. Problems in any element may cause deterioration in overall psychosocial health. The external factors are characterized as the factors in our life on which we do not have any direct control, like who raised us or how we are raised and the physical environment in which we live. The impact of families on the health of individual is profound. Children reared in happy nurturing democratic families are more likely to become well-adjusted adults. The children raised in dysfunctional families are often confused and psychologically bruised. Dysfunctional families do have a negative impact on the psychosocial health of child because of the persistent stressors, uncertainties and threats of physical and emotional abuse and negative behaviours. Several studies over the years had been emphasizing the fact that good family relations provide happiness and well-being (Diener, 1984). Social support provides the person under stress a perceived help, caring and comfort. The absence of supportive network has been linked to loneliness and negative health outcomes (Berkman, 1985; Lynch, 1977).

Disabling chronic health problems increased the value to be placed on relationship (Weinberg and Williams, 1978). Dubey (2003) studied the role of family environment in predicting the use of active coping strategies in a group of participants afflicted with chronic

health problems like, diabetes, cancer and heart diseases. She found that cohesive and caring relationship in family and system maintenance (e.g. organization and control) in family emerged as significant predictors of active coping strategies. These two variables together predicted 13.1 per cent variance. Social resources can elevate coping efforts by enhancing self-efficacy and by providing information and guidance (Thoits, 1986). Dubey and Sweta Singh (2005) found that the children (aged between 8 to 12 years) with asthma and diabetes who perceived their relationship with parents and siblings as caring and not overprotective and conflicting were well adjusted in home, school and social avenues, and reported more future oriented outlook even afflicted with a chronic disease.

Supportive family, positive interactions and good communication has been found to be associated with low levels of stress, high levels of stress-coping behaviour, good psychological health, active adaptation to acute and chronic illness and high levels of adherence to treatment (Wamboldt and Wamboldt, 2000). Supportive relationship with family leads the female cancer to see more positive future, better perception of control. and optimism and more use of active coping strategies (Dubey and Sharma, 2005). Increases in social support and greater use of positive reinterpretation and growth contributed to the superior adjustment that optimists experienced (Brissette, Scheier, and Carver, 2002). Family can act as models of positive coping behaviour. Social models such as film stars; popular personalities also influence the health habits of people by observation and imitation. Whether people will exercise is also influenced by the factor such as modeling, reinforcement and encouragement made by peers and family. Rossow (1992) found that the strongest predictor of eldest child's teeth cleaning behaviour was mother's cleaning behaviour.

Coping Strategies

Coping is defined as the efforts made by the individual (action-oriented and emotion-oriented), to manage, master, tolerate, or minimize the environmental and internal demands and conflicts, which tax or exceed a person's resources. The relationship between coping and health can be viewed in two ways-(i) Coping has a direct relationship to health (how an individual copes with a stressful situation or condition and how it has a direct impact on his or her health). (ii) Coping has an indirect relationship to health (what is the relation of coping to health behaviours or mood, because it was thought that behaviours or mood in turn affect health). Here, the contention is that coping affects health through its impact on the mediating variables such as health habits.

Coping may have adaptive or maladaptive effects on an individual's overall health status. The indirect effect of coping on health status was demonstrated by Conger (1956) that people drink in response to stress as a method of reducing tension. Drinking is normatively considered a maladaptive response because it neither helps resolve the underlying problems nor does it effectively regulate distress. In fact, alcohol use generally increases distress, and alcohol abuse has devastating effects on health of the drinker as well as on the health of the family relations. Maladaptive health behaviours such as smoking and high risk sexual behaviour (Chesney, 1988) and decreases in exercise (Ogden and Mitandabari, 1997) have also been interpreted as coping responses to stress. Alcohol, high-risk sexual behaviour, and recreational drug use in particular are considered behavioural forms of escape-avoidant coping (Lazarus and Folkman, 1984) that can be directly harmful to health. Bulk of the studies have examined the impact of the use of particular kind of coping strategies which people use to cope with a disease such as cancer, myocardial infarction, rheumatoid arthritis, asthma, or HIV/AIDS, and a disease-related outcome such as recurrence, recovery, disease progression, or mortality.

Maladaptive coping (e.g., catastrophizing) and decreased self-perceived ability to decrease symptoms may adversely affect health outcome and may modify the effect of GI disease type and neuroticism on health outcome. Overt denial and behavioural disengagement predict greater distress in breast cancer patients whereas humor and acceptance were prospective predictors of less distress (Carver et al, 1993), avoidance emotion focused coping was related to poor psychological adjustment in diabetic patients (White, Richter and Fry, 1992), active problem focused coping was related to high self-esteem, life satisfaction and compliance with medical advice in coronary artery heart disease patients (O'Brien, 1992). However, Kothari and Agarwal (1999) reported that religion was the most preferred coping pattern by rural and urban patients waiting for abdominal surgery, heart surgery and cancer surgery.

Studies have also supported the view that different personalities have affinities for different coping strategies which they carry with them into stressful episodes but which they can change according to situational demands. Amirkhan, Risinger and Swickert (1995) showed that person bound factors exerted an influence on the choice of a coping strategy equal to, if not greater than that of situational characteristics. Certainly situational considerations are essential to the precise prediction of coping but the knowledge of personality alone permits

estimation of responses with a reasonable degree of accuracy. Patients cognitive and behavioural coping responses to the diagnosis may account for individual differences in psychological adaptation (Pearlin and Schooler, 1978). In addition to its association with disease directly, dispositional optimism has been related to other routes to biological endpoints, including the use of more active and problem-focused coping strategies (Carver, Scheier, and Weintraub, 1989; Taylor et al., 1992). Greater psychological well-being and better health habits (e.g, Park, Moore, Turner, and Adler, 1997). Dubey (2003) found that personal control, optimism, and future orientation together explained 27.7 per cent variance in active coping strategies in chronically ill patients group. While stress of any kind undoubtedly has an effect, it would be a mistake to think that all of the effects of stress are negative. Many of loss events, although painful, were accompanied by a sense of maturation and personal growth.

There is a growing literature on the positive aspects of stress, sometimes called "post-traumatic growth" (Tedeschi, Park, and Calhoun, 1998) or "the perceived benefits of stress" (Aldwin and Sutton, 1998). While coping may moderate the effects of stress, being able to perceive (and act upon) a "Silver lining may result in long-term effects which can be positive. These positive changes may include material gain, changes in perspective, stronger social bonds, increased coping skills, mastery and self-esteem (Aldwin and Stokols, 1988), increased self-knowledge. Affleck, Tennen, Croog, and Levine (1987) found that men who perceived benefits from having a myocardial infarction had better survival at a five-year follow-up. Presumably these men had made improvements in their diet and health behaviour habits, which may have aided in their survival. Stein, Folkman, Trabasso, and Richards (1997) showed that caregivers of AIDS patients who expressed positive appraisals of their experience were less likely to be depressed and showed more positive outcomes 12 months after bereavement. Individuals coping with the chronic illnesses such as cancer, diabetes and heart disease, found that perceiving benefits like closeness in relationship, better understanding of people and life, recognizing own potentials all were associated with greater long-term outcomes (Dubey, 2003). It has been shown that only unresolved life events are emotionally distressing, and successfully resolved life events do not contribute to individual's burden of stress. There is evidence that received social support has salutary effects primarily among people coping with events like illness, while social support is associated with poor outcome (greater anxiety) among people coping with interpersonal events.

Intervention

Intervention programme can be launched at two levels: (i) to promote health and prevents diseases and (ii) to better the quality of life of that already disease. To achieve the first aspect of promoting healthy behaviour and changing risk factors for disease promotion programmes can be organized at school settings, work places and health care settings. Media can also play a significant role in health promotion and disease prevention. Health promotion campaigns may be utilized to facilitate an overall healthy life style and increased physical activity. Psychological processes that affect the development of health habits include the operant conditioning, classical conditioning, cognitions and emotional patterns. The consequences of behaviour, reinforcement and punishment, causes the change in health habits (Sarafino, 2001). Classical conditioning affects health habits by establishing cues that serve as antecedent to the behaviour. Cognitions play one of the most important roles in the performance of health related behaviours. 'Health Belief Model' is the most influential theory, which proposes a series of cognitive activities that leads the people to practice healthful behaviours and taking preventive actions (Becker and Rosenstock, 1984). Correct knowledge about the relevant health issues also enhances the chances of change in health behaviour. In case of quitting smoking and drinking and promoting exercise the most effective approaches were those which incorporate behavioural and cognitive methods (Sallis and Owen, 1999; Fiore, Jorenby and Baker, 1997; Monti et al., 1993).

Psychological interventions in chronic illness have focus on specific small patient groups. These interventions include stress management, cognitive restructuring, relaxation, coping skills training, social support interventions, self-knowledge and self-management enhancing programs. The psychological interventions have successful in reducing stress and increasing quality of life. Dubey and Sharma (2005) proposed a cognitive behavioural intervention programme for women carcinoma cervix cancer patients. This programme includes a base line assessment of optimism, future orientation, personal control, coping strategies and family relations. and then counseling for ten sessions started for one month and thereafter second assessment of all the above mentioned variables were taken. The results clearly showed the positive impact of intervention. The separate counseling session was conducted for the care givers also. The patients, their doctors and care givers all said to be benefited by the counseling. The doctors said that now the patients are more responsive to the treatment regimen. Baum (2000) shown that intervention with breast cancer and melanoma

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patients have effects on the immune system and enhanced survival. Although interventions are effective but collaborative interventions between psychologists and health care professionals are required, which will increase the relevance of intervention.

Conclusions

Many factors contribute in the health status of an individual. The factors like, the attitudes, beliefs, social support, one's readiness to change are all the factors which are controllable, whereas, access to health care, genetic predispositions are uncontrollable factors. Both of these sets of factors are potential reinforcing and enabling factors that may influence one's health decisions. Although cultural factors influence health in many ways but our knowledge about this influence is not well researched and need to be expanded. Implementing positive behaviours (e.g, exercise; controlling intake of food, tobacco, and alcohol; and active relaxation or stress-reduction techniques) have all been shown to have positive effects on overall well-being, no matter at what age they are begun. Although these are physical behaviours, they often rely on and benefit from strong psychosocial factors, particularly optimism, future orientation, perceived control and appraisal and social relationships one has.

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