

## **Editorial**

Research on the impact of social support on health and wellbeing perhaps can never get obsolete in the context of India. Social support has been and will continue to be a definite strength, be it the care of the chronically ill, palliative care, prevention of illness, protection of health and wellbeing. This is because of the way the support system is structured and interwoven into the culture. There have been sufficient evidences that proved this fact. Chivukula et al (2013) in their comparative study on the patients awaiting Coronary artery bypass Grafting (CABG) and angiogram procedure found the anxiety and depression high among the patients awaiting angiogram but not the CABG despite the fact that CABG is considered to involve higher risk and is a major surgery. On closer scrutiny of the associative facts, it was found that while the CABG patients had a strong support system in place with the family, friends, relatives, neighbours and colleagues explicitly extending their material, emotional, social and spiritual support to the patients ever since the decision for elective CABG is taken while in case of angioplasty, the patients and the family hardly involved the support system since it is considered to be a relatively minor diagnostic procedure. Relatively lower anxiety and depression preceding the surgery/procedure helps in healing the surgical wound and faster recovery. In fact, the function of social support for the ill is 'healing'. Healing is different from 'treatment' or 'cure'. It connotes holistic approach to illness. The perception of support provides psychological strength to the patient and triggers the motivation to fight the illness. This has been widely researched and proved in the field of psycho oncology, where the patients were found to 'recover miraculously' develop the grit and resilience to successfully fight the disease. About twenty years ago, when I visited a very remote village in the district of Coorg in Karnataka in connection with a project, I was surprised to see every house 'locked' because of which I could not meet anyone and collect data though I had scheduled the visit with the consent of the village head and the households were informed

about my visit which they consented. On enquiry, I came to know that one of the residents was in her death bed and the entire village was in that patient's house, 'holding the hand of the patient taking turns'. This, I was told has been the practice of the village when anyone is very sick or in their last stages. It was very touching. The patient may or may not take cognizance of their presence at the moment, but that certainly gives a strong support to the family in crisis. The 'we' feeling during the crisis is highly significant psychosocial factor. It is intricately integrated into Indian culture. It is time that the system takes this into cognizance and makes use of it in the 'healing' process rather than following the hospital practices of the West which does not allow visitors to the hospitalized patients.

**Meena Hariharan**