Vidhyayana - ISSN 2454-8596
An International Multidisciplinary Peer-Reviewed E-Journal
www.vidhyayanaejournal.org
Indexed in: Crossref, ROAD & Google Scholar

114

A Study of Type-D Personality and Depression Among Two Major Dieses: Coronary Heart Dieses (C.H.D) and Kidney Patients

Dr. Krushnasinh Jayendrasinh Zala

Assi. Professor

C.U. Shah Arts College Ahmedabad

ABSTRACT

The purpose of the present research was to investigate difference between coronary heart dieses (C.H.D) and Kidney patients on type – D personality and Depression. The total sample consisted of 120 patients, whom 60 are coronary heart dieses (C.H.D) patients and 60 are Kidney patients were selected to different hospital in Ahmedabad, and Gandhinagar district in Gujarat. The research tools for type – D personality scale was measured by John Denollet (2005) and Depression scale was measured by Lonard.R, & Deragraties scale was used in this research. Here 't' test was applied to check significance difference of the patients and 'r' was used to check correlation between type – D personality and Depression. The finding of the study revealed that there was significant difference on type – D personality between coronary heart dieses (C.H.D) and Kidney patients and there was also significant difference on Depression between coronary heart dieses (C.H.D) and Kidney patients. The correlation between type –D personality and Depression is positive **0.82**, so we can say that it is a very high positive correlation, and which is significance at 0.01 levels. So, we also say that when the type – D personality is Increases the Depression is also Increases.

Vidhyayana - ISSN 2454-8596
An International Multidisciplinary Peer-Reviewed E-Journal
www.vidhyayanaejournal.org
Indexed in: Crossref, ROAD & Google Scholar

KEYWORDS: TYPE – D PERSONALITY, DEPRESSION, C.H.D & KIDNEY PATIENTS

Introduction:

Type D personality, a concept used in the field of medical psychology, is defined as the joint tendency negative affectivity (e.g. worry, irritability gloom) and social inhibition (e.g. reticence and a lack of self-assurance). The letter D stands for 'distressed'. In the sense of distressed personality, a Type D Personality is a personality which is characterized by a tendency towards negativity. Someone with a Type D Personality may experience a lot of stress, anger, worry, tension, and other negative and distressing emotions. Classically, this personality type is also characterized by low self-esteem and social inhibitions, and a tendency towards depression.

John Denollet developed the construct based on clinical observations in cardiac patients, empirical evidence, and existing theories of personality. The prevalence of Type D personality is 21% in the general population and ranges between 18 to 53% in cardiac patients. Type D individuals tend to experience negative emotions such as depressed mood, anxiety, anger hostile feelings and to inhibit these emotions while avoiding social contacts. Situations involving fear, anxiety, helplessness, and loss of control result in release of cortisol. The relationship between negative affect and cortisol activity has been documented in several studies using structured laboratory stressors, such as public speaking and mental arithmetic and aversive stimulation, and in the scientific literature related to change in the Hypothalamic Pituitary Adrenal (HPA).

Research has suggested that Type D Personality may put people at increased risk of heart attacks and other cardiovascular problems. There are, however, ways to combat the Type D Personality when someone is aware that he or she has this personality type. These techniques can range from using regular therapy sessions promotes social interaction and healthy friendships.

Type D individuals score highly on Negative affectivity and Social inhibition personality dimensions. Negative affectivity is defined as the 'tendency to experience negative

emotions.' Including are depressed mood, anxiety, anger and hostile feelings. Individuals scoring high on negative affectivity are not only dysphonic but have a negative view of self, report more somatic symptoms, and have an attention bias towards adverse stimuli. As Denollet astutely notes, individuals that score high negative affectivity seem to scan the world for signs of impending trouble.

Depression is a state of low mood aversion to activity that can affect a person's thoughts, behavior, feelings and physical well-being. Depressed people may feel sad, anxious, empty, hopeless, helpless, worthless, guilty, irritable, or restless. They may lose interest in activities that once were pleasurable, experiences overeating or loss of appetite, or problems concentrating, remembering details or making decisions; and may contemplate or attempt suicide. Insomnia, excessive sleeping, fatigue, loss of energy, or aches, pains or digestive problems that are resistant to treatment may be present. Depression is associated with changes in substances in the brain (Neurotransmitters) that help nerve cells communicate, such as serotonin, dopamine and nor epinephrine. The levels of these neurotransmitters can be influenced by, among other things, physical illnesses, genetics, hormonal changes, medications, aging, brain injuries, seasonal/light cycle changes, and social circumstances.

A 2010 review suggests that the genes which control the body clock may contribute to depression. A full patient medical history, physical assessment, and through evaluation of symptoms helps determine the cause of depression. Standardized questionnaires can be helpful such as the Lonards & Deragraties and the Beck Depression Inventory.

John Dennolet (2005), the first investigate of Type-D personality among male and female of C.H.D. patients and he explained that both patients are Type-D personality. He also said that some traits of C.H.D. patients viz, negative affectivity, social inhibition, depression, stress, anxiety etc. but two factors are very important create to the type D personality: one was negative affectivity, and another is social inhibition. A recent study suggests that type D-personality is associated with increased negative affectivity, social inhibition, depression and anxiety symptoms in patients with an implantable cardioverter defibrillator **(Appeals et. al. 2008).** Anothervarious studyis **Parmar, S. N. (2010)** that A study of Type-D personality and

Depression between C.H.D. and blood pressure patients, in this research results are found that C.H.D. patients was high type-D personality and depressive patients than blood pressure patients. We see anothervarious studyis **Kruplani, S.N. (2008)** that A study of Depression between psychosomatic diseases and normal peoples, in this research results are found that psychosomatic diseases people was high depressive than normal people.

Methods

Sample:

The respondents of present study shall be **120** Subjects, randomly selected from different hospitals and areas of Ahmedabad and Gandhinagar Districts (Gujarat). The total sample consisting of **120** Subjects out which **60** are C.H.D. patients and **60** are Kidney patients.

Tools:

1) Personal data sheet:

In this research personal data sheet is preparing to collect some personal information such as sex, area, diseases, age etc.

2) Type-D personality scale (Negative affectivity and Social inhibitions Scale)

In present study Type-D personality scale developed by **Denollet J.** will be used the scale consists of **14 items** with **5 alternative responses** varying form 'strongly agree' to 'strongly disagree' each to be rated on the five point scale. This scale measures of two factors **negative affectivity and social inhibition**. The maximum and minimum score obtained in this scale are **56** and **0** respectively; this scale validity and reliability are found very high.

3) Depression Scale:

Lonard R. & Deragraties was developed of depression scale. The scale consists of 23 items with 5 alternative response various form 'strongly agree' to 'strong disagree' each to be rated on the five points scale. The maximum and minimum score obtained in the scale are 92 to 0 respectively. This scale reliability and validity are found very high.

Vidhyayana - ISSN 2454-8596
An International Multidisciplinary Peer-Reviewed E-Journal
www.vidhyayanaejournal.org
Indexed in: Crossref, ROAD & Google Scholar

Procedure:

In this research two test were administrated individually as well as on male and female of different Dieses, while collecting data for the study before attempting the questionnaire the subjects were requested to read the instruction carefully and follow them in true spirits.While the data collection was completed then‘t’ test was applied to check significance difference and ‘r’ was applied to check correlation.

Result Discussion:

The purpose of present study investigates a study of Type-D personality and Depression among C.H.D. and Kidney patients, so the data collection was completed then t-test was applied to find out the significance mean difference and r was used to check the correlation. Obtained results are presented in **Table-1, 2 and 3**.

We show **Table-1‘**t’ calculation of Type-D personality between C.H.D. and Kidney patients that the mean of C.H.D. patients is **30.70**& S.D. is **3.05** and the mean of Kidney patients is **26.60**& S.D. is **2.35**. So the mean difference between C.H.D. and Kidney patients is **4.10.** Thus we can say that C.H.D. patients feel high distress than Kidney patients.

We show **Table-2**‘t’ calculation of Depression between C.H.D. and Kidney patients that the mean of C.H.D. patients is **56.80**& S.D. is **6.10** and the mean of Kidney patients is **46.50**& S.D. is **5.40**. So the mean difference between C.H.D. and Blood pressure patients is **10.30.** Thus we can say that C.H.D. patients feel high Depression than Kidney patients.

We show **Table-3** that correlation calculation between Type-D personality and Depression of the patients that **‘r’** value is **0.82.** So the result clearly revealed that the correlation between Type-D personality and Depression are positive High correlation. So we can say that when we the patients feel high Type-D personality at a time the patients feel also high Depression.

Vidhyayana - ISSN 2454-8596
An International Multidisciplinary Peer-Reviewed E-Journal
www.vidhyayanaejournal.org
Indexed in: Crossref, ROAD & Google Scholar

Conclusions:

The following conclusions were drawn on the basis of the study;

1) There was significant difference between C.H.D. and Kidney patients on Type-D personality.
2) There was significant difference between C.H.D. and Kidney patients on Depression.
3) There was positive High correlation between Type-D personality and Depression.

Limitation of the study:

- This study Result related to only Ahmedabad and Gandhinagar only.
- This study contains only 120 samples.
- To getting this result related only area for Ahmedabad and Gandhinagar only District not for generalization.
- Accidental random sampling technique was used for the selection of-the sample.
- The study has been restricted to Ahmedabad and Gandhinagar District only.
- Economic status and social-economic status were not studied in this work.
- Rural and urban variable classes were not studied in this effort.

References:

Appeals, et. al. (2008). A study of Type-D personality of patients with an psychology implantable cardioverter defibrillator. Journal of Abnormal Psychology; 68,72-76.

Denolllet, J. (1998). Personality and risk of Cancert in men with coronary heart disease, Psychological Medicine, 28, 90-95

Denollet, J. (2005). DS:14 Standard Assessment of Negaticve Affectivivty, Social Inhibition and Type-D Personality. Psychosomatic Medicine, 76, 89-97.

Kruplani, S.N. (2008). A study of Depression between psychosomatic diseases and normal peoples, Published research paper of Gujarat Psychological Journal, 4.-43, 46.

L. Sher, (2007). A Study of Typ-D personality among Male and female of C.H.D. patients, Psychosomatic Medicine, 45, 54-59.

Parmar, S.N. (2010). A study of Type-D personality and Depression between C.H.D. and blood pressure patients. Unpublished research paper, National conference of Stress Management, R.R. Patel Mahila College, Rajkot, 14-16.

Rana, J. M. (2008). A study of Depression and Ego-Strength among C.H.D. and blood pressure patients. Published research paper of Gujarat Psychological Journal, 32-33, 36.

Jogson, Y.A. (2010). Distribution of Statistical tables, significance levels of ‘t’ test, akashar publication of ahemdabad (Gujarat), 13-14.

Vidhyayana - ISSN 2454-8596
An International Multidisciplinary Peer-Reviewed E-Journal
www.vidhyayanaejournal.org
Indexed in: Crossref, ROAD & Google Scholar

Result tables:

Table No. 1

't' calculation of Type-D Personality between C.H.D. and Kidney patients.

Patients	N	Mean	S.D.	t	Sig.
C.H.D.	60	30.70	3.05	**9.76**	**0.01****
Kidney	60	26.60	2.35		

Significance levels 0.05=1.97

0.01=2.59

Table No. 2

't' calculation of Depression between C.H.D. and Kidney patients.

Patients	N	Mean	S.D.	t	Sig.
C.H.D.	60	56.80	6.10	**7.55**	**0.01****
Kidney	60	46.50	5.40		

Significance levels 0.05=1.97

01=2.59

Table No 3

Correlation calculation between Type-D Personality and Depression of the patients

Variables	N	Mean	'r'
Type-D Personality	120	28.65	**0.82****
Depress	120	51.65	

** P> 0.01