VOLUME-7, ISSUE-1, JANUARY-2018 • PRINT ISSN No 2277 - 8160

Original Research Paper

Psychology

EMOTION FOCUSED COPING STYLES IN RELATION TO PERSONALITY TYPE, HEALTH BEHAVIOR AND LIFE SATISFACTION AMONG CARDIOVASCULAR PATIENTS

P. Sudha* Research Scholar, Department of Psychology, S.V. University, Tirupati.
*Corresponding Author

B. S. Kumar Reddy Professor, Department of Psychology, S.V. University, Tirupati.

ABSTRACT An attempt was made in the present investigation to study the Emotion Focused coping styles in relation to personality type, health behavior and life satisfaction among cardiovascular patients. Sample of study consists of 120 cardiovascular male and female patients in the age group of 40-60 years and the subjects were drawn randomly from various Districts of Andhra Pradesh, India. Type A personality scale developed by Glazer (1978), Type D personality scale developed by Denollet (2005), Health behavior scale developed by Ramamurthi and Jamuna (2005), Life Satisfaction Inventory developed by Ramamurthi (1969) and coping styles inventory developed by Tobin et al., (1984) were used to assess Personality type, health behavior and life satisfaction and Emotion focused coping styles among cardiovascular patients. Means, SDs and ANOVA were employed to analyze the data. Findings of the study revealed that personality type, health behavior have significant influence on emotion focused coping styles among cardiovascular patients.

KEYWORDS : Personality type, Health behavior, Life satisfaction, emotion focused coping styles, cardiovascular patients.

INTRODUCTION

Nowadays, everyone in their daily lives will experience some form of stress and inevitably tries to utilize a unique way to response. Stress represents a normal, necessary and unavoidable life phenomenon that can generate temporary discomfort, as well as long-term consequences. Scientific information confirms the idea that personality traits are an important factor in identifying, responding and approaching stress events. According to Zamble and Gekoski (1994), individual with emotion-focused coping styles tend to make themselves feel better about a problematic situation without changing the problem itself or the perception of it.

According to the transactional model of coping, an individual responds to any stressor by first evaluating the extent to which the stressor can cause harm to him/her and secondly, by assessing whether he/she possesses the resources and abilities to deal with the stressor (Lazarus and Folkman, 1984). This model suggests two main types of coping strategies that is, problem-focused coping and emotion-focused coping. Problem-focused coping is that kind of coping aimed at resolving the stressful situation or event or altering the source of the stress and emotion-focused coping is aimed at managing the emotions associated with the situation, rather than changing the situation itself.

Rather than discussing the nature of stress and its significance, recently, the focus has shifted to the role of individual's psychological dimension in facing stressors or emotional changes due to these factors, since appropriate treatment measures can help the person cope with stress. In view of the above, the present investigation was carried out with the following objective

- To find out the impact of personality type, health behavior and life satisfaction on Emotion focused coping styles among cardiovascular patients.

HYPOTHESES

1. Personality type would significantly influence emotion focused coping styles among cardiovascular patients.
2. Health behavior would significantly influence emotion focused coping styles among cardiovascular patients.
3. Life satisfaction would significantly influence emotion focused coping styles among cardiovascular patients.

SAMPLE

The sample consisted of 120 (60 male and 60 female) cardiovascular patients in the age group of 40-60 years, drawn randomly from various Districts of Andhra Pradesh, India. Subjects were personally interviewed and data were collected using type A and type D personality scale, health behavior scale, Life satisfaction inventory and coping styles inventory.

TOOLS

The subjects were given type A personality scale developed by Glazer, (1978), type D personality scale developed by Denollet, (2005), Health behavior scale developed by Ramamurthi and Jamuna, (2005), Life satisfaction scale developed by Ramamurthi, (1969) and coping styles inventory developed by Tobin (1984) to gather relevant information.

1. **Assessment of personality type A**
   Personality type of the subjects was assessed by using Type A personality scale developed by Glazer (1978). It consists of 20 statements with seven alternative responses. Therefore the maximum possible score is 140 and the minimum score is 20. High score that is more than 80 indicates Type A personality and low score indicates relaxed type of personality that is type B personality. The reliability of the instrument was measured by test-retest method and it is 0.86.
2. **Assessment of personality type D**
   Type D personality scale was developed by Denollet (2005). It consists of 14 statements in which seven statements indicate negative affectivity and seven statements indicate social inhibition. For scoring statements 1 and 3 scores should be reversed. The maximum and minimum possible score is 0 and 56. Score of 10 or higher on both negative affectivity and social inhibition scales indicates type D personality. The reliability of the instrument was established by test-retest method and the value is 0.82.
3. **Assessment of Health behavior**
   Health behavior of the subjects was assessed by using Health behavior scale developed by Ramamurthi and Jamuna (2005). It consists of 10 statements. Each statement has alternative responses that is yes or no. 1 mark was given to 'yes' response and 2 marks to 'no' response. The maximum possible score is 20. High score indicates poor Health behavior and low score indicates good Health behavior. The reliability of the instrument was measured by test-retest method and it is 0.78.
4. **Assessment of Life satisfaction**
   Life satisfaction of the subjects was assessed by life satisfaction inventory developed by Ramamurthi (1969). It consists of 20 statements. Each statement has three alternative responses Agree, Disagree and Not sure. 2 marks were given to 'Agree', 0 marks to 'Disagree' and 1 mark to 'not sure'. For the statements 10, 13, 14, 17 and 18 the scores of agree and disagree responses were reversed. The minimum and maximum possible score is 0 and 40. High score indicates high life satisfaction and Low score

indicates low life satisfaction. The reliability of the instrument was established by test-retest method and the value is 0.88.

5. Assessment of Emotion focused coping styles

Emotion focused coping styles of the subjects were assessed by using coping styles inventory developed by Tobin (1984). It consists of 9 statements. Each statement has five alternative responses ranging from Not at all to Very much. For scoring the test, 0 mark was given to 'Not at all' response, 1 mark to 'A Little' response, 2 marks to 'Somewhat' response, 3 marks to 'Much' response and 4 marks to 'Very much' response. The maximum possible score is 160. High scores indicates that emotion focused coping styles are more frequently used by the individuals and low score indicates that emotion focused coping styles are less frequently used by the individuals. The reliability of the instrument was established by test-retest method and it is 0.74.

VARIABLES STUDIED

In the light of the hypotheses formulated, the following variables are studied

Independent variables

1. Personality type
2. Health behavior
3. Life satisfaction

Dependent variable

1. Emotion focused coping styles

ANALYSIS OF DATA

The obtained data treated statistically in order to test the hypotheses. The Means and SDs (standard deviations) of the scores were calculated. To find out the influence of the independent variables (Personality type, health behavior and life satisfaction) on dependent variable (emotion focused coping styles) the data were subjected to ANOVA (Analysis of variance).

Table-I: Means and SDs of Emotion focused coping styles for eight groups.

Health Behavior		Personality Type			
		Type -A		Type -D	
		Life Satisfaction		Life Satisfaction	
		Low	High	Low	High
Poor	Mean	10.55	8.92	9.30	9.35
	SD	2.37	2.33	2.55	2.67
Good	Mean	9.30	9.15	8.22	9.02
	SD	2.33	2.15	2.09	2.49

Means of the groups variable wise

Type A Personality =9.48 Low Life Satisfaction =9.34
Type D Personality =8.97 High Life Satisfaction =9.11

Poor Health Behavior=9.53
Good Health Behavior=8.93

A close observation of table -I shows that the subjects with type A personality with poor health behavior and low life satisfaction have obtained high score (M=10.55), indicating these subjects used emotion focused coping styles more frequently compared to the other groups. Subjects with type D personality, good health behavior and low life satisfaction have obtained low score (M=8.22) indicating that these subjects used emotion focused coping styles less frequently compared to other groups.

It is evident from table- I that the subjects with type A personality (M=9.48) used emotion focused coping styles more frequently than the subjects with type D personality (M=8.97). Subjects with low life satisfaction (M=9.34) used emotion focused coping styles more frequently than the subjects with high life satisfaction (M=9.11). Subjects with poor health behavior (M=9.53) used emotion focused coping styles more frequently compared to subjects with good health behavior (M=8.93) and it is illustrated in the figure-I.

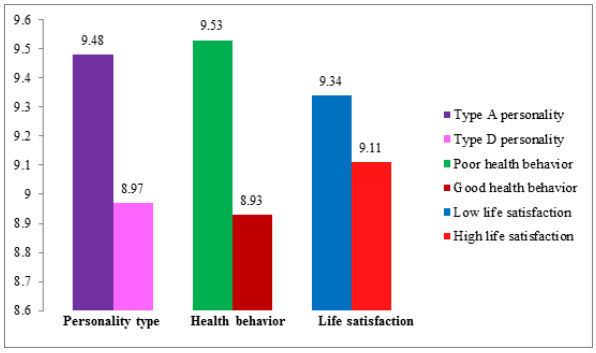

Figure-I Graphical representation of Emotion focused coping styles in relation to personality type, health behavior and life satisfaction

There are differences in mean scores of the groups related to Emotion focused coping styles. However, in order to test whether personality type, health behavior and life satisfaction have any significant impact on emotion focused coping styles among cardiovascular patients, the data were further subjected to analysis of variance and the results are presented in table II.

Table-II: Summary of ANOVA for scores on Emotion focused coping styles.

Source of Variance	Sum of Squares	df	MSS	'F'
Personality Type (A)	26.503	1	26.503	4.66*
Life Satisfaction (B)	4.278	1	4.278	0.75@
Health Behavior (C)	29.403	1	29.403	5.17*
(A x B)	34.453	1	34.453	6.06*
(A x C)	.703	1	.703	0.12@
(B x C)	24.753	1	24.753	4.35*
(A x B x C)	2.628	1	2.628	0.46@
Within	1773.625	112	5.685	--
Corrected total	1890.347	119	--	--

*- Significant at 0.05 level
@-Not significant

The first hypothesis stated that **Personality type would significantly influence Emotion focused coping styles among cardiovascular patients.**

It is evident from table II that the 'F' value of 4.66 for personality type is significant at 0.05 level suggesting that personality type has significant influence on emotion focused coping styles among cardiovascular patients. Subjects with type A personality (M= 9.48) used emotion focused coping styles more frequently than subjects with type D personality (M= 8.97).

The reason might be that type A personality individuals are hostile and they are quick to get upset and this leads to stress. So these people aim to reduce, tolerate or eliminate the stress by using emotion focused coping styles such as expression of emotions, social support and wishful thinking.

The findings of the present study corroborate with the earlier findings of Corinna Anna Christmann et al., (2010), who found that personality type has significant influence on emotion focused coping styles.

The second hypothesis stated that **Health behavior would significantly influence emotion focused coping styles among cardiovascular patients.**

It is evident from table II that the 'F' value of 5.17 for health behavior is significant at 0.05 level suggesting that health behavior has significant influence on emotion focused coping styles among cardiovascular patients. Subjects with poor health behavior (M=

9.53) used emotion focused coping styles more frequently than subjects with good health behavior (M= 8.93). The reason might be that poor health behavior tries to reduce the stressful situation that is outside the person's control. Hence they used emotion focused coping styles more frequently.

The present finding is consistent with earlier findings of William et al., (2008), Booth and Williams (2015), who reported that some of the health related behaviors influence individual's coping style.

The third hypothesis stated that **life satisfaction would significantly influence problem solving coping style among cardiovascular patients.**

It is evident from table II that the 'F' value of 0.75 for life satisfaction is not significant at 0.05 level suggesting that life satisfaction has no significant influence on emotion focused coping styles among cardiovascular patients. Subjects with low life satisfaction (M= 9.34) used emotion focused coping styles more frequently than the subjects with high life satisfaction (M= 9.11) and the difference is not significant.

The results of the present study shows that both low life satisfaction individuals and high life satisfaction individuals used more or less similar extent of emotion focused coping styles resulting to no significant influence of life satisfaction on emotion focused coping styles.

CONCLUSIONS

1) Personality type has significant influence on emotion focused coping styles. Subjects with Type A personality used emotion focused coping styles more frequently than the subjects with type D personality.
2) Health behavior has significant influence on emotion focused coping styles. Subjects with poor health behavior used emotion focused coping styles more frequently than the subjects with good health behavior.
3) Life satisfaction has no significant influence on emotion focused coping styles. Subjects with low life satisfaction used emotion focused coping styles more frequently than the subjects with high life satisfaction.

REFERENCE

1. Booth, L., Williams, L. (2015). Type D personality and dietary intake: The mediating effects of coping style. J Health Psychol; 20(6): 921-7.
2. Denollet J. (2005).Standard assessment of negative affectivity, social inhibition and type D personality.Psychosomatic medicine Journal, 67:89-97.
3. Glazer, Howard. (1978). Test to identity stress prone Type A personality for the book, Executive health retrieved from www.curtain.edu.my>inventories.
4. Lazarus R.S and Folkman S. (1984). Coping and adaptation in gentry. In: Gentry DW. Handbook of behavioral medicine. New York City: The Guilford Press.
5. Ramamurthi, P.V. (1969). A problem inventory for older people. Journal of psychological Research; 13(3): 162-163.
6. Ramamurthi, P.V. and Jamuna, D. (2005). Health Behavior Scale. Health Behavior and wellbeing of elderly: UGC project, New Delhi.
7. Tobin David L. (1984). User manual for coping strategies inventory International Retrieved from www.academia.edu.
8. Zamble, E. and Gekoski, W. L., (1994). Coping. In Ramachandron, V.S. (Ed.), Encyclopedia of Human Behaviour (Vol.3). New York: Academic Press.
9. Williams, L., O'Connor R.C., Howard, S., Hughes, B.M., Johnston, D.W. (2008). Type-D personality mechanisms of effect: the role of health-related behavior and social support. J Psychosom Res; 64(1): 63-9.