

Personality and ill health

[Psychology](#), [Personality](#)



Among the psychological factors that impact health, personality- that is table individual differences in thinking, feeling and behaving- plays a pivotal role. For example, an individual high in a sense of coherence (SOC), therefore perceive less stress and see the world as more manageable, resulting in good health (Williams, 2010). Furthermore, the individual differences that exist in terms of the attitude the individual has towards their health and how they conceptualize their illness is very important.

Although it is a popular notion that personality traits influence the state of a person's physical health, it is difficult to establish the true nature of the relationship between personality and health, including measurement, the distinction between subjectively reported symptoms and objective signs of illness and the direction of causation (Matthews et al., 2003). Four ways in which health status and personality might be linked have been identified by Soules and Retouche, (1990).

Firstly is the strongest assumptions about the importance of personality traits which represent biologically based differences that may cause different illness outcomes. Second, the relationship between traits and illness might be correlation rather than causal. Third is the usability that traits lead to behaviors that in turn lead to illnesses e. G. Smoking. Finally, illnesses may cause personality changes. Nonetheless research has tended to focus on one of these aspects at a time which may oversimplify the complete interrelationships that are likely to exist (Friedman, 2000).

The past has shown that from early times a link has almost always been made between personality and illness. Hippocrates (460-377 BC) described

physical illness as being caused by the balance of bodily fluids or humors - meaning personality traits (Steelmaker and Swastika. , 1992). Personality is often conceptualized as specific behavioral styles as opposed to personality disorders or personality domains. Type A, Type B, Type C and Type D are some examples of a collection of behavior patterns that are grouped together to form a personality type.

Type A personality is one of the most studied of these. It is a behavior pattern marked by tenseness, impatience and aggressiveness, often relating in stress related symptoms such as insomnia and indigestion, and possibly increasing the risk of heart disease. The term Type A' was developed by Friedman & Rosenman (1959), by which style, and very tense - summarized basically as a "workaholic" personality. Type A personality was developed using structured interviews, however, although reliable it was labor intensive and therefore expensive.

Due to this it led to the development of the Jenkins self report measure (Nonsense et al. , 1974). There were at least four major breakthrough studies of personality and cardiac vascular disease PROVIDING CONFLICTING RESULTS. The earliest success for Type A personality came from the Western Collaborative Group Study (Roseman et al. , 1975). This study followed 3,154 initially healthy men aged between 39 & 59 years. The sample was followed up 8 years later with Type A men were found to have twice as much cardiovascular disease than Type B men.

Type B personalities are very laid back , patient, and take a very relaxed low-key approach to life and their job. This would suggest that Type A

personalities are more prone to cardiovascular disease than Type B personalities. However, a later follow up study showed more negative or unequivocal results. After 22 years the same group reported no effects of Type A but quite marked effects on mortality from blood clots, cholesterol, smoking and age (Ragland & Brand, 1988), suggesting there was more than Type A personality directly increasing risk of coronary heart disease.

Similarly, a cohort study known as the Farmington study, began between 1965 & 1967 (Haynes et al., 1978). This involved 5,127 men and women being assessed and found the incidence of cardiovascular disease to be significantly higher in Type A than Type B. However, in a follow up study results were less clear cut as it was found that Type A personality was predictive of cardiovascular disease only in certain occupational groups. Also, women with cardiovascular disease scored more highly on Type A behavior and suppressed more hostility, tension and anxiety than men.

Adding to these conflicting results were the Honolulu Heart Program Study (Cohen & Reid, 1985) and the British Regional Heart Study (Monson et al., 1987) which found no significant association between Type A personality and cardiovascular disease. These findings have tried to be explained through a meta-analysis of the literature (Booth-Kelly & Friedman, 1987) where findings were said to be due to the differences in the ways of assessing behavior and the use of different outcome measures, in that a distinction needs to be made between objectively and subjectively measuring these outcomes.

Although, an association was made between Type A personality and cardiovascular disease, the contradictory results can mean a number of things and further investigations of pathways and mechanisms is necessary to fully understand the associations. This suggests that although Type A may have an association to C. V. D. , it does not depict a definite outcome of illness. Another facet in research is that provided by personality theorists, where the components of personality are looked at instead of the personality as a whole.

Glass (1977) found three separate components made up Type A personality. These included striving competitively for achievement, sense of urgency and high levels of hostility. Compared to the more relaxed, easy going Type B's; Type A's were seen as more concerned with having control and having lower threshold for perceiving Hostility here is described as the " toxic" component. In a meta-analysis of 45 studies (Chide & Step, 2009) concluded hostility and anger was associated with an increase(20%) risk of C.

H. D. Developing in originally healthy people. Also, research such as the Western Electric Study (1983) has consistently found a link between hostility and C. H. D. Similarly, 12 longitudinal studies examined the role of hostility on the incidence of C. H. D. , 6 longitudinal studies have examined the role of hostility on C. H. D. Mortality and 2 longitudinal studies examined the role of hostility in sub clinical C. V. D. The results from these revealed that anger/hostility was associated with C. H. D. ND cause mortality, independent of potential biologic and socio-demographic confounder (Fink, 2009). In contrast, the high scores found on the personality trait of hostility

assumed a casual link to C. H. D. -in that the illogical processes associated with hostile behavior are also associated with increased C. V. D. (Square et al 2002). The evidence provided here portrays that an individual that is more hostile is more prone to C. H. D. Either directly or through outcomes that individuals display such as smoking or drinking alcohol because of the hostile behavior.

This evidence suggests that while type A personality alone cannot consistently predict C. H. D. , its subcomponents (such as hostility as discussed above) are in fact more reliable indicators . Due to the inconsistent findings on type A personality and C. H. D. It in turn resulted on an emphasis on individual differences. Research found that depression, low levels of social support, high hostility and anger being seen as risk factors in C. H. D. (Dickens et al. , 2007).

It was concluded, psychological risk factors tended to cluster together in some individuals and they were therefore more likely to experience cardiac problems when dealing with chronic stress. Again, a personality type approach was developed- Personality Type D (Denote, 2000), which consisted of combined states of anxiety, pessimism, despair and anger. Type D is also characterized by high levels of negative festivity (AN) and social inhibition, with individuals especially experiencing AN more likely to experience distress, anxiety, irritability, pessimism and worry.

It is the combined effects of these negative emotions that define Type D (Cupper & Denote, 2007). However, it is this inability to cope that may help explain why some individuals are more prone to C. H. D. Although, it has

recently been reported that Type D is an independent predictor of increased mortality among patients with coronary heart disease (Copper & Denote, 2007), little to no research has investigated how type d ND non type d individual cope with stress.

Both negative affectively and social inhibition involve distancing oneself from the stresses using avoidance or withdrawal coping strategies causing the individual to make fewer attempts to engage directly with the problem. Also individuals with type D are predicted to actively reduce their efforts to seek out social support (Denote, 2000) which has been shown to be detrimental to health and well-being. A cross-sectional study of 334 1st year undergraduate students found a small but significant moderator effect for Type D for the disengagement symptom of burnout (Pullman et al, 2009).

These findings also mirrored other findings with individuals high in personality trait neurotics, which shares similarities with negative affectively (egg Denote, 2005). Therefore, reduced levels in comparisons to non-type d individuals. This includes avoidance coping strategies as well, which in turn lead to higher stress levels influencing C. H. D. It is clear from the evidence provided that a relationship between personality and health exists, therefore making some individuals who possess traits such as hostility or eroticism more prone to illness than others without these traits.

Although it is favorable to depict certain personality types (e. G. Type A) and relate these to ill health, instead it would be more beneficial to assess personality traits before the onset of illness so that the brief relationship between cause and effect can be established. From the literature, it is

becoming more clear that the traits identified within personality types play a major role in predicting health and to understand this role is where the importance lies.

Also, the research conveys the relationship between personality and health can be explored more extensively when using wider arrays of psychosocial measures and outcomes in longitudinal studies (rather than cross-sectional)- ideally studies that follow people from childhood onwards (Friedman, 2000) as once again cause and effect may be established. Overall, the importance of understanding why some individuals are more prone to illness than others and the personality traits involved in this, is due to the simple reason it is better for health prevention and treatment. At the end of the day.... Your health is your wealth!