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The role of negative affectivity in coronary heart disease

Dr. Sangeeta Sharma

Assistant Professor, AMM, Bhiwani, Haryana, India

Abstract
The aim of present paper was made to explore the role of negative affectivity in coronary heart disease. The sample consists of 120 (60 coronary heart disease patients and 60 was normal populations). There would be significant effect of negative affectivity in coronary heart disease symptoms. The obtained data were treated by descriptive statistics. The t value was found significant with coronary heart disease patients than normal population.

Keywords: Negative Affectivity, coronary heart

1. Introduction

Levin and Stokes (1990) [3]. High negative affectivity (NA) individuals are more hostile, pessimistic and they have poorer self-image and more likely to be considered poorly adjusted. On the other hand low NA individuals appear to be more satisfied, secure and calm, to focus less on and to be more resilient in response to life's frustrations and irritations. Watson and Clark (1984) [5]. Suggested that people low in NA may tend to distort information, to fail to recognize negative affect or to disassociate themselves from its experience. Although such defensiveness or repressiveness may be functional in that it allows on to maintain a favorable mood in the face of life's inevitable frustrations, disappointment and problems. A study by Suraj Mal and Chandel (2004) shows that following the experience with the uncontrollable event high NA subjects display a more psychological sense of helplessness. This means that they are more prone to helplessness.

As noted above, an implicit assumption of researchers is that the effects of the negative emotions are independent. At minimum, researchers preferred measurement and analytic strategies seem to imply that the negative effects have distinctive and independent effects. This may be problematic, however, if measures of hostility, anger, and anger expression; depression; and anxiety are correlated. Furthermore, the three affective dispositions may share critical psychological features or symptoms (construct overlap) that make it difficult to identify which negative emotions (or whether all) actually contribute to CHD risk. Because both measurement and construct overlap are important for understanding the strengths and limitations of empirical evidence and conceptualizations regarding affect-CHD associations (Suls and Bunde, 2005) [4].

Williams, Haney, Blumenthal, (1985) did not find a significant correlation between Hostility scores and either the number of diseased coronary arteries or an index of total CAD severity. Anger can be defined as an emotion involving pronounced autonomic arousal, which a precipitated by some real or perceived wrong. Anger expression is associated with more mixed findings (Krantz and McCeney, 2002). Anxiety is defined as a generalized state of fear or apprehension. Depression is characterized by a dejected mood, loss of desire to do things, general tiredness, and inability to concentrate. Several narrative and quantitative reviews of dozens of descriptive epidemiological studies have concluded that depression and anxiety predict CVD morbidity, even after traditional CVD risk factors, such as serum cholesterol, blood pressure, and smoking, are controlled (see Hemingway and Marmot, 1999; Kawachi, 2000; Kubzansky and Rugulies, 2002; Gallo and Matthews, 2003) [2]. Anxiety or worries have been termed in Sanskrit (rich Indian language of Deva), to be worse than a funeral. Funeral only burns life of less people but worries or anxiety is such a funeral pyre which burns the person from within. Furthermore, depression is linked to health outcomes, particularly CVD. Within a sample of patients with CAD, twice as many of those with a major depressive disorder experienced at least one major cardiac event (e.g., myocardial infarction (MI), bypass surgery) in the subsequent year compared with non-depressed patients (77.8% vs 34.9%; p<.02; Carney, Rich, Freedlan, Sarni, TeVelde, Sineone, Clark, 1988) [1].

Recently conducted reviews of studies have questioned the meaningfulness of many of studies mentioned above. The literature is plagued by conceptual and methodological inconsistencies that makes it difficult to provide a broad theoritical basis for understanding the nature of such a relation. The major problems include (a) a failure to clearly define health outcomes in terms of whether they represent biases in cognitive processes or underlying changes in disease progression, (b) a failure to separate the independent contributions of transient fluctuations in negative mood (state NA), and which patients in particular are at risk for adverse cardiac events, particularly in the India population. Therefore, negative affectivity as stable personality disposition was included in the present investigation in order to gain the real picture of the relationship with various, forms of adverse cardiac events

Objective

To study the effect of negative affectivity on coronary heart disease symptoms.

Hypothesis

The following hypothesis was formulated.

There would be significant effect of negative affectivity on the coronary heart disease symptoms.

Sample

A total of 120 male subjects participated in present study to fulfil the requirement. Participation of the subject in the present study was voluntary and informed consents were obtained from all the subjects. The sample has the following characteristics. Majority of the subjects were married and were from middle class.

Tools

Standardized test was used.

Negative affectivity

In order to measure negative affectivity majority of studies have utilized various version of NA measures. Watson and Clark (1984) [5]. reviewed studies using a number of apparently diverse personality scales and concluded that these scales measured the on graduate and post graduate students of college. Test –retest correlation after a gap of testing two weeks were. 76 for graduates (a sample of 86 Ss) and. 81 for postgraduates (a sample of 30 Ss).convergent and discriminate validity are investigated by authors by correlating NA scale with measures of constructs hypothesized to be related or unrelated to NA based of prior research. The NA scale correlated significantly with the Taylor Manifest anxiety scale (.64), Eysenck, Neuroticism scale (.60) the Rosenberg Self esteem scale (-.74) and the Extraversion scale (.38). NA scale was not found to be related to Remotes Associates Test (.001) and the Shipley Vocabulary Test (-.30).

Procedure

Initially the information regarding the respondents where about had been taken from Nursing Homes and Civil Hospital. Furthermore medical information was obtained about each subject/patient from medical history record as well as laboratory reports. Later respondents who fulfil the requirement of the study were contacted individually at their respective residences.

Analysis

Data were analysed with the help of SPSS.

Results and Discussion

The t analysis revealed significant mean differences between subjects from normal population (NP) and subjects suffering from coronary heart disease (CHD). The mean difference was of 11.65 points and t value is 2.06 >.05. This indicates that CHD mean score on the measures was much larger than their counter parts. This means that CHD patients had higher negative affectivity than the normal population. negative affectivity might reduce the immune system and perpetuate the incidence to suffer from CVD. On the other hand positive emotions are considered pleasurable and people with these emotions experience more pleasurable events in their day to day life, which in – sequel protect them from the undesirable and harmful effects. Positive affects also help them to maintain better health and provide more opportunities to take care of their health.

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