SUMMARY

Life can be viewed conceptually as having two main characteristic, quality and quantity. Disease or disorders in all human civilization have affected life or the feature of the life. Over the last two hundred years the understanding, the meaning of health and treatment of diseases or illness have dramatically changed. Initially health was conceived a freedom from illness or death. Later on it was defined in terms of positive concepts such as functional excellence or happiness and well being. Keeping in view the short coming of definition of health, the WHO defined health as “a state of complete physical, mental and social well being and not merely the absence of disease or infirmity”. This systematic definition affirms that health is positive and multidimensional state that involves four domains: physical health, psychological health, social health and spiritual health. Medical thinkers assume that illness or disease is fundamentally a biophysical disorder caused by biophysical factors. The interest of the present study is concerned with cardiovascular diseases (CVD). It is a major source of death and disability all over the world, including India. Cardiovascular disease appears in various types such as essential hypertension, angina pectoris, coronary heart disease and stroke. In the last two decades psychological factors have come to be identified as the major causes of a wide range of diseases and disabilities.

For example negative affectivity considered a major risk factor in the coronary heart disease (CHD). Negative affectivity (NA) may be as a dispositional trait characterized by a tendency to experience aversive emotional state, according to them high and low NA individual have quite dissimilar orientation and to themselves, others and world around them. High NA individual are more likely to report distress, discomfort and dissatisfaction overtime and regardless of the situation, even in the absence of any objective source of stress. Watson and Clark suggested that people low in NA may tend to distort information, to fail to recognize negative affect or disassociate themselves from its experience. Although, such defensiveness or responsiveness may be functional in that it allows on to maintain a favorable mood in the face of life’s inevitable frustration disappointment and problem. There is some perceptible evidence that have used
alternative majors of anxiety that relates significantly with coronary blockage and other cardiovascular problems. However, results of the above studies were not intuitively obvious and did not lead to any greater predictability and thus clearly invite further investigation. Prolonged is found to be responsible for cardiovascular and many other diseases. A study by Smith and Hopkins has reported a strong relationship between stress and coronary heart disease. The conceptualization and measurement of stress may create problems with the description and interpretation of the obtained data. An extensive literature is very mixed and inconsistent results. In the present study the linkage between CVD and stress was investigated. Studies reported that hopelessness, characterized as a sense of futility and negative expectations about the future and one’s personals goals, predicts incident of hypertension, atherosclerosis, myocardial infarction and other CVD outcomes. Some studies indicated that acute helplessness is found to be associated with various diseases. To the best of available knowledge of existing literature, very few previous studies has specifically examined the effect of helplessness on hypertension and various CVD outcomes. However, a fundamental proposition that has remained uninvestigated clearly concerns the role of helplessness in the development of CVD. Hence this factor was also included in the present study. So far the discussion has ignored individual differences in susceptibility of coronary heart disease, caused by competitiveness achievement orientation although the connections between competitiveness achievement and well being has been explained in the literature. However, researchers have not yet addressed the relationship between CVD and competitiveness achievement orientation. The important of this potential indicators of CVD has recently been recognized. The researches involving type A behavior and work holism indicated that high driven feeling of competitiveness achievement orientation, perfectionalism and compulsive dependency have the relationship with CVD. It has been observed that a person having feeling of competitiveness set high standards of performance, strong career identity set high achievement goals, and take moderate risk. Whenever they feel that they are not achieving desired goals they manifest high job dissatisfaction, quicker to anger they expressed their hostility and aggressiveness primarily by competing with others. Particularly in the work place and also in other spheres of life. Other various outcomes include sense of helplessness, stress, interpersonal problem and family conflicts. Hence they are prone to CVD. Studies
supporting the stress-buffering model provide critical evidence relevant to a possible etiologic role of social support relationships in CVD. In addition to estimating the risk associated with social ties independent of the major biological risk factors. Studies use the most up-to-date and reliable method of measuring CAD- coronary arteriography. The present study addresses central issue of conceptualization, measurement, and analysis in the evaluation of the association between CVD and social support.

The problem of present investigation is entitled as “Psycho-Social Factors Underlying Cardiovascular Diseases”

Objectives:

1. The first objective of the present study is to investigate the possible effect of global personality dispositional of negative affectivity on the cardiovascular disease (CVD) symptoms.
2. Second aim of the study is to investigate the effect of broadband perceived stress in life and on the magnitude of susceptibility of CVD symptoms.
3. The third aim of the present study is to see the impact of the feelings of the helplessness on the degree of the CVD symptoms.
4. The fourth aim of the study see the effect of competitiveness, achievement orientation, on the development of CVD symptoms.
5. The fifth objective of the present study is to see the mediating effect of social support on CVD.

Hypotheses:

1. There would be significant effect of negative affectivity on CVD symptoms.
2. There would be significant effect of perceived stress on the magnitude of susceptibility of CVD symptoms.
3. There would be significant effect of helplessness on the degree of the CVD symptoms.
4. There would be significant effect of competitiveness achievement orientation, on the development of CVD symptoms.
5. There would be significant effect of social support on CVD.

Method

Following multi-group design was adopted for this work:

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<th>Group 1</th>
<th>Group 2</th>
<th>Group 3</th>
<th>Group 4</th>
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<tbody>
<tr>
<td>Patients Of Myocardial Infarction (MI)</td>
<td>Patients Of Angina Pectoris (Ang)</td>
<td>Patients Of Essential Hypertension (HT)</td>
<td>Healthy Comparable Participants or (normal population) (NP)</td>
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<tr>
<td>N=75</td>
<td>N=75</td>
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A sample of 300 male subjects (myocardial infarction, N=75; angina pectoris, N=75; hypertension, N=75; normal population, N=75) age ranged from 39 to 69 years and was selected for the present study on the basis of non random purposive sampling procedure. All the participants of CVD groups were identified by a cardiologist.

Following standardized tools were used for the purpose of the study:

5. Social support questionnaire by Dogra, 1990.
All the measures were administered by the investigators uniformly to all the subjects of various groups. The measures were administered in two sessions, with a small break in between, although sequence of the tools was randomized.

The obtained data were treated by descriptive statistics and robust statistical techniques. First of all means and standard deviation were calculated and appropriate graph were prepared. In order to see significant difference between groups. Data were analyzed by one way analysis of variance hypothesis testing tool, and t-test was used as a post-hoc analysis.

The analysis of variance indicated that the mean of four groups differ significantly due to negative affectivity. Myocardial infarction (MI) group reported that higher score for the measures followed by angina (Ang.), hypertension (HT), and normal population (NP). Four groups of subjects differ significantly on the measure of perceived stress MI group had higher score followed by HT and NP group. However, angina and hypertension group had narrow difference. Analysis indicated that the score of MI were group higher than their respective groups on helplessness measure. There was a significant difference among four groups viz. myocardial infarction, angina pectoris, hypertension and normal population due to competitiveness and achievement orientation. MI group had higher score than others. Analysis indicated that four groups viz. myocardial infarction, angina pectoris, hypertension and normal population differ significantly due to social support i.e. available support. Normal population and angina group had higher score than myocardial infarction and hypertension groups. These findings were discussed in the light of available literature.