

## **Personality type “A” and self-concept as predictors of depression in medically ill patients in Makurdi.**

**Ojobo, Odeh Victor<sup>1</sup> & Aondoaver Ucho<sup>2</sup>**

<sup>1</sup>Department of Clinical Psychology,  
Federal Medical Centre, Makurdi.  
07037976203

[victorjoho82@gmail.com](mailto:victorjoho82@gmail.com) or [victorjoho@yahoo.com](mailto:victorjoho@yahoo.com)

<sup>2</sup>Department of Psychology  
Benue State University Makurdi

### **Abstract**

*The study examined personality type “A” and self-concept as predictors of depression in patients with medical illnesses. A sample of 250 participants was drawn from five hospitals in Makurdi; 132 male and 118 female in-patients were involved, their age range from 16 to 65 years. Purposive sampling technique was used to sample participants for the study. Type 'A' Behaviour Scale (TABs); Index of Self-Esteem (ISE) and Self-Rating Depression Scale (SDS) were used for the collection of data, to measure personality type, self-concept and Depression respectively. Regression Analysis was used to test the hypotheses and the results indicated that, personality type “A” predicted depression with a significant value ( $\beta=.32$ ,  $p?.001$ ). Self-concept also predicted depression with a significant value ( $\beta=.43$ ,  $p?.001$ ). Based on the findings of the study, it was recommended that personality type “A” and self-concept assessments be carried out on patients immediately when admitted to determine their predisposition to depression on admission.*

**Keywords:** Personality type “A”, Self-concept, Depression, Medically ill Patients.

## **INTRODUCTION**

Whenever people feel particularly unhappy, they are likely to describe themselves as "depressed". In all likelihood, they are merely responding to sad events, fatigue, or unhappy thoughts. This loose use of the term confuses a perfectly normal mood swing with a clinical syndrome. Everyone experience dejection from time to time but only some experience real depression. Depression is differentiated from sadness because it is more persistent, perhaps exaggerated qualitatively from previous experience of unhappiness (Beck, 1967). Clinical depression, on the other hand, has no redeeming characteristics. It brings severe and long-lasting psychological pain that may intensify as time goes by (Isacson, Bingefors, & Von-Knorrning, 2005).

Depression however, refers to a low, sad state in which life seems dark and its challenges overwhelming (Comer, 2007). In other words, it is an illness, a medical condition, which significantly affects the way someone feels, causing a persistent lowering of mood characterized by feelings of hopelessness, helplessness, worthlessness, worries, crying spells, fatigability, lack of appetite, disturbed sleep, among other symptoms. Depression is often accompanied by a range of other physical and psychological symptoms that can interfere with the way a person is able to function in their everyday life. Those who suffer from depression may lose their will to carry out the simplest of life's activities;

some even lose their will to live.

According to the DSM-5 (APA, 2013) criteria for diagnosing depression, there should be at least five symptoms of depression and lasting for two weeks or more. These symptoms of depression which often exacerbate one another span five areas of functioning: emotional, motivational, behavioral, cognitive and physical. In extreme cases, the episode may include psychotic symptoms, marked by a loss of contact with reality, such as delusional idea and hallucination.

Depression often occurs commonly as a debilitating reaction to chronic illnesses. Up to one third of all medical in-patients with chronic disease report at least moderate symptom of depression, and up to one quarter suffer from severe depression (Taylor, 2009). Depression occurs as comorbidity of chronic obstructive pulmonary diseases such as asthma and tuberculosis; it's commonly found among stroke patients, cancer patients, and heart disease patients, as well as among those people experiencing more than one chronic disorder (Egede, 2005). Depression makes worse the risk and course of several chronic diseases in medically ill patients, notably is coronary heart disease, cancer and other forms of medical illnesses. Depression complicates patients' medical condition due to non-adherence to medication and medical regimen which in turn prolong hospitalization and recovery. Anstey and

Luszcz (2002) corroborate this assertion when they state that it interferes with patients adopting a co-managerial role, and it may confer enhanced risk of mortality from a broad array of medical illnesses. Due to these implications of depression in medically ill patients, the assessment and management of depression is very paramount to clinical psychologists working in medical wards with medically ill patients.

The personality that individuals bring to every stressful situations or behavior has an implication on the outcome or reaction to that situation. Personality is defined as the unique set of enduring characteristics and patterns of behavior (including thoughts and emotions) that influences the way a person adjust to his environment (Worchel & Shebilske, 1995). At the core of personality is the view that personality shows in the emotions that people experience and their motivation to perform specific activities. This experience of emotions remains stable over time and, the relationship between emotions, cognition, and action contributes to the development of personality. Personality has been studied and described using three different models; there include traits, biology, and stress coping models. There are: the Big Five Personality Factors, Eysenck Personality Dimension, and Type “A” and “B” Personality Dimension.

According to Friedman and Rosenman

(1959) type “A” personality for example, is characterized by traits of ambitiousness, time urgency, competitiveness, aggressiveness, impatience, muscle tension, anger, anxiousness, and tendency to be annoyed with anything that slows progress towards achieving goals of life. Studies of type “A” personality found that: individuals with this personality type are at high risk of developing physical illnesses such as hypertension and related or associated heart problems (Smith, Glazer, Ruiz, & Gallo, 2004).

The sympathetic nervous systems of Type “A” personality individuals are in a state of alerts, which put physiological stress on sensitive bodily organs, which can result in coronary heart disease, cerebral atherosclerosis (“hardening” of the blood vessels in the brain), and atherosclerosis in other parts of the body (Treiber, Kamarck, Schneiderman, Sheffield, Kapuku, Taylor, 2003). This is because type “A” individuals react explosively to stressful situations thereby, setting off alarms throughout their bodies. Type “B” personality individual on the other hand is reserved, patient, calm and tends to keep his/her feelings under control. A typical Type “B” personality individual characteristics is a direct opposite of a Type “A” personality.

Self-concept consists of all ideas, perception, and feelings about who you are. It is the mental picture you have of your own personality (Coon & Mitterer, 2008).

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According to Taylor (2009), self-concept refers to a stable set of beliefs about one's qualities and attributes. A chronic illness can produce drastic changes in self-concept and self-esteem. Many of these changes will be temporary, but some may be permanent, such as the mental deterioration that is associated with certain diseases like Alzheimer's disease, stroke among others (Taylor, 2009). These diseases affect patient's perception about their personal attributes and beliefs about themselves; including body image, achievement, social functioning and the private self which in turn increases the patients' likelihood to developing depression.

Verkerk, Denollet, Van Heck, Van Son and Pop (2008), examined Neuroticism and Extroversion as predictors of postpartum depression in a population-based prospective study; women were screened during mid-pregnancy on standard risk factors for depression. The result shows that high neuroticism was associated with an increased risk of clinical depression and depressive symptoms during the postpartum period. The combination of high neuroticism *and* high introversion was found to be the only independent predictor of clinical depression across the first year postpartum even when controlling for clinical depression during pregnancy. It was concluded that Personality may be an important and stable determinant of postpartum depression. The combination of high neuroticism and high introversion

considerably improved the risk estimates for clinical depression across the first year postpartum.

Orth, Ulrich, Robin, Richard and Brent (2008), examined Low self-esteem as a prospective predictor of depression in adolescence and young adulthood. The researchers found that Low self-esteem and depression are strongly correlated in cross-sectional studies, yet little was known about their prospective effects on each other. However, the vulnerability model hypothesizes that low self-esteem serves as a risk factor for depression, whereas the scar model hypothesizes that low self-esteem is an outcome, not a cause, of depression. Cross-lagged regression analyses indicated that low self-esteem predicted subsequent levels of depression, but depression did not predict subsequent levels of self-esteem. Thus, the results supported the vulnerability model which states that low self-esteem serve as a risk factor for depression.

Right from the moment a person becomes ill until he or she is taken to the hospital, diagnosed and admitted, the patient is enmeshed in a state of worries, sadness, lose of appetite, and interest in so many things of life due to the fear of what might happen next. The thought of illness, recovery and fear of death preoccupies the patients mind and consequently affects his mood and feeling sometimes leading to non compliance to medical regimen. This behavior is often noticed by doctors, nurses,

clinical psychologists and other health workers working with medically ill patients in the medical ward. Often times, patients' state of psychological distress and its implications on patients' management and recovery becomes serious issues of concern to health workers. What are the factors responsible for the psychological distress expressed by patients during the acute or benign phase of illnesses? Are the coping skills of the patients due to their personality type and self-concept implicated and responsible for this feeling of psychological distress?

Though, studies have been done on personality types and depression using different types of personality but there is scarce literature on personality type "A" and depression. Most studies done on personality type "A" focuses on the relationship or association between this personality and physical illness like hypertension, stroke, and other forms of cardiovascular diseases, little has been done to establish the relationship between personality type "A", self concept and depression. Therefore, this paper is aimed at ascertaining if personality type "A" and self-concept predict depression in medically ill in-patients.

### **Purpose of Study**

The purpose of this study is to examine if personality type "A" and self-concept predict depression in medically ill in-patients with acute medical condition.

Basically, the objectives of this study include:

- i. To determine if personality type "A" predicts depression in medically ill in-patients.
- ii. To ascertain if self-concept predicts depression in medically ill in-patients.

### **Hypotheses**

- i. Personality type "A" will significantly predict depression in medically ill in-patients.
- ii. Self-concept will significantly predict depression in medically ill in-patients.

## **METHOD**

### **Research Design**

The study adopted correlational research design to enable the researcher examines whether there would be an association between personality type "A", self-concept and depression among medically ill in-patients.

### **Participants**

The participants that were used for the study were 250 medically ill in-patients with acute illnesses with the exclusion of patients with chronic illnesses. Clinically, these patients often expressed symptoms that were suggestive of depression which was characterized by worries, low mood, hopelessness, helplessness, sleeplessness, lack of appetite, feeling of worthlessness,

among others while on admission in the hospital. The participants were selected using purposive sampling technique. These selected participants include male and female patients with acute medical illnesses. There were 132 Males (52.8%) and 118 females (47.2%); the age range of the participants was 16 and 65 years with a mean age of 42. The participants were medically ill patients with acute illnesses who had basic education and stable enough to respond to the instruments.

Setting the hospitals used were Federal Medical Centre' Makurdi, Madonna Hospital Makurdi, General Hospital Makurdi, Benue State University Teaching Hospital Makurdi, and Bishop Murray Medical Centre Makurdi.

### **Instruments**

The instruments for this study include the following:

Type "A" Behaviour Scale (TABS), Index of Self-Esteem (ISE), and Self-Rating Depression Scale (SDS).

**Type "A" Behavior Scale (TABS)** is a 28-item inventory developed by Omoluabi (1997), to measure the characteristics and proneness to Type A Behavior pattern. It is designed to assess the personality trait called Type "A" Behavior pattern or Type "A" Personality which is characterized by ambitiousness, aggressiveness, competitiveness, impatience, muscle

tension, rapid speech, irritation, anxiousness, hostility and anger.

Haynes, Levine, Scoth, Feinleib, and Kannel (1978), and Jenkins, Rosenman, and Friedman (1967), provided independently the original psychometric properties for American samples while Agbu (1999), provided the psychometric properties for Nigerian samples.

FTAS has a cronbach alpha internal consistency reliability coefficient of .70 while the test-retest reliability coefficients of JAS range from .6 to .7 over 1 to 4 years intervals.

**Index of Self-Esteem (ISE)** is a 25-item inventory developed by Hudson (1982) to measure the self-perceived and self-evaluative component of self-concept which is the sum total of the self-perceived view of the self held by a person.

Hudson (1982) provided the original psychometric properties for American samples while Onighaiye (1996) provided the properties for Nigerian samples. Hudson (1982) obtained a coefficient alpha of .93 and a two hour test retest coefficient of .92.

**Self-Rating Depression Scale (SDS)** is a 20-item inventory developed by Zung (1965), to measure depression as a clinical disorder. It was designed to assess the cognitive, affective, psychomotor, somatic

and social interpersonal dimensions of depression. Zung (1965) provided the original psychometric properties for American samples while, Obiorah (1995) provided the properties for Nigerian samples with a reliability of .93.

**Procedure for Data collection**

Before the instruments were administered on the patients, the ethical principles of psychological research with human participants was strictly considered and adhered to. Permissions were sought and granted from the relevant authorities of the Hospitals used. The consent of the patients was sought and given after detailed explanations to the patients about the purpose of the study and confidentiality of

their responses was guaranteed. Participation was strictly on voluntary basis after a well established report. The instruments were administered and collected within 48 hours since there is no time limit for the administration of the instruments. The researcher trained and engaged research assistants who were staffs (Nurses) in the hospitals used and they assisted in the identification of patients that qualified for the study. The researcher provided explanation and clarification to the respondents where the need arises.

**RESULTS**

The first hypothesis stated that personality type “A” will significantly predict depression in patients with acute medical illnesses.

**Table 1:** The level of relationship between personality type “A” and depression in patients with acute medical illnesses.

| Model            | Unstandardized Coefficient B | Std. Error | Standardized Coefficient Beta | t      | Sig. |
|------------------|------------------------------|------------|-------------------------------|--------|------|
| Personality type | 52.134                       | 3.404      | .324                          | 15.316 | .001 |
|                  | .354                         | 0.84       |                               | 4.119  | .001 |

The results in table 1 above showed that personality type significantly predicted depression in medically ill in-patients ( $\beta = .32, p < .001$ ). Therefore, the hypothesis has been confirmed and the null hypothesis

rejected.

Hypothesis two stated that self-concept will significantly predict depression in medically ill in-patients.

**Table 2:** The level of relationship between self-concept and depression in patients with acute medical illnesses.

| Model        | Unstandardized Coefficient B | Std. Error | Standardized Coefficient Beta | t      | Sig. |
|--------------|------------------------------|------------|-------------------------------|--------|------|
| (Constant)   | 43.784                       | 3.792      |                               | 11.545 | .001 |
| self-concept | .549                         | .093       | .431                          | 5.889  | .001 |

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The results in Table 2 above indicated that there is a strong relationship between self-concept and depression in patients ( $\beta=.43$ ,  $p<.001$ ). This means that self-concept significantly predicted depression in patients. As a result, this hypothesis has been confirmed and the null hypothesis rejected.

### **DISCUSSION**

The first hypothesis was tested and the result was significant which means that; Personality Type A predicted depression in medically ill patients with acute illnesses. Different studies reviewed found different personality type to either be a moderator or predictor of patients' depression but however, in all these studies of personality type and depression, none of these studies have been found to establish any association between Personality Type A and Depression. Therefore, the result of the first hypothesis of this study and the study in general has come up with something new and unique in the study of personality type and depression. As noted above, one of such studies that established an association between personality type and depression is the study reported by Verkerk, *et al*, (2008) as sited in the literature which reported that high neuroticism was associated with an increased risk of clinical depression and depressive symptoms during postpartum period. The study further concluded that personality may be an important and stable determinant of postpartum depression but, the combination of high neuroticism and

high introversion considerably improved the risk estimates for clinical depression across the first year postpartum. The result of this study is in consonance with different studies of personality type and depression which established an association personality type and depression. Therefore, suffices to say Personality Type A predicts depression in medically ill patient with acute illness.

Self-Concept was also found to have an association with depression among medically ill patients with acute illnesses as found in the result of the second hypothesis which was significant. The result of this study was in conformity with other studies that found an association between self-concept and depression. One of such study of self-concept and depression is the study done by Orth, *et al*, (2008) which reported that, Low self-esteem and depression are strongly correlated. Therefore, by the result of this study, there is enough evidence to say that self-concepts have significant association with depression in medically ill patient with acute illness.

### **Conclusion / Recommendations**

It is evident from this study that personality type “A” and self-concept predict depression in patients. Depression in patients therefore could be as a result of several and possibly irrational thoughts going on in patients especially as it relates to their illnesses or other issue that needs to be achieved but could not be achieved due to



their illnesses. This is because, every Nigerian is thinking about how to be successful in life, earn a living, raise a family, care for his family, get married, acquire wealth and live longer. This is a familiar pattern of thought in every man's head whether the person is ill and admitted in the hospital or free to go about his normal activities. This thought alone is enough to make a patient depressed especially when the patient could not move freely or strongly enough to pursue his ambitions in life due to his illness. Therefore, the personality type and self-concept of that individual now set in a way of irrational thought which makes him depressed.

It is therefore recommended that: for efficient patients' management in the hospital, in planning any intervention programme for hospitalized patients being managed for any kind of illness, there will be a need for Clinical Psychologists to be actively involved for psychological assessments most especially to assess their personality type and self-concept to determine patients' predisposition and development of depression.

The researcher further recommends that bed-side psychotherapy be done on every patient to alleviate patients' psychological distress, compliance to medical regimen, and to enhance their quick recovery and achieve optimum state of health.

Further research is needed in this area to

ascertain the association or relationship between personality type "A" and depression among medically ill patients with acute illnesses due to the non-availability of literatures in this area of research as noted in this study.

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