



Type D personality and life satisfaction: The mediating role of social support

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ABSTRACT

Objective: The study aims to investigate the prevalence of Type D personality in a healthy Iranian population, to test the association between Type D personality and life satisfaction and to determine the degree to which social support attenuates this association.

Methods: A cross-sectional design was employed. As many as 261 university students (142 males, 119 females, mean age 20.71 years) completed the measures of Type-D personality, life satisfaction and social support.

Results: The prevalence of Type D personality was found to be 44%. In addition, Type D individuals reported significantly less life satisfaction and lower levels of social support than non-Type D ones. Structural Equation Modeling (SEM) showed that social support can partially mediate the relationship between Type D personality and life satisfaction.

Conclusion: The results suggest Type D personality is negatively associated with life satisfaction. In addition, social support might be a protective mechanism in this regard.

1. Introduction

In recent decades, rapid growth has occurred in the science of subjective well-being. Subjective well-being has two broad aspects including affective component, which refers to pleasant and unpleasant emotions, and cognitive component, which regards judgment of life satisfaction (Diener et al., 2017). Satisfaction is defined as the global evaluation of life quality on the basis of individual criteria. Life circumstances can be compared with regard to personal standards that each individual sets for himself or herself (Diener, Emmons, Larsen, & Griffin, 1985).

1.1. Life satisfaction and Type D personality

Previous studies have examined different predictors of life satisfaction. Gana et al. (2013) explored the relationship between life satisfaction and physical health in old adults. The results showed that poor health significantly predicts the subsequent levels of life dissatisfaction, but life satisfaction does not predict the subsequent levels of health. Daraei and Mohajery (2013) studied the impact of socio-economic status on the life satisfaction of female domestic workers in India. Their findings showed that occupation, education, family income, and occupation of husband positively correlate with life satisfaction. Eichhorn (2011) showed that personal religiosity is associated with higher levels of life satisfaction in societies where religiosity is higher on average. Tov and Diener (2009) stated there are culture-

specific patterns that make cultures unique in their experience of life satisfaction. In that respect, Kang, Shaver, Sue, Min, and Jing (2003) concluded that emotion differentiation contributes to maintaining good interpersonal relationships in collectivistic cultures, which, in turn, contributes to life satisfaction.

Besides physical health, socio-economic factors, religion and culture, there is the role of personality as another variable that has been studied widely. Schimmack, Radhakrishnan, Oishi, Dzokoto, and Ahadi (2002) showed that life satisfaction is related to extraversion and neuroticism. This relationship is significantly stronger in individualistic cultures than in collectivistic cultures.

In a study of 235 university students, Joshanloo and Afshari (2011) found the Big Five personality traits could explain about 25% of the variance in life satisfaction scores. Among those traits, extraversion and neuroticism were found to be the strongest predictors of life satisfaction.

The study of Xie, Fan, Wong, and Cheung (2016) on junior high school students in China showed that global life satisfaction can be predicted by such personality traits as emotional stability, dependability, and indigenous interpersonal relatedness. Also, Heidemeier and Göritz (2016) investigated the effects of the Big Five traits on life satisfaction of 2682 adults. They found that the direct effects of neuroticism and extraversion on life satisfaction are invariant across individuals.

Klaassen, Nyklíček, Traa, and de Nijs (2012) investigated the association of Type D personality with the aspects of life quality in patients

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with rheumatoid arthritis. The results showed the association of Type D personality with lower life satisfaction.

All the above pieces of research indicate that life satisfaction is influenced by the interaction of different factors including personality traits and types, one of which is Type D (Distressed) personality. This term is defined as the tendency to experience negative affectivity (NA) and to inhibit emotional expression in social interactions (SI). Experiencing a high degree of NA means to feel more anxiety and irritability through time and in different situations. Furthermore, a high level of SI signifies experiencing of a high level of insecurity in social situations and great controlling of self-expression for fear of disapproval by others (Denollet, 2005).

A large amount of research reveals the high prevalence of Type D personality among people with health problems especially heart diseases (Denollet, 2000; Kupper & Denollet, 2016; Molina-Leyva, Caparros-Delmoral, Ruiz-Carrascosa, Naranjo-Sintes, & Jimenez-Moleon, 2015; Mommersteeg, Kupper, & Denollet, 2010; van Middendorp et al., 2016). Denollet et al. (2005) suggested that the synergistic effect of high NA in combination with high SI is the most predictive of poor health and, particularly, poor cardiac prognosis. In fact, through physiological hyper-reactivity, immune activation and poor health behaviors, Type D personality can impact health conditions, cause heart diseases (Denollet et al., 2003; Denollet & Conraads, 2011; Gilmour & Williams, 2012; Williams et al., 2008), and lower the quality of life satisfaction (Sogaro et al., 2015).

In addition, people with Type D personality have more interpersonal difficulties. One of the features of social inhibition is avoidance of potential dangers involved in social interactions. Hence, such people feel uncomfortable, shy, tense, and inhibited while interacting with others. Also, negative affectivity, like depression, in Type D personality usually involves social and interpersonal problems which directly lead to self-esteem problems (Gupta & Basak, 2013). Huis, Vingerhoets, and Denollet (2011) noticed that negative affectivity creates feelings of dissatisfaction regarding personal appearance and accomplishment. Accordingly, Type D personality is significantly related to self-esteem (Huis et al., 2011). Individuals with a Type D personality also show higher levels of perceived stress because they use more passive and maladaptive avoidance coping styles (Polman, Borkoles, & Nicholls, 2010). Consequently, in a work place, they experience more work-related problems such as higher rate of sick leave, vital exhaustion and substantial problems in interactions with supervisors and co-workers (Mols & Denollet, 2010). All of these negative problems associated with Type D personality are considered as important factors that affect life satisfaction. Kozaka and Kobus (2015) and Klaassen et al. (2012) showed people with Type D personality have lower life satisfaction.

1.2. Social support, life satisfaction and Type D personality

Social support is defined as “the degree to which a person's basic social needs are gratified through interaction with others” (Thoits, 1982; p.147). It provides assistance or comfort to other people to help them cope with a variety of problems. Support comes from interpersonal relationships, family members, neighbors, support groups, religious groups and friends (Turner, 1999). Social support can be categorized into different groups of which two are more important, including structural and functional supports (Şek & Cieślak, 2004). Structural support is defined as the availability of such features as social network, consistency, homogeneity, density, and frequency of interaction and contact, while functional support is the subjective perception of the quality of the support received (Verheijden, Bakx, Van Weel, Koelen, & Van Staveren, 2005).

Social relationship is one of the factors that influence the risk of mortality (Holt-Lunstad, Smith, & Layton, 2010). The corresponding studies have shown that social support can serve as a predictor of better physical and mental health, and better physical and mental health, in turn, leads to higher future social support (Barth, Schneider, & von

Känel, 2010; Hakulinen et al., 2016). A higher level of social support helps individuals be better adapted to new and changing social environments, lower the tension caused by stress, and, thus, experience a higher level of life satisfaction (Fife, Adegoke, McCoy, & Brewer, 2011; Knoll & Schwarzer, 2004; Yalcin, 2011; Zhou & Lin, 2016).

Persons with Type D personality are at a higher risk of anxiety and depression (Karlsson et al., 2007). In addition, they have no tendency to share emotions with others in social relations. Thus, this group of people deprive themselves of social support, which is an effective variable in minimizing psychological distress (Horton & Wallander, 2001; Wilcox & Vernberg, 1985). Ginting, van de Ven, Becker, and Näring (2016) indicated Type D individuals with a coronary heart disease perceive less social support than non-Type D people. Shao, Yin, and Wan (2017) highlighted the relationship between Type D personality and social support in Chinese patients with type 2 diabetes mellitus. Therefore, it seems that Type D individuals may experience less life satisfaction because of lower levels of social support.

Social support has been investigated in different studies as a mediating variable. For example, a partial mediating role has been assigned to social support in relationships between parenting stress and life satisfaction (Lu et al., 2018), extroversion and life satisfaction (Dumitrache, Rubio, & Rubio-Herrera, 2017), Type D and poor life quality (Staniute et al., 2015), and Type D and physical symptoms (Williams & Wingate, 2012). Kong, Ding, and Zhao (2015) showed social support may serve as a full mediator of the association between gratitude and life satisfaction (Kong et al., 2015). However, some studies do not approve the mediating role of social support. As Polman et al. (2010) found, Type D personality is associated with a low level of perceived social support, but social support perceptions do not mediate the relationship between Type D and stress. Ekas, Lickenbrock, and Whitman (2010) showed social support does not mediate the effects of optimism on well-being in mothers of children with the autism spectrum disorder.

1.3. The current study

Generally speaking, the growth of research in the field suggests that there is a relationship between Type D personality and subjective wellbeing as well as life satisfaction in both cardiac patients and healthy individuals. Nevertheless, the aforementioned studies have examined the mechanisms underlying this relationship just to a little extent. Given that, we have investigated whether social support mediates the relationship between Type D and life satisfaction in the general population. Indeed, this study has the following aims:

- 1) to assess the prevalence of Type D personality in Iranian university students
- 2) to find out the differences between Type D and non-Type D individuals in term of life satisfaction and perceived social support
- 3) to examine the relationship between Type D and life satisfaction
- 4) to investigate the association of Type D and social support
- 5) to determine whether social support partially or fully mediates the relationship between Type D and life satisfaction

2. Method

2.1. Participants

Two hundred and sixty one subjects (119 females, 142 males) were selected from an Iranian university. Their age ranged from 18 to 30 years ($M = 20.71$, $SD = 1.46$). The participation in the study was voluntary and anonymous. After the aims of the study were explained to the participants, written informed consent was obtained from them all. They were also informed that they could leave the study at any time and that the obtained data would be kept confidential.

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