Gender Difference in Mood States of Cardiac Patients

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ABSTRACT

Gender differences in mood have been interesting in research for many years. There are many mood states which are said to be associated with cardiac disease. Aim: the present study aimed at assessing gender difference in cardiac patients. Methodology: 8SQ questionnaires were administered on 30 males and 30 females from different professions having cardiac illness. Results: there was significant difference between male and female patients in mood states, guilt and extraversion. Conclusion: male and female patients of cardiac illness exhibit similar levels of anxiety, stress, depression, regression, fatigue and arousal. Female patients are more guilt prone than male patients and male patients show greater extraverted mood states than female patients.

Key Words: mood states, cardiac disease, gender difference.

INTRODUCTION

Cardiac illness is such a psycho-physiological disease that affects people of any age and any gender. Behaviour is influenced biologically and environmentally, which means many factors come into play. The importance of psychological factors in the development and expression of cardiac disease has been debated. An extensive recent literature now establishes that psychological factors contribute significantly to the pathogenesis of cardiac disease. The physiological response to any situation sometimes becomes an alarming sign of the disease. Mind and mood can affect the cardiovascular system directly by creating a state of emergency readiness, in which stress hormone levels rise, blood vessels constrict, and heartbeat speeds up. If a person is seriously depressed or anxious, the emergency response becomes constant, damaging the blood vessels and making the heart less sensitive to signals telling it to slow down or speed up as the body's demands change, reports Harvard Mental Health (2006). Cohen et al., (2012) Uncontrollable emotional excess has long been associated with women and has alternately been classified as a disease of either the body or mind. Guilt proneness is a personality characteristic related to "a predisposition to experience negative feelings about personal wrongdoing, even when the wrongdoing is private". Katchadourian, H. (2010) found that studies have reported that being female is associated with higher mortality and morbidity after cardiac events compared to being male and that women are likely to develop more depressive symptoms associated with cardiac disease than men. Benetti et al., (2005) found that the studies on guilt proneness indicate that there is a significant difference between men and women in levels of this personality trait. Some

studies suggest that the difference in socialization between boys and girls may impact the threshold of experience guilt. Further research is needed to replicate these findings in different samples. Through their psychological correlates, we would like to explore whether this hypothesized aim relationship is accompanied by gender difference in mood states of cardiac patients.

Aim

The present study aimed at examining gender difference in mood states of cardiac patients.

METHODOLOGY

Sample

A sample of the study consists of thirty (30) male and thirty (30) female cardiac patients who are doctors, professors, and government officers by profession of Ranchi district of Jharkhand state. Quota sampling technique was used for selection of the samples. Subjects were selected from the age range of 35 to 50 years.

Tools

Personal Data Sheet: To collect information regarding socio-demographic characteristics and other related information of the sample, a personal data sheet was prepared for the present study.

8 SQ Questionnaires

For assessing the mood states of the normal as well as cardiac and hypertensive patients, It was decided to use a Hindi version of 8-SQ developed by Kapoor and Bhargava (1990). It measures eight important mood states; anxiety, stress, depression, regression, fatigue, guilt, extraversion, and arousal. This questionnaire has two alternative forms, both of which contain 96-items, 12 of which measure each state. The test was constructed to be used with adults and adolescents of approximately 16 years of age or above. Simple and clear instructions are printed on the cover page of the test booklet and a separate answer sheet is given to the taste. Each question on the 8-SQ has four alternatives and is scored 0, 1, 2 or 3. The two forms of test (A+B) are available with median reliability values of 0.93 for a single form scale and 0.96 for the combined (A+B) scales. The median validity for a single form scale is 0.70.

Procedure

First of all, a sample consisting of 30 male and 30 female cardiac patients was selected from various hospitals, private clinics, colleges, and government offices using quota sampling techniques. Socio demographic information was collected using the Personal Data Sheet. Then 8-SQ was administered to all participants individually.

Statistical analysis

Data obtained was analyzed with respect to the aim of the study.

RESULTS

Table: 1

Gender and mood states: comparison between males and females of cardiac group

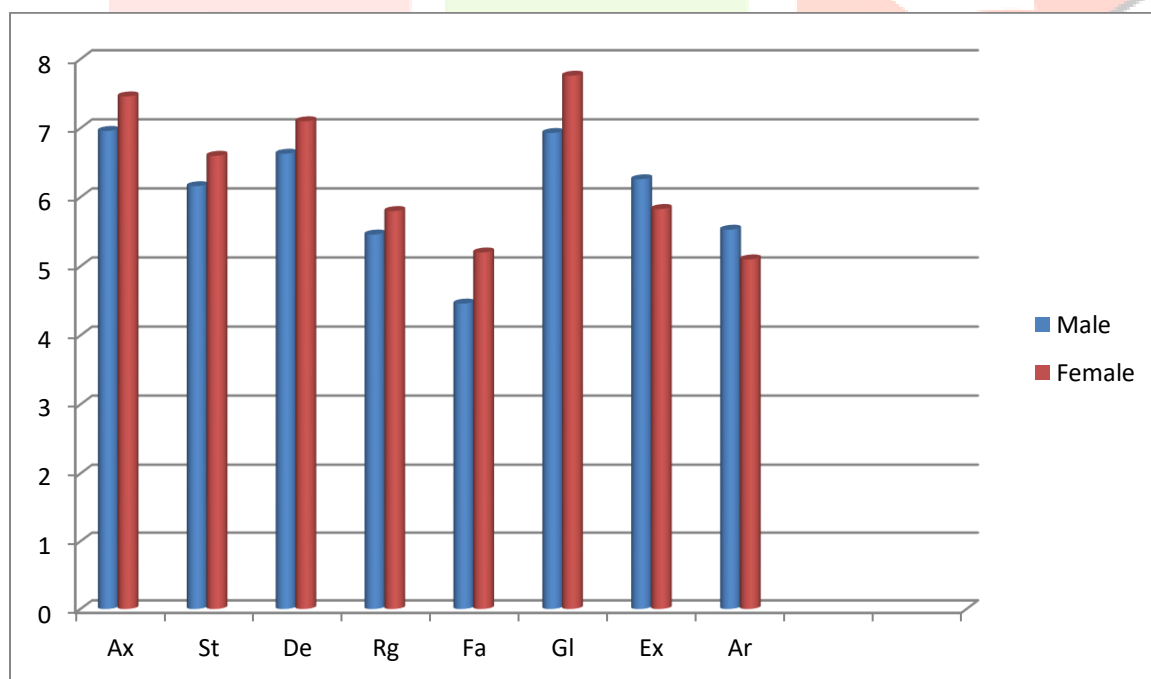| 8 SQ	Male		Female		t
	Mean	S D	Mean	S D	
Anxiety	6.96	1.24	7.46	0.73	1.89 [NS]
Stress	6.16	1.05	6.60	0.67	1.89 [NS]
Depression	6.63	1.42	7.10	0.84	1.54 [NS]
Regression	5.46	1.04	5.80	0.66	1.47 [NS]
Fatigue	4.46	2.06	5.20	2.15	1.34 [NS]
Guilt	6.93	1.08	7.76	0.67	3.57 **
Extraversion	6.26	0.69	5.83	0.46	2.85 **
Arousal	5.53	1.07	5.10	0.88	1.70 [NS]

Figure: 1. — A graphic presentation of the mean scores comparison between males and females of cardiac group on 8 SQ.

DISCUSSION

The current study investigated the gender difference in mood states of cardiac patients. A perusal of results, it appears that the cardiac male and female subjects were significantly differentiated by mood states, guilt and extraversion (t=3.57, 2.85; P<0.01). In mood state, significant guilt differences were found between males and females (t=3.57, P<0.01). It suggests that females tend to be regretful, concerned about their own misdeeds, and more dissatisfied with themselves than males. They are experiencing difficulties sleeping. In a significant mood state, significant differences were found between males and females (t=2.85, P<0.01). It suggests that males were significantly more sociable, outgoing, and enthusiastic in comparison to females. The male and female of cardiac group subjects did not differ significantly in the mood states of anxiety, stress, depression, regression, fatigue and arousal.

CONCLUSION:

Overall, our findings provide new information that male and female of cardiac patients' exhibit similar level of anxiety, stress, depression, regression, fatigue and arousal. But females are more guilt prone than males and males show greater extraverted mood states.

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