

Type D Personality Mediates the Relationship Between Remembered Parenting and Perceived Health

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Background: *Type D personality (a joint tendency to experience negative emotions and inhibit self-expression) has been associated with adverse outcomes across cardiovascular diseases, but little is known about its association with remembered parenting.* **Objective:** *The authors sought to investigate the association between Type D personality, remembered parenting, and perceived health outcomes.* **Method:** *Adults from the general Dutch population (N=662) completed the Remembered Relationship with Parents (RRP) scale, the DS14 (which assesses Type D personality), the Short-Form Health Survey, the Beck Depression Inventory, and the Hospital Anxiety and Depression Scale.* **Results:** *Type D personality was associated with adverse remembered parenting, and both were related to poor perceived health. Importantly, Type D mediated the relationship between adverse remembered parenting and adverse perceived health outcomes.* **Discussion:** *When developing interventions for Type D personality, it may be important to take adverse childhood experiences into account.* (Psychosomatics 2010; 51:216–224)

The “distressed” (Type D) personality is an emerging risk factor across cardiovascular disease, including ischemic heart disease, heart failure, peripheral arterial disease, and cardiac arrhythmias.^{1–3} Type D personality is a stable personality constellation, referring to the tendency to experience increased negative emotions (high negative affectivity), paired with the tendency to inhibit self-expression in social interactions (high social inhibition).¹ Type D personality has been associated with an increased risk of emotional distress,^{4–6} impaired health-related quality of life,^{4,7,8} and cardiac events/mortality.^{9,10} Suggested pathways for the relationship between personality and adverse health outcomes are immune activation,¹¹ dysfunc-

tional stress reactivity,¹² disturbances in cortisol regulation,¹³ and inadequate self-management behaviors.^{14,15} Knowledge of the mechanisms involved in personality development is important, especially in the case of Type D personality, since this trait is associated with an increased risk of adverse health outcomes.

The characteristics of Type D may in part be attributed to genetic factors. A recent study showed that the heritability for Type D was 52%.³ Regarding environmental factors, relationships with parents while growing up may be of importance, with particular dysfunctional parenting styles leading to more emotional instability. Although there is a paucity of studies on the relationship between parenting styles and personality, there is evidence to suggest that repeated experiences of criticism and rejection in childhood may lead to the development of negative affectivity.¹⁶ Parental overprotection and relative lack of parental care/love have been associated with neuroticism in later adult life.^{17–20} In turn, neuroticism has been shown to mediate the relationship between parenting

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styles and mental health.^{17,18} Moreover, in highly sensitive individuals, an adverse childhood environment was related to adult shyness;¹⁶ that is, the fear of negative social evaluations and discomfort in social contact, which are closely related to the Social Inhibition component of Type D personality. Importantly, inadequate caregiving and other forms of adverse childhood experiences may have enduring influences on mental and even physical health in adulthood.²¹ Most studies on adverse parenting and adult mental health have focused on depression, including adolescent,²² postnatal,²³ lifetime,^{24–26} and adult²⁷ depression. Other studies have also found significant associations between parenting and anxiety.^{28,29} Also, adverse childhood experiences have been related to somatic diseases, including cardiovascular disease,^{30–32} lung disease,³¹ cancer,^{33,34} liver disease,³¹ and an overall increased mortality risk.³⁵ Furthermore, research shows that adverse childhood experiences can result in altered cardiovascular and neurohormonal responses to stress,^{36–38} as well as poor self-rated health³¹ and increased symptom-reporting.³⁹

Collectively, evidence suggests that both inadequate caregiving and Type D personality may be related to physical and emotional health outcomes. Poor parenting styles may enhance the risk of developing a Type D personality, which in turn may increase the risk of poor health outcomes. Hence, Type D personality may mediate the relationship between recollections of a dysfunctional relationship with parents and poor adult physical and mental health outcomes, as shown in the mediational model presented in Figure 1. The present study was designed to investigate the relationship between Type D personality

and recollections of a poor relationship with parents. Therefore, the aims were to examine 1) whether Type D personality is associated with recollections of the relationship with parents as being dysfunctional; 2) the association between recollections of relationship with parents and perceived health; and 3) whether Type D personality mediates the link between recollections of the relationship with parents and perceived physical and emotional health outcomes.

METHOD

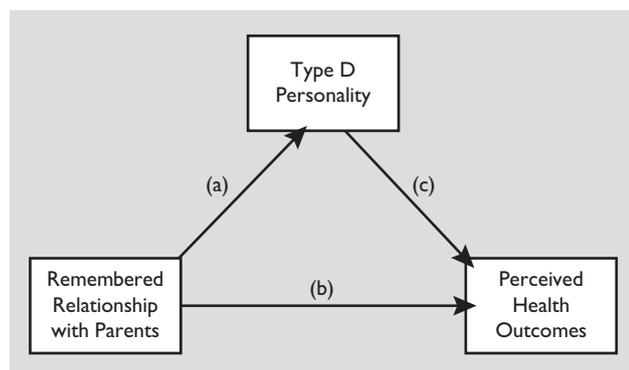
Participants and Design

The participants in this cross-sectional study were middle-aged adults from the general Dutch population. Most participants lived in North Brabant, a province in the south of the Netherlands. Different age (range: 30–80 years) and sex-ratio groups were evenly represented in the sample. Exclusion criteria were cognitive impairment, the presence of severe psychopathological (e.g., psychosis, suicidal ideation) or invalidating somatic comorbidities (e.g., cancer), and insufficient knowledge of the Dutch language. Participants were contacted in person by psychology students from Tilburg University, who provided them with the questionnaires. The research assistants explained the purpose and the anonymous nature of the study. The study was approved by the local ethics committee; it was conducted to conform to the Helsinki Declaration. All participants gave written informed consent.

Remembered Relationship With Parents

The Remembered Relationship with Parents (RRP¹⁰) scale was used to assess recollections of the relationship with parents.²⁷ This self-report instrument retrospectively assesses caregiving processes with emphasis on empathic parenting. Respondents are asked to describe the relationship with their parents, while growing up, on a 5-point Likert scale from 0 (False) to 4 (True). The RRP¹⁰ consists of two subscales, Alienation and Control. Alienation (5 items) reflects memories of the child's feelings of alienation from parents (e.g., "I often felt that my parents did not understand me;" and "I was very closed toward my parents."), and Control (5 items) represents memories of a controlling parenting style (e.g., "My parents worried that I could not take care of myself;" and "My parents were overprotective."). High scores on both parenting scales indicate worse remembered relationships with parents while growing up. Remembered alienation and control

FIGURE 1. Mediational Model of Remembered Relationship With Parents and Perceived Health Outcomes, With Type D Personality as Mediating Variable



Outcomes refer to Short-Form-36 subscales and Beck Depression Inventory/Hospital Anxiety and Depression Scale depression and anxiety symptoms.

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