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## **PERSONALITY TYPE A & B AND VALUES AS RELATED TO WELL-BEING IN ELDERLY**

**Dr. Renu Agrawal**

**Research Scholar**

**Dr. Arpita Chaudhary**

**Associate Professor Psychology**

**G.D. Govt. College for Women, Alwar (Raj.)**

**arpita.ch8@gamil.com**

### **Abstract:-**

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*Personality Type A & B are basically are behavioral dispositions under stressful conditions, a plethora of research has established that how we perceive, evaluate and react affect our physical and mental health. Values are known to be guiding and motivating principles in an individual's life. Thus, values set the background of what we perceive, how we perceive, evaluate and react to our situation. This becomes all the more important when an individual is at the last stage (old age) of is journey through life. A stage marked by diminished physical and mental capacities, coupled with frigid and less easily changeable cognitive, affective and beahvioral tendencies is definite to affect the well-being of an elderly person. Present study represents an attempt to study well-being of elderly people in the above context. Data gathered were analysed through SPSS. Results revealed that personality type and values of a person have greater influence on the well-being of elderly people. It points toward the need of designing and implementing new and novel interventions, it particularly pertinent in Indian conditions, where demographic and social institutions are fast undergoing change owing to rapid economic, social and political developments.*

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### **Personality:-**

Friedmen and his co-workers in 1950 defined what they called Type A and Type B behavior patterns. They theorized that intense, hard-driving Type A personalities had higher risk of coronary disease because they are "Stress Junkers". Type B people, on the other hand, tended to be relaxed, less competitive, and lower in risk. There was also a Type AB mixed profile.



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They concluded that someone with type “A” personality is more likely to status and achievement oriented. They are often workaholics, who may have issues with self-esteem and impatience. They are quick to get angry. Unsurprisingly, this is the personality type that Friedman and Rosenman associated with high risk of heart disease. Type B people report higher levels of life satisfaction and are more likely to be patient and even-tempered.

### **Type A**

Type A individuals are ambitious, rigidly organised, highly status-conscious, sensitive, impatient, take on more than they can handle, want other people to get to the point, anxious, proactive, and concerned with time management. People with Type A personalities are often high-achieving “workaholics” who multi-task, push themselves with deadlines, and hate both delays and ambivalence. In his book, *Type A Behavior: Its diagnosis and treatment*, Friedman suggests that type A behavior is expressed in three major symptoms: ( 1 ) free-floating hostility, which can be triggered by even by minor incidents; (2) time urgency and impatience, which causes irritation and exasperation usually described as “short-fused”; and (3) a competitive, which causes stress and an achievement oriented mentality. The first of these symptoms is believed to be covert and therefore less observable, while the other two are more overt.

### **Type B**

Such individuals as contrast to those and typically with type b personalities generally live at a lower stress level and work steadily, enjoying achievement but not becoming stressed when they fail to achieve the target. They may be creative and enjoy exploring ideas and concepts, They are often reflective.

**Values:-** Commonly values are defined as preferred end-state or mode of behavior over other end- state or mode of behavior. People differ in their value system and have a hierarchy of values. Values are categorised as Personal and Cultural. Values can range from the common place to, such as belief in hard work and punctuality, to the more psychological, such as self-reliance, concern for other people and harmony of purpose. With values comes success in a person’s life. Without values we would be like creatures, compelled to action solely by our urges and passion. In fact the most successful people are constantly evaluating their values and are continually driven to turn them into reality. Values are those things that really matter to each of us ..... The ideas and beliefs, we hold as special, caring for others. Spranger described six types of values- Theoretical, Economic, Aesthetic, Social, Political and Religious. However it Allport and Vernon who first discussed the issue and importance of values in our life. Allport believed



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that an individual's philosophy is founded upon their values, or basic convictions that he holds about what is and is not of real importance in life. Well-Being is a kind of value, some times called prudential value, to be distinguished from, for example, aesthetic value or moral value, what marks it out is the notion of "good for"

### **Well-Being:-**

The word Well-Being originated from the English language in which it means " the state of being healthy, happy or prosperous" ( American Heritage Dictionary, 2001). A life style in which people are actively seek to live well in physical and mental health is intrinsic to the concept of well-being. Well-being means different things to different people. For some financial well-being is more important, for others physical well-being and still for others well-being in relationship and family matters is more important.

Broadly well-being has been defined from two perspectives. The clinical perspective defines well-being as the absence of negative conditions whereas the psychological perspective defines well-being as the prevalence of positive attributes. Positive psychological well-being generally includes some of six general characteristics- 1. The active pursuit of well being ,2. A balance of attributes,3. Positive affect or life satisfaction,4. Pro-social behavior,5. multiple dimensions and .6 personal optimization. According to Angner (2008) even the philosophical literature refers to the 'simple notion' of well-being (i.e., 'a life going well') in a variety of ways, including a person's good, benefit, advantage, interest, prudential value, welfare, happiness, flourishing, eudemonia, utility, quality of life and thriving,

**Objective:** - The objective of the present study was to understand and examine the relationship between Personality type A & B and Values and Well-Being of elderly people and to see if Personality type A & B and Values contributes to Well-Being of elderly people.

**Hypothesis:** - 1. There is no relationship between Personality type A and B and Values and Well-Being of elderly people. Besides Personality type A & B Values do not significantly contribute to predict Well-Being among elderly people.

**Methodology:-** To achieve the purpose of the study a cross sectional design was used with Personality Scale developed by Bortner (1969), Study of Value Scale By Dr.RajKumar Ojha (Independent variable) and General Well-Being Scale ( Dependent Variable). A sample of 300 elements was collected from amongst people ranging between 55 to 65 yrs. Living in the city of Alwar (Raj.) Both male and female were included, it was taken care of that sample element had minimum Senior Secondary School Education.



**TABLE NO.1 SHOWING MEANS AND SDs FOR PERSONALITY, VALUES AND WELL-BEING**

Sr. No.	Variable	N	Mean	Std. Deviation
1	Type "A"	300	50.60	60.00
2	Type "B"	300	39.02	36.52
3	Theoretical	300	37.95	9.35
4	Economical	300	36.88	10.19
5	Aesthetic	300	30.68	9.29
6	Social	300	35.67	9.94
7	Political	300	37.00	10.48
8	Religious	300	35.72	11.68
9	Well-Being	300	84.25	20.25

**TABE NO.2 SHOWING REGRESSION OF PERSONALITY AND VALUE FACTORS ON WELL-BEING**

Coefficients <sup>a,b</sup>							Model Summary			F	Sig.
Model		Unstand. Coefficient	Std. Error	Stand. Coefficient	t	Sig.	R	R <sup>2</sup>	Adjusted R Square		
		B		Beta							
1	(Constant)	95.458	1.157		82.501	.000	.656	.431	.429	225.46	.000b
	Prst. A	-.222	.015	-.656	-15.06	.000					
2	(Constant)	86.360	3.266		26.440	.000	.669	.447	.443	120.119	.000c
	Prst. A	-.214	.015	-.634	-14.470	.000					
	Aesthetic	.284	.096	.130	2.973	.003					
3	(Constant)	73.791	5.175		14.260	.000	.268	.465	.459	85.164	.000d
	Prst. A	-.216	.015	-.640	-14.814	.000					



	Aesthetic	.337	.096	.154	3.520	.001					
	Theoretical	.292	.094	.135	3.103	.002					
4	(Constant)	65.847	6.092		10.809	.000	.689	.475	.468	66.731	000e
	Prst. A	-.215	.014	-.637	-14.840	.000					
	Aesthetic	.328	.095	.150	3.450	.001					
	Theoretical	.318	.094	.147	3.385	.001					
	Political	.199	.082	.103	2.421	.016					
a Dependent Variable: Well-Being											
b. Predictors in the Model: (Constant), Prst. A											
c. Predictors in the Model: (Constant), Prst. A, Significant Others, Friends, Family											
d. Predictors in the Model: (Constant), Prst. A, Significant Others, Family											

The present table reveals the regression of personality types and values on well-being. From the table it is evident that the two variables together with their factors explain about 48 % of variance. However, Personality type A show rather greater relatedness and influence with ( $\beta=.637$ ). However F is significant for all the factors individually as well.

These results are supported by previous findings. Shaygannejed et. al., (2013) It was found that 65% of the subjects were of Type A personality and that their behavioral pattern reported having more stress, nervousness and exigent tendencies. It was concluded that MS patients had more characteristics of Type A than type B. Korotkov et al. (2011) carried out a study in 2010 to test the hypothesis verbalizing that Type B individuals would engage in more preventive acts than Type A. Two hundred medical students were administering the JAS (the Jenkins Activity Survey) for Type A/B personality. As predicted, in six out of seven regression analyses, Type B subjects were found to be engaged in more preventive, and fewer risk-related behaviors under high stress,



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than those who self-reported as Type A. Moreover, many studies have documented the relationship between the personality type and the presence of illnesses.

Alnasir Faisal & Jaradat Ahmed, (2013) reported that for many students, admission to medical schools is considered the fulfilment of a long-held dream. The path to medical school always involves a great deal of apprehensiveness as it often requires competition and a drive to be the best in the school. Since the CMMS (College of Medicine and Medical Science) of the AGU (Arabian Gulf University) is a problem-based medical school with a community-oriented curriculum, students are expected to work in teams and learn in small groups. During the first academic year, students are required to take a course in medical psychology where they are taught the art of medicine cumulated with the principles of behavioral medication. They learn topics ranging from patient behavior and patient-physician interactions to the social and cultural issues in health care, not only learning the medical model of patient practice but rather the larger model of medical-psychosocial and moral development of practicing medicine. Such factors put great pressure on the students in trying to show their personal best, rather than compete with peers. Students are taught that a physician's time is very precious. It is difficult to believe that the needs of any patient can be met adequately when physicians are encouraged and sometimes required to focus on the "clock". However rushed, the physician may feel for whatever reason that he or she must be aware that the sense of time urgency is anti-ethical to professional obligations. In general, patients know when they are being rushed along and can recognize when the physician's mind is not entirely with them. Some react with resentment and others by trying to extricate the physician from the situation. This may take the form of omitting critical symptoms from their statement of the problem, failing to ask questions that could clarify an instruction, or simply canceling a future appointment out of a genuine, albeit somewhat masochistic desire not to overburden the physician. Truly, none of these reactions is acceptable to the medical community and all can simply be avoided if the Type A personality of impatience and irritability that medical communities and environments often impose is controlled early enough for the sake of the health and well-being of the physicians.



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A significant amount of research has been focused on the relationships between distinct value types and SWB, (eg, Roccas S, Sagiv L, Schwartz SH, Knafo A., 2002; Sortheix FM, Schwartz SH. 2017; Haslam N, Whelan J, Bastian B., 2009; Buchanan K, Bardi A, 1999). On the basis of the nature of the motivational goals underlying the values, it has been theoretically postulated that values expressing intrinsic goals of autonomy, relatedness, and competence [Deci EL, Ryan RM., 1990] as well as growth needs [Bilsky W, Schwartz SH., 1994], that is, Self-direction, Stimulation, Universalism, Benevolence, and Achievement, should enhance SWB [Haslam N, Whelan J, Bastian B., 2009]. In contrast, values expressing extrinsic goals such as wealth and fame [Deci EL, Ryan RM., 1990], or deficiency and self-protection needs, that is, Power, Security, Conformity, and Tradition, should have a negative impact on SWB [Sortheix, FM, Schwartz SH. 2017; Haslam N, Whelan J, Bastian B., 2009]. These assumptions were based on early findings, which indicated positive associations of intrinsic goals [Kasser T, Ryan RM., 1996; Sheldon KM., 2005] and negative associations of extrinsic goals [Kasser T, Ryan RM., 1996] with SWB.

This indicates that personality types and values affect the well-being. Thus, the Null hypothesis stands disproved and the alternative hypothesis that there will be a significant interrelationship between personality and values and the two predictor variables explain a significant amount of variance to well-being is proved.

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