

Impact of Life Stress and Personality Factors on Psychological Differentiation among Cardiac Patients

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Abstract

Cardiovascular diseases are often accompanied by significant psychological challenges that influence patients' emotional well-being, coping abilities, and overall adjustment to illness. The study aimed to explore the levels of life stress, personality factors, and psychological differentiation among cardiac patients, as well as to investigate the relationships among these variables and their predictive contribution to psychological differentiation. A descriptive survey research design was adopted for the study. The sample consisted of 200 cardiac patients selected through purposive-cum-incidental sampling from hospitals and healthcare centers of Darbhanga district. Cattell's Sixteen Personality Factor Questionnaire (16 PF) was used to determine personality factors of the respondents. A standardized Life Stress Scale was used to assess the level of life stress. Psychological differentiation was measured by administering Witkin's Group Embedded Figures Test (GEFT). The collected data were analysed using descriptive statistics, Pearson's product-moment correlation, and multiple regression analysis. The findings revealed that cardiac patients generally experienced moderate levels of life stress and psychological differentiation. Personality assessment indicated the presence of both adaptive and maladaptive personality characteristics influencing patients' adjustment to illness. A significant negative relationship was found between life stress and psychological differentiation, suggesting that higher levels of stress were associated with lower levels of psychological differentiation. Furthermore, significant relationships were observed between various personality factors and psychological differentiation. Personality traits reflecting emotional stability, self-reliance, and adaptability were positively associated with psychological differentiation, whereas traits related to apprehension, tension, and emotional vulnerability showed negative associations. The regression analysis demonstrated that life stress and personality factors jointly contributed significantly to the prediction of psychological differentiation, with personality factors emerging as a stronger predictor. The study concluded that both life stress and personality factors play a crucial role in shaping the psychological differentiation of cardiac patients.

Keywords: Life Stress, Personality Factors, Psychological Differentiation, Cardiac Patients.

Introduction

Cardiovascular diseases (CVDs) are one of the primary causes of morbidity and mortality worldwide and a significant public health problem. The World Health Organization states that cardiovascular diseases make up a large percentage of the deaths in the world, and coronary heart disease is one of the most common diseases found in adults of all ages. Cardiac diseases have various biological and physiological determinants, such as psychological and behavioral determinants, which affect the onset and progression of cardiac diseases (World Health Organization [WHO], 2023). In recent decades, health psychologists and medical researchers have more and more realized the influence of psychological factors in grasping cardiac diseases. Psychological processes are important in the prevention, management and recovery of cardiovascular disorders. Chronic stress, personality traits, emotional regulation, coping patterns and cognitive styles are all important factors in the development and

prognosis of heart disease (Rozanski et al., 2005). It has been demonstrated that psychological stress is associated with increased cardiovascular reactivity, hypertension, inflammation and other mechanisms that increase the risk for cardiac complications (Steptoe & Kivimäki, 2012).

Life stress describes the total amount of stressful events and circumstances that an individual encounters in his/her life. These stressors can be related to work, family, money, health or relationships. Stressful situations can have a negative impact on mental and physical health if not relieved quickly. In cardiac patients, life stress is recognized to be a major risk factor for the development and progression of CHD, cardiac events and poor quality of life (Kivimäki & Steptoe, 2018). There are individual differences in how people perceive and react to stress, therefore personality is important in psychological adaptation to illness. Personality factors are enduring patterns of cognition, affect and behaviour that affect the individual's responses to the environment. Trait theories of personality point to the notion that personality may play a significant role in health behaviour, coping, emotions and adjustment to chronic illness among individuals. Studies show that neuroticism, anxiety, emotional instability, and hostility have been linked to adverse cardiovascular outcomes, while emotional stability, conscientiousness and optimism have been linked with better psychological adjustment and recovery of cardiac patients (Friedman, 2008; Smith & MacKenzie, 2006). Hence, knowledge of personality traits can be useful to gain insight into the psychological differences in cardiac patients. Psychological differentiation is an important cognitive structure of personality and adaptation. Psychological differentiation is the extent to which the person is able to receive, process and react to environmental stimuli without relying on the surrounding context. Psychological differentiation, as suggested by Witkin and colleagues, is dimensional with highly differentiated people being cognitively autonomous, analytically oriented, and more effective in problem solving than less differentiated people whose problem solving is more influenced by the environment and social context (Witkin et al., 1977). Psychological differentiation has been associated with personality development, emotional adjustments, stress management and decision-making processes. Psychological differentiation can be a major factor in the interpretation of health information, adherence to health regimes, stress and coping in the context of chronic illness in cardiac patients. People who score higher on the psychological differentiation scale may exhibit more adaptive coping patterns and emotional stability, while those who score lower might show more emotional reactions and reliance on others. In addition, life stress and personality factors may also have an impact on the degree of psychological differentiation, which in turn may impact psychological adjustment and health outcomes.

While a large number of studies have focused on the individual effects of stress and personality on the cardiovascular system, the combined effects of stress and personality on psychological differentiation among cardiac patients have received relatively little attention. An examination of this relationship may help to deepen an understanding of the cognitive and psychological functioning of people with heart disease. This knowledge can help health professionals, counsellors and clinical psychologists in the development of effective intervention programs for stress management, personality development and psychological rehabilitation. Considering the above, the present study aims to understand the effects of life stress and personality on psychological differentiation for cardiac patients. The results should help to increase the knowledge about the psychological aspects of cardiac disease and have important implications for health and counselling psychology and cardiac rehabilitations.

Review of Literature

Gupta et al. (2023) conducted a study on psychosocial stress and well-being among patients presenting with acute myocardial infarction (AMI) in a North Indian tertiary care center. The study found a high prevalence of perceived stress and poor psychological well-being among cardiac patients. Individuals experiencing greater psychosocial stress reported lower levels of emotional adjustment and mental health. The researchers emphasized that

psychological factors significantly influence recovery and quality of life among cardiac patients and should be incorporated into cardiac rehabilitation programs.

Carola et al. (2024) reviewed psychological risk factors associated with cardiovascular disease and found that stress, anxiety, depression, coping styles, and adverse life experiences significantly influence the onset and progression of cardiac disorders. The review concluded that psychological stress adversely affects emotional adjustment and mental functioning among cardiac patients, emphasizing the need for psychosocial interventions.

Vaccarino et al. (2024) examined the association between stress and cardiovascular disease and reported that chronic life stress increases both cardiovascular risk and psychological distress. The study highlighted that stress-related physiological and emotional responses contribute to poorer psychological adaptation and reduced well-being among individuals with heart disease.

Belagavi District Study (2025) examined psychological health among coronary heart disease (CHD) patients. The findings revealed that a large proportion of patients experienced poor psychological health characterized by stress, emotional instability, and reduced coping ability. Significant gender differences were observed, indicating that psychological adjustment and differentiation varied among male and female cardiac patients. The study highlighted the importance of psychological assessment in cardiac care.

Indian Cardiovascular Research Reports (2024–2025) has highlighted the relationship between chronic psychological stress and cardiovascular disorders. Studies indicate that persistent life stress contributes to emotional dysregulation, anxiety, depression, and poorer psychological adaptation among cardiac patients. These findings support the view that stress negatively influences psychological differentiation and coping capacities in individuals with heart disease.

Indian studies on coronary heart disease patients (2025) reported that psychological well-being is closely associated with successful adjustment to chronic cardiac conditions. Patients with better emotional stability, resilience, and adaptive personality characteristics demonstrated higher levels of psychological health and quality of life than those exhibiting maladaptive personality tendencies and elevated stress levels.

Nakhebi et al. (2025) reviewed cardiovascular diseases and Type D personality and found that individuals characterized by negative affectivity and social inhibition experienced greater psychological distress, poorer emotional adjustment, and lower quality of life. The study concluded that personality factors play a crucial role in determining psychological outcomes among cardiac patients.

Rajabi et al. (2025) investigated psychological distress and resilience among patients with cardiac arrhythmias. The results demonstrated high levels of anxiety, stress, and depression among cardiac patients, while resilience significantly reduced psychological distress. The study emphasized that personality-related protective factors such as resilience contribute positively to psychological differentiation and adjustment in cardiac populations.

Crepaldi et al. (2024) investigated the role of personality variables such as Type A personality, Type D personality, self-esteem, locus of control, and trait anxiety among patients with hypertension and metabolic syndrome. The findings showed that maladaptive personality characteristics and anxiety negatively affected psychological well-being and quality of life, whereas positive personality traits promoted better psychological adjustment and resilience.

Rationale and Significance of the Study

Stress in life and personality factors have been extensively studied as these factors have a clear impact on emotional adjustment and coping mechanisms, treatment adherence and overall psychological functioning of cardiac patients (Carola et al., 2024). Cardiovascular dysfunction is a known psychological stress factor that can

be treated alone, or combined with other factors like unhealthy lifestyle patterns, anxiety and depression and maladaptive coping behaviours (Carola et al., 2024). The perception of psychological experience has now become an important research question in today's field of health, particularly of cardiac patients. Cardiac patients often experience a variety of life stressors including financial, workplace, and family pressures, fear of disability and uncertainty of recovery, and even a fear of death. These stressors can lead to psychological distress, emotional instability, anxiety, depression and a decreased quality of life (Centers for Disease Control and Prevention [CDC], 2024). Chronic stress may affect an individual's ability to keep balance their emotions and maintain a psychological state of wellness and may have an effect on recovery and rehabilitation. Chronic stress has been shown to affect the body — including increased risk for cardiovascular diseases, heart disease, blood pressure, cortisol, cardiac response and mental health (CDC, 2024). The other individual difference is in the experiences and processing of life stressors and the subsequent response. Some personality traits like resilience, optimism, emotional stability, self-efficacy and adaptive coping tend may help cardiac patients to have a healthier psychological adjustment. Maladaptive personality traits, such as negative affectivity, Type D personality features and neuroticism have been associated with adverse health outcomes, emotional regulation issues and psychological distress (Kupper et al., 2024). Thus, aspects of personality not only influence the perception of sickness, but also the ability of the person to consciously distinguish themselves, which is all about maintaining emotional independence, self-awareness and balance interpersonal functioning in stressful situations. Of special interest in cardiac patients is psychological differentiation, as adaptation of emotions and lifestyle are major problems related to the diagnosis and treatment of cardiac diseases. Psychological differentiation is related to better emotional control, coping with stress, rational decision making and healthy interpersonal relationships. On the other hand, the lack of differentiation can result in emotional dependency, anxiety, confusion and inappropriate coping. Despite its importance, psychological and health related research on psychological differentiation in cardiac patients is rather scarce as compared to other parts of the world particularly India.

The present study is hence significant as it tries to understand the role of the combined effect of life stress and personality factors in psychological differentiation of cardiac patients. The study could be insightful for professionals working in the cardiac rehabilitation field (psychologists, counsellors, cardiologists and other health professionals) in gaining understanding of the psychological factors that may impact on emotional adjustment and differentiation. The findings might be beneficial for the creation of psychological intervention programmes for cardiac patients related to stress management, personality development, emotional regulation and psychosocial support. Moreover, the study could be part of the increasing literature on the importance of taking a biopsychosocial approach to cardiovascular health, with psychological health as a critical element of successful treatment and recovery (Zuccarella-Hackl et al., 2024). The study also has practical implications in the Indian context of healthcare in which the psychological services are not fully used in cardiac care. The knowledge of stress in life and personality aspects influencing the psychological differentiation can be used by the health care providers to create a holistic rehabilitation method that can not only take into consideration the physical aspect of the patient, but can also consider the psychological aspect.

Objectives of the Study

- i. To study the level of life stress among cardiac patients.
- ii. To assess the personality factors of cardiac patients.
- iii. To examine the level of psychological differentiation among cardiac patients.
- iv. To investigate the relationship between life stress and psychological differentiation among cardiac patients.
- v. To examine the relationship between personality factors and psychological differentiation among cardiac patients.

- vi. To determine the combined contribution of life stress and personality factors in predicting psychological differentiation among cardiac patients.

Research Design

As the study aimed to examine the effect of life stress and personality on psychological differentiation in cardiac patients a descriptive and correlational approach was deemed appropriate. The study was quantitative in nature and data was collected by employing the standardized psychological instruments from cardiac patients. Life stress and personality factor were used as independent variables and psychological differentiation as dependent variables in the current study. The incidental-cum-purposive sampling technique was used to obtain a 200 sample of cardiac patient from different hospitals and private clinic of Darbhanga district. Cattell's Sixteen Personality Factor Questionnaire (16 PF) was used to determine personality factors of the respondents. A standardized Life Stress Scale was used to assess the level of life stress. Psychological differentiation was measured by administering Witkin's Group Embedded Figures Test (GEFT). Using inferential statistics, group differences, relationships among variables, and the predictive contribution of life stress and personality factors to psychological differentiation were examined.

Analysis and Interpretation of the Data

Table 01
Level of Life Stress among Cardiac Patients

Level of Life Stress	Frequency (N)	Percentage (%)	Mean	S.D.
High	46	23.00	126.84	17.84
Moderate	118	59.00		
Low	36	18.00		

Analysis and Interpretation: The above table presents the distribution of cardiac patients according to their level of life stress. It is evident that the majority of cardiac patients (59.00%) were found to have a moderate level of life stress. Further, 23.00% of the patients were observed to experience a high level of life stress, whereas only 18.00% were found to have a low level of life stress. The mean score of life stress was found to be 124.76 with a standard deviation of 17.84, indicating a moderate degree of variability in the life stress scores of the respondents. The findings suggest that most cardiac patients experience a moderate level of life stress, while a considerable proportion suffers from high life stress. This indicates that life stress may be an important psychological factor associated with cardiac patients and warrants attention in treatment and rehabilitation programmes.

The majority of cardiac patients were found to possess a moderate level of life stress, indicating that life stress is prevalent among cardiac patients and may influence their psychological well-being and adjustment.

Table 02
Personality Factors of Cardiac Patients

Sl. No.	Personality Factors (16 PF)	Mean	SD
1	Warmth (A)	5.82	1.64
2	Reasoning (B)	5.36	1.51
3	Emotional Stability (C)	4.48	1.72
4	Dominance (E)	5.14	1.57
5	Liveliness (F)	4.76	1.68
6	Rule-Consciousness (G)	6.28	1.46
7	Social Boldness (H)	4.95	1.61
8	Sensitivity (I)	5.94	1.54
9	Vigilance (L)	5.72	1.66
10	Abstractedness (M)	5.41	1.58
11	Privateness (N)	5.76	1.52
12	Apprehension (O)	6.84	1.78
13	Openness to Change (Q1)	6.12	1.49
14	Self-Reliance (Q2)	6.24	1.55
15	Perfectionism (Q3)	6.52	1.43
16	Tension (Q4)	6.73	1.81
Overall Personality Factor		85.75	17.61

Analysis and Interpretation: The above table presents the mean and standard deviation scores of various personality factors among cardiac patients as measured through the Sixteen Personality Factor Questionnaire (16 PF). It is evident that the highest mean score was obtained on Apprehension ($M = 6.84$), followed by Tension ($M = 6.73$) and Perfectionism ($M = 6.52$). These findings indicate that cardiac patients tended to exhibit greater levels of worry, emotional insecurity, tension, and concern regarding their health and daily functioning. Relatively high mean scores were also observed for Rule-Consciousness, Self-Reliance, and Openness to Change, suggesting that the patients generally demonstrated responsibility, independence, and adaptability in dealing with their circumstances. On the other hand, lower mean scores were found for Emotional Stability, Liveliness, and Social Boldness, indicating comparatively lower emotional resilience, reduced enthusiasm, and hesitation in social interactions. The overall mean score of personality factors was found to be 85.75, reflecting a moderate level of

personality characteristics among cardiac patients. The findings suggest that traits related to apprehension, tension, and perfectionism were more prominent than traits associated with emotional stability and social confidence.

Cardiac patients were found to exhibit higher levels of apprehension, tension, and perfectionism, whereas comparatively lower levels of emotional stability, liveliness, and social boldness were observed. This indicates that personality characteristics associated with anxiety and emotional strain were more prevalent among cardiac patients.

Table 03
Level of Psychological Differentiation among Cardiac Patients

Level of Psychological Differentiation	Frequency (N)	Percentage (%)	Mean	S.D.
High Psychological Differentiation	38	19.00	17.68	4.92
Moderate Psychological Differentiation	124	62.00		
Low Psychological Differentiation	38	19.00		

Analysis and Interpretation: The above table presents the distribution of cardiac patients according to their level of psychological differentiation. It is observed that the majority of cardiac patients (62.00%) possessed a moderate level of psychological differentiation. Further, 19.00% of the patients were found to have a high level of psychological differentiation, whereas an equal proportion (19.00%) exhibited a low level of psychological differentiation. The mean score of psychological differentiation was found to be 17.68 with a standard deviation of 4.92, indicating moderate variability among the respondents. The predominance of the moderate category suggests that most cardiac patients were able to maintain a reasonable balance between emotional and cognitive functioning; however, a considerable proportion of patients demonstrated either high or low levels of psychological differentiation. The findings indicate that while many cardiac patients possess adequate psychological resources to cope with illness-related challenges, a substantial number may experience difficulties in emotional regulation, self-awareness, and adaptive functioning. Therefore, psychological support and counselling interventions may be beneficial in enhancing psychological differentiation and overall well-being among cardiac patients.

The majority of cardiac patients were found to possess a moderate level of psychological differentiation, while nearly one-fifth exhibited high psychological differentiation and another one-fifth showed low psychological differentiation. This indicates that psychological differentiation among cardiac patients was generally moderate, with notable individual differences in emotional and cognitive adjustment.

Table 04
Correlation between Life Stress and Psychological Differentiation among Cardiac Patients

Variables	N	Pearson's Correlation Coefficient (r)	p-value	Level of Significance
Life Stress and Psychological Differentiation	200	-0.58**	0.000	0.01

***p < .01**

Analysis and Interpretation: The above table presents the relationship between life stress and psychological differentiation among cardiac patients. The obtained Pearson's Product-Moment Correlation Coefficient was found to be $r = -0.58$, which indicates a moderate negative correlation between life stress and psychological differentiation. The obtained correlation coefficient was found to be significant at the 0.01 level of significance. The negative direction of the correlation indicates that as the level of life stress increases, the level of psychological differentiation tends to decrease among cardiac patients. Conversely, patients experiencing lower levels of life stress tend to exhibit higher psychological differentiation. This finding suggests that excessive stress may adversely affect an individual's capacity for emotional regulation, self-awareness, autonomy, and adaptive functioning. The significant relationship further implies that life stress plays an important role in influencing the psychological functioning of cardiac patients. Patients experiencing greater stress due to illness, treatment demands, financial concerns, family responsibilities, and uncertainty regarding health outcomes may find it more difficult to maintain emotional balance and psychological independence.

A significant negative relationship was found between life stress and psychological differentiation among cardiac patients. This indicates that higher levels of life stress were associated with lower levels of psychological differentiation, whereas lower levels of life stress were associated with higher psychological differentiation.

Table 05
Relationship between Personality Factors and Psychological Differentiation among Cardiac Patients

Personality Factors	Psychological Differentiation (r)
Warmth (A)	.284**
Reasoning (B)	.318**
Emotional Stability (C)	.562**
Dominance (E)	.241**
Liveliness (F)	.296**
Rule-Consciousness (G)	.338**
Social Boldness (H)	.372**
Sensitivity (I)	-.148*

Vigilance (L)	-.264**
Abstractedness (M)	.122
Privateness (N)	-.186**
Apprehension (O)	-.534**
Openness to Change (Q1)	.351**
Self-Reliance (Q2)	.468**
Perfectionism (Q3)	.294**
Tension (Q4)	-.576**
Overall Personality Factors	.487

N = 200, * p < .05, ** p < .01

Analysis and Interpretation: The above table presents the relationship between various personality factors and psychological differentiation among cardiac patients. The findings reveal that several personality dimensions were significantly associated with psychological differentiation. A significant positive relationship was found between psychological differentiation and personality factors such as Emotional Stability ($r = .562$), Self-Reliance ($r = .468$), Social Boldness ($r = .372$), Openness to Change ($r = .351$), Rule-Consciousness ($r = .338$), and Reasoning ($r = .318$). These findings indicate that cardiac patients possessing greater emotional stability, independence, adaptability, and confidence tended to demonstrate higher levels of psychological differentiation. Conversely, significant negative relationships were observed between psychological differentiation and Tension ($r = -.576$), Apprehension ($r = -.534$), Vigilance ($r = -.264$), and Privateness ($r = -.186$). These results suggest that patients characterized by excessive worry, anxiety, emotional tension, and interpersonal distrust exhibited lower levels of psychological differentiation.

The overall personality score showed a significant positive correlation ($r = .487$) with psychological differentiation, indicating that favorable personality characteristics contribute positively to emotional maturity, self-awareness, autonomy, and adaptive functioning among cardiac patients.

A significant relationship was found between personality factors and psychological differentiation among cardiac patients. Personality traits such as emotional stability, self-reliance, social boldness, and openness to change were positively associated with psychological differentiation, whereas apprehension, tension, vigilance, and privateness were negatively associated with psychological differentiation.

Table 06

Multiple Regression of Life Stress and Personality Factors in Predicting Psychological Differentiation among Cardiac Patients

Predictor Variables	B	SE B	Beta (β)	t-value	p-value
Constant	24.816	2.174	—	11.42**	.000
Life Stress	-0.184	0.032	-0.412**	-5.75**	.000
Personality Factors	0.276	0.041	0.486**	6.73**	.000

Table 07
Model Summary

Independent Variables	Dependent Variable	R	R ²	Adjusted R ²	F-value	p-value
Life Stress and Personality Factors	Predicting Psychological Differentiation	.682	.465	.460	85.67**	.000

N = 200, p < .01

Analysis and Interpretation: Table No. 06 and 07 presents the results of the multiple regression analysis conducted to determine the combined contribution of life stress and personality factors in predicting psychological differentiation among cardiac patients. The obtained multiple correlation coefficient ($R = .682$) indicates a substantial relationship between the predictor variables and psychological differentiation. The coefficient of determination ($R^2 = .465$) reveals that 46.50% of the variance in psychological differentiation was jointly explained by life stress and personality factors. The adjusted R^2 value of .460 further confirms the stability and adequacy of the regression model. The obtained F-value (85.67) was found to be significant at the 0.01 level, indicating that the regression model significantly predicted psychological differentiation among cardiac patients. The regression coefficients revealed that life stress ($\beta = -0.412$) made a significant negative contribution to psychological differentiation. This indicates that an increase in life stress was associated with a decrease in psychological differentiation. On the other hand, personality factors ($\beta = 0.486$) made a significant positive contribution, suggesting that favorable personality characteristics enhanced psychological differentiation among cardiac patients. A comparison of the standardized beta coefficients shows that personality factors contributed more strongly to the prediction of psychological differentiation than life stress. Therefore, personality characteristics emerged as the stronger predictor of psychological differentiation among cardiac patients.

Life stress and personality factors jointly contributed significantly to the prediction of psychological differentiation among cardiac patients. Together, these variables explained 46.50% of the variance in psychological differentiation. Life stress negatively predicted psychological differentiation, whereas personality factors positively predicted psychological differentiation. Among the predictor variables, personality factors emerged as the stronger predictor of psychological differentiation.

Results and Discussion

Results of the study indicated that life stress was a salient psychological attribute of cardiac patients. Most of the participants were found to have mild to moderate intensity of stressors from many factors including health issues, fear of progression of disease, financial difficulties, family support and concern about their future health. These stressors indicate that in many cases cardiac patients are likely to have significant psychological stressors beside their physical health issues. These findings suggest that life stress is a significant part of the entire adjustment process among people with cardiac illness. Personality assessment showed that cardiac patients had certain characteristic personality traits which affected their psychological functioning and adaptation to the disease. Apparently the characteristics of apprehension, tension, perfectionism and emotional sensitivity were more evident, while those of emotional stability, social confidence and optimism were relatively less evident. These findings point to a potential increase in emotional vulnerability and worry over personal health and future outcomes within the experience of chronic illness. Personality traits were determined to be important in the way people perceived and reacted to the problems of cardiac disease. Results of psychological differentiation showed that, in general, cardiac patients had a moderate level of emotional regulation, self-awareness and independent

functioning. A considerable number of patients had a satisfactory balance of emotional and rational reactions, however some had problems in coping with the stresses of the illness. The results indicate that psychological differentiation is crucial for emotional adjustment of cardiac patients and plays a significant role in the coping with the requirements of a chronic disease. The study of correlation between Life Stress and Psychological differentiation showed the values of these two variables in close relationship with each other. Stress level was negatively correlated with psychological differentiation. There seemed to be a problem with emotional stability, self-control and adaptive functioning with excessive stress. Those who had relatively less stress, on the other hand, were more likely to have emotional balance, make rational choices and cope well with the situation of their condition. The results indicate that life stress could be a major factor to consider in the psychological adjustment of cardiac patients. The relationship between personality factors and psychological differentiation also suggested the important role of personality characteristics in the psychological functioning of cardiac patients. Emotional stability, self-reliance, confidence, openness to new experiences and positive coping tendencies were associated with better psychological differentiation and are adaptive personality traits. In contrast, the maladaptive traits of feelings of insecurity, emotional tension, apprehension and pessimism seemed to impede effective psychological adjustment. The results suggest the significance of the personality trait in the perception of stress, emotion regulation, and response to illness-related challenges.

When the two factors – life stress and personality were considered together, both were found to be significant contributors to psychological differentiation among cardiac patients. Life stress seemed to have a negative impact on psychological functioning, whereas adaptive personality traits were associated with emotional adjustment and resilience. These factors are interconnected and indicate the influence of psychological differentiation by exteriors and inner personality resources. Favourable personality traits were seen to be more effective in helping the patients in dealing with stressful situations and preserve their psychological wellness despite having the cardiac disease. The results highlight the need for a comprehensive approach to cardiac rehabilitation that includes both medical and psychological factors. It points out that cardiac patients should not only be treated on physical lines but also psychological and emotional line and the factors of personality should be taken into account as well. Psychological assessment, supportive interventions, stress-management programmes and counselling services might be beneficial for emotional adjustment, psychological differentiation and for better rehabilitation outcomes of cardiac patients.

Conclusion

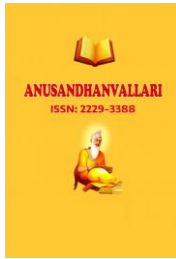
The present study was undertaken to examine the impact of life stress and personality factors on psychological differentiation among cardiac patients. The findings highlighted the significant role of psychological variables in influencing the emotional and cognitive functioning of individuals suffering from cardiac diseases. It was observed that life stress constituted an important challenge in the lives of cardiac patients and had implications for their psychological adjustment and well-being. The study further revealed that personality characteristics played a crucial role in determining how patients perceived and responded to stressful situations associated with their illness. Adaptive personality traits were found to facilitate healthier emotional functioning, whereas maladaptive traits were associated with greater psychological vulnerability. Psychological differentiation emerged as an important indicator of emotional maturity, self-awareness, and adaptive coping among cardiac patients. The findings suggest that psychological differentiation is influenced by both external stressors and internal personality resources. Cardiac patients who possessed favourable personality characteristics appeared better able to cope with the demands of illness and maintain emotional balance, while those experiencing greater stress and emotional vulnerability encountered more difficulties in psychological adjustment. The study emphasizes the importance of adopting a biopsychosocial perspective in the management of cardiovascular diseases. Effective cardiac care should incorporate psychological assessment, counseling services, stress-management interventions, and

psychosocial support alongside medical treatment. Such an integrated approach may enhance emotional well-being, strengthen coping abilities, improve quality of life, and contribute to better rehabilitation outcomes among cardiac patients.

In conclusion, the study contributes to the understanding of the complex interplay between life stress, personality factors, and psychological differentiation among cardiac patients. The findings underscore the necessity of addressing psychological dimensions in cardiac healthcare and provide valuable directions for future research, clinical practice, and rehabilitation programmes aimed at promoting holistic health and well-being.

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