

RELATIONSHIP BETWEEN HOSTILITY PATTERN AND PSYCHOPHYSIOLOGICAL DISORDERS: CASES OF CORONARY ARTERY DISEASE AND HEADACHE

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The hostility patterns of coronary artery disease (CAD) and headache patients were studied. The approach of Barefoot et al. (1992) and Spielberger et al. (1985) was used to integrate the concepts of hostility, anger, and aggression to form a multi-dimensional construct of hostility. Based on this integration, a hostility inventory was developed. The inventory consists of 4 sub-scales: Hostility Cognition, Hostility Affection, Hostility Expressive Mode (anger-out) and Hostility Suppressive Mode (anger-in). Three groups of subjects (CAD, headache, and normal control; $n = 30$ per group) matched by age, gender, and education, were administrated with this inventory. Results indicated that (a) cognition, affection, and expressive mode of the CAD group were significantly higher than those of the control group, (b)

affection and suppressive mode of the headache group were higher than those of the control group, and furthermore, (c) these two patient groups were different in that the CAD group has higher cognition and expressive mode and lower suppressive mode than the headache group. The results support that the CAD and the headache patients have disease-specific hostility pattern. We therefore concluded that different psychopathological/emotional/stress mechanisms were involved in these two groups of patients and proposed specific psychological interventions to control the symptoms effectively.

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