

Matthews K A. Psychological perspectives on the Type A behavior pattern. *Psychol. Bull.* 91:293-323, 1982. [Department of Psychiatry, University of Pittsburgh, PA]

Type A behavior is an epidemiological concept. This literature review summarized the psychological characteristics of individuals classified as Type A according to the method of measurement. In addition, it highlighted key conceptual issues that required resolution prior to adequate understanding of the psychological basis of this behavioral risk factor. [The SSC[®] and the SC[®] indicate that this paper has been cited in more than 365 publications.]

Understanding a Psychological Risk Factor for Coronary Disease

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In the late 1950s, two cardiologists, M. Friedman and R.H. Rosenman,¹ proposed that a set of overt behaviors—extremes of competitiveness, time urgency, easily aroused hostility, and hypervigilance—characterized individuals at risk for coronary heart disease (CHD).² These individuals, called Type A, were subsequently studied to test if they were prone to have CHD and, later in the 1970s, to identify the psychological dimensions underlying overt Type A behaviors. I met Rosenman and Friedman when I trained to administer and score the semistructured interview used to classify individuals as Type A. Superb observers of behavior, they offered many clinical insights about Type A, including Friedman's assessment of me as Type A, based on a two-minute conversation during which I spoke quickly, clicked my tongue, and interrupted him, all unbeknownst to me.

Subsequently my graduate advisor, David Glass, and I used the interview and other self-report measures of Type A in experiments. We were disturbed to find that the overlap in classifications was minimal, and sometimes the hypotheses would be confirmed with one method of Type A assessment and not with others. Scientists of personality had become exquisitely aware

of the poor correspondence between people's reports of their characteristic behavior and their actual behavior during a given situation, and of the tendency for observers to expect that certain traits cluster together, even when they do not in reality. In consequence, we thought that it would be important to validate the basic definition of Type A and to consider if some Type A behaviors are more important than others, both as predictors of CHD and as essential to the psychological construct.^{3,4}

These issues interested few psychologists initially because of psychology's focus on mental rather than physical health. To illustrate, I gave a colloquium on Type A behavior in 1976 as part of a job interview; one member of the audience complimented me on my studies, but remarked that their content was not suitable for the faculty in psychology. Nonetheless, in the early 1980s, the subdiscipline of health psychology formally emerged.

By 1982, the psychology literature on Type A had become sufficiently large that I thought it would be useful to document its major behavioral and psychophysiological features, to evaluate the progress on defining and refining the concept, and to highlight new directions for research and potential barriers to overcome.

I think my article was cited frequently because of its timeliness, with the 1981 National Heart Lung Blood Institute conference proceedings concluding that Type A is a CHD risk factor,² the availability of new federal funding for research on Type A, and psychology's evergrowing interest in relationships between psychosocial factors and physical illness.

Type A behavior was controversial when first proposed, and it remains so.^{5,6} Only last year, I was involved in a formal debate on the utility of the Type A concept at a national scientific meeting. A new generation of studies on hostility as the toxic element of Type A⁷ and on psychophysiological mechanisms that are activated among vulnerable individuals during psychological stress⁸ has led to enormous progress in understanding psychosocial determinants of CHD, which I hope is due at least in part to my reviews of scientific studies of Type A.

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