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 SSCI and the SCI indicate that this paper has been cited in more than 365 publications.]

Understanding a Psychological Risk Factor for Coronary Disease

K.A. Matthews
Department of Psychiatry
University of Pittsburgh
Western Psychiatric Institute and Clinic
3811 O’Hara Street
Pittsburgh, PA 15213-2593

In the late 1950s, two cardiologists, M. Friedman and R.H. Rosenman, 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). 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, and psychology's evergrowing interest in physical illness.

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, 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. 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 A and on psychophysioologic mechanisms that are activated among vulnerable individuals during psychological stress 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.