Whither the Type A personality?

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I first studied psychological science in the 1970s, and one of the most popular ideas at that time was the Type A personality. Two cardiologists, Meyer Friedman and Ray Rosenman, had made the case that a certain type of person—competitive, driven, hurried, easily angered—had a much higher risk of heart attack and heart disease than did easy-going types, which they labeled Type B. The idea of Type A personality took hold in the public imagination, and it's still heard in the common parlance today.

The concept was scientifically controversial from the start, but it did provoke a lot of debate—and an explosion of research. Indeed, the notion of a heart attack-prone personality played an important part in the emergence of health psychology and behavioral medicine as legitimate approaches to understanding disease. But the Type A idea itself soon began to erode, and eventually disappeared from serious scientific discussion.

Should the Type A personality be consigned to the dust heap of failed scientific theories? That would be a mistake, according to psychological scientist Karen Matthews of the University of Pittsburgh, who sees much of value in that original, crude concept. In an article forthcoming in the journal *Perspectives on Psychological Science*, Matthews traces the maturation of the Type A personality from its origins to its more nuanced form today.

The early research raised more questions than it answered, notably: How, precisely, does a pattern of behaviors cause the physical changes that culminate in cardiovascular disease? Can these traits and behaviors be changed, with reduced heart risk? Where does Type A originate? Do harmful Type A behaviors vary across gender, race and culture?

The original concept came apart early. Studies revealed that it was really just one of the original components—anger and hostility—that was toxic to the heart. And scientists started to identify other psychological factors, not identified by Friedman and Rosenman, that appear to increase heart risk or offer protection: Today, health psychologists study a variety of factors, including optimism, social support, purpose in life, loneliness, depression, and more.

But how do these traits and behaviors actually cause the physical changes that lead to cardiovascular disease? One early idea has held up well—that psychological factors increase cardiovascular responses to stress. But the search for underlying mechanisms has also expanded to encompass other possible pathways: platelet function, inflammation, fat, metabolism, sleep.

And the focus has also shifted away from individual behavior. It's widely recognized that individuals do not function in a vacuum, but instead are embedded in community, workplace and home, and vary in socioeconomic status, ethnicity, race and gender. Scientists today are equally interested in demographic, environmental, genetic, and cognitive and neurological factors as contributors to heart risk.

Friedman and Rosenman had studied only middle-aged men, but today scientists look at the development of heart disease as a life-long process. The clogging and stiffening of coronary arteries can begin even in adolescence, and there is some evidence that poverty, harsh parenting and abuse may contribute to this early risk.

All this is to say that the relationship between psychology and heart disease is far more complex than Type A theory proposed. But in another sense, that short-fused workaholic guy was the originator of today's more sophisticated view. According to Matthews, he has simply come of age.

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