



# e-quilibrium

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## Type D

If a person is described as being “Type A,” most of us recognize that it means that the individual is hard-driving, ambitious, competitive, and impatient. The so-called Type A behavior pattern was described nearly 50 years ago, because of its apparent association with heart disease. The original features of Type A included time pressure, hostility, and an incessant drive for achievement.

Much research in the 1970s and 1980s suggested that Type A persons were somewhat more susceptible to coronary artery disease than the population at large, but as the separate features of Type A were studied, only the hostility component stood up as having any association with heart disease. Therefore, Type A research was largely abandoned, but the label Type A has persisted as a personality descriptor in everyday language.

For alphabetical orderliness, I will remind you that easy-going, even-tempered persons have been described as Type B, and no specific health risks have been associated with Type B. Interestingly, some research was conducted testing the hypothesis that there is a cancer-prone personality, Type C, characterized by having difficulty expressing emotion along with feelings of helplessness, hopelessness, and depression. Since there has been no consistent evidence linking any personality characteristics to cancer, the Type C notion is no longer being vigorously pursued.

That brings us to Type D. The Type D personality refers to the combination of two features: negative affectivity and social inhibition. Negative affectivity essentially means the tendency to experience lots of negative emotions, whereas social inhibition refers to the tendency to not express thoughts and feelings in social situations. Nearly 15 years ago, Johan Denollet of Tilburg University (The Netherlands) introduced the Type D personality, and since that time has published numerous studies indicating that patients with heart disease who have both personality features are at increased risk for additional cardiac events and death. It should be noted that Type D has not been established as a predictor of heart disease among otherwise healthy people. Also, Type D does not mean a depressive personality, even though depression is known to be a risk factor for heart disease.

Why are heart patients with Type D personalities at increased risk? Although there may be other factors, it appears that the primary reason is behavior. Type D individuals have been found to have poorer diets, spend less time outdoors, are less likely to get regular medical checkups, and perceive that they have less social support. They are also more likely to smoke. This may mean that Type D features are associated with poorer health in general, a possibility that is under investigation.

Although personality is generally considered to be relatively stable and resistant to change, the behavioral tendencies that constitute Type D, as well as the unhealthy behaviors that have been found among Type D individuals, are amenable to change. That is, individuals can learn to think about life events and circumstances differently, so that they experience less negative emotion. People can learn to express their thoughts and feelings with others in a constructive manner. And obviously, persons can adopt healthier lifestyles.

I doubt if Type D will become part of common parlance as has Type A. However, the research with Type D personality is another reminder that how we think about and perceive the circumstances of our lives, and how we do or do not express our thoughts and feelings with others, may affect other behaviors and in turn our health, whether or not we have heart disease.

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