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Children's Type A Behavior Pattern As It Relates to Self Esteem

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**CHILDREN'S TYPE A BEHAVIOR PATTERN
AS IT RELATES TO SELF ESTEEM**

Tami N. Earlewine



An Abstract Project Presented to the Faculty of the Graduate School
of Lindenwood College in Partial Fulfillment of the
Requirements for the Degree of
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Associate Professor, Advisor

Marilyn Patterson, Ed. D.

Associate Professor

Jesse B. Harris Jr., Ph. D.

Adjunct Assistant Professor

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ABSTRACT

The relationship between Type A Behavior pattern in elementary children and their self esteem was examined using 68 students. The participants were third, fourth and fifth graders in the Montgomery County School District in central Missouri, who completed the Coopersmith Self Esteem Inventory (School Form). In addition these students were also assessed for Type A behavior pattern by their teachers using the Matthew's Youth Test for Health. Correlational results indicated that there was no relationship between a child's Type A behavior pattern and self esteem.

CHAPTER I

Introduction

Children's Type A Behavior Pattern

as it Relates to Self Esteem

Ultimately the success of today's society and perhaps the capacity of the human species to prevail on this planet will depend on humanity's ability to protect the future. Part of this challenge has to do with a host of environmental concerns. However, the most important factors will relate to how well human beings nurture and prepare each generation of children to function in an increasingly complex world (Joseph, 1994). Preparing children to function in such a world requires them to lead psychologically and physically healthy lives. This may begin with a focus on two specific domains: self esteem and Type A behavior.

Most theorists agree that the formation of the self concept is a crucial developmental task. Self esteem was defined by Baruch, Barnett and Rivers, (1985) as a high regard for oneself. In Webster's Dictionary, self esteem was defined as self respect or self conceit, (Webster, 1995). A similar definition suggests that "self esteem is the evaluation persons make and customarily maintain with regard to themselves" (Coopersmith, 1981, p.5).

The second domain requiring focus is Type A behaviors. Type A

characteristics include an aggressive manner of speech, excessive activity, impatience, difficulty relaxing, and trying to do more than one thing at a time (Edwards, Baglioni & Cooper, 1990). Type A behavior was initially described by Friedman and Rosenman (1974) as a relatively constant struggle to achieve a goal that is not well defined in the shortest amount of time possible.

Research on Type A behavior in children is a relatively new research concept. Researchers suggest that Type A behavior patterns remain stable throughout childhood. There may be huge health implications, if children were assessed at an early age so preventive measures could start. For example, research exists which links adult Type A behavior pattern to an independent risk for coronary disease (Siegel, 1984). More than half of all deaths in any given year in the United States are associated with heart disease (Dembroski & Siegman, 1989). Potentially, Type A children may learn coping strategies at an early age which may ultimately lead to a decreased chance of developing coronary disease.

It has been proposed that intensified reactivity to stressful events throughout the day results in chronic damage to the cardiovascular system

in Type A individuals, thereby enhancing the development of coronary disease (Matthews & Jennings, 1984). Hubbs-Tait and Blodgett (1989) found that individuals with high self esteem are more effective in meeting demands than those with low self esteem. Moreover, those with low self esteem are also more adversely affected by daily stressors. Indeed, high self esteem has been found to act as an insulator against stress (Petrie & Rotheram, 1982).

While the importance of self esteem has been well documented, it will become increasingly important for educators and counselors in school settings to assess and understand the implications of Type A behaviors in children. These children are more likely to be constantly needing to prove their self worth, which leads to a fear of insufficient self worth. Data from the research on TABP (Type A behavior pattern) in children suggests that this belief is associated with low rates of positive feedback and elevated and ambiguous performance standards in the home during childhood. These child rearing practices have been assumed to hinder the development of clear internal standards of performance. The need to constantly prove oneself may lead to excessive competitiveness (Matthews, 1982).

Statement of Purpose

Research has only begun to assess Type A personality in childhood. Therefore, the purpose of this study was to investigate the relationship between children's Type A personality and their self esteem. The following questions were posed: Does the self esteem of elementary school students relate to having a Type A behavior pattern? Does the self esteem of male and female elementary students relate to their Type A behavior pattern?

Hypothesis. In order to address these questions, the following hypotheses were formulated:

1. There is no relationship between self esteem and Type A behavior pattern in elementary students.
2. There is no relationship between self esteem of female elementary students and Type A behavior pattern.
3. There is no relationship between self esteem of male elementary students and Type A behavior pattern.

CHAPTER II

Review of Literature

A review of the pertinent literature entails two main areas of research. These areas include an overview of the research on the development of a child's self concept (including the important component of parental influences) and an overview of the Type A behavior pattern.

Dimensions of Self Concept

The self concept is a term that refers to one's conscious and unconscious feelings about oneself. Coopersmith (1967) believed that the self concept is an abstraction represented by the symbol me, which is a person's idea of himself. It expresses an attitude of approval or disapproval and indicates the extent to which the individual believes himself to be capable, significant and worthy. The important dimensions of the self concept are body self, social self, cognitive self and self esteem. Self esteem is said to be the evaluate part of the self concept which is said to be affected by children's interactions with others and their success and failure experiences . Hence, as it relates to this study the terms self esteem and self concept are synonymous.

Beane (1991) defines self esteem as the evaluative part of the self

which is affected by children's interactions with significant others and their success and failure experiences. James (1963) considered self esteem to be the ratio of one's successes to one's pretensions, and in doing so implied that the relationship between one's competence and aspirations was a critical determinant of how one's self is evaluated.

Historically, a variety of theorists have all stressed the importance of self concept, especially the significance of the first years of life. This is due in part to the rapid physical and psychological growth that takes place during this time. Initially, the baby is completely dependent on the mother for every need, physical as well as emotional. The development of the self begins with the baby's ability to interact with his or her environment. This interaction can be achieved when the baby feels that his or her mother is a reliable source of gratification. It is this trust that allows the baby to become autonomous. It is with this trust that a baby begins to develop a healthy self concept (Newman & Newman, 1991).

If there is mistrust, this stage as well as later stages of development may be jeopardized. The infant develops doubts about his or her abilities. It is this doubt and feelings of inferiority that lead to a poor self concept and difficulties later in life (Erickson, 1950).

Fromm (1939) observed that persons who are plagued by doubts of their worthiness can neither give nor receive love, apparently fearing that the exposure that comes with intimacy will reveal their inadequacies and cause them to be rejected (Fromm, 1939). They thus avoid closeness and feel isolated as a consequence.

Freud (1955) stressed the importance of the childhood experience on the development of one's personality as it relates to one's ability to form healthy relationships. Adult behavior, according to Freud is an interaction between three major systems: the id, the ego and the superego. At birth, however the mind consists of only the id. The id consists of pure, instinctual energy and exists completely in the unconscious level. The id demands immediate gratification of bodily needs and operates under the pleasure principle.

According to Freud (1955) the ego comes into existence because of the need to deal with the outside world. It controls all cognitive and intellectual functioning. The ego has to integrate the demands of the id, the superego and the external world.

The third component, the superego represents the moral arm of the personality. The superego, must correctly depict one's preconscious and

conscious ideals and scales of value and be effective in its self critical function. This process can best be accomplished if the initial sexual object- the primary care giver- gratifies the self preservative instinct by their initial treatment and attitudes toward the infant. As individuals develop, their own ego can take on the energy of the sexual instincts, leading to love of oneself (Freud, 1955).

Self esteem begins to develop, according to Freud (1955) at birth. The initial sex object, usually the mother gratifies the infant's needs by the way in which she first treats the infant. As the individual begins to develop, the child's own ego internalizes this love which leads to the love of oneself. Freud calls this "primary narcissism." Gradually the infant throughout interaction with the mother comes aware of the mother and the love and care that she gives. This love and care allows the child to transfer this feeling of omnipotence from the mother onto oneself.

Freud (1955) also suggested that were frustrating relationships, an unreal self image may develop in the child. This unreal self image develops as a defense mechanism against a diminished self esteem. Freud also stated as children develop, they internalize and accept their parental demands for fear of punishment because of the need for attention. If children can live

up to these internalized parental standards, it is believed that their self esteem will increase.

Freud was not the only historic theorist to stress the importance of the development of self concept. Adler emphasized the social aspects of behavior. Adler believed that individuals are as culturally driven as psychologically driven. A person tries to compensate throughout his life for certain inferiorities. Adler felt family interaction is crucial, not necessarily in determining one's behavior, but in providing the child with an atmosphere of either cooperation or competition, which the child can either choose to accept or reject (1969).

Adler saw two conditions that seemed to affect a child's self concept. The first is the inferiority children feel because they feel completely helpless compared to the powerful adults on whom they depend (Hergenhahn, 1994). His second condition was a positive antecedent concerning the supporting atmosphere that would allow children overindulgence by parents. This could cause the child to have an overinflated sense of worth which would not prepare him for later life (Adler, 1969).

Along with Adler, Sullivan (1953) also considered family of utmost

importance and the self concept central to human personality. Sullivan discussed the fact that children feel secure and safe when mothers provide a loving, warm atmosphere. Sullivan stated that self appraisals begin in infancy and the child begins to make self statements which, if derogatory, will harm their self concept. If a child hears that they have shortcomings, or are not living up to parental expectations, they internalize these beliefs, as parents are a young child's only available of measure of self worth.

Sullivan also discusses the significance of children's early same sex relationships as building blocks for healthy self concepts. These relationships allow for mutuality of power, status and access to resources. Conflicts in these relationships can be worked out in terms that the child can control and learn a heightened sense of esteem. Children who are not allowed to build these close friendships may suffer from lower self esteem (1953).

This idea gave rise to a study of well being in children by Dix, (1993). He found that forming a strong, healthy identity at an early age was correlated to well being over the life cause. Those children who were positively affirmed and nurtured during childhood were found to live happier, more satisfied lives as adults, than their counterparts who did not

have the same level of affirmation during childhood.

Another pioneer in the development of self concept was Erik Erikson. Erikson, (1950) believed that identity was a crucial developmental stage through which individuals must move prior to being able to establish meaningful relationships with others. Erikson described the loving care given by the mother in infancy as essential for the development of the trust that an individual acquires. It is the combination of this trust and the ability of the parents to allow the child autonomy without shame, that enhances the child's self concept throughout his life.

According to Erikson, during the first year of life, the virtue of hope emerges. Trusting children dare to hope, a process that is future oriented whereas children lacking trust cannot hope because they must worry constantly whether their needs will be met and therefore are tied to the present (Hergenhahn, 1994).

Central to the idea of self concept is self acceptance. Rogers (1954) felt that positive self conception may depend on the unconditional positive regard one receives from one's parents. Rogers stated that the infant comes to be guided in his behavior by the likelihood of receiving maternal love. As children grow they develop the need to view themselves

positively. The conditions that make relevance to people in their lives regard themselves positively are introduced into their self structure and then they must act in accordance with those conditions in order to regard themselves positively. The child is now said to have acquired conditions of worth. Those who are unable to accept themselves have a negative self concept (Hergenhahn, 1994). The development of a child's healthy self concept is due to the extent that he is accepted by others (Vasey, Crinic, & Carter, 1994). This pertains to his parents, especially during the early years.

Within the Rogerian framework, congruence between real self (an individual's current view of self) and the ideal self (the ideal person that he or she would like to be) is interpreted as indicating positive self regard. This congruence is assumed to be linearly related to personal and social adjustment. A sizable self image disparity is viewed as being ominous and a sign of maladjustment (Rogers, 1954).

Roger's (1954) believed that self acceptance is a healthy prerequisite to the development of a healthy self concept. Children develop self conceptions depending on the approval or disapproval which others show towards them. Those actions which the child feels will meet with

disapproval are excluded from one's behavior. Rogers felt that positive self conception may depend, in large part, to the unconditional positive regard one receives from one's parents. He states that the more acceptance we have for ourselves, the more we will be able to accept others. Those who are unable to accept themselves have a negative self concept.

Cooley's (1964) looking glass theory supports the idea that children receive an unfavorable or favorable self concept by the way a parent perceives and treats the child. The looking glass self is understood by the point in which a child has formed an idea of his or her self. In the child's imagination a perception is formed as to others' thoughts of the child's appearance, manners, deeds, character, etc., and are thus affected by this perception. Cooley extends this concept by suggesting that the meaning of "I" for a child is learned in the same way other words and emotions are learned, by having the feeling of "I" which is input by other reactions to him or her. In other words Cooley felt that one values themselves in the same way that they believe other people value them.

Rosenberg (1965) reports that persons with high self esteem have proper respect for themselves and their worth as a person. Such respect

may be unconditional or conditional. It is unconditional in the sense that the individual respects oneself as a human being, independent of qualities or accomplishments. This individual believes they deserve to be treated respectfully by others without proving their worth. Conversely, the conditional type of self respect rests on meeting one's own standards or criteria of worth. The high self esteem person feels such respect while the low self esteem person lacks it.

Within the last couple of decades, theorist's view of the self concept has undergone dramatic transformation and scrutiny. Early researchers treated the self concept as a unitary, stable, generalized view of the self. Contemporary researchers in contrast rely on a multifaceted, dynamic interpretation in which self concept is defined as a knowledge structure that contains traits, values, episodic memories about the self and controls the processing of relevant information (Campbell, Trapnell, Heine, Katz, Lavallo & Lehman, 1996).

Previous researchers (Rogers, 1954; Kaufman & Levy, 1989) have also suggested that people who have negative self concepts are also quite uncertain of their own self worth or judgments they make. The relationship between certainty and self effect was explored by Baumgardner (1990).

This research resulted in finding a strong sense of identity promotes future outcomes, thus generating positive affect and confidence. Knowledge about the self specifically that one does or does not possess a certain attribute, allows one to capitalize on or minimize the attribute. People who are certain that they are humorous and lazy, regardless of how accurate they might be, can choose circumstances that allow them to be funny and can avoid those that demand that they be productive. Confidence that one possesses traits and attributes implies that one has a greater number of behavioral options to draw upon (Baumgardner, 1990).

Self concept was found to be significantly related to achievement motivation and achievement in other areas. Harvey, Hunt and Schroder (1961) felt that a high self esteem may indicate internal stability which makes it less difficult to pursue a goal. These individuals may be less egocentric and find evaluation by others less critical. They are less afraid that failure will mean negative evaluation by those around them.

Briggs (1975) suggests that a person's self esteem directly influences how they live all aspects of their lives, including how they get along with others, how they make use of their aptitudes and abilities and the kind of people they choose to marry. Briggs's views on the importance

of self esteem results in his suggestion that "Self esteem is the mainspring that slates every child for success or failure as a human being" (p.3).

There is no agreement in the current literature as to when self esteem is completely formed or if it is a stable construct. Kaplan (1995) argues that self esteem is learned and dynamic. She believes that it does not form completely during the first five years as historic theorists suggested. Although nurturing individuality, trust and competence is very important, self esteem is malleable and affected by life's later stressful and successful experiences. McCarty, a leading self esteem educator, as cited by Kaplan (1995) believes it takes three to five years for self esteem to change.

Harter, developer of the Harter's Self Perception Profile for Children argues that by 8 years of age the child has constructed a view of his or her general self worth. Granleese and Joseph (1994) conducted a longitudinal study to measure the stability of self esteem over a three year period. The results showed scores on global self worth at age 8 to be highly correlated with scores at age 11. This suggests that perceptions of self worth remain stable. Specifically the link between global self worth and perceptions of physical appearance show a strong association between

age 8 and age 11. This seems to highlight the importance of self perceptions of physical appearance as one major determinant of global self worth. It appears that by age 8, perception of physical appearance is intact and remains stable through age 11.

Parental Influences

One place that researchers agree is on the importance of the family in promoting the well being in their children. A review of the literature suggests that the way parents perceive themselves seems to be inseparable from the way in which they see and treat their child. According to Byrne, as cited by Parish and Necessary (1994) the family represents a basic human support system within which various needs are met or go unmet. Thus, degree of family happiness has been found to be significantly related to individuals' subsequent level of self esteem, as well as a regard for other family members. For example, parents who can accept themselves are more likely to accept their child and treat that child in a warm and supportive manner.

A study by Dix (1993) suggests that adult's attributing dispositions influence their children's view of themselves and how they should act. Dix found that once formulated, adults' dispositional attributions influence;

their reactions to children and thus children's socialization experiences, and children's views of themselves and how they should act. Parent's messages provide children with information that is critical to how they understand themselves.

Coopersmith is the leading researcher in the area of a child's self esteem. He examined several of the antecedents of self esteem and linked many parental behaviors with the child's self esteem. One of the behaviors he studied was the influence of the parental self concept. He found that mothers who had high self esteem were more likely to accept being mothers, enjoyed it and carried out their roles in a realistic and effective manner (Coopersmith, 1967). Corroborating these findings was a study done by (Conrad, Gross, Fogg & Ruchala, 1992). These researchers found that the ability to integrate into a supportive mother role depends on the maternal confidence, adaption to motherhood and perception of child temperament.

A parental behavior which has been the focus of research links parental attention and concern to the child's sense of self esteem. Parents who showed warmth and understanding but were firm and demanding have children who were the most competent (Rosenberg, 1965). Rosenberg's

study included five thousand high school students. He measured the importance of self esteem as it relates to social adjustment. He linked parental attention and concern to the child's self esteem. Adolescents who had a warm loving relationship with their parents were higher in self esteem than those with more impersonal relationships.

It has been reported that not only is parental behavior toward the child an important variable, but the child's perception of the parent's concern for them and each other is also an important aspect. A study by Parish and Necessary (1994) measured 188 middle school children to find out their perceptions of their parent's actions toward one another. It was found that self concepts of children were correlated with how loving their fathers were toward their wives and how loving mothers were toward their husbands. To further support this notion, Parish (1988) reported that college students' self concepts were significantly related to how their fathers acted toward their mothers and how their mothers acted toward their fathers.

Coopersmith (1967) found that while parental acceptance and love were associated with higher self esteem in children, these were not the only important components. He found that children with high self esteem were

also associated with parenting behaviors such as firmness and enforcement of demands. In contrast, children with lower self esteem were associated with parenting demonstrated by lack of guidance.

Where one falls on the self esteem continuum according to Coopersmith (1967) makes the difference in living a healthy, happy life versus an unhealthy one. Persons with high self esteem appear to be personally effective, poised and competent. These individuals are socially skilled and able to meet with external demands in a decisive manner. Their social relationships are generally good and they gravitate to positions of influence.

Conversely, persons with low self esteem feel powerless, unlovable and incapable of expressing themselves. They also feel too weak to overcome their deficiencies. They tend to withdraw and become defensive and or compliant. Low self esteem in children has been associated with diminished motivation and performance, anxiety, depression and suicidal ideas (Harter, Marold & Whitesell 1992).

It is obvious from the prior review, the large body of research which exists on children's development of self esteem and its implications. In contrast, the quantity of research on Type A behavior in children is

limited. Following is an overview of this personality trait.

Type A Behavior

Haemmerlie and Beamish (1990) suggest that a great deal of interest in Type A behavior has existed since Friedman and Rosenman (1974) proposed its link to cardiac prone behavior. Jenkins, Zyzanski and Rosenman (1971) describe Type A behavior as involving the following six traits 1) a strong drive to accomplish many poorly defined things; 2) a love of competition; 3) an intense need for recognition and advancement; 4) habitual time urgent behavior governed by the clock; 5) extraordinary acceleration of physical or mental activity and 6) intense concentration and alertness. Type A personalities have the need to constantly prove themselves to overcome the fear of insufficient worth (Flett, Hewitt, Blankenstein, & Dynin, 1994).

Early studies indicated that persons who exhibited Type A behavior pattern were at a greater risk of coronary disease and heart attack. In one 9 year study of 3000 men, persons with Type A behavior were 2.5 times more likely to suffer heart attacks than Type B's (Friedman & Ulmer, 1984). Not one of the pure Type B's (the extremely relaxed, easy going

and noncompetitive members of the study) had suffered a heart attack. These men were classified into two groups: relatively susceptible or immune to future heart attacks using three different techniques. The researchers conducted an interview, did a blood clotting test and analyzed the amount of cholesterol carried in the blood. Therefore certain health characteristics were taken into account, other controls such as diet, job, family, etc. were not reported.

Recent research suggests that the anger and hostility component of the Type A's profile is relevant to the prediction of coronary heart disease (Barefoot, Dahstrom, & Williams, 1983). Mathews (1982) factor analyzed data from the Western Collaborative Study and found that judged potential for hostility and related factors were positively correlated to heart disease. On the other hand, Type A characteristics which were related to achievement striving and speedy activity were not associated with coronary heart disease (Mathews, Glass & Rosenman, 1977). Because of these and related studies, researchers have become increasingly interested in the anger/hostility component of Type A behavior pattern.

Studies have shown that adult Type A's tend to blame themselves rather than the environment for negative events (Sibilia, Picozzi & Nardi,

1995). When type A's fail to meet their high personal goals, it results in self criticism. With high internal expectation it follows that there is more disappointment (Flett, et al. 1994).

A sense of time urgency and a hurried pace are also components of the Type A personality. In a study, one which requires patience and a delayed response, Type A's had much difficulty responding slowly (Glass, 1977). There have also been studies which show that Type A's have a high need to maintain control over life events (Price, 1982). Type A's seem to want to master and control the environment when it poses a threat to them.

Researchers have suggested that cognitions, or personal beliefs and fears, directly impact or form the core of Type A behavior. These, in turn impact various physiological, attitudinal and behavioral outcomes (Sibilia, & Nardi, 1995). Price (1982) based on clinical observations theorizes that Type A behavior represents a striving for social approval and material gain that is symptomatic of a deeper core of beliefs and fears acquired through social learning. These beliefs are the result of sociocultural values which are communicated to children through family, schools, media and friends during the socialization process. She also suggests that these beliefs foster three primary beliefs which in turn generate fears that promote the

development of Type A behavior.

The first of the three beliefs is that one must constantly prove oneself through achievements or else risk the fear of being judged unsuccessful and unworthy. This high achieving action may be demonstrated by excessive hard driving and competitive behavior. The second belief is that no universal moral principle exists with the accompanying fear that good may not prevail. This may be one of the important sources of anger, irritability and hostility, common in Type A's. The last belief is that all resources are scarce or the supply of things worth having are limited so that one must strive against others to get what one wants. Besides leading to competitive behavior (Carver & Glass 1978), this set of beliefs may also lead to impatient and time urgent behaviors, since time is also a limited resource (Price 1982).

Numerous researchers have confirmed that Type A individuals are characterized by excessive goals and high levels of aspiration. Ward and Eisler (1987) found that Type A's were distinguished by a tendency to set personal goals that exceeded their actual performance. They concluded that the tendency to set excessive goals accounts, in part for the type A's psychological distress and lack of satisfaction.

Flett, et al. (1993) found a consistent association between Type A's and self oriented perfectionism. In addition they found Type A individuals to be associated with other oriented perfectionism. Their results suggest the possibility that Type A's generate much hostility and conflict in their lives by having overly high expectations for others. This may lead to the interpretation that Type A's are characterized by an inappropriate tendency to control others in social situations (Wright, May & Jackson, 1991).

Many studies have shown the relationship between Type A behavior and anger, aggression, or hostility. In one study when Type A adults were provoked by an annoying confederate or by a task they saw as frustrating, they showed aggressive behavior (Carver & Glass, 1978). It was argued that the aggression in the Type A's was motivated by a desire to hurt the confederate (hostile aggression). Strube (1984) proposed that hostile aggression occurs in reaction to a loss of control and then provided evidence that child abuse is more frequently perpetrated by type A individuals.

Fontana, Rosenberg, Marcus and Kerns (1987) measured relationships between need for power, hostility and Type A personality. There was a significant relationship between these three variables. Type

A's showed a high need for power, and rate themselves with high levels of hostility while Type B's in need for power rate themselves as low in hostility. This points in the direction that the need for power motivation may play a role in the level of expressed hostility in Type A's.

Individual assessments of Type A have been found to be correlated with the positive mental health construct of self actualization. Leak and McCarthy (1984) found several similarities between Type A's and characteristics of self actualization. The self actualizing individual's task centering and problem centering orientation, is congruent with the Type A's constructive ambition and high achievement orientation, which can be viewed as pursuing a mission in life.

Acquiring an understanding of the etiology of Type A behavior, has given rise to studies focusing on younger people. There is considerable uncertainty as to whether or not this behavior pattern stems from one's genetic heritage or from one's experience, especially those of early childhood, or both. Thoreson and Patillo (1988) believe that Type A behavior originates from early childhood, and that this behavior is tied to the parent child relationship.

Efforts have been made to study the parental and familial

characteristics and parental child-rearing practices as potential contributors to the development of Type A behavior in children. Parents of Type A children are likely to expect higher performance of and more independent behavior from their children and they easily punish their children for unsuccessful performances (Thoreson & Patillo, 1988). Riakkonen's (1993) six year longitudinal study of predictive associations between Type A behavior in parents and their children indicated that children are subject to the influence of both parents. The results point out that Type A behavior of the parents indeed predicts the behavior of their children over a 6 year period. The similarity between adult and child manifestations of the Type A configuration has been acknowledged both at the psychological and physiological levels. Although it has been found that a Type A youngster does not necessarily grow up to be a Type A adult (Matthews & Avis, 1983) children have been shown to be moderately stable in their Type A behaviors. Such stability compares favorably to the stability of other cardiovascular risk factors in children (Visintainer & Matthews, 1987).

Blaney (1990) found that Type A children generate negative self statements about their performance when it is not inferior, suggesting that even as early as age 8, Type A's may experience themselves as failing to

meet performance standards. Glass (as cited by Blaney, 1990) has shown parents of Type A children are more demanding and less positive in their evaluations of their children's performance, indicating parental behavior may help foster these negative views.

Thoresen and Patillo (1988) proposed that the anger and hostility components of Type A behavior may stem from a profound sense of insecurity. They present evidence that children who are described as insecurely attached develop an anger oriented appraisal and coping style that is somewhat similar to the Type A behavior pattern described in adults.

Normand and Michele (1990) explored the possibility of teaching preadolescent Type A girls to control anger/hostility reactions as a preventative measure in lowering their level of coronary prone behavior. Their results indicate that the anger/hostility component of Type A behavior in preadolescence is malleable. This particular component reacted positively to prevention aimed at countering further health endangering life style. Miller and Sperry (1987) recently established that at 2.5 years of age, children have already begun to learn to communicate anger and aggression.

Attachment difficulties during sensitive periods of development can

lead to disturbances in the child's sense of personal and social confidence, including perceptions of self worth. Friedman and Rosenman (1974) proposed that Type A individuals do not accurately assess their abilities and tend to rely on others for performance feedback. Scherwitz, Berton, and Leventhal (1978) conceptualized the origins of Type A behavior as an inadequately defined sense of self. This sense of personal inadequacy leaves Type A individuals vulnerable to interpersonal threats. Thus, overt Type A behavior is seen as a defensive mechanism in response to perceived threats.

There is mounting evidence that Type A identified in childhood shows stability over time. Matthews and Avis (1983) studied the stability of Type A over a year long longitudinal study. Results indicated that children are quite stable between years in Type A behavior as displayed in the classroom.

There is concern among researchers regarding linking children characterized by Type A and their risk for coronary disease in adulthood. This is true particularly if their behavior pattern begins in early childhood and occurs over a period of many years as suggested by the prior study. Therefore the implications for additional research into when one's Type A behavior pattern is acquired are far reaching. The possibility remains that if detected at an early enough age, Type A behavior pattern may be altered.

Teachers, counselors and parents who are aware that their child is a Type A may find ways to help that child cope with the anxiety and stress that are components of this behavior pattern. In turn this potentially may lead the child to being less at risk for coronary heart disease later in life.

Type A Behavior and Self Esteem

Researchers have investigated extensively the association between TABP and coronary heart disease (Jenkins, Zyzanski, & Rosenman, 1979). However the relationship between the TABP and various personality variables is of recent origin. Measures of type A typically have low correlations with numerous psychological constructs, especially ones that deal with adjustment and psychopathology (Jenkins, et al., 1979).

Most theorists agree that an individual's level of self esteem affects their cognitions, affects, motivations and behaviors. Indeed, it has been proposed that intensified autonomic reactivity to stressful events throughout the day may result in chronic damage to the cardiovascular system in Type A individuals, thereby enhancing the development of atherosclerosis (Matthews & Jennings, 1984). These differences in arousal have been implicated in the patho physiological processes resulting in coronary heart disease (CHD) (Siegel, Matthews & Leitch, 1983). In general, research has indicated that individuals with high self esteem are more effective in meeting environmental demands than those with low self

esteem. Moreover, those with low self esteem are also more adversely affected by daily stressors or failure (Hubbs-Tait & Blodgett, 1989). Indeed, high self esteem has been found to act as an insulator against stress (Petrie & Rotheram, 1982).

While Price (1982) defined Type A individuals as suffering from lower self esteem than Type B's, there were no research studies to corroborate this idea. Conversely, studies which specifically analyzed the relationship of Type A to self esteem all agreed that there was no relationship. Leak and McCarthy (1984) examined the relationship between self esteem and self actualization and aspects of Type A behavior. They found that self esteem was inversely related to Type A behavior. Another study by Schulz (1987) found no difference between Type A and Type B subjects and their levels of self esteem. Finally, Berrenberg and Deyle (1989) assessed a group of college students and found a nonsignificant correlation between Type A behavior and self esteem.

CHAPTER 111

Methodology

Subjects

The subjects for this study were third, fourth and fifth graders in a Montgomery County elementary school in. Permission was given by the principal as well as the children's parents (see Appendix A) to participate in this study. A total of 68 students out of 79 were given permission to participate. The participants were obtained through convenience. The school district is composed mostly of Caucasian, low socioeconomic (in the view of the researcher) children. The sample represented in this study consisted of 30 males and 34 females (see Table 1). 100% of the participants were Caucasian. The mean age of the group was 9. The number (N) of students in each category, as well as the percent to total of each group is detailed in Table 1.

The students completed the Coopersmith Self Esteem Inventory School Form. They were also measured by their teachers using the Matthew's Youth Test for Health to assess Type A behaviors. Raw scores for each student's tests, as well as their gender and grade is detailed in Table 2.

Table 1

Sample Descriptives

Sex/Grade	N	Percent
M=Male	34	53.10%
F=Female	30	46.90%
Grade 3	19	29.70%
Grade 4	29	45.30%
Grade 5	16	25.10%

Procedures

The students were given the Coopersmith Self Esteem Inventory by the researcher during the first period of school on a Tuesday morning, in the fall of 1996, allowing consistency in administration. Prior to administering the questionnaire, the students were read the instructions for completing the survey. They had 15 minutes to complete the assessment. Children needing assistance reading questions were given assistance. All of the students completed the test in the allotted amount of time.

During the same week, the students' teachers completed the Matthew's Youth Test for Health on each student who completed the Coopersmith Self Esteem Inventory. The researcher reviewed the inventory with each teacher prior to beginning. Each statement on the

scale was discussed among the researcher and the teachers so that everyone had a similar interpretation of each item on the inventory. The completed inventories were returned by Friday of the same week.

Instrumentation

Student's self esteem was measured by the short form of Coopersmith's (1981) School Self Esteem Inventory, Short Form (see Appendix B). The participants indicated whether each of 25 descriptive statements were like them or unlike them. The scale is an ordinal level of measurement. To arrive at a total score, the sum of self esteem items answered correctly (if answered "unlike me" for negative items such as "I get upset easily at home," and "like me" for positive items such as "I'm pretty sure of myself") was multiplied by four. A maximum number of points for the inventory is 100. High scores correspond to high self esteem.

Reliability coefficients for internal consistency for the short form have ranged from .71 to .74. Test retest reliability has been reported to be between .80 to .82 for the long form. Construct validity of the subscales were confirmed in previous studies as measuring sources of self esteem. A study of the Self Esteem construct validity was reported by Kokenes, as cited by Coopersmith (1981). Her investigations included over 7600 school children in grades 4 through 8 and were designed to observe the

comparative importance of the home, peers and school to the global self esteem of preadolescence and adolescents. In addition, Simon and Simon (1975) correlated the Self Esteem Inventory and the SRA Achievement Series scores of 87 children in grade 4 and obtained a coefficient of .33 ($p < .01$) The children's Self Esteem scores were also correlated with their scores on the Large-Thorndike Intelligence Test. The obtained coefficient was .30. The authors interpreted this data as providing concurrent validity for the Self Esteem.

Student's Type A behavior was evaluated via the Matthews Youth Test for Health (MYTH) (see Appendix C), a 17 item questionnaire which contains statements that characterize Type A behaviors. These behaviors include: competitive achievement striving, impatience, aggressiveness, and easily aroused hostility (Matthews, Angulo, 1980). Ratings are assessed by the child's teacher, scoring each statement from one to five depending on how characteristic each statement is of the child's behavior. The MYTH scale's level of measurement is ordinal and scores are assessed on a 5 point Likert scale from extremely uncharacteristic (scored as 1) to extremely characteristic (scored as 5). The scores are summed to result in an overall Type A score (scores may range from 17-85). The higher the score, the more Type A characteristics the child portrays.

The test retest reliability of the MYTH was found to have correlations ranging from .64 to .88. Internal consistency of the MYTH was assessed by Cronbach's alpha and ranged from .88 to .90, again suggesting that the MYTH is an internally consistent instrument (Matthews & Angulo, 1980)

The MYTH is the most extensively researched assessment of the Type A behavior in children. Construct validation studies have shown numerous parallels between the behavior of Type A adults and MYTH assessed Type A children. Like adults, grade school Type A's evidence Type A behavior when challenged (Matthews & Angulo, 1980) ignore feelings of fatigue and strive to excel (Matthews & Volkin, 1981) make active efforts to exert control when threatened with failure (Matthews, 1979), and show elevated physiological responses to stress under certain conditions (Matthews & Jennings 1984). In preschoolers, MYTH assessed Type A scores correlate with reaction time on a visual discriminating task as well as with teacher ratings of situation-specific aggression and impatience.(Corrigan & Moskowitz, 1983).

A study by Brown and Tanner (1990) of 155 preschoolers, resulted in finding the MYTH to have consistent reliability. Resulting Cronbach's alpha scores ranged from .88 to .90. In addition test-retest reliability was evaluated by having the MYTH completed by teachers over a period of six months. Resulting scores demonstrated the MYTH to have test retest reliability.

Design

The two variables in this study were self esteem and Type A characteristics, which are ordinal levels of measurement. The purpose of this study was to investigate the relationship between third to fifth grade children's Type A behavior and their self esteem. The Null hypothesis, there is no relationship between children's Type A behavior and their self esteem, was tested by using a two tailed Pearson r correlation.

Table 2

Sample Descriptives

Gender	Grade	Cooper	
		smith	MYTH
F	3	64	64
F	3	36	41
F	3	36	38
M	3	64	71
M	3	60	54
M	3	64	73
M	3	44	49
M	3	32	58
M	3	24	38
F	3	64	19
M	3	60	45
F	3	28	69
M	3	20	29
M	3	48	36
F	3	88	70
M	3	36	57
M	3	68	34
M	3	68	47
M	3	40	69
M	4	76	62
F	4	64	32
M	4	24	59
M	4	40	35
F	4	56	59
F	4	96	37
M	4	100	70
F	4	20	49
F	4	80	50
M	4	44	56
F	4	72	67
F	4	64	47
F	4	96	19

Gender	Grade	Cooper	Myth
F	4	36	27
M	4	72	58
F	4	56	35
F	4	24	54
M	4	88	75
F	4	68	71
M	4	52	32
F	4	28	59
M	4	100	54
M	4	44	70
F	4	16	54
F	4	52	46
F	4	76	49
F	4	92	47
M	4	72	59
F	4	76	62
F	5	76	40
F	5	88	57
F	5	84	35
F	5	92	44
M	5	80	62
M	5	60	57
F	5	80	53
M	5	52	38
M	5	68	45
M	5	88	57
M	5	96	58
M	5	76	42
M	5	48	30
M	5	28	31
M	5	88	70
M	5	52	53

CHAPTER IV

Results

Variables considered in this study included self esteem level as measured by the Coopersmith Self Esteem Inventory scores and Type A behavior as assessed by the Matthew's Youth Test for Health. The level for measurement for both variables was the ordinal level. Each variable was also divided into male and female (nominal level of measurement) categories, as well as grade levels for further analysis. The descriptive statistics for these results are displayed in Tables 3 and 4.

Table 3

Descriptive Statistics for Coopersmith Self Esteem Scores

Variables	Mean	Std Dev	Max	Min	Range	Mode	Median
Male	62.235	21.375	100	24	76	68	62
Female	58.933	25.557	92	16	76	36	55
Grade 3	46.684	18.538	88	20	68	36	48
Grade 4	61.527	25.371	100	24	76	76	64
Grade 5	72.253	19.181	96	28	68	80	66
Total	60.687	23.297	100	16	84	76	64

The mean self esteem score was 60.687, with a standard deviation of 23.297. Males scored higher overall, with a mean score of 62.235, as compared with the female overall mean score of 58.933. The male scores were positively skewed at skewness = .0492, compared with the female's negative skewness of -.2417.

When comparing the mean scores across grade levels, the scores got progressively higher as the grade level increased. The fifth grade class had the highest mean and the third grade had the lowest.

Table 4

Descriptive Statistics for Matthew's Youth Test for Health Scores

Variables	Mean	Std Dev	Max	Min	Range	Mode	Median
Male	53.588	14.834	74	19	56	58	57
Female	46.833	12.471	71	19	52	54	49
Grade 3	50.578	16.105	73	19	54	38	49
Grade 4	53.357	14.194	71	19	52	54	54
Grade 5	48.252	11.789	70	30	40	57	53
Total	50.421	14.086	75	19	56	57	53

The overall mean score for Type A behavior was 50.421 (which is indicative of Type A behavior), with a standard deviation of 14.086. Males scored 6.755 points higher, with a mean score of 53.588, as opposed to females lower mean score of 46.833. The fourth grade class had the overall highest mean score (53.3527) while the fifth grade class had the lowest overall (48.252).

The Pearson product moment correlations (Table 5) were analyzed to determine if a relationship exists between the child's self esteem level (independent variable) and his or her Type A behavior pattern (independent variable). The results are displayed in Table 5. The r statistic describes the magnitude or the direction of the relationship between two variables. The

r^2 value defines the percentage that the two variables share in variability.

An alpha value of .05 was used for all analyses.

Table 5

Correlation of Variables

CORRELATIONS	Coopersmith Male
MYTH Males	$r = .2752$
	$r^2 = .0757$
	Coopersmith Female
MYTH Females	$r = -.0075$
	$r^2 = .00005$
	Coopersmith Total
MYTH Total	$r = .1530$
	$r^2 = .0234$

For males the correlation between Coopersmith and MYTH was $r = .2752$. The correlation between Self Esteem and Type A for females was $r = -.0075$. The correlation for the total groups was $r = .1530$, indicating that as one variable went up, the other variable tended to go up as well. The strongest relationship was in the male group with $r = .2752$. The amount of shared variability or the predictability of self esteem from Type A in this group was .0757, which indicates that 92.43% of the variance was unrelated to self esteem or Type A behavior. Therefore, one must conclude that in this sample of elementary aged children, Type A behavior

is not associated with self esteem. The Null hypothesis that there is no relationship between Type A behavior and self esteem in elementary aged children is accepted.

CHAPTER V

Discussion

The findings of the present study indicated that the null hypotheses were all supported. There was no significant relationship between children's self esteem and their Type A behavior pattern. These findings both agree with and contradict previous research. A study by Carver, Coleman and Glass (1976) suggests that adults with Type A behavior have lower self esteem than adults who are measured to have Type B behavior. However, Jagdish (1993) found that Type A/B behaviors were not associated with either positive or negative self esteem in adults. A study of 8-11 year old twins resulted in similar findings, there was no significant correlations between the MYTH scores and children's ratings of competence in specific domains of global self worth (Meininger, Stashinko & Hayman, 1991).

The answer to these inconsistencies may lie in the difficulty in accessing Type A behavior, especially in children. This personality trait has only started to be examined, as research continues to unravel the etiology of Type A behavior findings may become more consistent. Possibly the aggressive/hostility component which has been isolated as a key factor in coronary prone health issues should be the single construct of Type A behavior assessed. The competitive, achievement striving behaviors of

Type A should be researched separately.

This study resulted in similar findings as previous research in terms of self esteem increasing as age increases. The mean self esteem score among the youngest participants was 46.684 while the mean among the oldest participants was 72.253. Another finding which was consistent with previous research was the higher scores of males on the MYTH as opposed to females. The mean male score was 53.588, higher than the mean female score of 46.833. A study by Matthews and Angulo (1980) found boys to be higher in Type A tendencies as measured by the MYTH than females.

Studies of this type are important because of the possibilities that early detection of either variable in preventing serious potential physical, and or psychological problems (such as cardiovascular disease, and underachievement and life dissatisfaction) later in life. Understanding the signs of poor self esteem as well as Type A behaviors in children is a significant step in developing an intervention in the elementary years to help them live the life that will fulfill their dreams.

Limitations

There were several issues that became apparent as limitations during the course of this study. Specifically, the measurement of Type A tendencies in children is a subjective reporting based on the teacher's judgment. Unfortunately there was no way to gain a consistent scoring, as

each grade was scored by a different teacher. In addition, the sample was not random, and is not representative of the general population of elementary aged children.

Future Considerations

A suggestion for future study would be to include a larger sample of racially mixed students, as well as students from varying socioeconomic backgrounds. Another area of interest would be to compare self esteem by gender and grade, as well as Type A behavior by gender and grade.

This study has brought to light that early detection of Type A behavior patterns in children is achievable, and the possibility that these patterns may be addressed and changed. This may have dramatic health implications for the future, given that cardiovascular related diseases are the chief cause of death in the United States (Dembroski & Siegman, 1989).

On a more immediate level, Type A children could be assessed for their behavior, hostility indicators and conflict mediation. Are they at more prone to behavior problems and or anger outbursts, thus good candidates for conflict mediation by scschool counselors? The potential for future research into children's Type A versus Type B personalities is virtually wide open.

Appendix A

Dear Parent,

My name is Tami Earlewine, and my mother teaches 3rd grade in your child's elementary school. I am working on my Masters in Professional Counseling, and to fulfill graduation requirements, I must complete a research project. I am researching children's self esteem as it relates to Type A (time urgent, competitive type characteristics) behavior. If you would be willing to allow your child to participate by taking an assessment of their self esteem, as well as be assessed by their teacher for Type A characteristics, please sign this permission slip and return it to your child's teacher. Your approval for participation is greatly appreciated. I can assure you that all information is anonymous and confidential.

*****PLEASE SIGN BELOW AND RETURN TO SCHOOL*****

I, (please sign your name) _____ agree to allow my child or children to participate in this study.

Appendix B

COOPERSMITH SELF-ESTEEM INVENTORY SCHOOL FORM

Directions: On the next pages, you will find a list of statements about feelings. If a statement describes how you usually feel, put an X in the column "Like Me." If the statement does not describe how you usually feel, put an X in the column "Unlike Me." There are no right or wrong answers.

Like Me Unlike Me

- | | | |
|-------|-------|---|
| _____ | _____ | 1. Things usually don't bother me. |
| _____ | _____ | 2. I find it very hard to talk in front of the class. |
| _____ | _____ | 3. There are lots of things about myself I'd change if I could. |
| _____ | _____ | 4. I can make up my mind without too much trouble. |
| _____ | _____ | 5. I'm a lot of fun to be with. |
| _____ | _____ | 6. I get upset easily at home. |
| _____ | _____ | 7. It takes me a long time to get used to anything new. |
| _____ | _____ | 8. I'm popular with kids my own age. |
| _____ | _____ | 9. My parents usually consider my feelings. |
| _____ | _____ | 10. I give in very easily. |
| _____ | _____ | 11. My parents expect too much of me. |
| _____ | _____ | 12. It's pretty tough to be me. |
| _____ | _____ | 13. Things are all mixed up in my life. |
| _____ | _____ | 14. Kids usually follow my ideas. |
| _____ | _____ | 15. I have a low opinion of myself. |
| _____ | _____ | 16. There are many times when I'd like to leave home. |
| _____ | _____ | 17. I often feel upset in school. |
| _____ | _____ | 18. I'm not as nice looking as most people. |
| _____ | _____ | 19. If I have something to say, I usually say it. |
| _____ | _____ | 20. My parents understand me. |
| _____ | _____ | 21. Most people are better liked than I am. |
| _____ | _____ | 22. I usually feel as if my parents are pushing me. |
| _____ | _____ | 23. I often get discouraged at school. |
| _____ | _____ | 24. I often wish I were someone else. |
| _____ | _____ | 25. I can't be depended on. |



Appendix C

Matthew's Youth Test for Health

1. When the child plays games, he/she is competitive..... _____
2. This child works quickly and energetically rather than slowly and deliberately.. _____
3. When this child has to wait for others, he/ she becomes impatient.... _____
4. This child does things in a hurry..... _____
5. It takes a lot to get the child angry at his/her peers..... _____
6. This child interrupts others..... _____
7. This child is a leader in various activities..... _____
8. This child gets irritated easily..... _____
9. He/she seems to perform better than usual when competing with others.. _____
10. This child likes to argue or debate..... _____
11. This child is patient when working with children slower than he/she is _____
12. When working or playing, he/she tries to do better than other children _____
13. This child can sit still long..... _____
14. It is important to this child to win, rather to have fun in games or schoolwork _____
15. Other children look to this child for leadership..... _____
16. This child is competitive..... _____
17. This child tends to get into fights..... _____

score: 1

2

3

4

5

extremely uncharacteristic
uncharacteristic

neutral

characteristic

extremely
characteristic

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