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The pernicious effects of Hostility on Mental Health of Adolescents-A Review

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ABSTRACT

Hostility is a condition of mind- either a mood state or personality trait. , it is characterised by temporary or stable negative affect towards others and a basic cause of social maladjustment. According to experts, whether acted out or repressed within, hostility takes a heavy toll of human life and welfare of child, adolescent, or adult. Hostility has long been under expert scrutiny for its cardinal role in mental as well as physical health. Adolescence being a significant life - stage that has consequential impact on the rest of the life span, it is imperative that a detailed study regarding the nature, origins and interacting factors of psychological variables like hostility be made so that this comprehension helps in countering and preventing its detrimental effects on positive Mental Health of adolescents. When interventions based on these facts are developed, they can have important public health implications.

Hostility is a cardinal variable which is contributes appreciably to mental health status of an individual. A persistent attitude of deep resentment and intense anger may be the result of stressful situations, and it can also cause stress for the individual. The hostile person may have an urge to retaliate against a person or a situation.This feeling of hostility too has its root in childhood.It is a compelling force in the disorganisation and breakdown of human behaviour (Sharma 2007).Cruz et. al.(2014) admit that Adolescents go through a phase characterised by physical, mental, psychological and social changes which justify periods of hostile behaviours. The occurrence and intensity of these behaviours may correspond to a psychopathological condition that will affect their future lives.

The terms hostility and aggression are used studied in the psychological (Ermakov, Skirtach & Kovsh, 2015a; Ermakov & Fedotova, 2015b), political (Fedotova, 2013), sociological (Abakumova, Ermakov & Kolesina, 2016b), ideological (Fedotova & Chigisheva, 2015), cultural (Abakumova, Boguslavskaya & Grishina, 2016a), psychogenetic (Kryuchkova, Ermakov & Abakumova, 2016; Kovsh, Skirtach & Bunyaeva, 2015) and pedagogical contexts now.

According to Weiss *et. al.,* (2005), hostility has been defined as either a mood state or personality trait. In either case, it is characterised by temporary or stable negative affect towards others (Spielberger, 1988, Robinson, Brower & Gomberg, 2001).

Buss (1961), the pioneer in contemporary research in '*hostility*' defined it as "an implicit verbal response involving negative feelings (ill-will) and negative evaluations of people and events." He reported '*hostility*' to be implicit in nature, consisting of perception, categorisation and evaluation of past attacks on oneself, rejections and deprivations.

HOSTILITY IN ADOLESCENTS Researchers propose various other reasons for the origins of hostility. Sharma (2007) delineates the following:

1. *Hostility as a reaction to frustration:* Anger is the child's normal reaction to having his desires and activities thwarted or interfered with. As the child matures he gradually learns to control his hostile responses. However, if severe threats to his feelings of security and worth continue to recur, the child's strong hostile feelings may go uncontrolled and eventually lead to antisocial behaviour.
2. *Hostility due to parent child conflict:* As a rule parents automatically assume the decision-making role in the life of their children. Their methods of forcing the child to conform with their decisions is a frequent cause of both conscious and repressed hostility.
3. *Depreciation of child:* Hostility is created in the child when the parent consciously or unconsciously, deliberately or unintentionally, berates, belittles or in some other manner devaluates the child.
4. *Punishment of child:* In their attempt to rear and train their children properly, many parents resort to punishment. The immediate reaction to punishment is resentment. This reaction of resentment is also present in the adult. Punishment keeps the flame of hostility alive.
5. *Prolonged dependence of child:* Children become hostile when their dependency is unduly prolonged.
6. *Parental inconsistency:* Hostility is created in the child when the parent vacillates from one extreme of emotion to the other.
7. *Obligation to parent:* Many parents attempt to obtain conformity and obedience from their child by making him feel obligated and grateful. As a result he is made to feel guilty and ashamed. This causes him to be resentful and hostile.
8. *Parental outbursts:* A common cause of hostility in the child is outbursts of temper in

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the parents. He is also taught that no matter why and how the parents lash out at him, he must not show anger towards them. He, therefore, has no other choice than to repress his hostility. Children involved in mutually hostile interactions at home are at risk of experiencing adjustment problems in other everyday life contexts(Trifan,2015)

Derman et. al. (2017) in their study, The Rise of a Hostile Adolescent population: The Syrian Refugee problem suggest that mental health has been compromised among Syrian adolescent refugees in Turkey and the longer the stay the worse is the outcome. The scores for hostility and somatization were highest in the group that had been at camp longer than four years. Hostility can fom the basis for many negative consequences in lifetime. Zhang (2012) found hostility and trait anger has a significant positive association with suicidal ideation in adolescents in China. Hostility and physical aggression were positively related to suicide plans. Hostility had a positive correlation with suicide attempts, while trait anger was inversely associated with suicide attempts.

Further, Hostility and related traits such as rebelliousness anger and negative affect, have been related to adolescent use of cigarette (Burt, Dinh, Peterson, & Sarason, 2000) and alcohol use (Block, Block, & Keyes, 1988). Such studies indicate that the base level of childhood hostility is a risk factor for substance use. Increasing hostility over childhood will increase the likelihood of exposure to and involvement with well established social and cognitive risk factors like negative peer influence, conflictual parent/child relationships, school disengagement (Hampson *et. al.,* 2010). In their study on the relation of change in hostility and sociability during childhood to substance use in mid adolescent, they further found that no significant gender differences in hostility among adolescents.

Hostility has recently emerged as a critical component of the type A behaviour pattern and as such was been linked to a variety of negative health outcomes including cancer, hypertension and cardiovascular diseases (Calhoun *et. al.,* 2001).

HOSTILITY AND MENTAL HEALTH

Hostility reflects negative emotionality and poor anger regulation, and relates to Big five, low agreeableness, conscientiousness, and emotional instability. There are strong parallels between hostility and sociability as well as the behaviour pattern of aggression and social withdrawal studied by developmental researchers. Social withdrawal describes the absence of sociability (Rubin, Coplan and Bowker, 2009) while aggression is a behavioral expression of hostility (Pepler and Rubin, 1991). Similarly, withdrawal predicts loneliness, depression and anxiety (Prior, Smart, Sanson, and Oberklaid, 2000; Rubin, Chen, McDougal, Bowker and McKinnon, 1995), whereas aggression predicts adolescent bullying and delinquency (Moffitt, 1993; Peplar *et. al.,* 2006).

Cruz et. al.(2014) in a study of adolescent mental health concluded that depression has a relationship with hostile behaviors. It is higher in adolescents with these behaviors. Other studies have found that Hostility is most strongly associated (negatively) with conscientiousness and emotional stability (Hampson *et. al.,* 2007). Kim(2003) in a study correlating mental health problems and psychological variables investigated mental health problems of Korean adolescents, to reveal factors affecting their negative mental health and to explore a possible relationship between mental health problems and psychological variables. Results indicated that Korean adolescents showed high prevalence in interpersonal sensitivity, depression, anxiety and hostility.

By early adulthood, hostility in social interaction has been linked to indices of dysfunction ranging from insecure attachment (Kobak and Sceery, 1988) and the marital relationships (Gottman, 1993; O'Connor, Thorpe, Dunn, Golding and the Alspac Study team, 1999) to a substantially increased risk of coronary heart disease and early death (Knox *et. al.,* 1998; Miller, Smith, Turner, Guijarro and Hallet, 1996).

Prospective studies have also suggested links of hostile patterns of social interaction to several forms of formally diagnosed psychopathology including affective, anxiety, substance dependence and conduct disorders (Krueger, Caspi, Moffitt, Silva and McGee, 1996) suggesting that the development of hostile patterns of social interaction may be an important underlying risk factor for numerous forms of psychosocial dysfunction. Some studies have suggested a positive correlation between hostility and negative affect which may lead to cigarette smoking as a means to reduce the tension, irritation and distress (Whalen, Jamner, Henker, 2001). The frequent experience of intense anger reactions particularly in situations involving criticism and evaluation - has been associated with avoidance behaviour which have negative outcomes to health like smoking (Whiteman *et. al.,* 1997).

Hostile people are prone to cynical attitudes and mistrust of others, which may give rise to the frequent experience of anger and various associated behaviours. Situations requiring anger inhibition may be more prevalent in the daily life experiences of hostile individuals than encounters permitting anger expression (Brosschot and Jhayar, 1998).

Dispositional hostility and anger have been attributed as psychosocial risk factors for coronary heart disease (CHD) (Everson-Rose and Lewis, 2005; Miller *et. al.,* 1996; Sirois and Burg, 2003).

Research suggests that hostile people who inhibit

their anger expression are more likely to develop significant coronary atherosclerosis than hostile people who express their anger (Atchison and Condon, 1993; Dembroski *et. al.,* 1985, Mathews *et. al.,* 1998). Hostile people have been found to display pronounced cardiovascular reactivity (CVR) to stressors involving interpersonal provocation or harassment relative to their non-hostile counterparts (e.g., Davis *et. al.,* 2000; Suarez *et. al.,* 1958).

Previous studies have suggested that neurotic hostility is positively associated with stress vulnerability, poor coping, and depression (Schubiner, Scott and Tzelepis, 1993; Costa and McCrae 1992).

Hostility and depression often share some common symptoms such as irritability while negative affect may occur and increase the risk of unhealthy behaviours like substance use and smoking among adolescents. When they are overwhelmed with pressures and conflicts from family, school, and peers (Hughes, 1986; Felsten, 1996).

Psychodynamic theory suggests that anger turned inward is at the core of depression (Felsten, 1996; McWilliams, 1994). There is evidence that depressed adolescents are at heightened risk for hostility and aggressive behaviour because they tend to attend selectively to the most negative features of events. Thus, they tend to feel intense, irritated, and hostile (Felsten 1996; Knox, King and Hanna, 2000).

Relation between negative affect and irritability is theoretically supported from frustration-aggression hypothesis (Berkowitz, 1989), which proposes that negative emotions can lead to anger, hostility and aggression. On the other hand, individuals who have difficulty in expressing their anger (neurotic hostility) tend to view others as distrustful, the world as threatening, and tend to feel depressed (Knox *et. al.,* 2000). It is possible that high hostile people are more vulnerable to stress and negative affect. Some studies support the hypothesis that hostile or irritable individuals are more vulnerable to stress, negative affect and mistrust (Weiss *et. al.,* 2005).

Hostility is one of the components of the "*AHA Syndrome*": anger, hostility and aggression (Johnson, 1990). The experience of anger is identified as neurotic hostility, which is characterised by frequent feelings of anger associated with suspicion, resentment and a belief that one is often mistreated (Weiss *et. al.,* 2005). The expression of anger is identified as expressive hostility, which is characterised by verbal or physical aggression (Bushman, Cooper and Lemke, 1991; Simourd and Mamuza, 2000).

It is apparent from the various studies that Hostility is a multidimensional construct that is thought to have cognitive, affective, and behavioral components. The cognitive component is defined as negative beliefs about and attitudes toward others, including cynicism and mistrust. The affective component typically labeled as anger refers to an unpleasant emotion ranging from irritation to rage and can be assessed with regard to frequency, intensity, and target. The behavioral component is thought to result from the attitudinal and affective component and is an action intending to harm others, either verbally or physically. The cognitive and affective components of hostility correlate rather highly with other negative emotions, including anxiety and depressive symptoms. Thus hostility forms one of the major mental health concerns of adolescents as it has a direct bearing on personality and cognitive orientations in later life .Expert studies like Spoth(2000) suggest that brief family competency-training interventions designed for general populations can reduce aggressive and hostile behaviors in adolescents' interactions with parents and adolescent aggressive behaviors outside of the home setting. Thus, this type of intervention has important public health implications.

References

1. Abakumova, I.V., Boguslavskaya, V.F. & Grishina, A.V. (2016a). Ethnoreligious attitudes of contemporary Russian students toward labor migrants as a social group. Psychology in Russia: State of the Art, 9(1), 112-120.
2. Abakumova, I.V., Ermakov, P.N. & Kolesina, K.Y. (2016b). On analyzing the results of empirical research into the life-purpose orientations of adults of various ethnic identities and religious affiliati. Psychology in Russia: State of the Art, 9(1), 155-163.
3. Atchison M, Condon J. (1993). Hostility and anger measures in coronary heart disease. Australian and New Zealand Journal of Psychiatry, 27(3) : 436-442.
4. Atkinson, J.M. (2007). Advance directives in mental health: theory, practice and ethics. London: Jessica Kingsley Publishers.
5. Berkowitz, L. (1989) Frustration - Aggression hypothesis. Psychological Bulletin, 106, 59-73.
6. Block, J., Block J.E., Keyes, S. (1988). Longitudinally foretelling drug usage in adolescence: Early childhood personality and environmental precursors. Child Development 1988; 59 : 336-355.
7. Brosschot, J.F., Gerin, W., Thayer, J.F. (2006) The preseverative cognition hypothesis: a review of worry, prolonged stress - related physiological activation, and health. Journal of Psychosomatic Research 2006, 60: 113-124.
8. Bushman, B.J., Cooper, H.M. & Lemke, K.M. (1991). Meta-analysis of factor analysis: An illustration using the Buss-Durkee hostility inventory. Personality and Social Psychology Bulletin, 17, 344-349.
9. Buss, A.H. (1961). The psychology of aggression. New York : Wiley.
10. Burt, R.D., Dinh, K.T., Peterson, A.V. Jr., Sarason, I.G. (2000). Predicting adolescent smoking: A

prospective study of personality variables. Preventive Medicine, 2000, 30: 115-125.
11. Calhoun, P.S., Bosworth, H.B., Siegler, I.C. and Bastian, L.A. (2001). The relationship between hostility and behavioral riskfactors for poor health in women veterans. Preventive Medicine, 33, 552-557.
12. Costa, J.R., P.T. and McCrae, R.R. (1992). NEO PI-R professional manual. Odessa, FL: Psychological Assessment Resources.
13. Cruz Carla, Duarte Joao, Nelas Anabela, Almeida Mariline (2014) Anxiety And Depression In Adolescents With Hostile Behaviour. Atencion Primaria .Volume 46,Supplement 5,pages 107-111
14. Davis, M.C., Matthews, K.A., McGrath, C.E. (2000). Hostile attitudes predict elevated varcular resistance during interpersonal stress in men and women. Psychosomatic Medicine 2000, 62: 17-25.
15. Dembroski, T.M., MacDougal, J.M., Williams, R.B., Haney, T.L., Bluementhal, J.A. (1985). Components of Type A, hostility, and anger-in: Relationship to angiographic findings. Psychosomatic Medicine 1985; 47(3): 219-233.
16. Derman Orhan, Sinem Akgul, Ece Ataman, Muhammed Ceren, Elif Ozmert, Aysun Bideci, Nurullah Okumus and Enver Hasanoglu, (2017) . "The Rise of a Hostile Adolescent Population: The Syrian Refugee Problem", Adolescent Psychiatry 7: 83. https://doi.org/10.2174/2210676607666170620121522
17. Ermakov, Pavel N., Abakumovaa, Irina V., Fedotovaa Olga and Shchetininaa Daria P.,(2016) Hostility as a Psychological Phenomenon and Object of Scientific Research International Journal Of Environmental & Science Education. Vol. 11, NO. 18, 10829 -10837
18. Ermakov, P.N., Skirtach, I.A. & Kovsh, E.M. (2015a). Features of Frequency-Spatial Organization of the Cerebral Cortex at Musicians during the Creation of Improvisation Based on Stimulus Material with Aggressive and Peaceful "Characters". Russian psychological Journal, 12(4), 127-136.
19. Ermakov, P. & Fedotova O. (2015b). Characteristics of aggression reflection in the psychological educational books of the "Graphic Guide" type. Procedia – Social and behavioral Sciences, 214, 876-881.
20. Fedotova, O. (2013). The content of a site of the President of Russia as the information indicator of realization of counter-terrorism strategy in Russia. Middle East Journal of Scientific Research, 16(3), 392-396.
21. Fedotova, O. & Chigisheva, O. (2015). Comparative analysis: Methodological optics in the ideological context. International Perspectives on Education and Society, 26, 57-82.
22. Kovsh, E.M., Skirtach, I.A. & Bunyaeva, M.V. (2015). Psychological Features of Aggressiveness and Hostility of Youth of the South of Russia (on the Example of Russian and Karachay Girls). Russian psychological Journal, 12(4), 8-20.
23. Kryuchkova, A.S., Ermakov, P.N. & Abakumova, I.V. (2016). The Analysis of the Association of the MAOA Gene Polymorphism with Aggressive and Hostile Behaviour Strategies in Adolescents and Young People. Russian psychological Journal, 13(1), 115-124.
24. Everson-Rose, S.A., Lewis, T.T., Psychosocial factors and cardiovascular disease. Annual Review of Public Health 2005; 26: 469-500.
25. Felsten, G. (1996). Hostility, stress, and symptoms of depression. Personality and Individual Differences, 21, 461-467.
26. Gottman, J.M. (1993). The roles of conflict engagement, escalation, and avoidance in marital interaction: A longitudinal view of five types of couples. Journal of Consulting & Clinical Psychology. 1993; 61: 6-15.
27. Hampson, Sarah, E., Andrews, A. Judy, Barckley, M. and Peterson, M. (2007). Trait stability and continuity in childhood: Relating sociability and hostility to the five-factor model of personality. Journal of Research in Personality; 41(3): 507-523.
28. Hampson, S.E., Tildesley, E., Andrews, J.A., Luyckx, K., Mroczek, D.K. (2010). The rleaiton of change in hostility and sociability during childhood to substance use in mid adolescence. Journal of Research in Personality 2010 February 1, 44(1): 103-114.
29. Hughes, J.R. (1986). Genetics of smoking: A brief review. Behavioral Therapy, 17: 335-345.
30. Knox, M., King, C. and Hanna, G.L. (2000). Aggressive behavioru in clinical depressed adolescents. Journal of the American Academy of Child and Adolescent Psychiatry, 39: 611-618.
31. Knox, S.S., Siegmund, K.D., Weidner, G., Ellison, R.C., Adelman, A., Paton, C. (1998) Social support, and coronary heart disease in the National Heart, Lung, and Blood Institute Family Heart Study. American Journal of Cardiology. 82: 1192-1196.
32. Kobak, R.R., Sceery, A. (1988). Attachment in late adolescence: Working models, affect regulation and representations of self and others. Child Development. 59: 135-146.
33. Krueger, R.F., Caspi, A., Moffitt, T.E., Silva, P.A., McGee, R. (1996). Personality traits are differentially linked to mental disorders: A multitrait-multidiagnosis study of an adolescent birth cohort. Journal of Abnormal Psychology. 105: 299-312.
34. Manikam, R. (2002). Mental health of children and adolescents. International Perspectives on child and adolescent mental health. Vol. 2, 2002, Pages 1-36.
35. Matthews, K.A., Owens, J.F., Kuler, L.H., Sutton-Tyrell, K., Jansen-McWilliams, L. (1998). Are hostility and anxiety associated with carotid atherosclerosis in healthy postmenopausal women? Psychosomatic Medicine 1998; 60: 633-638.
36. McWilliams, N. (1994). Psychoanalytic diagnosis. New York: Guilford.
37. Miller, T.Q., Smith, T.W., Turner, C.W., Guijarro, M.L., Hallet, A.J. (1996). A meta-analytic review of research on hostility and physical health. Psychological Bulletin. 119: 322-348.
38. Moffitt, T.E. (1993). Life course-persistent and adolescence - limited antisocial behaviour: A developmental taxonomy. Psychological Review 1993; 100: 674-701.
39. O'Connor, T.G., Thorpe, K., Dunn, J., Golding, J. (1999). The ALSPAC Study Team. Parental divorce and adjustment in adulthood: Findings from a community sample. Journal of Child Psychology and Psychiatry. 1999; 40: 777-790.
40. Pepler, D.J., Craig, W.M., Connouy, J.A., Yuile, A., McMaster, L., Jiang, D. (2006). A developmental perspective on bullying. Aggressive Behaviour 2006; 32: 376-384.
41. Pepler, D.J., Rubin, K. (1991). The development and treatment of childhood aggression. Hillsdale, NJ England: Lawrence Erlbaum Associates, Inc., 1991.
42. Prior, M., Smart, D., Sanson, A., Dberklaid, F. (2000). Does shy inhibited temperament in childhood lead to anxiety problems in adolescence? Journal of the American Academy of Child and Adolescent

psychiatry 2000; 39: 461-468.
43. Robinson, E.A.R., Brower, K.J. and Gomberg, E.S.L. (2001). Explaining unexpected gender differences in hostility among persons seeking treatment for substance use disorders. Journal of Studies on Alcohol. 62: 667-674.
44. Roeser, R.W., Eccles, J.S. and Freedman-Doan, C. (1999). Academic functioning and mental health in adolescence: patterns, progressions, and routes from childhood. Journal of Adolescent Research. 14(2): 135-174.
45. Rubin, K.H., Chen, X., McDougall, P., Bowker, A., McKinnon, J. (1995). The waterloo longitudinal project: Predicting adolescent internationalising and externalising problems from early and mid-childhood. Development and Psychopathology 1995, 7: 751-764.
46. Rubin, K.H., Coplan, R.J., Bowker, J.C. (2009). Social withdrawal in childhood. Annual Review of Psychology, 60: 141-171.
47. Schubiner, H., Scott, R. and Tzelepis, A. (!993). Exposure to violence among innercity youth. Journal of Adolescent Health, 14: 214-219.
48. Sharma, S.P. (2007). Fundamentals of Mental Health Education. New Delhi: Kamshka Publishers, Distributers. Shekelle, R.B., Gale, M., Ostfeld, A.M. and Paul, O. (1983). Hostility, risk of coronary heart disease, and mortality. Psychosomatic Medicine, 45: 109-114.
49. Simourd, D.J. and Mamuza, J.M. (2000). The hostility interpretations questionnaire: Psychometric properties and construct validity. Criminal Justice and Behaviour, 27: 645-663.
50. Sirois, B.C., Burg, M.M. (2003). Negative emotion and coronary heart disease. Behaviour Modification 2003; 27(1): 83-102.
51. Spielberger, C.D. (1988). State-trait anger expression inventory: professional manual. Odessa, FL: Psychological Assessment Resources.
52. SpothRL,Redmond C,Shin C(2000) Reducing adolescents aggressive and hostile behaviors:Randomized Trial Effects of a brief family intervention Arch Pediatr Adolesc Med. 2000 Dec;154(12):1248-57.
53. Suarez, E.C., Kuhn, C.M., Schanberg, S.M., Williams, R.B., Zimmerman, E.A. (2002) Neuroendocrine, cardiovascular and emotional responses of hostile man. Annals of Behavioural Medicines 2002; 24(2): 113-121.
54. Trifan TA, Stattin H (2015). Are adolescent's mutually hostile interactions at home reproduced in other everyday life contexts? J Youth Adolesc. 2015 Mar;44(3):598-615.
55. Whalen, C.K., Jamner, L.D., Henker, B. and DElfino, R.J. (2001). Smoking and moods in adolescents with depressive and aggressive dispositions: Evidence from surveys and electronic diaries. Health Psychology, 20: 99-111.
56. Whiteman, M.C., Fowkes, F.G. and Deary, I.J. (1997). Hostility, cigarette smoking and alcohol consumption in the general population. Social Science and Medicine, 44, 1089-1096.
57. Williams, R.B. Barefoot, J.C., and Shekelle, R.B. (1985). The health consequences of hostility. In M.A. Chesnery, S.E. Goldston and R.H. Roseman (eds.). Anger, Hostility and Behavioural Medicine (pp. 173-986). New York: Hemisphere.
58. Zhang P, Roberts RE, Liu Z, Meng X, Tang J, Sun L, et al. (2012) Hostility, Physical Aggression and Trait Anger as Predictors for Suicidal Behavior in Chinese Adolescents: A School-Based Study. PLoS ONE 7(2): e31044. https://doi.org/10.1371/journal.pone.0031044

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