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Hostility in Adult Life and Childhood Trauma

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Abstract

The present study aimed to investigate the effects of childhood trauma on hostility in adult life. For this purpose a study was conducted in which one thousand two hundred thirty seven (1237) healthy individuals, who reported no history of mental disorders, participated. The participants were classified in two groups, "trauma" and "no-trauma", based on reported traumatic experiences in their childhood. The Hostility and Direction of Hostility Questionnaire and a self-report questionnaire enriched with two questions relevant to traumatic experiences were administered to the individuals. The results showed higher levels of total hostility ($p<0.001$) among participants who reported having been exposed to a traumatic event during their childhood. Every aspect of hostility was strongly associated with childhood trauma, regardless of its origin. Family violence and bullying are the most important childhood traumatic experiences leaving their marks on adult life and making those who have experienced them more hostile. Childhood trauma may have tremendous and deleterious social effects. Early and individualized interventions may protect against extroverted and introverted hostility in adult life.

Keywords: Hostility; Childhood Trauma; Stressful events; Adult life

Introduction

Childhood trauma may have severe deleterious effects on adult physical and mental health [1]. It mediates its effects through neural structure alterations resulting in problematic behavioral patterns, cognitive deficits and psychiatric morbidity [2]. According to Brodsky et al. [3], childhood abuse acts as an intriguing environmental risk factor for the presentation of trait impulsivity, aggression and suicide attempts in adults with depression. Early traumatic life stress (ELS) events seem to be a key factor in multiple areas of psychosocial dysfunction and psychopathology [4]. However, there are poor data concerning the effect of childhood traumatic life events on hostility in later life regarded as a whole of psychosocial functioning, in healthy individuals.

Hostility refers to the tendency of an individual to take the views and estimates of others as a negative intention, or to constantly predict aggression from others [5]. In general, the term hostility does not refer to the practice of physical violence, but to a critical attitude towards others (extrovert hostility) or towards the self (intrusive hostility). Foulds' theory of personality (1965) Points out the need to consider the individual as a person in relation to others. Where the ability to enter into mutual personal relations with others denotes the mature individuals, egocentricity in thinking and behaving marks out the immature ones. One feature of egocentricity is the need to apportion blame in any given situation, either to other people or to the self. In relation to that, Foulds found punitiveness a useful attitudinal measure of egocentricity [6].

Hostility may as well be a consequence of childhood stressful life events and although understudied, it mediates the relationship between childhood emotional abuse, sexual abuse and physical neglect and aggression. Childhood trauma contributes to hostility behavior, which increases the risk of aggression and violence [7].

Whether all aspects of hostility are linked to childhood trauma and the significance of these associations is questionable. A previous study revealed that participants who experienced childhood trauma had a higher risk of overall hostility [8]. However, although childhood adversities have a well-recognized impact on adulthood mental health in clinical populations, there is little information about adversity in wider populations. On the other hand, research so far has focused mainly on well-defined and critical stressors such as emotional abuse, sexual abuse, physical abuse, emotional neglect, physical neglect and parental psychiatric disorders. Other forms of childhood adversity such as the death of a parent or substitute, deprivation, maternal or paternal abandonment, separation or divorce and bullying during scholar life, or a wide range of early stressful life events have drawn less attention in regarding to their adulthood impact [9].

The purpose of the present study was to investigate the childhood trauma effects on adult hostility, as expressed through their distress symptoms in a non-clinical community sample in order to avoid the confounding effect of emotional distress caused by mental or physical illness. Therefore, the present study aimed to investigate the association of hostility to many aspects of childhood trauma in a large sample of healthy individuals.

Methodology

Two thousand (2000) individuals, who were randomly selected from the existing registrations of the Region of Thessaly and the University of Thessaly, were contacted by phone for our research. To those who accepted to participate in the present research and to their family members, the questionnaires were administered in person by members of our research team. and they were given the necessary explanations for the completion of the questionnaires. The whole period of data collection lasted eight (8) months. The final total number of individuals who accepted to participate, who received the relative questionnaires and were recruited for our research was one thousand two hundred ninety-three (1237) healthy individuals who reported no history of mental disorders (343 men and 894 women). The participants were a) either undergraduates / postgraduate students or administrative employees at the University of Thessaly, b) both public servants and/ or employees in private sectors at the different cities of the Region of Thessaly and c) relatives and friends of the above individuals. The average age of the participants was 34.61 (Range: 18- 69). All subjects had at least graduated from Primary school and they had no history of mental disorders nor did they require psychiatric medication. Those 1237 individuals were divided in two groups, on the basis of their responses of experienced negative life events during childhood. The first group (CT) consisted of 758 individuals (179 males and 579 females) who reported being exposed to at least one childhood stressful life event. The second group (NCT) consisted of 479 individuals (164 males and 315 females) who reported not being exposed to such experiences.

All the participants who fulfilled the study's requirements were informed about the purpose of the study. First, they completed a self-report questionnaire, asking for certain sociodemographic information (e.g. gender, age, education, etc.), was enriched with two questions: a) The first question was a closed question regarding traumatic experience during childhood: have you ever experienced a traumatic live event as a child? The answer to this question determined the formation of the two groups in the present study. b) Regarding the second question, which was an open question, if the answer to the first question was positive, the individuals were asked to describe the traumatic event and indicate when it occurred. According to these descriptions, the types of traumatic life events which were reported by the participants were domestic violence, physical and emotional abuse, separation and loss of significant others.

Secondly, in order to evaluate the hostility, the participants were asked to complete the Direction of Hostility Questionnaire (HDHQ; [10]). The HDHQ is an attitudinal self-report instrument, measuring a wide range of manifestations of hostility as a personality trait, which, as already mentioned, is irrelevant to aggressive behaviour. It consists of 52 items presented in 5 subscales. Three subscales, namely impulsive hostility, criticism of others and paranoid hostility, are measures of punitiveness (blaming others). The other two subscales, self-criticism and guilt, measure self- punitiveness (inwardly directed hostility). Total hostility is the sum of scores on these five subscales. HDHQ has been repeatedly used in the Greek population [11,12]. The credibility of HDHQ in the Greek population shows very good levels of internal consistency at Cronbach's a = 0,887 [13].

As already mentioned, hostility does not refer to the practice of physical violence, but to a critical attitude towards others (extrovert hostility) or towards the self (introvert hostility). The manifestation of impulsive and paranoid aggression, as well as the criticism of others, relate to extrovert aggression and are a measure of punitiveness, while self-criticism and guilt concern intrusive aggression and are a measure of self-righteousness. In total, one thousand and five (1005) participants finally answered and completed successfully the HDHQ questionnaire.

Data Analysis

For the description of the sample's social, demographic and psychological characteristics, distribution frequencies and means were performed. The criteria for testing normality was: ≥ ± 2,00 for the Skewness and ≥ ± 5,00 for the Kyrtosis [14]. The parametric independent student t test was adopted to compare trauma and no trauma groups' scores on the quantitative variables, since their distribution was symmetric [15]. Finally, for the analysis of the incidence of the different types of childhood trauma (categorical independent variables) in total hostility (nominal dependent variable) Multivariate Regression Analysis was used. As the type of childhood trauma was a discontinuous / categorical

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variable, dummy variables were created for each type of trauma, then 0 (absence of trauma) and 1 (presence of trauma) were given. Descriptive and inferential statistics were performed with Statistical Package for Social Sciences (SPSS 22.0, IBM, Chicago, USA). Analysis. Level of statistical significance was set at p=0.05.

Results

Demographics

Table 1: Demographic characteristics of the sample.

Variables (N=1237)	N	%
Gender		
Man	343	27.7
Woman	894	72.3
Family status		
Unmarried	680	55.0
Married	483	39.0
Divorced	55	4.4
Widowed	18	1.6
Educational level		
Primary education	35	2.8
Junior High School	34	2.8
High School	253	20.5
Student	542	43.9
University Graduate	264	21.4
Post Graduate	97	7.8
Thesis	12	1.0

The mean and distribution frequencies of demographic characteristics of the total sample are represented in Table 1. Men were 27.7% of the sample. Participants were mostly not married (55.0%), they were living in urban environment (78.3%), university students or graduates (74.1%) (Table 1). Furthermore, death, family violence, parental divorce and school related stressful events (bullying, school failure, racism) were the most frequent childhood adversities reported by the participants.

Psychometric comparisons among groups

Table 2: Comparison of psychometric variables between childhood trauma group and no childhood trauma group. HDHQ subscales scores depending on childhood trauma.

N=1005	Childhood Stressful Event	N	Mean	Std. Deviation	p- Value
Self-criticism	Yes	591	4.26	2.1	<0.001
	No	414	3.69	2.16	
Guilt	Yes	591	2.18	1.59	0.003
	No	414	1.88	1.47	
Extrovert Hostility	Yes	591	12.31	4.63	0.008
	No	414	11.49	5.07	
Introvert Hostility	Yes	591	6.43	3.29	<0.001
	No	414	5.57	3.32	
Total Hostility	Yes	591	18.74	6.82	<0.001
	No	414	17.07	7.22	
t-test					

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The next step to our analysis was to compare the two groups on the quantitative variables by means of t tests. As presented in Table 2, significant differences between trauma (CT) and no trauma (NCT) groups were observed on Self Criticism (p< .001), Guilt (p=.003), Extra punitiveness (p= .008), Intro punitiveness (p< .001) and on the total score of hostility (p<.001). Higher scores were noticed for those who had experienced a stressful childhood event.

Regression models for childhood trauma

Table 3: Multivariate analysis for childhood trauma and total hostility.

Dependent Variable	Independent Variables	Number of Participants	Regression Coefficients		
		N	B	p- value	R^2
Total Hostility	Death	136	,110	0.867	0.020
	Disease	31	-,004	0.998	
	Separation loss	32	1,50	0.278	
	Family violence	20	2,53	0.030	
	Change of residence	29	,51	0.705	
	Divorce	15	,19	0.917	
	Educational maters	22	3,7	0.015	
	Fears	14	-1,88	0.323	

To further investigate the above finding, Multivariate Regression Linear Model analysis was performed. Childhood stressful events variables were used as predictor and total hostility as the outcome variable, examining the associations between types of childhood trauma and late-life hostility. The analysis revealed statistically significant associations only with family violence and educational stressors. Consequently, family violence and educational stressors were strong predictors of total hostility, at p=0,030 and p=0,015 level respectively (Table 3). Multivariate regression analysis showed that participants with traumatic events during childhood were at greater risk of experiencing hostility in later life.

Discussion

According to the findings of the present study, childhood trauma is linked to hostility in adult life which leads adults with past childhood traumatic experiences easily to blame themselves (self-punishment) or others (punitiveness). This result derived from a large sample, they expand previous research findings [8] and firmly support the view that hostility is strongly related to childhood trauma in every dimension, including extroverted (blaming others) and introverted (self- punishment) hostility. Concerning total hostility average value of CT group was found 18,74±6,82 while the corresponding value for NCT group was found lower (17,07±7,22) with statistically very significant difference between them (p=0,000). If we take into account that the mean score of the total hostility in the Greek general population is 17,55 (±6,56) for women and 16,20 (±8,64) for men, Angelopoulos et al., (1995), it appears that participants with childhood trauma experience had greater total hostility no only than the participants without such experience but also compared to the general Greek population.

Furthermore, as shown by the multivariate regression analysis, total hostility is mainly related to educational stressors and family violence. The latter one has been emerged as a crucial factor for adult hostility and violent behavior [16]. This finding should alert researchers to further investigate the impact of childhood trauma on self-harm and risky behavior in adult life. Screening for childhood trauma in early life and in cases of childhood violence, might further facilitate interventions to prevent adverse effects on later life, as there is a continuum in child to adult development and problematic behavioral patterns tend to continue to be present in later life, as a conditional response to adverse stimuli from childhood and on.

Exposure to violence among children and adolescents poses a risk to their optimal development. Protective factors, such as social support, can ameliorate the effects of such risks on various outcomes [17]. Social support and family interventions may break the vicious circle and foster child healthy development. According to researchers, children exposed at high-risk environments who experienced relatively high levels of support (e.g., a warm relationship with their mother), had a lower rate of poor outcomes relative to children in the same environments with low levels of family social support. Moreover, children tend to exhibit higher levels of socio-emotional functioning, when they have lived in families in which relationships were harmonious and cohesive. Hauser-Cram et al. [18] also reported a similar result in their longitudinal analyses of children's adaptive skills. The family environment (e.g., family members' actions to promote cohesion, express emotions and deal with conflict) predicts lower levels of deleterious social-emotional outcomes such as challenging behaviors.

As previous findings support that family conflict component is associated with childhood trauma, it is possible that childhood

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trauma, regardless of its origin, along with a severe deficit in family/social support sets the background for adult hostility. This is in accordance with the study of Roy [19] who found that there were significant correlations between the HDHQ total hostility score and childhood emotional abuse, physical abuse, sexual abuse, emotional neglect and physical neglect.

The results of the present study suggest that childhood trauma may be a determinant of the personality dimension of hostility as an adult. In previous studies, childhood trauma was linked to hostility, however its linkage to extroverted hostility was questionable. In the present study every hostility dimension was associated with childhood trauma. This finding indicates that childhood trauma has tremendous deleterious effects on adult life and threatens social functioning with further disastrous effects on social cohesion.

Finally, given that hostile and aggressive individuals show a serious social and familiar dysfunctional behavior, health providers should be able to identify the sources of such behaviors and create preventive frameworks targeting to minimize the effects of childhood trauma both for the individual and the society in general. Attention should be given to school environment and educational stressors and to family violence which has disruptive effects on children's and adolescent's health and future. These initiatives would better be established in local communities where health professionals are aware of families and their problems and social support might be more effective and individualized.

Conclusion

As shown in the present study, there is a significant association between childhood trauma and physical as well mental disorders in later adulthood, such as hostile personality. Since hostile and aggressive individuals show a serious dysfunctional behaviour, which can be attributed to childhood trauma experiences, there is a need for further studies on this field so that the health providers could be able to identify the sources of such behaviours and create preventive methods or treatment programmes, aiming at the reduction of the effects of childhood trauma both for the individual and the society in general. The implementation of such methods and programs should not only be international or national but also local so as to identify the individuals at risk as early as possible.

Conflict of Interest

On behalf of all authors, the corresponding author states that there is no conflict of interest.

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