



Proactive, reactive, and romantic relational aggression in adulthood: Measurement, predictive validity, gender differences, and association with Intermittent Explosive Disorder

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ABSTRACT

The psychometric properties of a recently introduced adult self-report of relational aggression are presented. Specifically, the predictive utility of proactive and reactive peer-directed relational aggression, as well as romantic relational aggression, are explored in a large ($N = 1387$) study of adults. The measure had adequate reliability and validity and the subscales demonstrated unique predictive abilities for a number of dependent variables. In particular, reactive but not proactive relational aggression was uniquely associated with history of abuse, hostile attribution biases, and feelings of distress regarding relational provocation situations. Reactive relational aggression was also more strongly related to anger and hostility than proactive aggression. In addition, relational aggression in the context of romantic relationships was uniquely related to anger, hostility, impulsivity, history of abuse, hostile attribution biases, and emotional sensitivity to relational provocations, even when controlling for peer-directed relational aggression. Gender differences in overall levels of relational aggression were not observed; however, males were most likely to engage in peer-directed proactive and reactive relational aggression whereas females were most likely to engage in romantic relational aggression. In a second study ($N = 150$), relational aggression was higher in a sample of adults with Intermittent Explosive Disorder than in a sample of healthy controls or psychiatric controls. The findings highlight the importance of assessing subtypes of relational aggression in adult samples. Ways in which this measure may extend research in psychology and psychiatry are discussed.

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1. Introduction

An important contributor to maladaptive functioning in both childhood and adulthood is involvement in aggressive conduct (Crick et al., 1999). Recently, investigators have emphasized the importance of examining the correlates of relational forms of aggression (e.g., social exclusion) in addition to the physical forms of aggressive conduct (e.g., hitting, assault) that have traditionally captured the majority of empirical attention (Crick and Grotpeter, 1995). The purpose of the present study was to validate a measure of relational aggression in adulthood and examine the factors associated with each subtype (i.e., proactive, reactive, and romantic) of

relational aggression. Moreover, given the lack of research assessing gender differences in relational aggression in adulthood, we explored whether men and women differed in their use of each subtype of relational aggression. Finally, we examined whether relational aggression was elevated in a group of adults with a history of impulsive aggression (i.e., Intermittent Explosive Disorder).

Aggression, defined as behaviors intended to hurt, harm, or injure another person (see Dodge et al., 2006) can vary in form. Physical aggression, which harms others via physical force or the threat of physical force, consists of such behaviors as hitting, pushing, kicking and punching (Dodge et al., 2006; Crick and Grotpeter, 1995). Relational aggression, in which the relationship serves as the vehicle of harm, includes spreading malicious rumors, lies, gossip or secrets, as well as intentionally ignoring (i.e., silent treatment) or excluding a person from an activity or group interaction (Crick and Grotpeter, 1995). Relational aggression may be manifested in both direct and covert ways (Crick et al., 1999), which

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distinguishes it from similar aggression constructs such as indirect aggression (see Björkqvist, 1994).

Although a substantial body of research has provided evidence that involvement in relationally aggressive behavior in childhood and adolescence is associated with maladaptive outcomes (see Crick et al., 1999), little work has examined the correlates of relational aggression in adulthood. The limited studies indicate that relationally aggressive behavior among emerging adults (18–25-year-olds) is associated with serious adjustment difficulties (Burton et al., 2007; Goldstein et al., 2008; Lento-Zwolinski, 2007; Miller and Lynam, 2003; Storch et al., 2004; Werner and Crick, 1999). Additional research with older samples is clearly warranted.

However, one limitation of studies assessing relational aggression in adulthood is a lack of reliable and valid measures. Indeed, the majority of published relational aggression measures have been developed for use during early and middle childhood and most rely upon peer nominations, observations, and teacher-report methods (for a review, see Crick et al., 2007). This is a significant limitation if a researcher or clinician wants to assess relational aggression among individuals in non-group contexts (e.g., clinical practice) or when other informants are not available or may not be knowledgeable about the participants' behavior (see Little et al., 2003).

An important consideration in the measurement of adult relational aggression is the function of such aggressive behavior. Psychologists and psychiatrists have distinguished aggressive behaviors that are planned and displayed to serve a goal-directed end (i.e., proactive aggression or premeditated aggression) from those that are more impulsive and displayed in response to a perceived threat and out of hostility or anger (i.e., reactive aggression or impulsive aggression (Dodge, 1991; Stanford et al., 2003; Vitaro et al., 1998). Moreover, a number of studies have documented the divergent nature of proactive and reactive aggression (Dodge and Coie, 1987; Fite et al., 2006; Poulin and Boivin, 2000; Pulkkinen, 1996; Raine et al., 2006), including evidence supporting the discriminant validity of these functions of aggression (Card and Little, 2006; Crick and Dodge, 1996; Day et al., 1992; Dodge et al., 1997; Hubbard et al., 2001, 2004, 2002; Price and Dodge, 1989; Salmivalli and Nieminen, 2002; Stanford et al., 2003; Vitaro et al., 1998; Waschbusch et al., 2002; Waschbusch et al., 1998). Thus, in the present study, the measure of relational aggression in adulthood included subscales assessing both proactive and reactive functions of relational aggression.

Despite these recent advances, most research examining the unique correlates of proactive and reactive functions of aggression have focused on physical forms of aggression in child or adolescent samples. In these studies, consistent with its emotional nature, reactive physical aggression is associated with impulsivity, hostility, anger, and skin conductance reactivity during a provoking task (Hubbard et al., 2002; Raine et al., 2006). Reactive aggression is also associated with hostile attribution bias (HAB), or the tendency to assume that others' intentions are malicious during ambiguous conflict situations (Crick and Dodge, 1996; Dodge and Coie, 1987; Schwartz et al., 1998; for a meta-analysis, see Orobio de Castro et al., 2005; for a review, see Crick and Dodge, 1994). In regard to relational aggression, researchers have similarly found it to be associated with HAB and feelings of distress following ambiguous provocation. However, whereas physically aggressive individuals exhibit HAB regarding instrumental provocations (e.g., damage to property or physical harm), relationally aggressive children display HAB regarding relational provocations (e.g., relational slights or social exclusion; Crick, 1995; Crick et al., 2002; cf., Nelson et al., 2008a; see Bailey and Ostrov (2008) for a study with young adults). Finally, researchers have found that history of childhood abuse is associated with reactive, but not proactive, aggression (Dodge et al., 1997).

Beyond functions of aggression, another important consideration in the measurement of adult relational aggression is the context in which the aggression occurs. Most research with children and adolescents focuses on relational aggression enacted against peers or friends (e.g., Crick and Grotpeter, 1995; Grotpeter and Crick, 1996). However, as romantic relationships emerge in adolescence and become increasingly salient into adulthood (Furman and Buhrmester, 1985), it is important to explore the use of relational aggression in the context of such relationships. Indeed, initial work indicates that relational aggression enacted against romantic partners is associated with romantic relationships of relatively low quality (Linder et al., 2002) and with indices of maladjustment (e.g., depression, drug and alcohol use, Bagner et al., 2007). As such, a valid measure of adult relational aggression should attend to these behaviors occurring between romantic partners.

This study also examines whether adult relational aggression is tied to gender. In childhood, gender differences in relational aggression are often but not always documented, with girls exhibiting greater levels of relational aggression than boys (see Crick et al., 2007 for review). However, assessments of gender differences in relational aggression during adulthood are more limited. As males and females enter adolescence and adulthood, cross-sex interactions become increasingly common (Maccoby, 1990). As a result, the relationally aggressive behaviors more characteristic of elementary school girls may become more common among males as mixed-sex interactions increase. In fact, preliminary research with young adults suggests that there are no gender differences in relational aggression (e.g., Bailey and Ostrov, 2008; Basow et al., 2007; Burton et al., 2007; Loudin et al., 2003) or that males are more relationally aggressive than females (Storch et al., 2004). In addition, studies have found no differences in the use of relational aggression against a romantic partner (Linder et al., 2002).

Finally, limited research is available addressing the association between relational aggression and clinical diagnoses in adulthood. However, preliminary research with children suggests that heightened levels of relational aggression are associated with clinical problems such as ADHD (e.g., Zalecki and Hinshaw, 2004), ODD (Keenan et al., 2008; Ohan and Johnston, 2005) and Borderline features (Crick et al., 2005). In a similar vein, relational aggression may be associated with clinically-relevant disorders among adults. For example, adults with intermittent explosive disorder (IED), a disorder characterized by impulsive aggressive outburst, may also exhibit elevated levels of relational aggression. In fact, a recent study demonstrated that adults with IED were more likely than their peers to exhibit a hostile attribution bias regarding ambiguous provocations (Coccaro et al., 2009), which is a risk factor for involvement in aggression (Crick and Dodge, 1994). Thus, our final goal was to examine whether adults with IED engaged in heightened levels of relational aggression. In addition, given the overlap between physical and relational aggression in previous studies, we examined whether the association between IED and relational aggression remained when controlling for participants' physically aggressive conduct. This analysis allowed us to investigate the utility of including measures of relational aggression, in addition to traditional measures of physical aggression, in clinical settings.

1.1. Goals and hypotheses

Few psychometrically sound methods are currently available for investigating relational aggression in adulthood. The first goal of the present study was to evaluate the psychometric properties of a self-report measure of relationally aggressive behavior (developed by Morales and Crick, 1998) in a large ($N = 1387$) community sample of adults (Study 1). To date, this instrument has been used only with college samples (e.g., Bailey and Ostrov, 2008; Goldstein et al., 2008; Lento-Zwolinski, 2007; Miller and Lynam, 2003;

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