Anger and hostility in adolescents: Relationships with self-reported attachment style and perceived parental rearing styles

Peter Muris*, Cor Meesters, Mattijn Morren, Lidwine Moorman

Department of Medical, Clinical, and Experimental Psychology, P.O. Box 616, 6200 MD Maastricht, The Netherlands

Received 14 May 2003; accepted 13 October 2003

Abstract

Objective: To examine relationships between self-reported attachment style and parental rearing behaviors, on the one hand, and anger/hostility, on the other hand, in a sample of nonclinical adolescents (N=441). Method: Participants completed (a) a single-item measure of attachment style; (b) a questionnaire measuring perceptions of parental rearing behaviors; and (c) two scales assessing anger and hostility. Results: Self-reported attachment style was related to anger/hostility. That is, adolescents who defined themselves as avoidantly or ambivalently attached displayed higher levels of anger/hostility than adolescents who classified themselves as securely attached. Furthermore, perceived parental rearing was also related to anger/hostility. More specifically, low levels of emotional warmth and high levels of rejection, control, and inconsistency were accompanied by high levels of anger/hostility. Finally, regression analyses showed that both attachment status and parental rearing behaviors accounted for a unique and significant proportion of the variance in anger/hostility. Conclusion: These findings are in keeping with the notion that family environment factors such as attachment style and parental rearing are involved in the development of anger/hostility in youths.

Keywords: Anger; Hostility; Coronary heart disease; Parental rearing; Attachment; Adolescents

Introduction

A wealth of studies in health psychology and behavioral medicine have indicated that a constellation of anger and hostility can be considered as a significant psychological risk factor for the development of coronary heart disease [1]. In general, hostility can be defined as an attitudinal set that motivates aggressive behavior directed toward the destruction of objects or injury of people, whereas anger is used to refer to an affective experience, ranging from mild irritation or annoyance to full-blown rage [2]. The scientific interest in the link between anger/hostility and CHD originated from research on the Type A Behavior Pattern, which is characterized by a chronic sense of time urgency, impatience, competitiveness, anger, hostility, and a high need to show competency and to maintain control. While prospective epidemiological studies have demonstrated that the Type A Behavior Pattern is a significant risk factor for developing CHD in initially healthy populations [3,4], subsequent analyses examining individual elements of this multifaceted behavior pattern have shown that anger/hostility should be viewed as the toxic component [5,6].

Although serious CHD is rarely observed in children, there is evidence showing that the process of atherosclerosis already starts during adolescence [7]. There are also good reasons to believe that the anger–hostility constellation develops during childhood [8]. However, little is known about the etiological antecedents of this psychological risk factor. Several studies have evaluated the potential genetic basis for anger/hostility [9–12] and have come to the conclusion that there is a small to modest contribution of heritability to various aspects of anger and hostility. Other researchers have suggested that anger and hostility originate from family factors such as attachment style and parental rearing behaviors [8].

According to attachment theory, children develop an attachment style during the early stages of their life. More specifically, through interactions with primary caregivers,
children will develop expectations about their caregiver’s availability, which serve as the basis for internal working models of the self and the other. When experiences lead to the expectation that caregivers will be lovingly and responsive, children develop a secure attachment style; that is, they acquire a model of the self as loved and valued and a model of the other as warm and loving [13]. In contrast, when children have experiences that lead them to expect caregivers to be rejecting and unreliable, they are likely to develop an insecure attachment style. These children hold a model of the self as unloved and rejected and a model of the other as unloving and rejecting. It has been suggested that an insecure attachment style enhances the development of personality traits such as anger and hostility [14]. Although there is some evidence showing that insecurely attached children are more hostile and quick to anger than their securely attached counterparts [15], there is little direct support for a link between attachment status and the CHD risk factor of anger/hostility. One exception is a study by Meesters and Muris [16] who examined the connection between attachment style and individual differences in anger and hostility in a sample of female undergraduate students. Results demonstrated that insecurely attached young women reported higher levels of anger and hostility than their securely attached counterparts.

A limited number of studies have examined the role of parental rearing behaviors in the formation of anger/hostility. For example, Smith et al. [17] reported that hostile undergraduate students ascribed more conflict and less cohesion to their family of origin compared to their low hostile counterparts. In a related study by Houston and Vavak [18], young adults were asked to retrospectively describe their parents’ behaviors. Results showed that high levels of hostility were associated with descriptions of parents displaying less acceptance, more harsh control, more interference in the person’s desires as a child, and more punitiveness. Furthermore, Meesters et al. [19] investigated the relationship between perceived parental rearing behaviors and individual differences in hostility in a large sample of students. These authors found that high hostile subjects perceived more rejection and control and less emotional warmth of their parents than low hostile subjects. Similar results were obtained by Meesters and Muris [20] in a case-control study of middle-aged male myocardial infarction patients and healthy controls. That is, in both patients and controls, high levels of hostility were linked to high levels of rejection and low levels of emotional warmth.

Research on the link between parental rearing and anger/hostility in child and adolescent samples has yielded highly comparable findings. Woodall and Matthews [21] reported that children who scored high on hostility and anger came from families that could be characterized as low on supportiveness and interpersonal involvement. These results were replicated in a further longitudinal study by these authors [22]. In that study, changes in and stability of hostility levels and their relationship to family support were examined among a sample of 10- to 18-year-old children and adolescents over a 4-year period. While results indicated that hostility levels remained relatively stable across the 4-year period, data also showed that declines in perceived family support were associated with greater temporal increase in hostile characteristics. Finally, Matthews et al. [23] tested whether a negative family environment led to the development of hostile traits in adolescent boys. Negative behaviors during a parent–son discussion aimed at resolving disagreements were observed in a laboratory setting. Boys’ hostile traits were assessed at the time of the discussion and at a follow-up 3 years later. Results demonstrated that a high frequency of negative behaviors during the discussion task were predictive of boys’ later hostile attitudes and expression of anger. Altogether, the results of these studies seem to justify the conclusion of Miller et al. [5] that hostile attitudes in youths partly seems to develop as a consequence of “parental behavior that (a) lacks genuine acceptance; (b) is overly strict, critical, and demanding of conformity; and (c) is inconsistent with regard to disciplinary treatment” (p. 341).

While there is evidence to support the notion that attachment style and parental rearing behaviors are involved in the development of anger/hostility, no study can be found that has examined the relative contribution of these family factors. The present study was set-up to examine this issue. A large group of adolescents (N=441) completed (1) a simplified version of Hazan and Shaver’s [24] single-item measure of attachment style; (2) the junior version of the “Egna Minnen Betræffende Uppfostran (EMBU),” which is Swedish for “my memories of upbringing,” a questionnaire measuring perceptions of various aspects of parental rearing, namely, emotional warmth, rejection, control, and inconsistency [25]; (3) the Aggression Questionnaire (AQ), which assesses anger and hostility as well as behavioral aspects of aggression [26]; and (4) the trait anger subscale of the State-Trait Anger Scale (STAS) [27]. It was examined (a) whether adolescents who classify themselves as insecurely attached report higher levels of anger and hostility than adolescents who classify themselves as securely attached; (2) whether rejection, control, inconsistency, and lack of emotional warmth are accompanied by heightened levels of anger/hostility; and (3) whether insecure attachment and parental rearing behaviors both account for a unique proportion in the variance of anger and hostility.

Method

Participants and procedure

Four hundred and forty-one adolescents (228 boys and 213 girls) of a regular secondary school (“Trevianum”) in Sittard, The Netherlands, participated in the study after obtaining informed consent from their parents. Participation
دریافت فوری
متن کامل مقاله

امکان دانلود نسخه تمام متن مقالات انگلیسی
امکان دانلود نسخه ترجمه شده مقالات
پذیرش سفارش ترجمه تخصصی
امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
امکان دانلود رایگان ۲ صفحه اول هر مقاله
امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
دانلود فوری مقاله پس از پرداخت آنلاین
پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات