

HOSTILITY

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Primary Disciplinary Field(s): Psychology, Psychiatry, Behavioral Science

1. Core Definition

Hostility is defined in the psychological sciences as **persistent anger** accompanied by an intense, aggressive urge to retaliate. While conceptually related to general anger, the term hostility is typically reserved to denote a more profound and enduring state of **rankling resentment** that specifically arises from prolonged situations involving systemic frustration or significant deprivation. Although hostility is recognized as a common feature of normal human behavior, its excessive or chronic presence often serves as a major contributing factor in various forms of mental and emotional disturbance, necessitating psychological intervention. The conceptual line separating immediate anger from sustained hostility is not sharp, but the duration and aggressive intent implied by hostility distinguish it within the psychological lexicon.

2. Etiology and Sources of Development

The development of deep-seated hostile feelings is generally linked to chronic environmental or relational stressors that impede an individual's sense of fairness, security, or self-worth over time. These sustained pressures catalyze the transformation of transient anger into pervasive resentment, forming the basis of hostility.

A variety of common situations contribute significantly to the formation of hostile attitudes. Within the formative years, negative family dynamics play a crucial role, including experiences such as favoritism shown toward another child, outright rejection by primary caregivers, or the enforcement of **harsh and rigid discipline**. Furthermore, the systematic denial of personal agency or validation, such as experiencing excessive criticism, contributes to feelings of injustice that fuel resentment.

Beyond the domestic environment, broader social and professional stressors are key generators of hostility. These include **unfair treatment** experienced in educational institutions or on the job, societal injustices like racial or religious discrimination, and the general stress associated with growing up in a challenging or **sordid environment**. These prolonged deprivations and feelings of being wronged solidify the aggressive anger characteristic of hostility.

3. Management and Behavioral Expression

For most individuals, hostile feelings can be effectively managed and contained through established coping mechanisms. These include straightforward methods such as verbal catharsis, or "talking them out," which provides immediate emotional relief. More complex psychological

processes, termed **sublimation**, allow individuals to drain off hostile energy through constructive or socially acceptable outlets, such as vigorous sports participation or engaging in other activities. Furthermore, actively attempting to directly alleviate the frustrating situation provides a resolution that can mitigate the buildup of resentment. However, these measures are seldom sufficient to eliminate all hostility, meaning that residual aggressive impulses often seek either direct or indirect means of expression.

The behavioral manifestation of hostility varies significantly depending on the age and psychological state of the individual. Children frequently express their aggressive anger overtly through disruptive and noticeable behaviors. These include tattling, belittling peers, chronic dawdling, refusal to eat, instances of soiling (either conscious or unconscious), and intense **sibling rivalry**. In contrast, older people tend to express their hostility in more subtle or covert ways, often manifesting as pervasive internal states or generalized attitudes. These covert expressions include maintaining resentful attitudes, exhibiting general irritability, developing pervasive prejudice, becoming **overcompetitive** or overaggressive in social settings, or, in extreme cases, developing generalized anger toward society ("angry at the whole world") or engaging in calculated criminal behavior.

4. Psychological Consequences and Defensive Maneuvers

Hostility is considered one of the most psychologically taxing emotions because it generates significant internal conflict, insecurity, and anxiety. This emotional turmoil stems from several key conflicts. Firstly, hostility generates intense **feelings of guilt**, particularly when directed toward familial figures like parents or a spouse, because individuals are taught that such attitudes and actions are unethical. Secondly, engaging in attempts at vengeance or trying to harm people who are frustrating us frequently arouses a profound **fear of retaliation** from those targets. Thirdly, there is the fundamental anxiety of losing the love and approval of others if these hateful impulses are openly expressed.

To cope with the acute anxiety and insecurity generated by internal hostility, individuals frequently employ various defensive maneuvers designed to protect the self from uncomfortable feelings. For example, an individual might engage in "**denial of reality**," vehemently--and often too emphatically--denying any feeling of hostility. Alternatively, the defense mechanism known as "**reaction formation**" might be employed, leading the individual to adopt the opposite behavioral extreme, such as becoming excessively friendly or oversolicitous toward the very person who is obstructing their goals or standing in their way.

5. Role in Neurotic and Obsessive-Compulsive Reactions

If an individual's hostile impulses are extremely powerful and persistent, the reliance upon and

overuse of defensive measures can lead to the development of entrenched **neurotic symptoms**. Coleman (1964) pointed out that hostility often threatens to break through the individual's psychological defenses and consciousness, potentially resulting in behavior that would lead to serious self-devaluation or endanger critical relationships. For the neurotic, the handling of this impulse is a constant issue, frequently forcing them to adopt a compliant, subservient, and self-suppressing attitude toward others, viewing this as the necessary price for maintaining security, love, and acceptance. When these defenses ultimately fail, the previously suppressed hostile impulses may suddenly erupt, producing an **anxiety attack**, which is characterized by an acute state of panic.

Hostile feelings are also heavily implicated in specific neurotic syndromes, such as obsessive-compulsive disorder (OCD). In obsessive-compulsive individuals, hostility may be masked or covered over by a pervasive preoccupation with thoughts of brotherly love or may be rigidly controlled by an overly strict conscience. A classic illustration involves an individual who feels compelled to call his spouse three or four times daily, ostensibly out of fear for the family's safety. In reality, this constant concern is an unconscious attempt to conceal guilty feelings of hostility toward the responsibilities of marriage, functioning as a defense mechanism against his underlying resentment. Similarly, intense guilt arising from unconscious hostile thoughts--such as wishing harm upon a family member--can precipitate a **depressive reaction**, a mechanism particularly likely to be triggered if the individual's feared hostile outcome, such as actual harm, were to materialize.

6. Manifestations in Psychotic and Personality Disorders

Hostility is an important determinant in the presentation and prognosis of many severe mental disorders. In the **antisocial reaction** (psychopathic personality), the individual experiences hostility but, crucially, acts out this hostility impulsively, apparently without the accompanying pangs of conscience or feelings of guilt that constrain others. This behavior demonstrates a profound failure in moral internalization regarding aggression.

Hostility can also manifest through various indirect and symbolic symptoms across different disorders. For instance, **enuresis** (persistent bed-wetting) in some cases is interpreted as an unconscious means of expressing anger directed at parents. In **exhibitionism**, the act of self-exposure is sometimes interpreted psychologically as a manifestation of hostility toward the opposite sex or a form of retaliation against societal norms.

In the context of **schizophrenia**, the patient's capacity to handle hostility often determines the symptomatic presentation. Patients with the "simple" form frequently exhibit profound difficulty managing hostile impulses; they are often extremely inhibited and ostensibly "good," suppressing any impulse they regard as immoral or dangerous, which contributes significantly to their

characteristic social withdrawal. In the **paranoid form of schizophrenia**, hostile impulses take the form of extreme suspiciousness, arrogance, litigiousness, resentment, and in severe cases, **homicidal urges**. These impulses frequently give rise to characteristic delusions of persecution. Noyes and Kolb (1963) articulated that in the effort to control hostile impulses--which often lie at the genesis of the paranoid reaction--the patient employs **projection**, experiencing their own internal hate as being directed against them by external forces. Filled with unacknowledged hate, the patient feels and believes that they are the victim of persecutors, who are, in psychological reality, merely the objects onto whom the patient has projected their own destructive impulses.

Further Reading

[Hostility \(Psychology\)](#)

[American Psychological Association: Understanding Hostility](#)

[Antisocial Personality Disorder](#)

[Psychological Defense Mechanisms](#)