



Emotional sensitivity before and after coping with rejection: A longitudinal study



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ABSTRACT

Transactional associations of emotional sensitivity and coping with peer rejection were tested, whereby coping was expected to be a manifestation of sensitivity but also a player in the development of sensitivity. Early adolescents ($N = 711$, grades 5–7) completed three repeated questionnaires over 14 months. Using structural equation modeling, emotional sensitivity was indicated by depressive symptoms, social anxiety symptoms, and rejection sensitivity. Transactional associations between sensitivity and coping were found, with adolescents higher in baseline sensitivity reporting more social avoidance and rumination over time and, conversely, adolescents higher in avoidance and rumination increasing in sensitivity over time. Participants' histories of peer victimization and exclusion were associated with greater emotional sensitivity and more use of most coping responses, but did not have temporal associations with sensitivity or coping and were not a moderator of associations. Sex differences in sensitivity and coping were found, but there was no moderation by participant sex.

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Coping responses can be overt manifestations of cognitive–emotional beliefs and biases linked with preexisting emotional problems, as much as they may be direct players in the development of emotional adjustment or maladjustment. When children make the transition to adolescence with emotional adjustment problems in place, these prior *emotional sensitivities* then prompt ways of coping with peer rejection (or other interpersonal stress) that are maladaptive, which can add to their emotional sensitivity and vulnerability over time (Conway, Hammen, & Brennan, 2012; Liu, 2013; Rudolph & Asher, 2000; Sontag & Graber, 2010). Thus, coping responses account for changes in symptoms over time, but existing emotional sensitivity also constrains or prompts certain coping responses. For example, adolescents who respond to peer rejection or victimization by becoming helpless or ruminating (i.e., being passive rather than active) have been found to report elevated symptoms and increasing symptoms of mental health problems over time (Compas, Connor-Smith, Saltzman, Thomsen, & Wadsworth, 2001; Rose & Rudolph, 2006; Sontag & Graber, 2010). Conversely, when elevated depressive symptoms or other emotional sensitivities are in place, adolescents report less use of adaptive coping strategies, such as behavioral distraction, positive reappraisal, and

action that is focused on changing the problem situation (Reijntjes, Stegge, & Terwogt, 2006).

Taken together, these findings suggest that there are interrelations among emotional sensitivity and adolescents' coping responses to peer rejection over time. Yet, there have been very few investigations of transactional associations. Some investigations have focused on the coping strategies children and adolescents rely on when faced with peer rejection, but they have not examined how adjustment influences coping responses (see Goodman & Southam-Gerow, 2010; Reijntjes et al., 2006; Vanhalst, Luyckx, Teppers, & Goossens, 2012 for exceptions). Still other studies have examined coping with peer stressors other than rejection, such as victimization, and its association with emotional adjustment but also have not examined how adjustment affects coping responses (see Bellmore, Chen, & Rischall, 2013; Calvete, Camara, Estevez, & Villardón, 2011; Kochenderfer-Ladd & Skinner, 2002; Sontag & Graber, 2010; Sugimura, Rudolph, & Agoston, 2013; Terranova, 2009). Moreover, most studies have been cross-sectional and able to conclude that there are interrelations, rather than providing evidence of temporal associations. Even when studies have the advantage of a longitudinal design (e.g., Calvete et al., 2011; Sugimura et al., 2013; Vanhalst et al., 2012; Visconti & Troop-Gordon, 2010), none have analyzed more than two waves of data. This is limiting, as it restricts the capacity to examine transactional associations over time. At least three waves of data are needed to move beyond examining bidirectional pathways between measures across two time points to examining transactions over time. The aim of the present longitudinal

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study conducted in three waves over 14 months was to examine early adolescents' coping with peer rejection as both an antecedent and an outcome of emotional sensitivity.

Emotional sensitivity

Emotional sensitivity in the present study included depressive symptoms, social anxiety symptoms, and rejection sensitivity (RS), given their interrelationships and their high prevalence in early and later adolescence (Epkins & Heckler, 2011; London, Downey, Bonica, & Paltin, 2007; Nolen-Hoeksema, 2000). In particular, depression and social anxiety are known to be highly comorbid conditions (Epkins & Heckler, 2011), which often progress together in response to salient social stresses and challenges (Rapee & Spence, 2004). Moreover, depressive and social anxiety symptoms are associated with a specific social-perceptual bias, referred to as RS (London et al., 2007; McLachlan, Zimmer-Gembeck, & McGregor, 2010). RS has been defined as the tendency to anxiously expect, readily perceive, and overreact to rejection (Feldman & Downey, 1994). RS has been found to be interrelated (often highly) with emotional adjustment problems, and peer stress (i.e., rejection or victimization) has been associated with heightened RS and other emotional adjustment problems, such as depressive symptoms, with similar magnitude (Chango, McElhaney, Allen, Schad, & Marston, 2012; McDonald, Bowker, Rubin, Laursen, & Duchene, 2010; Zimmer-Gembeck, Trevaskis, Nesdale, & Downey, 2014).

Coping defined

Coping has been defined as, “efforts to manage adaptational demands and the emotions they generate” (p. 10, Lazarus, 2006). Coping has been measured in many ways and there is currently no consensus about the coping responses important to measure within each age and context (Skinner, Edge, Altman, & Sherwood, 2003; Zimmer-Gembeck & Skinner, 2011, in press). Recently, 12 coping “families” were identified to provide conceptual order to the many ways of coping assessed in the literature (see Skinner et al., 2003; Skinner & Zimmer-Gembeck, 2007 for more details). In the present study we examined five of these coping families including social support, social avoidance, opposition, rumination, and negotiation; all of these have been identified as some of the most common responses to peer stress among adolescents (Reijntjes et al., 2006; Tapper & Boulton, 2005; Wassdorp & Bradshaw, 2011; Zimmer-Gembeck & Skinner, 2011). Moreover, there were three other reasons that these five coping families were important to assess. First, seeking support is often adaptive and encouraged as the preferred response when children and adolescents experience rejection or other peer stressors (Eisenberg et al., 2003; Kochenderfer-Ladd & Skinner, 2002; Olweus, 1993). Second, social avoidance, opposition and rumination are coping responses that have been most often linked with heightened emotional sensitivity. In particular, social avoidance (withdrawing from social interaction) and opposition (seeking retribution or responding with aggression) have been found to covary with concurrent and increasing emotional and social problems (Ayduk, Downey, & Kim, 2001; Downey, Freitas, Michaelis, & Khouri, 1998a; McDonald et al., 2010; Visconti & Troop-Gordon, 2010).

Third, rumination is a rather inactive coping response (and some have referred to it as an involuntary responses to stress rather than a coping response, Sontag & Graber, 2010), which has been associated with increasing mental health problems over time among adolescents (Hankin & Abramson, 2001; Nolen-Hoeksema, 2000). Rumination refers to repetitively focusing on negative and distressing experiences and emotions and their causes and consequences. In multiple reviews, rumination and opposition in response to stress have been described as two of the responses most indicative of symptoms of mental health problems among children, adolescents

and adults (Aldao, Nolen-Hoeksema, & Schweizer, 2010; Sandstrom, 2004; Webb, Miles, & Sheeran, 2012).

Transactional associations between emotional sensitivity and coping over time

No previous study has examined transactional associations between emotional sensitivity and coping with peer rejection over time. Yet there is evidence that coping precedes increasing emotional adjustment problems, and that existing emotional sensitivity identifies adolescents who engage in more maladaptive coping. First, regarding coping as preceding increasing emotional adjustment problems, in one study of 295 middle school students in the US (mean age 12; Sontag & Graber, 2010), longitudinal associations of peer stress with depression and anxiety were mediated by coping responses, which included disengagement (e.g., avoidance) and rumination. In a second longitudinal study (Calvete et al., 2011) of social stressors, coping, and adjustment among adolescents age 14 to 18 years, primary control coping (including problem solving, emotion regulation, and emotion expression) and disengagement coping were associated with symptom increases over time (see also Connor-Smith, Compas, Wadsworth, Thomsen, & Saltzman, 2000; Wadsworth, Raviv, Compas, & Connor-Smith, 2005). Finally, in a 6-month longitudinal study of 437 university students (Vanhalst et al., 2012), passive coping was associated with increased depression over time.

Second, depressive symptoms, anxiety symptoms, and RS are emotional sensitivities that have explained why there are individual differences in coping responses among children (Zeman, Cassano, Perry-Parrish, & Stegall, 2006), adolescents (Littleton, Axsom, & Grills-Taquechel, 2011) and adults (Aldao et al., 2010). In these studies, individuals with elevated levels of depression or anxiety report more reliance on maladaptive coping responses. In particular, adolescents with heightened depressive symptoms report using more maladaptive coping strategies, such as avoidance and resigned acceptance (Ebata & Moos, 1991; Littleton et al., 2011; Reijntjes et al., 2006). In one study (Reijntjes et al., 2006), these associations held strong even after accounting for actual peer rejection. Such findings illustrate the possibility that emotional sensitivity can constrain and shape coping responses at the same time that coping impacts on later emotional sensitivity.

Current adversity: Peer victimization and exclusion (PVE)

It was also critical to examine participants' own histories of peer stress in the present study. In particular peer victimization and exclusion (PVE) are known correlates of greater emotional sensitivity, with victimized and excluded children and adolescents reporting higher depressive symptoms and social anxiety symptoms (Biggs, Nelson, & Sampilo, 2010; Epkins & Heckler, 2011; Starr & Davila, 2008; Zimmer-Gembeck, Hunter, Waters, & Pronk, 2009), and, in a few studies, higher RS (Chango et al., 2012; Downey, Lebolt, Rincón, & Freitas, 1998b; London et al., 2007; McDonald et al., 2010; Zimmer-Gembeck et al., 2013). Also, children and adolescents who report more experience with PVE are less skilled at enacting competent responses to stress (Champion, Vernberg, & Shipman, 2003; Kochenderfer-Ladd & Skinner, 2002; Nesdale & Zimmer-Gembeck, 2014). In response to PVE scenarios, victimized adolescents have been found to respond with more opposition and aggression (Kochenderfer-Ladd, 2004). Victimized adolescents also report more rumination in response to rejection and peer threat (Goodman & Southam-Gerow, 2010). Thus in the present study, PVE was expected to be relevant to understanding transactional associations between emotional sensitivity and coping over time. Direct effects of PVE on both emotional sensitivity and coping were expected.

Self-reported recent experience with PVE may also moderate associations of coping with emotional sensitivity. In particular, drawing from Bolger and Zuckerman's (1995) differential coping-effectiveness model, adaptive coping would be expected to be less protective and

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