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Depressive symptoms as a predictor of social difficulties in a gang-impacted context

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ABSTRACT

Although social problems are often seen as a consequence of depression, symptoms of depression may precede negative experiences in the peer group. We focused on the relations between depressive tendencies and subsequent negative social experiences (i.e., unpopularity and peer disliking) in a sample of early adolescents living in urban neighborhoods with extreme levels of gang violence. We followed 285 middle school students (48% girls; average age at initial data collection = 11.51 years old) for a one-year period, with two annual assessments of psychosocial functioning. Self-reported depressive symptoms in 7th grade significantly predicted increases in peer nominated unpopularity in 8th grade. Conversely, depressive symptoms were not associated with increases in being disliked by peers. These results suggest that, in this gang-impacted context, depressive behaviors can influence position in the peer group hierarchy but may not be perceived aversely by peers.

The current study investigates the association between depressive symptoms and subsequent social difficulties (i.e., unpopularity and being disliked by peers) in a sample of adolescents living in urban neighborhoods with extreme levels of gang violence. During adolescence, emotional functioning is closely intertwined with social adjustment, as relationships with peers become increasingly salient (Brown, 1990; Rubin, Bukowski, & Parker, 2006). A number of studies have emphasized the disruptive role of depression and related problems in social adjustment with peers during this sensitive period of development (e.g. Kiesner, 2002; Okamoto et al., 2011).

Our goal was to shed light on the social correlates of depressive tendencies in a challenging context that has been largely unexplored in the extant peer relations literature. School peer groups located in neighborhoods with documented high rates of gang affiliation have only rarely been the subject of empirical inquiry. To some extent, the obstacles associated with access to these difficult environments may have stymied past empirical efforts. Still, urban communities that are shaped by violent conflicts between street gangs are of high theoretical interest. These settings feature unique social norms, with adolescent peer groups that are often organized around exemplars of violent behavior and antisocial values (Schwartz, Hopmeyer, Luo, Ross, & Fischer, 2015).

1. Depression as a predictor of social outcomes

Interpersonal theories of depression (e.g., Coyne, 1976) posit that depressed individuals tend to relate to others in ways that elicit undesirable responses from their social environment. Maladaptive interpersonal styles (e.g., decreased rate of initiating and responding to social contact; Hames, Hagan, & Joiner, 2013), social skills deficits, (e.g., unassertiveness, submissiveness; Harrington, 1993; Kennedy, Spence, & Hensley, 1989), and disagreeable verbal and nonverbal behaviors (e.g., poor eye contact, depressive facial expressions; for a review, see Segrin, 2000) contribute to difficulties establishing successful and fulfilling interpersonal relations with others. Despite accumulating evidence suggesting that relationship difficulties experienced by individuals with depression may stem from social skills deficits and interpersonal ineffectiveness, a more nuanced understanding of depression as a predictor of social functioning within the broader peer group is warranted.

Developmental researchers have begun to emphasize models in which depressive symptomatology predates poor peer relations. For example, depressive tendencies have been associated with low friendship stability (Prinstein, Borelli, Cheah, Simon, & Aikins, 2005), decreases in peer support (Stice, Ragan, & Randall, 2004), and low popularity (Connolly, Geller, Marton, & Kutcher, 1992). Depression, mediated by social helplessness and aggression, has also been found

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to be predictive of neglect and rejection by peers (Agoston & Rudolph, 2013). Recent research exploring the temporal ordering of depressive tendencies and peer difficulties has provided support for a symptoms-driven model of depression in a sample of adolescent students (Kochel, Ladd, & Rudolph, 2012). Consistent with interpersonal theories of depression, these models propose that attributes or behaviors exhibited by depressed youth may actually precede certain negative social experiences.

2. Mismatch with the social environment

To be accepted by peers, youth's behaviors and attributes must align with the norms of their peer groups. The "misfit effect", for example, conceptualizes the social acceptance of withdrawn and aggressive youth as being dependent on the traits of the larger peer group (Wright, Giammarino, & Parad, 1986). Wright and colleagues investigated the relation between youth's behavior (e.g. withdrawal, aggression) and peer acceptance. These investigators reported that, within peer groups dominated by aggressive youth, withdrawn children had low levels of acceptance. In peer groups where the majority of youth were non-aggressive, however, aggressive children had low levels of acceptance. These findings indicate that inconsistencies between youths' characteristics and the traits of the peer group may lead to decreases in status. It is important to note, however, that social status is reflected differently in childhood and adolescence. Whereas popularity is considered equivalent to being well-liked in childhood, popularity is conceptualized as a measure of social power in adolescence and it may be associated with being disliked (e.g., Cillessen & Marks, 2011). Therefore, adolescents who do not fit in with the behavioral norms of their peer group may face decreases in social power, without necessarily experiencing changes in acceptance or disliking.

The norms imbedded in communities characterized by ubiquitous gang activity can have unique features that determine emergence as a misfit. Externalizing dispositions that are consistent with the dominant social values are likely to be rewarded with elevated social standing (Schwartz et al., 2015). As a reflection of the broader context (including gang imagery and frequent violence), adolescents might find themselves exposed to aggressive or violent role models who are afforded social connectedness and status (Howell & Egley, 2005). Indeed, in a past study conducted in the same neighborhoods that are the focus of the present report, we found that adolescents with highly antisocial crowd affiliations were likely to emerge as socially elite (Schwartz et al., 2015).

We contend that behaviors and attributes associated with depression, such as passivity, submission, and withdrawal (Harrington, 1993; Kennedy et al., 1989), will be in direct conflict with the described social norm. We expect that these behaviors will be particularly detrimental for youth's social standing, given a social environment where dominance and aggression are highly valued. Accordingly, we hypothesize that depressive tendencies will be predictive of negative social outcomes.

3. Dimensions of social difficulty

We considered the relation between youth's depressive symptoms and two dimensions of negative peer experiences. Specifically, we examined unpopularity and peer disliking as possible consequences of depressive tendencies. There is growing evidence that, starting in preadolescence, being unpopular and being disliked are partially distinct aspects of youth's social experiences with different implications for adjustment (e.g., Gorman, Schwartz, Nakamoto, & Mayeux, 2011; Lease, Musgrove, & Axelrod, 2002). Unpopularity is an indicator of social reputation that denotes a low position in the peer hierarchy as well as undesirable personal attributes (e.g., a lack of "coolness"). Unpopular youth tend to have reputations as being socially withdrawn, and have social reputations as being victims of both overt and relational victimization (e.g., Gorman et al., 2011). Conversely, peer disliking is a negative affective reaction by the peer group. Disliked youths are often characterized by aggression and other dominating behaviors (e.g., De Bruyn, Cillessen, & Wissink, 2010).

These indicators of negative social outcomes should not be viewed as simply being at the opposite end of a continuum with indicators of high status (i.e., popularity). In other words, high levels of unpopularity and low levels of popularity should not be conceptualized as synonymous. Unpopularity is a salient negative reputation that denotes a depowered social position and a failure to conform to valued social norms in the peer group (e.g., LaFontana & Cillessen, 2002). Unpopular youth are well-known in the peer group, albeit for undesirable reasons (i.e., for being a victim or socially incompetent; Gorman et al., 2011). In contrast to unpopularity, low levels of popularity reflect lack of prestige and social visibility. Thus, whereas low popularity can be conceptualized as the absence of a high-impact social reputation, unpopularity is operationalized as the presence of a negative social reputation.

As opposed to unpopularity, disliking by peers is likely to have more paradoxical relations to high status. During adolescence, some youth may be actively disliked by their peers while still achieving social success in the form of popularity (e.g., Prinstein & Cillessen, 2003). Youth may become disliked if they engage in behaviors that provoke negative reactions from peers (e.g., aggression or other domineering behaviors). Although these behaviors may be viewed with wariness by peers, aggressive dispositions can still succeed in establishing dominance in social situations. Indeed, the phenomenon of the highly popular adolescent who is also manipulative and disliked is colorfully illustrated in many of today's youth-oriented Hollywood films.

Insofar as we are aware, no study to date has differentiated disliking by peers from unpopularity when examining depressive tendencies as a predictor of negative peer experiences. Overall, we expected depressive symptoms to lead to social detriment and a loss of prestige. As such, we hypothesized that depressive symptoms would result in increases in unpopularity, as depression-linked behaviors and attributes (i.e., submissiveness, withdrawal) are incompatible with characteristics valued by this antisocial peer group.

In contrast, we did not expect depressive symptoms to predict increases in being disliked by peers. As aforementioned, aversive behavior can be used by students to achieve and maintain high social status (LaFontana & Cillessen, 2002; Parkhurst & Hopmeyer, 1998; Schwartz & Gorman, 2011). However, youth who engage in antisocial or opportunistic behaviors to maintain their standing in the social hierarchy are often disliked by a subset of their peers (Cillessen & Mayeux, 2004). Aggression may lead to deference from dominated peers but will not result in positive affective responses. We contended that associations between social reputation and being disliked by peers are likely to be particularly salient in a gang-impacted environment, insofar as antisocial behaviors are rewarded with social prestige (Schwartz et al., 2015). Subsequently, being disliked by peers in this context may not be necessarily an indication of poor social standing, as these youth may simultaneously reap social benefits from their aversive behaviors. Moreover, depression-linked behaviors, such as submissiveness and withdrawal, are not expected to be perceived as aversive by peers, and are thus unlikely to be associated with negative affective responses. As such, we predicted that depressive symptoms would not influence levels of peer hostility or distaste over time.

4. The role of gender as a moderator

As we examined the link between depressive symptoms and social difficulties, we were careful to take into account the potential moderating role of gender. Researchers have noted that girls tend to place more emphasis on intimate relationships, while boys are often more concerned with social presentation, performance, and dominance goals, acting out of self-interest more often than girls (Chung & Asher, 1996; Jarvinen- & Nicholls, 1996; Rose & Asher, 1999, 2004). Consistent with these

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