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Depressive symptoms, friend distress, and self-blame: Risk factors for adolescent peer victimization

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ABSTRACT

Past research indicates that depressed adolescents experience increased risk for peer victimization. Less is known about the conditions under which depressive symptoms predict social vulnerability and the mechanism underlying such links. The current study considers a) characterological self-blaming attributions as a social cognitive mechanism accounting for links between depressive symptoms and victimization across the first two years of middle school and b) the potential moderating role of friends' level of depressive symptoms. Relying on an ethnically diverse sample of 5374 adolescents, multilevel moderated mediation analyses indicated that maladaptive attributions accounted for links between 6th grade depressive symptoms and increases in 7th grade victimization. Moreover, this mediational pathway was strongest for students whose friends also experienced heightened depressive symptoms at the beginning of middle school. These results highlight the roles of both intra- and inter-personal risk factors in predicting social cognitive biases and future victimization risk during the middle school years.

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Peer victimization is a prominent social stressor associated with a range of negative psychosocial consequences during adolescence (Juvonen & Graham, 2014). Although victimization increases in prevalence during the transition to middle school (Nylund, Bellmore, Nishina, & Graham, 2007; Pellegrini & Long, 2002), victims are not randomly targeted by their peers. Rather, there are a range of individual characteristics that make certain youth more vulnerable to victimization (Hodges, Malone, & Perry, 1997; Zimmer-Gembeck, 2016). While some specific risk factors may vary depending on what is considered non-normative in a given context (cf. Eisenberg, McMorris, Gower, & Chatterjee, 2016), depressive symptoms appear as a general risk factor for future peer victimization (Hodges & Perry, 1999; Kochel, Ladd, & Rudolph, 2012; Reijntjes, Kamphuis, Prinzie, & Telch, 2010). However, little is known about how and when depressive symptoms increase adolescents' risk for victimization. In the current study, we consider how social cognitions (i.e., attributions for negative peer experiences) and peer relationships (i.e., friendships) of youth with depressive symptoms affect the risk of future victimization. Specifically, we propose that causal attributions can help account for increased victimization risk and that friends' depressive symptoms further strengthen such links. By examining these processes across the first two years of middle school, we capture how depressive symptoms increase adolescents' social vulnerability after an important school transition.

1. Self-blame: mechanism linking depressive symptoms and victimization?

Although a number of studies have established that depressive symptoms increase the risk of victimization (see Reijntjes et al., 2010 for meta-analysis), it is unclear why this is the case. Considering the emotional and behavioral profile of an adolescent experiencing depressive symptoms offers some insight, insofar as an adolescent's depressive symptoms may generate negative peer reactions (Hammen, 2005). Youth with depressive symptoms (even at a sub-clinical level) tend to be socially withdrawn or isolated and frequently manifest increased emotional sensitivity (e.g., crying easily; Aalto-Setälä, Marttunen, Tuulio-Henriksson, Poikolainen, & Lönnqvist, 2002; Hodges et al., 1997). Given that bullies tend to seek out submissive targets that they can successfully dominate (Juvonen & Galván, 2009; Juvonen & Graham, 2014), the behaviors and reactions of depressed youth likely signal emotional vulnerability that increase the risk of peer victimization (Perry, Williard, & Perry, 1990; Schwartz, Dodge, & Coie, 1993). However, it is unclear the extent to which these behavioral risk factors independently contribute to victimization risk. For example, one study examining predictors of continued victimization across the 6th grade school year found that lack of friends, low friend support, and helpless responding were all correlated with victimization, but they did not predict future victimization risk over and above depressive symptoms (Schacter, White, Chang, & Juvonen, 2015).

When considering unique risk factors for future victimization, it is important not only to examine behavioral correlates of depression,

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but also to consider social cognitive risk factors associated with emotional distress (Lemerise & Arsenio, 2000). Maladaptive cognitions may offer a useful target for psychosocial interventions. Indeed, changing problematic thought patterns is often a central component of evidence-based treatments for depression in children (e.g., Weisz et al., 2012), and targeting cognitive distortions has been shown to be more effective than focusing on behaviors that place youth at risk for victimization (e.g., Trip et al., 2015). Particularly, causal attributions for negative social experiences are well-suited for intervention (Walton & Cohen, 2007; Wilson & Linville, 1985), inasmuch as victims are likely to try to understand why they are targeted by their peers (Weiner, 1985, 1995). Moreover, it has been well-documented that individuals with depressive symptoms are likely to blame themselves for negative experiences (Garber, Keiley, & Martin, 2002; Seligman, Abramson, Semmel, & von Baeyer, 1979). Specifically, characterological self-blaming attributions that implicate nonmodifiable and unavoidable internal causes for negative events have been associated with depression among young adults (Janoff-Bulman, 1979).

Within the peer relations research, characterological self-blame has also been associated with peer victimization. Most of this research has examined maladaptive attributions as a consequence of victimization experiences (Graham, Bellmore, & Mize, 2006; Schacter & Juvonen, 2015), and some researchers have tested its mediational role in predicting the distress of bullied adolescents (Graham, Bellmore, Nishina, & Juvonen, 2009; Graham & Juvonen, 1998). However, there is also evidence suggesting that adolescents who attribute their social plight to internal and uncontrollable causes at the beginning of middle school are more likely to perceive themselves as being victimized by the end of 6th grade (Schacter et al., 2015). It is possible that the sense that one cannot do anything about one's plight raises negative expectations about peer interactions (e.g., Downey & Feldman, 1996; Zimmer-Gembeck & Nesdale, 2013). Relatedly, such maladaptive attributions may lower the threshold for interpreting future encounters with peers as targeted intimidation (i.e., increasing sensitivity or salience of possible victimization; Beck, 1976) and increase adolescents' rejection sensitivity (Downey, Freitas, Michaelis, Khouri, 1998; Rabiner & Coie, 1989). Thus, characterological self-blame may be particularly relevant when considering links between depressive symptoms and future peer victimization.

It is important to note that although depression is related to characterological self-blame, these two are distinct constructs. For example, in the study mentioned above (Schacter et al., 2015), characterological self-blame emerged as the only other independent risk factor, in addition to depressive symptoms, for students' future victimization. Additionally, findings from clinical literature suggest that despite their association with depression, self-blaming attributions are not necessarily a risk factor for depressive symptoms (Peterson, Schwartz, & Seligman, 1981). That is, individuals can self-blame without being depressed, although depressed individuals typically exhibit negatively biased causal interpretations. These findings suggest that self-blame can function as a consequence, rather than (or in addition to) cause, of depressive symptoms.

2. Interpersonal relationships and self-blame

To understand the relations between depressive symptoms, attributions, and behaviors, it is important to also consider the interpersonal context of negative social experiences (Hammen & Brennan, 2001). Consistent with theories of homophily, an adolescent with symptoms of depression is likely to affiliate with similar peers (Giletta et al., 2011; Kiuru, Burk, Laursen, Numi, & Salmela-Aro, 2012; Schaefer, Kornienko, & Fox, 2011). Therefore, when considering the experiences of emotionally distressed adolescents at the beginning of 6th grade, it may be especially critical to examine their friendships. During early adolescence, friendships are increasingly characterized by high levels of intimacy and emotional disclosure (Buhrmester & Furman, 1987), and

youth often use their peer interactions as a way of appraising their own self-worth (Brown, 1990). As such, having friends that are experiencing emotional distress may present a social risk. Indeed, past studies have found that having depressed friends increases adolescents' depressive symptoms (Giletta et al., 2011; Prinstein, 2007; Rosenblatt & Greenberg, 1991; Stevens & Prinstein, 2005). Although friendships are generally thought to offer a protective function for adolescents, friends who are also experiencing depressive symptoms may be unable to offer adequate support and/or provide ineffectual support to depressed youth (Bagwell & Schmidt, 2013).

Although the social "contagion" effects of depression have been studied, it is less well understood how the relation between adolescents' depressive symptoms and their attributions may be amplified by their friends' level of depressive symptoms. On one hand, friendships between depressed youth may be protective, insofar as this shared sense of distress may increase the availability of external attributions (i.e., it's not just me). However, it is also possible that friendships between youth with depressive symptoms are characterized by increased negativity and co-rumination (Rose, 2002), further increasing self-blame. There is evidence from existing research to support the latter hypothesis. Stevens and Prinstein (2005) demonstrated that 6th–8th grade girls with a depressed best friend were more likely to develop depressogenic cognitions (e.g., "I am worthless"). Exposure to and closeness with other depressed peers may maintain and reinforce negative interpretations of life events, either through explicit discussion or subtler behavioral observations (Downey & Coyne, 1990; Stevens & Prinstein, 2005). Additionally, social contact with depressed friends may consistently expose youth to pessimistic views that increase feelings of uncontrollability (e.g., there is nothing I can do to change my plight) and stability of such negative experiences (e.g., this is never going to change; Schwartz-Mette & Rose, 2012).

While research on the effects of friend depressive symptoms on attributions is limited during adolescence, clinical research on mother-child relationships can offer additional insight into these processes. Past studies reveal that depressed mothers, compared to nondepressed mothers, exhibit greater negativity towards their children (e.g., verbal criticism), in turn increasing their children's tendency to make self-blaming attributions (Jaenicke et al., 1987; Radke-Yarrow, Belmont, Nottelmann, & Bottomly, 1990). Such effects have also been found during early adolescence; among a sample of 6th graders and their mothers, youth were more likely to exhibit negative (i.e., internal, stable, global) attributional styles across three years if their mothers had histories of mood disorders (Garber & Flynn, 2001). Moreover, depression has been found to be associated with maladaptive cognitions only when a youth's mother was also depressed (Hammen & Brennan, 2001). Taken together, these findings suggest that close relationships with depressed others could further intensify links between depressive symptoms and maladaptive self-blaming attributions for negative peer interactions.

3. The present study

The current study aims to extend past research suggesting that depressive symptoms function as a risk factor for peer victimization in early adolescence by focusing on self-blaming attributions as a critical mechanism linking distress and these negative social experiences. Moreover, we test the function of friends' depressive symptoms an interpersonal moderator (see Fig. 1 for the conceptual model). By relying on three time points, we first test a multilevel mediational model assessing self-blame in the Spring of 6th grade as a mediator of the association between Fall of 6th grade depressive symptoms and 7th grade self-perceived victimization, while controlling for initial self-blame and victimization. We focus on self-perceived victimization insofar as students' subjective perceptions of social mistreatment should be most relevant when considering the effects of emotional distress and biased social cognitive appraisals or self-schemas (Juvonen, Nishina, &

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