

Contents lists available at [ScienceDirect](#)

## Journal of Adolescence

journal homepage: [www.elsevier.com/locate/jado](http://www.elsevier.com/locate/jado)

# Does worry moderate the relation between aggression and depression in adolescent girls?☆

Christine Blain-Arcaro <sup>a</sup>, Tracy Vaillancourt <sup>a, b, \*</sup><sup>a</sup> *Counselling Psychology, Faculty of Education, University of Ottawa, Ottawa, ON, Canada*<sup>b</sup> *School of Psychology, Faculty of Social Sciences, University of Ottawa, Ottawa, ON, Canada*

## ARTICLE INFO

## Article history:

Available online xxx

## Keywords:

Depression

Worry

Aggression

Moderation

## ABSTRACT

Aggressive girls, more so than aggressive boys, are at an increased risk for depression. Despite disconcerting outcomes, few researchers have examined factors that may attenuate or exacerbate the relation between aggression and depression. Competing hypotheses for explaining the role of worry in the relation between aggressive behaviour and depressive symptoms, commonly co-occurring problems in girls, have been proposed. In the present study, we examined worry as a possible moderator in the relation between girls nominated as aggressive by their peers and self-reported depressive symptoms in a sample of 226 girls aged 13 ( $M = 12.92$ ,  $SD = 1.28$ ) at Time 1. We found that worry exacerbated the risk of depressive symptoms concurrently and one year later for physically aggressive girls, but not relationally aggressive girls. These results suggest that worry plays an important role in the prediction of depression for aggressive girls, which varies by the form aggression takes.

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Childhood and adolescence are periods during which mental health symptoms begin to emerge (Muris, Merckelback, Mayer, & Prins, 2000). Young girls seem to be particularly at risk for the development of mental health difficulties (Angold, Costello, & Erkanli, 1999; Lewinsohn, Pettit, Joiner, & Seeley, 2003). Unfortunately, the prognosis for children and adolescents struggling with high levels of internalizing difficulties such as depression and anxiety is poor, with many continuing to show an increase in symptoms from late childhood to early adolescence, which remains stable over time (e.g. Fombonne, Wostear, Cooper, Harrington, & Rutter, 2001). During adolescence, girls, more so than boys, experience higher rates of co-occurring disorders, with comorbidity rates surpassing single disorder rates, and showing continued increased comorbidity with age (Angold et al., 1999; Kessler et al., 2005). These findings point to the importance of better understanding the development of mental health difficulties in girls.

Despite researchers often focusing on victims of aggression, the plight of aggressive youth is also problematic (e.g., Hawley, Little, & Rodkin, 2007). In fact, internalizing problems and externalizing problems have been found to co-occur in youth more often than by chance (Copeland, Shanahan, Costello, & Angold, 2009), with co-occurrence being related to greater impairment, poorer adjustment, and more frequent future psychological diagnoses than when dealing with either depression or

☆ This study was supported by the University of British Columbia Hampton Research Fund and by the Canadian Institutes of Health Research, Canada Research Chairs program (awarded to Tracy Vaillancourt).

\* Corresponding author. Counselling Psychology, Faculty of Education, University of Ottawa, Ottawa, ON, Canada.

E-mail address: [tracy.vaillancourt@uottawa.ca](mailto:tracy.vaillancourt@uottawa.ca) (T. Vaillancourt).

aggression alone (Keiley, Lofthouse, Bates, Dodge, & Pettit, 2003). Externalizing problems, such as aggressive behaviour, are also common among adolescent girls (Broidy et al., 2003), and have been shown to not only co-occur with depression but also predict depression (Boylan, Vaillancourt, & Szatmari, 2012). The co-occurrence between aggression and depression has been related to greater impairment, poorer adjustment, and more frequent future psychological diagnoses than when dealing with either depression or aggression alone (Keiley et al., 2003). The host of negative outcomes associated with engaging in aggressive behaviour, and those associated with depression, warrant further investigation in order to better understand whether certain factors may underlie the aggression and depression relation.

### Aggression in youth

Aggression takes many different forms. Physical aggression is defined as an overt behaviour such as hitting or kicking that is directed against self or others with the intent to cause harm (e.g., Nagin & Tremblay, 1999); whereas relational aggression (also termed indirect or social aggression) is defined as behaviour wherein there is intent to damage interpersonal relationships using indirect and direct means (e.g., Crick, 1997; Crick & Grotpeter, 1995). Relational aggression includes behaviour such as verbal and non-verbal social exclusion, gossiping, and friendship manipulation. Relational aggression makes up the vast majority of peer abuse incidences with prevalence rates ranging between 10% and 20% (Craig et al., 2009; Vaillancourt et al., 2010), while prevalence rates of physical aggression are estimated at 3.7% for boys aged 5–11 years old and range from 2.3% for 5 year-old girls and 0.5% for 11 year-old girls (Lee, Baillargeon, Vermunt, Xu, & Tremblay, 2007).

Sex differences have been identified in the use of aggression. Although boys are more likely than girls to be aggressive overall, and are more likely to engage in physical forms of aggression than girls, negligible sex differences have been found for the use of relational forms of aggression (see Card, Stucky, Sawalani, & Little, 2008). Since it has been shown that girls engage in different types of aggression, both physical and relational forms of aggression were considered in this study.

### Aggression and anxiety

Although anxiety disorders have been shown to have the highest lifetime prevalence, with rates estimated at 28.8% (Kessler et al., 2005), generalized anxiety disorder has a late median age of onset, estimated at 19–31 years of age (Kessler et al., 2005), and a low prevalence rate in adolescence, estimated at only 2.2% in those aged 13–18 years old (Merikangas et al., 2010). Worry, defined as a cognitive process in response to thoughts related to realistic and/or unrealistic events (Muris et al., 2000; Silverman, La Greca, & Wasserstein, 1995), functions to avoid possible threats or outcomes, which can be protective (Borkovec, Ray, & Stober, 1998). However, excessive worry is maladaptive and is even considered a cognitive component of anxiety (APA, 2013). Worry is the core feature of generalized anxiety disorder (APA, 2013; MacLeod & Matthews, 1991) and is also highly present in depression (Starcevic, 1995). In fact, unlike generalized anxiety disorder, worry is common in childhood and adolescence with one study finding that 49% of children aged 8–13 years old reported having fears and worries that met subclinical threshold of anxiety disorders, and 23% reported fears and worries so intense as to qualify for a diagnosis of an anxiety disorder (Muris et al., 2000). Adolescent worry has been associated with detrimental behavioural and mental health outcomes, and has been found to be a significant precursor to more serious mental illness such as generalized anxiety disorder (Rickels & Rynn, 2001). Further, the high rate of comorbidity between anxiety and depression is well-established (Krueger & Markon, 2006), with their co-occurrence linked to poorer prognosis and response to treatment (Copeland et al., 2009). Therefore, we were interested in examining the role of worry since it is more common in adolescence than generalized anxiety disorder, is well-established as a predictor of anxiety, and has been linked to depression.

The association between anxiety and aggression has been supported (Crick, Ostrov, & Werner, 2006). Compared to non-anxious youth, aggressive youth with co-occurring anxiety displayed larger increases in subsequent aggression, suggesting a possible additive risk (Ialongo, Edelsohn, Werthamer-Larsson, Crocket, & Kellam, 1995). It has also been suggested that anxiety might actually serve as a motivator for youth to engage in aggressive behaviour. For instance, anxious and/or aggressive youth might hold negative social-cognitive biases that would lead them to interpret certain social situations as threatening. Researchers have demonstrated that anxious youth tend to engage in cognitive errors in social situations such as attending to negative aspects of a peer interaction (Weems, Berman, Silverman, & Saavedra, 2001) and that youth who engage in physical and/or relational forms of aggression exhibit these cognitive biases (Crick, 1997).

Interestingly, the inverse relation has also been suggested where anxiety may serve as a suppressor and may decrease the likelihood of aggression. The attenuation hypothesis proposes that the inhibition and fear of negative evaluation by peers consistent with anxiety would prevent aggressive behaviour (Gray, 1987; Quay, 1988). For example, when examining the effect of psychiatric comorbidity on aggression, Connor, Chartier, Preen, and Kaplan (2010) found that comorbid anxiety was the only condition not associated with aggression. Anxiety has also been shown to inhibit reward-seeking behaviour and attenuate future delinquency in boys with conduct problems (Kerr, Tremblay, Pagani, & Vitaro, 1997). Further, worry has also been shown to increase threat avoidance (Maner et al., 2007) and therefore might attenuate engaging in aggressive behaviour. These findings suggest that worry may play a protective role for aggressive behaviour.

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