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Internalizing symptoms and rumination: The prospective prediction of familial and peer emotional victimization experiences during adolescence



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ABSTRACT

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Adolescence is marked by increases in stressful life events. Although research has demonstrated that depressed individuals generate stress, few studies investigate the generation of emotional victimization. The current study examined the effects of rumination and internalizing symptoms on experiences of peer victimization and familial emotional abuse.

Participants were 216 adolescents ($M = 14$ -years-old; 58% female; 47% African–American) who completed two assessments. Results showed that rumination predicted peer victimization and emotional abuse. The effect of rumination on emotional victimization is heightened for those who have higher levels of depression symptoms. That is, individuals who ruminate and who have depression symptoms experience increases in both peer emotional victimization and parental emotional abuse.

This study builds upon prior research and indicates that rumination may be a stronger predictor of emotional victimization than symptoms of depression or anxiety. Identifying underlying mechanisms may yield targets for interventions aimed at addressing the chronic nature of depression.

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Adolescence is a pivotal developmental period during which events that threaten or damage self-esteem or self-worth, such as emotional victimization by parents or peers, may be particularly detrimental (e.g. [Gibb, Abramson, & Alloy, 2004](#); [Hanley & Gibb, 2011](#)). Relational peer victimization, characterized by direct or indirect aggression intended to harm a peer's relationships or reputation, is a form of emotional maltreatment by peers, that has received considerable attention as a risk factor for depression and anxiety among adolescents ([Hamilton et al., 2013](#); [La Greca & Harrison, 2005](#); [Prinstein, Boergers, & Vernberg, 2001](#); [Siegel, Greca, & Harrison, 2009](#)). Familial emotional abuse, defined as verbal assaults on self-worth by a parent or caretaker, also has consistently been found to contribute to psychological maladjustment among youth ([Gibb & Abela, 2008](#); [Gibb & Alloy, 2006](#); [Hamilton et al., 2013](#)). Given the debilitating consequences associated with relational peer victimization and familial emotional abuse, identifying factors that contribute to the occurrence of these

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damaging interpersonal stressors can enhance our understanding of who is at risk for victimization and future maladaptive outcomes. This is the goal of the current study.

Internalizing symptoms and experiences of stress

According to interpersonal theories of depression, internalizing symptoms affect how individuals interact in their interpersonal environments (Blatt & Zuroff, 1992; Coyne, 1976a, 1976b; Hammen, 2005). Specifically, individuals with symptoms of depression, and more recently anxiety, are hypothesized to exhibit maladaptive behavioral tendencies in the interpersonal domain that elicit heightened levels of stress in the social context, including conflict and rejection, which in turn contribute to the development and maintenance of depression and anxiety (for a review, see Liu & Alloy, 2010). Consistent with these theories, numerous studies have found that depression and anxiety contribute to experiences of interpersonal stress among children, adolescents, and adults (Cole, Nolen-Hoeksema, Girgus, & Gilda, 2006; Connolly, Eberhart, Hammen, & Brennan, 2010; Hammen, 1991; Harkness & Stewart, 2009; Rudolph et al., 2000; Uliaszek et al., 2010; 2012; for a review see, Liu & Alloy, 2010).

Rumination and experiences of stress

Beyond depressive and anxiety symptoms, other factors may influence the way in which individuals interact with their social environment, such as how individuals respond to their internal state. Rumination, the tendency to repetitively focus attention on the meaning and causes of one's mood symptoms (Nolen-Hoeksema, 1991), has consistently been found to predict increases in symptoms of depression and anxiety among adolescents (Abela, Brozina, & Haigh, 2002; Hankin, 2008), particularly following stressful events (Abela, Hankin, Sheshko, Fishman, & Stolow, 2012; Cox, Funasaki, Smith, & Mezulis, 2012; Genet & Siemer, 2012). Specifically, during the experience of internalizing symptoms, ruminative thinking becomes activated and interferes with effective coping mechanisms and active problem-solving (Donaldson & Lam, 2004; Jose & Weir, 2012; Lyubomirsky & Nolen-Hoeksema, 1993). Consequently, rumination may not only lead to a more intense and longer period of negative mood (Nolen-Hoeksema, 1991), but may also serve to maintain the stress that initiated the negative mood and even generate new experiences of stress. Indeed, a number of recent studies have found that individuals who ruminate experience higher levels of interpersonal stress (Kercher & Rapee, 2009) and report more interpersonal conflict, even when they are not currently depressed (Nolen-Hoeksema & Davis, 1999). However, no study to date has examined whether rumination interacts with depressive or anxiety symptoms to influence the experience of interpersonal stress. Given that ruminative thinking has been found to increase as internalizing symptoms increase (Gardner & Epkins, 2012; Jose & Weir, 2012; Jose, Wilkins, & Spindel, 2012; Starr & Davila, 2012), it seems likely that individuals with higher levels of both internalizing symptoms and rumination might be particularly vulnerable to experiences of interpersonal stress. The present study is the first to directly assess the possibility that interpersonal difficulties, within the context of parental and peer emotional victimization, may result from rumination.

Internalizing symptoms, rumination, and the experience of peer and familial emotional victimization

Although there is mounting evidence that internalizing symptoms and rumination increase the risk of interpersonal stress, fewer studies have examined how these vulnerabilities may contribute to the experience of specific forms of interpersonal stress during adolescence, such as emotional victimization by parents or peers. There are a number of ways in which these factors may increase susceptibility to relational peer victimization and familial emotional abuse. For one, maladaptive interpersonal tendencies found to contribute to interpersonal stress more generally, such as social behaviors (e.g. avoidance of interactions, excessive reassurance-seeking, withdrawal) and personal characteristics (e.g. poor social skills, low self-regard) may also contribute to negative interactions or rejection by peers and family members (Egan & Perry, 1998; Joiner, Alfano, & Metalsky, 1992; Prinstein, Borelli, Cheah, Simon, & Aikins, 2005; Scheeber & Sorensen, 1998). Further, adolescents with these vulnerabilities may have more negative interpersonal expectancies, particularly in relation to parents and peers, and process interactions in these domains more negatively (Rudolph & Clark, 2001; Shirk, Van Horn, & Leber, 1997). Indeed, considerable research has found that adolescents with symptoms of depression and anxiety experience more relational victimization than those without these symptoms (Gibb & Hanley, 2010; McLaughlin & Hatzenbuehler, 2009a; Siegel et al., 2009; Storch, Masia-Warner, Crisp, & Klein, 2005; Tran, Cole, & Weiss, 2012). Further, a recent study by McLaughlin et al. (2012) found that rumination predicted prospective increases in relational victimization among adolescents. Thus, adolescents with symptoms of depression and anxiety, as well as ruminative tendencies, may be particularly likely to experience relational victimization. However, no study to date has examined how internalizing symptoms or rumination may increase vulnerability to familial emotional abuse. A study by Pearson, Watkins, Mullan, & Moberly (2010) found that rumination was associated with an underlying concern for being rejected and being interpersonally submissive. Additionally, Sheeber et al. (2012) found that dysphoric adolescents displayed more negative behaviors during interactions with their parents. Indeed, adolescents who ruminate or who have depressive symptoms may have an attachment pattern characterized by a fear of rejection and an interpersonal style that may elicit a strained parent-child relationship.

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