



Bully victimization and emotional problems in adolescents: Moderation by specific cognitive coping strategies?



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A B S T R A C T

Keywords:

Bullying
Depression
Anxiety
Cognitive coping
Coping
Cognitive emotion regulation

Objective: Relationships between bully victimization and symptoms of depression/anxiety were examined. In addition, it was studied whether this relationship was moderated by specific cognitive coping strategies.

Methods: Participants were 582 secondary school students who filled out online self-report questionnaires on bully victimization, cognitive coping, and depression/anxiety. (Moderated) Multiple Regression analysis was performed.

Results: Strong relationships were found between bully victimization and symptoms of depression and anxiety. On top of that, two cognitive coping strategies moderated the relationship between bullying and depression, i.e. rumination (strengthening) and positive refocusing (reducing). Cognitive coping strategies that moderated the effect of bullying on anxiety symptoms were rumination, catastrophizing (strengthening) and positive reappraisal (reducing).

Conclusion: The results provide possible targets for intervention: when helping adolescents who have been bullied, maladaptive cognitive coping strategies could be assessed and challenged, while more adaptive strategies could be acquired.

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School bullying is widely recognized as a major social problem with extensive negative consequences for the victim involved. Research has shown that child and adolescent bully victimization is associated with poorer school achievements (Nakamoto & Schwartz, 2010), lower self-esteem, more loneliness, depression and anxiety (Hawker & Boulton, 2000). Negative psychological consequences have been shown to persist into adulthood (Copeland, Wolke, Angold, & Costello, 2013).

Olweus and Limber (2010, p.125) have operationalized the phenomenon of bullying as 'aggressive behavior or intentional harm doing that is carried out repeatedly and over time in an interpersonal relationship characterized by an actual or perceived imbalance of power or strength'. Included in this operationalization are negative actions by physical contact, words, or by other ways such as gestures or intentional exclusions (Olweus & Limber, 2010). A recent, large-scale study among adolescents in 40 countries showed that 15.9% of all participating adolescents reported to have been a victim of bullying. In the same study, large differences in rates across countries were observed. Generally speaking, the highest rates of bully victimization were reported in Baltic countries; countries in north-west Europe reported lower prevalence rates than eastern European and in the majority of countries rates of victimization were higher for girls than for boys (Craig et al., 2009).

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Bullying among school children is a very old and persisting phenomenon. Despite growing (and partly successful) worldwide initiatives to reduce bullying by prevention programs (e.g. Ttofi & Farrington, 2011), it will be rather unlikely that bully behavior and bully victimization will ever be fully eradicated. From an intervention point of view it therefore remains of utmost importance to find effective strategies to help individuals cope with bully victimization in order to prevent negative psychological consequences in the short and in the long term.

In a recent review study it was concluded that victims of bullying often have passive, emotionally-oriented and avoidant coping styles (Bitsch Hansen, Steenberg, Palic, & Elklit, 2012). Such passive styles, in turn, have generally also been shown to be related to depression and negative mental health and are therefore considered to be maladaptive styles (Bitsch Hansen et al., 2012). Other studies, however, concluded that even when bully victims used more problem-focused strategies, they still felt unsuccessful in solving their problems (Tenenbaum, Varjas, Meyers, & Parris, 2011). A qualitative study on the various strategies that children applied to overcome bully victimization, suggested that, regardless of the specific strategy that is used, they all appear to have in common that there is a striving for (re)experiencing dignity in the context of feeling accepted by their peers (Silberschmidt Viala, 2014). This suggests that adolescents' mental (coping) strategies may play an important role in the relationship between bully victimization and their psychological well-being.

As far as we know, however, no studies have been performed that explicitly focus on the specific mental or cognitive coping strategies that adolescents use in response to bully victimization by a peer, and/or on the question whether these strategies moderate (in a positive or negative way) the relationship between bullying and depression/anxiety. In the present study we will follow that approach by focusing on the specific cognitive coping strategies that adolescents use after bully victimization.

For this purpose, the theoretical framework of Garnefski, Kraaij, and Spinhoven (2001) has been chosen, in which the cognitive coping or cognitive emotion regulation strategies are defined as the conscious, mental strategies individuals use to handle the intake of emotionally arousing information (Garnefski et al., 2001; Thompson, 1991). It is assumed, that although the capability of advanced thinking and regulating emotions through thoughts and cognitions is universal, large individual differences exist in the amount of cognitive activity and in the content of thoughts of adolescents by means of which they regulate their emotions in response to life experiences, events and stressors (such as bully victimization by peers). Garnefski et al. (2001) have distinguished between nine conceptually different cognitive emotion regulation strategies that adolescents may use to regulate their emotions in response to life stress. These strategies are: 1. *Self-blame*, referring to thoughts of blaming yourself for what you have experienced; 2. *Blaming others*, referring to thoughts of putting the blame of what you have experienced on others; 3. *Acceptance*, referring to thoughts of accepting what you have experienced and resigning yourself to what has happened; 4. *Rumination or focus on thought*, referring to thinking about the feelings and thoughts associated with the negative event; 5. *Catastrophizing*, referring to thoughts of explicitly emphasizing the terror of an experience; 6. *Refocus on planning*, referring to thinking about what steps to take and how to handle the negative event. It is the cognitive part of action-focused coping, which does not automatically imply that actual behavior will follow; 7. *Putting into perspective*, referring to thoughts of playing down the seriousness of the event or emphasizing its relativity when compared to other events; 8. *Positive reappraisal*, referring to thoughts of attaching a positive meaning to the event in terms of personal growth; 9. *Positive refocusing*, referring to thinking about joyful and pleasant issues instead of thinking about the actual event. It has been shown that strong relationships exist between the use of these strategies and emotional problems in adolescents (e.g., Garnefski & Kraaij, 2006; Garnefski, Kraaij, & Van Etten, 2005). In general, the results suggest that by using cognitive styles such as Rumination, Catastrophizing and Self-blame people may be more vulnerable to emotional problems than others and that by using other styles, such as Positive Reappraisal or Positive Refocusing people may be more resilient.

As indicated, there is a lack of research on the mentioned cognitive strategies in relation to bully victimization. However, some studies included the separate constructs as coping styles, sometimes with other names. For example Hampel, Manhal, and Hayer (2009) found that Rumination was among the maladaptive coping styles that were related to maladjustment in children and adolescents who were victimized, whereas Putting into perspective (in their study called Minimization), Positive Refocusing (Distraction) and Planning (Situation control) were among the more helpful coping styles. However, the study focused on general coping styles, and not on specific coping strategies in response to the specific context of bullying. Therefore, conclusions that can be drawn about (in)effectiveness of the use of these strategies in the context of bullying are limited.

As indicated, currently no studies have been performed focusing on the moderating role that the aforementioned cognitive coping strategies may play in the relationship between bully victimization and emotional problems such as depression and anxiety in adolescents, despite the importance this information could have for identifying youngsters with increased risk of such problems and for providing targets for intervention. In a previous study that focused on younger children (9–10 years old), however, some evidence for the moderating role of certain coping strategies had been found. A strategy of problem solving - that is usually found to be beneficial for non-victimized children, appeared to exacerbate the mental health problems of the victimized children (Kochensfelder-Ladd & Skinner, 2002).

Therefore, the aim of the present study is to study the relationships between bully victimization, specific cognitive coping strategies and symptoms of depression and anxiety. The first study question is: What is the direct relationship between bully victimization and severity of depression/anxiety? The first hypothesis is that a significant amount of the variance in depression/anxiety will be explained by bully victimization. The second study question is: Do specific cognitive coping strategies explain variance of depression/anxiety on top of bully victimization? The second hypothesis is, that a significant amount of the variance in depression/anxiety will be explained by specific coping strategies, on top of bully victimization.

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