

Reactivity to Exclusion Prospectively Predicts Social Anxiety Symptoms in Young Adults

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Peer victimization leads to negative outcomes such as increased anxiety and depression. The prospective relationship between peer victimization and social anxiety in children and adolescents is well established, and adults with social anxiety disorder (SAD) are more likely than individuals with other anxiety disorders to report a history of teasing. However, a crucial bridge between these findings (peer victimization in young adults) is missing. We manipulated perceptions of peer exclusion in a young adult sample ($N = 108$) using the Cyberball Ostracism Task. Reactivity to exclusion prospectively predicted social anxiety symptoms at a 2-month follow-up, whereas self-reported teasing during high school and current relational victimization did not. This research suggests that *reactions* to peer victimization may be a worthwhile target for clinical interventions in young adults. Targeting how young adults react to stressful social interactions such as exclusion may help prevent the development of SAD. Future research should test if reactivity to exclusion plays a role in the relationship between other disorders (e.g., depression) and peer victimization.

Keywords: social anxiety; peer victimization; exclusion; Cyberball

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PEER VICTIMIZATION INCREASES THE RISK of psychosocial maladjustment and leads to negative outcomes such as increased anxiety and depression, particularly in children and adolescents (Gilbert, 1992; Hawker & Boulton, 2000; Leary, 1990). A meta-analysis on the cross-sectional relationship between peer victimization and psychosocial maladjustment in children and adolescents found support for a consistent relationship between peer victimization and distress, including depression, generalized anxiety, self-esteem, and loneliness (Hawker & Boulton, 2000). Peer victimization is clearly associated with distress in general.

More specific research on social anxiety has suggested a relationship between peer victimization and social anxiety symptoms. Erath, Flanagan, and Bierman (2008) found that, in middle school adolescents, both self- and peer-reported peer victimization predicted social anxiety in cross-sectional data. Siegel, La Greca, and Harrison (2009) found that over the course of 2 months, both overt (e.g., physical aggression) and relational (e.g., teasing or social exclusion) victimization prospectively predicted social anxiety in middle school adolescents. These authors also found that social anxiety prospectively predicted peer victimization over time. In terms of types of victimization, Siegel and colleagues found that relational victimization showed a stronger prospective relationship with social anxiety than overt aggression. This latter finding was consistent with results from a study of ninth-grade adolescents conducted by Storch, Masia-Warner, Crisp, and Klein (2005), who found that relational peer victimization, but not overt peer victimization, prospectively predicted social anxiety over a 1-year period. These

converging results suggest that verbal teasing or social exclusion (i.e., relational victimization) may have a greater impact on social anxiety than overt, physical aggression.

Some initial evidence suggests that these effects on adolescents may apply in adulthood. Adults with more memories of childhood teasing report higher levels of social anxiety (Roth, Coles, & Heimberg, 2002). In a clinical sample, adults with social anxiety disorder (SAD) were more likely to report a history of teasing than individuals with obsessive compulsive or panic disorder (McCabe, Antony, Summerfeldt, Liss, & Swinson, 2003). Despite the evidence reviewed above, a crucial bridge between adolescence and adulthood is missing. Findings in children and adolescents are prospective and suggest that victimization leads to social anxiety, whereas in adults we have found no tests of whether *prospective links* between peer victimization and social anxiety extend into adulthood.

Perhaps of most interest would be a test of whether prospective relationships with social anxiety extend into young adulthood, as adolescents transition into adulthood. The transition to college represents a context of particular interest, because it may elevate risk for peer victimization due to increased contact between peers (i.e., living in dormitories). It seems plausible that peer victimization during college, as well as in the recent past (i.e., high school) could serve as a stressor that produces increased levels of social anxiety. There are several potential pathways between social anxiety and peer victimization. One possibility is that peer victimization (either past or current) leads to increases in social anxiety symptoms over time. Second, individuals with higher social anxiety in the present may be more likely to be teased or victimized in the future. Third, perhaps individuals who report higher social anxiety in the present are more likely over time to recall and report teasing in the past (e.g., as memories of past experiences are influenced by experience of psychological symptoms). Cognitive models of SAD suggest that part of the anxiety in social situations may stem from the way that the individual perceives the environment (i.e., hypervigilance for signs of social threat) as well as beliefs about how one will be perceived (i.e., negative evaluation is likely; Clark & Wells, 1995; Heimberg, Brozovich, & Rapee, 2012; Hofmann, 2007). In accordance with cognitive models, individuals with higher levels of social anxiety may be likely to perceive external events as signs of rejection and therefore react negatively and experience heightened anxiety. In addition, cognitive models and empirical data suggest that individuals with higher social anxiety have difficulty with emotion regulation (Erwin, Heimberg, Schneier, & Liebowitz, 2003). Therefore, individuals

who are higher in social anxiety may be more likely to both perceive social interactions as exclusion and rejection as well as react more negatively when exclusion and rejection occur. Therefore, we speculated (in line with the cognitive models of social anxiety noted above) that it might only be individuals who are particularly reactive to victimization who experience increases in social anxiety.

In summary, existing research suggests that peer victimization itself increases social anxiety, with no clear indication of when this relationship stops (i.e., whether it persists into young adulthood). We suspect that the relationship between peer victimization and social anxiety could reduce at the end of adolescence, but we know of no tests of that hypothesis. Further, it may be that aspects of peer victimization that contribute to social anxiety change with age. For example, it may be that different forms of victimization (i.e., relational vs. overt victimization) or cognitive responses (i.e., memories of victimization or reactions to victimization) contribute more to social anxiety as individuals age. Clinicians could benefit from a clearer picture of which aspects of peer victimization are likely to be an issue in regard to social anxiety in young adults. These tests in young adults may help inform whether treatments for SAD should address peer victimization.

To test these potential prospective relationships, we assessed self-reported victimization and social anxiety at two time points, approximately 2 months apart; we also assessed reactivity to exclusion at Time 1 utilizing a computer simulation of peer victimization. We hypothesized that reports of past teasing, current victimization, and reactivity to exclusion would each uniquely predict social anxiety symptoms at Time 2, over and above social anxiety symptoms at Time 1. We did not expect that social anxiety at Time 1 would predict report of victimization at Time 2, because such findings are less consistent in adolescents than findings for victimization predicting social anxiety (Siegel et al., 2009; Storch et al., 2005). In addition, it is possible that social anxiety at Time 1 would predict changes in memory of teasing in high school, although notably we were not able to find any previous tests of this question. We also tested whether any of these predictive paths differed across gender because previous research has reported gender differences in the methods and prevalence of victimization, such that women are more likely to report engaging in relational victimization than do men (e.g., Baldry, 2003).

Methods

PARTICIPANTS

A total of 108 participants completed the Time 1 session and 100 participants returned to complete

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