



'You can't sit with us:' Gender and the differential roles of social intelligence and peer status in adolescent relational aggression



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ABSTRACT

Despite common notions that relational aggression (i.e., gossip, rumors, manipulation targeting another's social status; Crick & Grotpeter, 1995) is most commonly exhibited by females, there is mixed evidence regarding gender differences and what factors might heighten gender-specific risk for adolescent relational aggression (RA). The present study considered perceived social intelligence and peer status as such factors. Participants were 258 adolescents (217 males, 41 females) ranging in age from 16 to 19 attending a residential program for youth who have dropped out of school. Males and females did not differ on RA according to self-report or peer nominations. Self-reported social intelligence was associated with higher self-reported RA but only for females. The implications for future research as well as efforts for understanding RA are discussed.

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1. Introduction

Whereas aggression is defined as an act intended to injure or harm a victim (Archer & Coyne, 2005), relational aggression (RA) is specifically aimed at damaging the victim's relationships or social status. Instead of targeting a victim directly (e.g., physically, verbally), a person who engages in RA seeks to manipulate the target's relationships or peer groups in harmful ways (e.g., spreading a rumor about someone to encourage peer exclusion; Crick & Grotpeter, 1995). A variety of risk factors for RA in youth have been identified, particularly in the realm of social development. Specifically, previous research has focused on elements of adolescents' peer context, including peer-rated popularity and social competence (e.g., McQuade, Achufusi, Shoulberg, & Murray-Close, 2014), as well as peer rejection/acceptance (see Card, Stucky, Sawalani, & Little, 2008) as relevant for RA.

The factors that might differentially increase the likelihood of relational aggression for adolescent males and females are not clearly understood despite numerous investigations. Some research has indicated that, for females, attention to social cues and understanding of behavioral demands in social situations are linked to relational aggression (Andreou, 2006). Furthermore, much of the previous research has examined factors involved in RA in females with relatively little emphasis on males. However, the evidence suggests that both males and females engage in relational aggression to some degree (McQuade et al., 2014), with a large meta-analysis also concluding that there are minimal gender differences in indirect, or relational, aggression (Card et al., 2008).

Traditionally, males have been described as engaging primarily in overt aggression, whereas females are more apt to exhibit RA. One explanation for this possible difference is that girls are more relationship-oriented than boys, meaning that friendships and other close relationships are particularly valued (Malove, 2014); thus, both positive and negative behaviors for females may be directed toward advancing females' peer interactions. Differences in the socialization of boys and girls could also contribute to how they exhibit aggression (Mikami, Lee, Hinshaw, & Mullin, 2008). Specifically, when encountered with a threat (e.g., peer rejection), some girls might utilize primarily relationally aggressive tactics, whereas boys may rely on physical or overt aggression (McQuade et al., 2014; Salmivalli & Kaukiainen, 2004). These conclusions are tempered by evidence that suggests minimal or non-significant gender differences in adolescent RA (e.g., Card et al., 2008; Golmaryami & Barry, 2010) or even that male youth exhibit more RA than their female counterparts (e.g., Tomada & Schneider, 1997). In the context of social dominance, Hawley and colleagues (Hawley, Little, & Card, 2008) found that boys who self-identified as using prosocial and coercive tactics self-reported being the most relationally aggressive; however, peers still perceived males in general as being primarily overtly aggressive. It may be that RA is not as clearly perceived by peers when utilized by males. Clearly, the issue is complex and highlights a need to further examine social factors that might denote common or differential risk for RA across males and females.

The present study not only sought to extend previous research on social risk factors for RA but also to examine whether similar (or different) aspects of social functioning are tied to RA in male and female adolescents. Specifically, the present study investigated whether adolescent self-reported social intelligence and peer status have

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implications for RA and whether the role of such factors differs for females and males.

1.1. RA and social intelligence

Social intelligence encompasses several cognitive, behavioral, and emotional concepts pertaining to one's perceived effectiveness in social interactions. According to [Kaukiainen et al. \(1999\)](#), social intelligence is the ability to use social skills to accomplish interpersonal tasks and/or an understanding of oneself in relation to others. Social intelligence can be further conceptualized as multidimensional, involving a) social information processing abilities; b) social skills; and c) social awareness ([Silvera, Martinussen, & Dahl, 2001](#)). Social information processing involves cognitive processes tied to encoding social cues and generating appropriate behavioral responses ([Li, Fraser, & Wike, 2013](#)). Thus, social information processing skills could allow one to know when or how to use RA effectively.

In the context of social intelligence, social skills capture one's capacity to engage in situation-appropriate social behaviors toward others, whereas social awareness involves one's ability to stay attuned to, and unsurprised by, what transpires in social situations ([Delič, Novak, Kovačič, & Avsec, 2011](#)). An individual with such social awareness may perceive him or herself capable of not only predicting what might happen in social interactions but also as adept at recognizing his/her influence on those interactions. Thus, an individual who perceives him/herself as having such awareness may utilize RA in situations where he/she believes it will enable the attainment of social goals. Similarly, an individual with relevant social skills may be effective at determining what behaviors, including RA, will meet his/her social goals.

As noted above, success in peer relationships may be defined somewhat differently for males and females, with females being particularly concerned about connectedness with others ([Crick & Grotpeter, 1995](#)) and using RA in retaliation for perceived violations of relational norms or to achieve connections with some peers through their diminishment of the social status of other peers. Such a transaction could provide females with what could be perceived as an effective way to bolster their social status. Viewing RA as an effective way to reach relationship goals might be relatively common for females who perceive themselves as socially intelligent. Among boys, [Andreou \(2006\)](#) noted a relation between RA and the ability to predict others' feelings and reactions, whereas among girls, RA was connected to better interpreting social cues. All variables in that study were based, however, on peer perceptions. Therefore, the examination of self-reported social intelligence could provide further insight into how RA is utilized by males and females and whether gender differences exist in this regard. Perceived ability to master social situations could contribute to the use of RA as one way to achieve social goals, particularly as RA is more covert than physical or verbal assault. Traditional views suggest that such covert forms of aggression would be particularly appealing to females given the socialization of females to refrain from more overt aggression. The appeal might be particularly evident for females who perceive themselves as socially intelligent and thus skilled at recognizing and seizing opportunities to engage in less direct aggression.

1.2. Perceived peer status and RA

In general, peer rejection has been tied to youth aggression ([Crain, Finch, & Foster, 2005](#)). However, the nature of this relation changes as children move into adolescence, with the association between peer rejection becoming stronger for RA but lessening for overt aggression ([Mayeux & Cillessen, 2008](#)). Furthermore, some evidence suggests that for males, peer acceptance is related to indirect (relational) aggression ([Salmivalli, Kaukiainen, & Lagerspetz, 2000](#)), whereas other evidence indicates that inaccurately high or low perceived social status is associated with male RA ([McQuade et al., 2014](#)). Thus, the precise role of peer status in RA remains unclear.

The present study examined the association between one's perceived peer status and RA, with the expectation that this interpersonal variable may be particularly important in males. Most studies provide little insight into the mechanisms driving males to utilize RA, and some findings may be an artifact of the assessment method (i.e., self- vs. peer-report). It is possible that peers admire, or perhaps fear, those who successfully use RA, contributing to a positive relation between peer nominations of acceptance and RA ([Salmivalli et al., 2000](#)). However, theoretically, based on previous findings concerning peer rejection and RA (e.g., [McQuade et al., 2014](#); [Tomada & Schneider, 1997](#)) males who report engaging in RA may perceive themselves as rejected by peers or as needing to enact strategies (e.g., RA) to raise their status among peers. Males, in particular, may be more likely to use RA in circumstances in which they perceive that their peer status is low and that this form of aggression might be useful for elevating that status. This view is consistent with the idea that RA is utilized to some males to attain social dominance ([Hawley et al., 2008](#)). For adolescent females, elevated self-perceptions of peer status appear to be tied to RA, although such perceptions may not be accurate relative to peer appraisals ([McQuade et al., 2014](#)).

1.3. The present study

As noted above, numerous studies have directly examined gender differences in RA with equivocal findings. This study investigated this issue with an emphasis not on gender differences in levels of RA but rather to determine if aspects of self-perceived social functioning would play a differential role in RA for male and female adolescents. In this way, the present study sought to complement the recent work by [McQuade et al. \(2014\)](#) by focusing particularly on adolescents' perceived social status and social competencies (i.e., social intelligence) as factors involved in RA. The present study is also one of the first known studies to include social awareness as it relates to adolescent RA.

1.4. Hypotheses

It was hypothesized that self-reported and peer-nominated RA would be moderately interrelated based on previous research (e.g., [Golmaryami & Barry, 2010](#)). It was expected that the association between social intelligence and RA would be moderated by gender. Specifically, it was predicted that high levels of social intelligence would be associated with relatively high RA but especially for females. Furthermore, it was hypothesized that for males, self-perceptions of low peer status would be positively related to self-reported RA but negatively related to peer-nominated RA. For females, higher perceived peer status would be associated with higher RA based on the findings of [McQuade et al. \(2014\)](#) across informant methods.

2. Method

2.1. Participants

Participants were 258 adolescents (217 males, 41 females) ranging in age from 16 to 19 ($M = 16.77$ years, $SD = .79$), attending a voluntary 22-week military-style residential program for youth who have dropped out of school. Adolescents were not presently involved in the legal system. The sample was recruited from two consecutive cohorts from the program. The majority of participants (58.1%) were White, 37.7% were Black, and 4.2% of participants were from other racial/ethnic backgrounds.

An at-risk sample was selected with the anticipation that participants from a residential, but non-behaviorally severe sample, would demonstrate greater variability on aggression than community or detained samples of adolescents (see [Marsee et al., 2011](#)). More importantly, a residential sample affords a unique opportunity to gain further insight as to how aggression, particularly RA, plays out in a setting in

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