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PEER REJECTION DURING ADOLESCENCE: PSYCHOLOGICAL LONG-TERM EFFECTS—A BRIEF REPORT

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This study aimed to examine the psychological long-term effects of social peer rejection (SPR) experienced during adolescence as retrospectively perceived by young adults. A convenient sample of 387 undergraduate university students were administered self-report questionnaires consisting of the following measures: demographic variables, traumatic life events, SPR, PTSD, depression, potency and the belief in the existence of social support. Results indicated that about one-third of the participants reported having experienced SPR during adolescence. They perceived it as their most traumatic event. SPR and the belief in the existence of social support determined the PTSD severity, whereas the SPR, potency, and PTSD determined the level of depression.

Robby, a 40-year-old psychologist, described the experience of peer rejection he underwent as an adolescent in a letter to a daily newspaper (Steinbers, 2001, p. 22): "My classmates didn't stop calling me names until the end of the year.... Three months went by during which I shrunk more and more into myself.... I became emotionally whipped, scarred, sad, silent.... I did not have any friends...A boy who is ostracized never forgets: it is a terrible experience that no one should ever have to undergo." The phenomenon of peer rejection in school is well known to educators, who often regard it as part of normal social relations (Smith & Brain, 2000). Children might find themselves at different times playing the role of rejectee or rejecter (Leary, 2001; Williams & Zadro, 2001). About one third of adolescents report experiencing some kind of peer rejection (Deater-Deckard, 2001).

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Based on the significant role of the peer group as a socialization agent (e.g., McDougall, Hymel, Vaillancourt, & Mercer, 2001) and previous findings indicating that socially rejected children are at higher risk for adjustment difficulties than children who are popular (Parker & Asher, 1987), this pilot study aimed to examine to what extent the experience of peer rejection during the adolescent phase (ages 12–18) is retrospectively perceived by young adults as a traumatic event and to what extent it has long-term negative psychological effects.

Social Peer Rejection

In contrast to popularity, which indicates the level of being favored by one's peers, social peer rejection is defined as the shunning of one member by most of the other members of the group (Townsend, McCracken, & Wilton, 1988). Frude (1993) claimed that the rejected child is one who serves as the group's scapegoat (the object of active bullying, abuse, and ostracism) and is hated by his or her peers. Others have suggested that social peer rejection should be considered on a social relation active behavior continuum from total inclusion to total exclusion (Leary, 2001; McDougall et al. 2001). Asher, Rose, and Gabriel (2001) divided social rejection into six different categories: (a) excommunication and stopping of all relations–abandonment, turning down invitations, ignoring, and removal; (b) preventing access–to friends, play, toys, and important information; (c) aggression–verbal or physical aggression against the rejected child or destroying the child's property; (d) bossiness– commands, or contradicting the rejected child's words in a bossy manner; (e) ethical defiance–blaming the child for negative things that happened or will happen and statements of condemnation; and (f) involving a third party–informing adults of the child's improper behavior, supporting those who reject the child, or delivering a negative message regarding the child to a third party.

Implications of Peer Rejection

Although social ostracism during childhood (and particularly in adolescence) is an efficient means of controlling and directing the behavior of others) Barner-Barry, 1986; Gumpel & Ish-Shalom,

2003), it has been found to negatively affect the psychological well-being of the rejected adolescent. Severe psychological difficulties such as poor adjustment (e.g., Buhs & Ladd, 2001; Caldwell, 2002), low self-esteem (Storch, Brassard, & Masia, 2003), suicidal behavior (Paulson & Everall, 2001), criminal behavior (Miller-Johnson, Coie, Gremaud, Maumary-Gremaud, Lochman & Terry, 1999), drug use (Reinherz, Giaconia, Hauf, Wasserman, & Paradis, 2000), and lack of social skills (Seng, 2001; Wolpaw, 2003), are some of the negative consequences of peer rejection. In fact, the very threat of being socially ostracized has been found to heighten depression and suicidal thoughts among children and adolescents (DiFilippo & Overholser, 2000; Kistner, Balthazor, Risi, & Burton, 1999; Laible, Carlo, & Raffaelli, 2000).

Traumatic Events, Coping, and Personal Resources

A traumatic event is an unexpected event that involves actual or threatened death or serious physical or psychological injury to a person; in response, the victim experiences intense fear, helplessness, or horror (American Psychiatric Association, 1994). Noyman (1995) later added to the definition that traumatic events also include those that threaten the individual's basic needs, such as security, self-esteem, and social status. McFarlane and Papay (1992) suggested that a traumatic event may be the catalyst for the development of either depression or posttraumatic stress disorder (PTSD) consisting of three clusters: reexperiencing of the event through intrusive thoughts, nightmares, or flashbacks; avoidance of factors associated with the event and emotional numbing; and increased arousal such as hypervigilance and irritability (American Psychiatric Association, 1994). Kendler, Gardner, and Prescott (2002), who examined the risk factors of major depression in general, suggested that the development of risk for major depression results from three broad factors reflecting internalizing symptoms (e.g., past history of major depression or PTSD), externalizing symptoms, and psychosocial adversity.

According to stress theory, personal and social resources are instrumental to people's ability to cope with the aftermath of traumatic events (Ben-Sira, 1991; Folkman & Lazarus, 1984). The conservation of resources theory developed by Hobfoll (Hobfoll, Dunahoo, & Monnier, 1995) suggested that the impact of a

traumatic event is exaggerated when the event includes loss of personal and social resources. Hobfoll (Hobfoll, Wells, & Lavin, 1999) claimed that there are three conditions for an event to be considered traumatic: a threat of loss of resources, an actual loss of resources, and the failure of resources invested to strengthen other resources. A useful concept in studying well-being in the social peer rejection phenomenon is potency. Potency is a personal resource defined as an enduring confidence in one's own capabilities, self-confidence, and a belief in an orderly and just society even in conditions where other resources lose their effectiveness (Ben-Sira, 1991).

Based on a literature review suggesting that (a) the feeling of belonging is a basic human need intensified during adolescence (Adler, 1954, 1964), (b) peer rejection during adolescence has negative short-term psychological effects, and (c) loss of resources might be considered as a traumatic event itself, we suggest that social peer rejection consisting of actual rejection and loss of peer social support is a traumatic event. Since personality resources such as potency have also been found to be critical in situations where other resources have lost their effectiveness, the following hypotheses were made:

1) Social peer rejection will be perceived as a traumatic event among adults who experienced it during adolescence.
2) Negative correlations will be found between personal resources (potency and belief in the existence of social support) and level of psychological distress (PTSD and depression).
3) Experience of social peer rejection during adolescence and personal resources will determine level of psychological distress (PTSD and depression) in adulthood.

Method

Participants

Three hundred eighty-seven university undergraduates, students of the humanities (64.3% women, 35.7% men, aged 20–42, $M = 28.3$, $SD = 2.25$, 95.7% Jewish-Israelis), were administered self-report questionnaires during university classes. The sample was divided into two groups: those who reported experiencing social peer rejection during adolescence ($n = 112$) as their most traumatic

event and those who reported other traumatic events ($n = 275$) such as physical, sexual, or emotional abuse as most traumatic.

Instruments

The self-report questionnaire included five measures in addition to a demographics measure. The *Traumatic Events Questionnaire* (Amir & Sol, 1999) assesses experiences with 12 specific types of traumatic events (e.g., accidents, crime, adult abusive experiences) reported in the empirical literature as having the potential to elicit PTSD symptoms. Peer social rejection was added by the authors. The questionnaire was adapted to a Hebrew-speaking population. Each item is measured on a 4-point scale anchored by *not at all* and *severely/extremely*.

The *Social Rejection Scale* was developed by the authors according to the social rejection categories formulated by Asher et al. (2001). Each of the 21 items describes a different situation of social rejection (e.g., "I was ignored/cursed/physically attacked") and is measured according to intensity on a 5-point scale anchored by *not at all* and *severely/extremely*. The Cronbach alpha internal consistency coefficient for this scale was .89.

The PTSD inventory used was a 17-item self-report scale, the PTSD Scale, adapted from Horowitz, Wilner, and Alvarez (1979). The PTSD Scale is based on *DSM-III-R* criteria (American Psychiatric Association, 1987) for diagnosis of PTSD. The scale measures the intensity of the three primary symptom groups: intrusion, avoidance, and arousal. This scale has been extensively used in its Hebrew version in Israel (Lev-Wiesel & Amir, 2000). The Cronbach alpha internal consistency coefficient for the scale was .89.

The *Beck Depression Inventory* (BDI) (Beck, Ward, Mendelson, Mock, & Erbaugh, 1961) is a widely used 21-item self-report measure that assessed the presence of depressive symptoms. The BDI has proven to be reliable (mean internal consistency of .86 across studies) and has been well validated (concurrent validity ranges from .55 to .96; Beck, Steer, & Garbin, 1988). The Cronbach alpha internal consistency coefficient for this scale was .91.

The *Perceived Social Support Scale* (PSS), developed by Procidano and Heller (1983), contains two parts–perceived social support from family members and perceived social support from

friends–each of which can be used separately. The full scale consists of 40 items (20 items for each part) tapping various expressions of perceived social support, including instrumental support (e.g., "My friends/family members give me all the support I need"), affective support (e.g., "My friends/family members are sensitive and attentive to my personal needs and mood"), cognitive support (e.g., "My friends/family members offer me useful advice"), and playing the helper role (e.g., "My friends/family members turn to me for help in time of need", and "My friends/family members gladly listen to my advice"). Subjects are asked to choose one of the following three categories: yes, no, or don't know. The PSS measures were internally consistent and appeared to measure valid constructs. The scale has been used extensively in Hebrew (e.g., Lev-Wiesel, 1999). The Cronbach alpha for this scale was .77.

The *potency questionnaire* developed by Ben-Sira (1985) has 19 items that measure the following: self-confidence (3 items), control (6 items), social commitment (5 items), and social significance and order (5 items). The respondent is requested to indicate his or her level of agreement according to five categories. The measure has been found to be reliable and valid in a wide range of studies conducted on different populations in Israel (Ben-Sira, 1985, 1991; Lev-Wiesel & Shamai, 1998). The Cronbach alpha internal consistency coefficient for this scale was .82.

Results

Initially, the frequency distribution of the reported traumatic events indicated that 32% of the participants perceived social peer rejection to be their most traumatic event, 12% reported sexual abuse, 36% reported physical abuse, and 20% reported other traumas such as terror attacks, war, or car accidents. As mentioned above, the sample was divided into two groups: The study group consisted of those who reported social peer rejection to be their most traumatic event, and the comparison group consisted of those who reported other traumas.

Correlation analysis indicated that psychological distress (PTSD and depression) was significantly negatively correlated with potency ($r = -.41$, $p < -.01$, and $r = -.51$, $p < .01$, respectively) and belief in the existence of social support ($r = -.29$, $p < -.01$, and $r = -.47$, $p < .01$, respectively).

TABLE 1 Results of Hierarchical Regression Analysis Predicting PTSD Severity from Experience of Social Peer Rejection and Personal Resources

Measure	Step 1 R^2 β	Step 2 R^2 β
	.19**	.32**
Social peer rejection experience	.28*	
Personal resources		
Belief in social support		–.41**
Potency		–.15

*$p < .05$; **$p < .001$.

Two hierarchical regression analyses were conducted to examine the contribution of the peer-rejection experience during adolescence as well as existence of personal resources to PTSD and depression severity. Variables were grouped according to their relation to the social peer rejection event and entered chronologically; all variables entered at the final step. Tables 1 and 2 summarize the results of the analyses.

The most significant predictors of PTSD symptom severity were the experience of social peer rejection ($r^2 = .25$, $p < .001$) and belief in the existence of social support ($r^2 = .31$, $p < .001$). The most significant predictors of the depression severity were experiencing social peer rejection ($r^2 = .25$, $p < .001$), potency ($r^2 = .31$, $p < .001$), and severity of PTSD ($r^2 = .53$, $p < .001$).

TABLE 2 Results of Hierarchical Regression Analysis Predicting Depression Severity from Experience of Social Peer Rejection, Personal Resources, and PTSD

Measure	Step 1 R^2 β	Step 2 R^2 β	Step 3 R^2 β
	.25**	.31**	.32**
Social peer rejection experience	.22*		
Personal resources			
Belief in social support		–.12	
Potency		–.31**	
PTSD			.56**

*$p < .05$; **$p < .001$.

Discussion

This study aimed to examine to what extent the experience of peer rejection during the adolescent phase is retrospectively perceived by young adults as a traumatic event and to what extent it has long-term negative psychological effects. Results indicated that about a third of the study-group participants experienced social peer rejection and regarded it to be their most extreme traumatic event. This finding is consistent with a study recently conducted in Israel in which 36% of school pupils experienced social rejection or exclusion in the school setting (Rolider, Lapidot, & Levy, 2001). Not surprisingly, a negative correlation was found between psychological distress (PTSD and depression) and personal resources (potency and belief in the existence of social support). This coincides with Ziskind's findings (unpublished) indicating that resilience is contingent on a child's hardiness; the lower the level of hardiness, the higher the levels of anxiety and suicidal thoughts among school students.

The fact that the peer-rejection experience contributed to the level of PTSD and depression in young adulthood strengthens the supposition that social peer rejection during adolescence should be considered a traumatic event and incorporated into traumatic event scales. Peer rejection during adolescence is an occurrence that is likely to have implications beyond the rejection itself: The actual loss of social resources (peer support), as well as the threat of such loss, has been determined by Hobfoll et al. (1995, 1999) to be a traumatic experience. Since social support resources have been found to facilitate coping with, and recovery from, traumatic events (e.g., Noy, 2000; Ystgaard, Tambs, & Dalgard, 1999; Cheever & Hardin, 1999), it is likely that loss of such social support systems as manifested in the rejection phenomenon may itself represent a traumatic event with long-term repercussions.

It is interesting that personal resources differ in their contributions to PTSD and depression. Whereas belief in the existence of social support contributed significantly to lowering levels of PTSD, potency contributed significantly to lowering levels of depression. Depression is considered by some researchers as a secondary result of PTSD and a reaction to continuous levels of the PTSD symptomatology (Breslau et al., 1997, 2000). In light of fact that the social peer rejection occurred about 10 years prior to data

collection, it is possible to hypothesize that PTSD initially resulted from the rejection but was transformed into depression over time (Storch & Eposito, 2003). In conclusion, despite this study's weaknesses–the disproportionate number of female as opposed to male participants and the participants' homogeneity regarding education and social status–it seems that social peer rejection should be considered as a traumatic event that has long-term effect on individuals' psychological well-being.

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