

Proactive and Reaction Functions of Relational Aggression Relating to Internalizing Symptoms: Peer Mechanisms of Influence

By early adolescence, females are at elevated risk for internalizing problems (Crick & Zahn-Waxler, 2003). Research has documented that relational aggression (e.g., gossip, social exclusion) is associated with internalizing problems (Crick et al., 2006), perhaps because such conduct interferes with successful peer functioning (i.e., leads to rejection and/or victimization; Boivin et al., 2001; Murray-Close et al., 2007). However, this association may depend on whether the aggressive behavior is proactive (i.e., goal-directed and deliberate) or reactive (i.e., defensive or retaliatory) in function (Crick et al., 1996). Proactive aggressors may not experience social difficulties and thus may not exhibit the elevated levels of internalizing problems seen in those who engage in reactive aggression (e.g. Prinstein et al., 2003; Poulin et al., 2000). The goal of this study was to examine whether negative peer processes (i.e., peer rejection and relational victimization) mediated the association between relational aggression and internalizing symptoms in a sample of adolescent girls. We also examined whether these mediating peer processes differed for reactive and proactive functions of relational aggression.

One hundred eighty-three adolescent girls ($M = 12.59$ years) from a Northeastern private residential summer camp participated in the present study. Counselors provided reports of girls' proactive and reactive relational aggression (Mathieson & Crick, 2010), anxious/depressed symptoms (Achenbach & Edelbrock, 1991), and experiences of relational victimization (Cullerton-Sen & Crick, 2005). Peer nominations were conducted within age group to assess peer rejection (Coie & Dodge, 1983). Path analysis (Muthén & Muthén, 2010) was conducted to examine study hypotheses.

Findings, presented in Figure 1, indicated that, consistent with previous research (Mathieson & Crick, 2010), proactive and reactive relational aggression were highly correlated. However, whereas reactive relational aggression was positively associated with rejection, proactive relational aggression negatively predicted rejection. Both functions of aggression were positively associated with relational victimization, although findings for proactive relational aggression were only marginally significant. Tests of indirect effects (Muthén & Muthén, 2010) indicated that the overall indirect effect of reactive relational aggression on internalizing symptoms was significant, $p < .01$. Tests of specific indirect effects revealed that this association was mediated by two distinct pathways (reactive \rightarrow rejection \rightarrow relational victimization \rightarrow internalizing; $p = .03$; reactive \rightarrow relational victimization \rightarrow internalizing, $p = .02$). The overall indirect effect for proactive relational aggression was not significant, $p = .40$. However, follow-up indirect tests revealed two marginal pathways. On the one hand, proactive relational aggression predicted lower levels of rejection, which in turn, predict lower relational victimization and ultimately lower internalizing symptoms, $p = .06$. On the other hand, proactive relational aggression directly predicted higher levels of relational victimization, which in turn positively related to internalizing symptoms, $p = .07$.

Consistent with hypotheses, reactive relational aggression was more likely than proactive relational aggression to disrupt effective peer functioning and to place girls at risk for internalizing symptoms. In contrast, proactive relational aggression conferred both peer costs (i.e., relational victimization) and benefits (i.e., lower rejection), and did not predict internalizing symptoms. Implications for intervention will be discussed.

Figure 1. *Path Analysis of the Association between Proactive and Reactive Relational Aggression and Internalizing Symptoms*



