

## Low peer acceptance and emotional/behavioural maladjustment in schoolchildren: Effects of daily stress, coping and sex

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**Título:** Baja aceptación de los iguales e inadaptación emocional/conductual en escolares: Efectos del estrés cotidiano, afrontamiento y sexo.

**Resumen:** El presente estudio examina la relación entre la baja aceptación de los iguales e inadaptación emocional/conductual, teniendo en cuenta el efecto de variables como el estrés cotidiano, los estilos de afrontamiento y el sexo. La muestra se compone de 392 escolares (187 niñas y 205 niños) de 9 a 12 años. Se administró un procedimiento de evaluación de iguales mediante una escala de calificación, y medidas de autoinforme relativas a estrés cotidiano, estilos de afrontamiento e inadaptación emocional/conductual. Los análisis de regresión indican que el estrés cotidiano, el afrontamiento y el sexo son predictores significativos de inadaptación emocional/conductual, controlando la aceptación de los iguales. Los resultados obtenidos aportan información sobre factores subyacentes que posibilitan una mejor comprensión del desarrollo de problemas emocionales/conductuales en escolares con baja aceptación en su grupo de referencia.

**Palabras clave:** Aceptación de los iguales; inadaptación emocional/conductual; estrés cotidiano; estilos de afrontamiento; sexo.

**Abstract:** This study examines the relationship between low peer acceptance and emotional/behavioural maladjustment, taking into account the effects of daily stress, coping styles and sex. The sample comprised 392 schoolchildren (187 females and 205 males) aged 9 to 12, to whom a peer rating scale was administered. Self-report measures of perceived daily stress, coping and emotional/behavioural maladjustment were also applied. Regression analysis indicated that daily stress, coping and sex were significant predictors of emotional/behavioural maladjustment, after controlling for peer acceptance. These results provide evidence about underlying factors that could help in understanding the development of emotional/behavioural problems in children with low peer acceptance.

**Key words:** Peer acceptance; emotional/behavioural maladjustment; daily stress; coping styles; sex

### Introduction

The developmental literature reveals a clear scientific interest in the study of peer acceptance during childhood, and highlights its key role as regards healthy development (García-Bacete, Sureda, & Monjas, 2010; Rubin, Bukowski, & Laursen, 2009). Peer acceptance could be defined as “the extent to which a child is viewed by peers as a worthy or likable companion” (Shaffer & Kipp, 2010, p. 618). In this context, peer acceptance is regarded as essential for children’s socialization, enabling them to develop values, social skills, the capacity for emotional self-regulation and a validated sense of self-worth (Trianes, 2002). Similarly, it is a source of mutual emotional support, security, company and intimacy (García-Bacete *et al.*, 2010). However, and as pointed out by classical authors in the field (Parker & Asher, 1987), low levels of peer acceptance can have important negative repercussions for the child’s development, both in the short and long term. Indeed, research has consistently shown that those children who receive less social acceptance from their peers present not only more internalizing symptoms (i.e. anxiety, depression, withdrawal and somatic complaints) (Klima & Repetti, 2008; Ladd, 2006) but also greater externalizing maladjustment (i.e. aggression and antisocial behaviour) (Klima & Repetti, 2008; Trentacosta & Shaw, 2009) and school maladjustment (Ladd, Herald-Brown, & Kochel, 2009; Ladd, Herald-Brown, & Reiser, 2008). Never-

theless, not all children who suffer low peer acceptance are affected in the same way, and researchers have therefore suggested underlying processes that might encourage the development of emotional problems in subgroups of non-accepted children (Prinstein & Aikins, 2004). For instance, daily stress has been proposed as a variable that could affect the impact of low peer acceptance on children’s emotional development.

The term *daily stressors* could be defined as irritating or annoying demands that to some degree characterize everyday transactions with the environment (Kanner, Coyne, Schaefer, & Lazarus, 1981). Importantly, such events are able to alter the individual’s emotional and physical well-being. Daily stressors of childhood are grouped into three main categories: a) illnesses and medical procedures, and events that involve a concern with body image; b) stressful events in the academic context, such as too many after-school activities, problems in relating to the teacher, concentration difficulties and poor marks; and c) negative events in the family setting, such as arguments with siblings, high expectations/pressure from parents, and a lack of parental supervision or being left to fend for oneself (Trianes, Blanca, Fernández-Baena, Escobar, & Maldonado, *in press*). Research with children and adolescents has shown that these daily stressors are significantly related to socio-emotional problems such as anxiety, depression, behavioural difficulties and school maladjustment (Jose & Ratcliffe, 2004; Trianes *et al.*, *in press*; Trianes *et al.*, 2009). Consequently, the exposure to such daily stressors may magnify the effects of low peer acceptance on psychological adjustment; in other words, the interaction between peer acceptance and stress may provide

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a better predictor of emotional/behavioural problems. Therefore, in order to understand the nature of the relationship between low peer acceptance and psychological symptoms it is necessary to determine the role played by any additional daily stressors.

Another important research finding is that the way children cope with negative peer experiences appears to be a significant predictor of emotional adjustment. Coping strategies refer to voluntary efforts to deal with stressful situations (Frydenberg, 2004; Frydenberg & Brandon, 2007). In general, the use of what are regarded as non-productive coping strategies (e.g. aggressive behaviour, rumination, worrying, wishful thinking) in response to negative peer experiences is associated with emotional maladjustment, including anxiety and depression symptoms (Bowker, Bukowski, Hymel, & Sippola, 2000; Sandstrom, 2004). Conversely, the use of problem-focused coping strategies (e.g. active and approach strategies) is associated with favourable outcomes in terms of adaptation and social competence in childhood (Reijntjes, Stegge, & Meerum-Terwogt, 2006). Therefore, it is necessary to consider the role that coping ability plays in regard to peer relationships, as this appears to be yet another factor in understanding the process of psychopathological development.

Sex should also be considered as a potential predictive variable in this context. Research on interpersonal relationships shows important sex differences, with girls presenting a higher incidence of negative emotional responses (such as distress, hurt feelings and low self-worth) in the face of low peer acceptance than do their male counterparts (Goodman & Southam-Gerow, 2010; Klima & Repetti, 2008; Reijntjes *et al.*, 2006). Rejected girls are more likely to express internalizing symptoms (e.g. depression or loneliness), whereas boys with low peer acceptance are more likely to manifest externalizing symptoms (e.g. aggressive behaviours) (Sandstrom, Cillessen, & Eisenhower, 2003; Trianes, 2002).

To summarize, the development of a model that describes the emotional/behavioural consequences of suffering low peer acceptance, one in which daily stress, coping styles and sex are all considered, should increase our understanding of individual differences in populations affected by low peer acceptance, shedding light on why some children successfully overcome the experience of rejection whilst others develop adjustment problems. This understanding would enable more effective prevention and intervention work to be conducted in the high-risk subgroup of non-accepted children.

In light of the above the main goal of this study was to determine the association between peer acceptance and the following emotional/behavioural indicators, derived from the Behavior Assessment System for Children (BASC; Reynolds & Kamphaus, 1992): emotional symptoms, school maladjustment, clinical maladjustment and personal adjustment. In this regard the study examined daily stress, coping styles and sex as potential predictive variables that might

affect the relationship between peer acceptance and emotional/behavioural indicators.

The specific goals of the study were as follows: (a) to assess the predictive effects of daily stress with respect to emotional/behavioural indicators after controlling for peer acceptance. It was hypothesized that high levels of daily stress would predict emotional symptoms, school maladjustment, clinical maladjustment and personal adjustment; (b) to assess the predictive effects of coping styles as regards emotional/behavioural indicators after controlling for peer acceptance. It was hypothesized that the use of 'problem-focused' and 'reference-to-others' coping styles would reduce emotional symptoms, school maladjustment and clinical maladjustment, and would heighten personal adjustment. Furthermore, it was hypothesized that the employment of 'non-productive' coping styles would accentuate emotional symptoms, school maladjustment and clinical maladjustment, and would reduce personal adjustment; and finally, (c) to assess the predictive effects of sex in relation to emotional/behavioural indicators after controlling for peer acceptance. It was hypothesized that girls would be more likely to respond with emotional symptoms, clinical maladjustment and less personal adjustment (i.e. internalizing symptoms) than would boys, who would be more likely to respond with school maladjustment (i.e. externalizing symptoms).

## Method

### Participants

Participants were drawn from a larger study of child emotional adjustment conducted in four urban primary schools. The final sample here consisted of 392 schoolchildren (187 females and 205 males) aged 9 to 12 years ( $M = 10.48$ ;  $SD = 0.97$ ). They were largely Caucasian (95%) and of medium socio-economic status. All the children volunteered to take part in the study.

### Measures

*Peer Rating Scale (PRS)*. This was used as the purpose of the study was to obtain an overall index of each child's acceptability by peers, in contrast to nomination techniques which provide a measure of popularity across five categories (Balda, Punia, & Singh, 2005; Merrell, 2008). Furthermore, the PRS tends to yield better reliability than does the nomination approach (Merrell, 2008). The PRS requires children to rate each classmate on a 3-point scale (from 1 = not at all to 3 = a lot) when answering the question: "How much do you like to play with...?". The peer acceptance score is obtained by calculating the sum of the scores 3 and 2, subtracting the scores of 1, and dividing by the number of children in each classroom. Higher scores are indicative of greater peer acceptance.

*Children's Daily Stress Inventory* (originally in Spanish, the *Inventario Infantil de Estresores Cotidianos*, IIEC; Trianes *et al.*, 2009). This self-report inventory was developed for assessing daily stress in primary school children. It contains 25 dichotomous items (Yes/No) about health (e.g. "This year I've been ill sev-

eral times”, “I’m worried about how I look — I see myself as very fat/very thin”), school (e.g. “I do too many after-school activities”, “I find school work difficult”), and family stressors (e.g. “I spend a lot of time on my own at home”, “My parents ask me to do more things than I feel able to”), all of which are responded to with regard to the subject’s experience over the last year. Higher scores are indicative of higher levels of daily stress. This instrument has been shown to have adequate reliability and validity (Trianes *et al.*, 2009). In the present study the value of Cronbach’s alpha was .74.

*Adolescent Coping Scale* (ACS; Frydenberg & Lewis, 1993, 1996). The short form of the ACS used in this study is an 18-item self-report checklist which assesses 18 coping strategies using a five-point scale (from 1 = doesn’t apply or don’t do it, to 5 = used a great deal). The formulation of items was reviewed by a team of educational professionals to ensure they would be understood by children aged 9 to 12 years. The 18 strategies are grouped by means of factor analysis into three coping styles: (1) Problem-focused: focusing on solving the problem, seeking relaxing diversions, physical recreation, working hard and achieving, and focusing on the positive; (2) Reference to others: seeking social support, investing in close friends, seeking spiritual support, seeking professional help, seeking to belong, and social action; and (3) Non-productive coping: worry, wishful thinking, not coping, ignoring, tension reduction, keeping to self, and self-blame. High scores on any of these coping styles indicate a greater use of the strategies that are associated with it. In the present study the values of Cronbach’s alpha were .56, .54 and .55, respectively.

*Behavior Assessment System for Children* (BASC; Reynolds & Kamphaus, 1992), in this case using the Spanish adaptation (González, Fernández, Pérez, & Santamaría, 2004). The component of the BASC utilized in this study was the Self-Report of Personality - Child Level (SRP-C), in which emotional variables are described through 146 dichotomous (true/false) items. This test comprises four global factors, of which three pertain to a clinical factor: emotional symptoms, school maladjustment and clinical maladjustment. On these factors a high score indicates maladaptation or maladjustment. There is also one adaptive factor, namely personal adjustment, on which a high score indicates adaptation and healthy adjustment. The four global factors consist of the following factors: (1) Emotional symptoms: anxiety, negative interpersonal relationships, low self-esteem, social stress, depression and a sense of inadequacy; (2) School maladjustment: negative attitudes toward teachers and school; (3) Clinical maladjustment: atypicality, external locus of control and anxiety; and (4) Personal adjustment: positive interpersonal relationships, high self-esteem, positive relationship with parents and self-reliance. The Spanish adaptation of the BASC has shown adequate psychometric properties (González *et al.*, 2004). In the present study the values of Cronbach’s alpha were .87, .68, .84 and .81, respectively.

### Procedure

Schools were invited to participate in the research project after receiving information from two research assistants. The parents of all participants gave their consent before any data

were collected. Children completed the measures during two sessions held during class time and under the supervision of trained assistants. In the first session they completed the self-report measures of daily stress and coping styles, while in the second session they responded to the self-report measure of emotional/behavioural indicators and the peer rating scale.

### Statistical analyses

A descriptive analysis was performed in order to obtain a broader picture of the sample as regards the different variables measured: peer acceptance, daily stress, coping styles and emotional/behavioural maladjustment. Subsequently, hierarchical multiple regression analyses were used to test the effects of peer acceptance, daily stress, coping style and sex on child emotional/behavioural maladjustment.

### Results

The results of the descriptive analysis of the variables studied are shown in Table 1. The values obtained for peer acceptance, daily stress levels and coping styles are of average magnitude. As for scores on the emotional/behavioural indicators, the mean values fall within a non-clinical range according to BASC criteria (average score from 41 to 59).

**Table 1:** Descriptive data for peer acceptance, daily stress, coping styles and BASC emotional/behavioural indicators (N = 392)

	Range	M	SD
PRS			
Peer acceptance score	-1-1	.40	.39
IIEC			
Daily stress	1-25	8.61	4.30
ACS factors			
Problem-focused coping	5-25	19.05	3.97
Reference to others	6-30	18.87	4.62
Non-productive coping	7-35	20.55	5.38
BASC factors			
Emotional symptoms	10-120	56.06	12.68
School maladjustment	10-120	58.35	12.71
Clinical maladjustment	10-120	55.53	12.09
Personal adjustment	10-120	45.56	12.64

Note: PRS = Peer Rating Scale; IIEC = *Inventario Infantil de Estresores Cotidianos* (Children’s Daily Stress Inventory); ACS = Adolescent Coping Scale; BASC = Behavior Assessment System for Children

In order to examine the influence of key variables (identified by theory) on children’s psychological maladjustment, hierarchical regression equations were applied to the data. These equations sought to predict emotional/behavioural maladjustment on the basis of peer acceptance, daily stress, coping style and sex. Each type of predictor was entered in a separate step of the equation (in the above order), the aim being to examine its individual contribution to emotional/behavioural maladjustment. Peer acceptance was entered in the first step as a control variable so as to enable a clearer evaluation of the specific role of daily stress, coping styles and sex in relation to emotional/behavioural indicators. The dependent variables were each of the global factors

of the BASC: emotional symptoms, school maladjustment, clinical maladjustment and personal adjustment. The regres-

sion statistics for the four dependent variables are presented in Table 2.

**Table 2:** Predictive value of peer acceptance, daily stress, coping styles and sex with respect to emotional/behavioural indicators (N = 392)

Variables entered at each step	B	SE B	$\beta$	$\Delta R^2$	F	df
<i>Emotional Symptoms</i>						
1. Peer acceptance	-6.16	1.59	-.19**	.03		
2. Daily stress	1.80	.12	.61**	.36		
3. Problem-focused coping	-.22	.15	-.07			
Reference-to-others coping	.22	.13	.08			
Non-productive coping	.26	.10	.11*	.02		
4. Sex	-.33	1.01	-.01	.01		
				.42	45.63**	6,385
<i>School Maladjustment</i>						
1. Peer acceptance	-9.05	1.56	-.28**	.08		
2. Daily stress	1.14	.13	.39**	.15		
3. Problem-focused coping	-.11	.17	-.03			
Reference-to-others coping	-.27	.14	-.10			
Non-productive coping	-.02	.12	-.01	.01		
4. Sex	6.53	1.10	.26**	.06		
				.30	27.97**	6,385
<i>Clinical Maladjustment</i>						
1. Peer acceptance	-4.31	1.53	-.14**	.02		
2. Daily stress	1.69	.11	.60**	.35		
3. Problem-focused coping	.06	.14	.02			
Reference-to-others coping	.20	.12	.08			
Non-productive coping	.33	.10	.15**	.04		
4. Sex	-1.83	.95	-.08	.01		
				.42	45.67**	6,385
<i>Personal Adjustment</i>						
1. Peer acceptance	6.02	1.59	.19**	.03		
2. Daily stress	-1.34	.13	-.46**	.20		
3. Problem-focused coping	.54	.17	.17**			
Reference-to-others coping	-.01	.14	-.01			
Non-productive coping	-.08	.12	-.03	.03		
4. Sex	-3.28	1.11	-.13**	.02		
				.28	24.83**	6,385

\* $p < .05$ ; \*\* $p < .01$

The final regression equations showed significant predictive effects for peer acceptance and daily stress with respect to all the emotional/behavioural indicators. Non-productive coping, problem-focused coping and sex also displayed predictive effects in relation to some emotional/behavioural indicators. Specifically, (1) peer acceptance, daily stress and non-productive coping were significant predictors for emotional symptoms; (2) peer acceptance, daily stress and sex were significant predictors for school maladjustment. An independent samples t-test analysis for sex showed that boys scored higher on school maladjustment than did girls,  $t(390) = -4.839, p < .01$ ; (3) peer acceptance, daily stress and non-productive coping were significant predictors for clinical maladjustment; and (4) peer acceptance, daily stress, problem-focused coping and sex were significant predictors for personal adjustment. An independent samples t-test applied to sex approached significance, with boys scoring higher than girls on personal adjustment,  $t(390) = 1.80, p < .10$ . The abovementioned equations do not contain any interaction terms because the significance of the global F Test

(Chunk Test) successively rejected the possibility of third-, second- and first-order interactions.

## Discussion

In the literature on developmental psychopathology several studies have demonstrated, using main effect models, a direct association between peer relationships and emotional/behavioural maladjustment in childhood. The present study helps to clarify this relationship using a novel perspective, namely through the inclusion of potential predictive variables such as children's experience of daily stressors and the coping styles they use. The predictive role of sex was also examined.

The descriptive results indicate that the present sample shows average levels of peer acceptance, daily stress, coping styles and emotional/behavioural difficulties. This was expected since the study was carried out with a non-clinical sample recruited from primary school contexts. According to the regression results, and in line with what was hypothe-

sized, daily stress is a relevant predictive variable as regards emotional/behavioural indicators. In fact, daily stress showed high predictive effects in relation to all the emotional/behavioural indicators (emotional symptoms, school maladjustment, clinical maladjustment and personal adjustment), even after controlling for the influence of peer acceptance. This is a novel finding that provides information about variables which could be useful in terms of understanding the aetiology of child psychopathology. Specifically, children with low peer acceptance and high levels of daily stress are at risk of showing worse emotional/behavioural adjustment than are those with low peer acceptance but low levels of daily stress. These results are in agreement with previous studies that have indicated the significant role played by daily stress as regards both symptomatology (Jose & Ratcliffe, 2004; Osika, Friberg, & Währborg, 2007; Trianes et al., in press; Trianes et al., 2009) and academic outcomes (Flook & Fuligni, 2008; Trianes et al., in press). Hence, our data support the importance of stress management programmes in school contexts to prevent maladjustment problems within this population.

With regard to coping, the problem-focused coping style showed a moderate predictive effect with respect to personal adjustment. Specifically, peer acceptance, daily stress and the use of problem-focused coping strategies all had an influence on positive personal adjustment. These results, in line with previous studies (Bowker et al., 2000; Sandstrom, 2004), indicate that the use of problem-focused strategies (e.g. focusing on solving the problem, focusing on the positive or working hard and achieving) is a key factor in relation to personal adjustment. Indeed, it can be concluded that the use of problem-focused coping strategies by children exposed to low peer acceptance and high daily stress may enhance their emotional well-being.

In contrast to the above, no effects on child psychopathology were found for the 'reference-to-others' coping style. These findings differ from those of previous studies which have reported the positive effects of coping strategies based on seeking social support in the face of peer-related stressors (Causey & Dubow, 1992). A possible explanation for these discrepant results could be that this coping style only shows its effect on emotional/behavioural problems over time, particularly in middle adolescence when peers become the main source of emotional support (Brown, 1996).

As regards the influence of non-productive coping styles on emotional/behavioural indicators (while controlling for peer acceptance), the results show that this variable has a predictive effect with respect to emotional symptoms and clinical maladjustment. These findings are in agreement with previous research which has consistently demonstrated that the use of non-productive coping strategies to deal with peer conflicts has negative effects on emotional adjustment, it being associated with increased levels of depression and social anxiety (Sandstrom, 2004). In this regard the present results support the idea that the use of non-productive cop-

ing strategies (i.e. wishful thinking, not coping, ignoring the problem, keeping to self, self-blame and tension reduction) is associated with strong negative effects on emotional adjustment among non-accepted children who are exposed to high daily stress.

With regard to sex, this variable was found to have a moderate predictive effect in relation to school maladjustment and personal adjustment. In terms of school maladjustment, and as predicted, male children and those with low peer acceptance and high daily stress were more likely to respond with externalizing behaviours, such as negative attitudes toward school and difficulties in relating to teachers. A partial explanation for these results may be found in previous studies which suggest that boys experience more behavioural problems in the academic domain (Baker, 2006; Hughes, Cavell, & Willson, 2001). The present analysis complements these results by indicating that those boys who are less accepted are more likely to show difficulties with academic adjustment.

Moving on to the relationship between sex, peer acceptance and personal adjustment the results indicate that, in comparison to girls, the highest level of personal adjustment was shown by boys with positive peer acceptance, low daily stress and who make greater use of problem-focused coping strategies (i.e. focus on solving the problems, seek relaxing diversion, physical recreation, work hard to achieve and focus on the positive). These results are consistent with previous research that has shown an increased use of problem-focused coping strategies among boys (Hampel & Petermann, 2005), an aspect which is closely related to emotional well-being. Similarly, other studies have demonstrated that girls are more likely than boys to feel stress and negative emotions when faced with low peer acceptance (Goodman & Southam-Gerow, 2010; Klima & Repetti, 2008; Reijntjes et al., 2006).

The present study has two main limitations. Firstly, the data were mainly collected through self-report measures, with participants providing their own ratings for daily stressors, coping strategies and psychological outcomes. A peer rating scale was, however, used to assess peer acceptance. In this regard the study would be strengthened by the inclusion of external measures of psychological adjustment (e.g. teacher or parental ratings). Secondly, given the relatively small age range of our sample (9 to 12 years old), age differences were not explored. Future work is therefore needed to examine age differences, considering an age range from middle childhood to late adolescence.

In summary, the results of this study shed some light on the underlying mechanisms that affect the relationship between peer acceptance and maladjustment. Daily stress was found to be a powerful predictor that strengthens the abovementioned relationship, it showing a predictive effect with respect to all the emotional/behavioural indicators. In addition, non-productive and problem-focused coping styles were revealed to be factors associated with emotional symptoms, clinical maladjustment and personal adjustment. Our

findings also indicate sex effects on the relationship between peer acceptance and emotional/behavioural indicators. Taken together, this evidence represents a significant contribution to the field of psycho-educational intervention, and suggests new directions for developing healthy environments in schools. Furthermore, the results support the need

to design and implement stress management and coping skills programmes for primary school children, especially among the subgroup of non-accepted children. The role of sex differences in stress and coping processes must also be considered.

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