# Relational Peer Victimization and Depression in Emerging Adulthood: The Effects of Self-Compassion and Normative Beliefs about Relational Aggression

by

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A dissertation submitted to the Graduate Faculty of
Auburn University
in partial fulfillment of the
requirements for the Degree of
Doctor of Philosophy

Auburn, Alabama
August 7, 2021

Keywords: relational peer victimization, self-compassion,
depression, normative beliefs

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## Abstract

Relational peer victimization has been consistently associated with psychosocial maladjustment in emerging adulthood, including depression (Leadbeater, Thompson, & Sukhawathanakul, 2014). Researchers have attempted to discover the underlying mechanisms of this relationship. Self-compassion may help elucidate connections between relational peer victimization and depressive symptoms, as it has been associated with psychological well-being, including decreases in depression (Neff & Vonk, 2009). Additionally, other factors may further influence how a person responds to relational peer victimization, such as how normative (i.e., acceptable) one views relational aggression. The present study hypothesized that overall self-compassion and its various domains would indirectly explain the relationship between relational peer victimization and depression. It was also anticipated that the association between relational peer victimization and self-compassion would be conditional upon normative beliefs about relational aggression. Using a sample of 552 emerging adults, the hypotheses were partially supported. Significant indirect effects were found for most models of self-compassion except for the Common Humanity subscale and the general positive domain. Further, in each condition, self-compassion and the specific components only partly accounted for this relationship. In addition, normative believes about relational aggression was not a significant moderator in any models. Taken together, the results of this study provide additional support for the contribution of self-compassion in the association between relational peer victimization and depression. Additional studies that utilize longitudinal designs and account for other potential mechanisms, such as positive cognitive behaviors, are needed to further clarify the nature of these relationships.

# Acknowledgments

I would like to extend my great appreciation to everyone who has helped me through my graduate training. First, thank you to my mentor, Dr. Christine Totura Garrison, for her continued guidance throughout this project and my entire graduate training. You have provided me with invaluable experiences and enabled me to mature into a competent researcher and professional. Second, I would like to thank Dr. Steven Shapiro, Dr. Elizabeth Brestan Knight, and Dr. Daniel Svyantek, for their willingness to serve on my committee and their constant feedback, which has been integral to my training.

This milestone would not be possible without the endless love and support of my family and friends. To my parents and my sister, you have never wavered in you support of me and my goals. You offered words of encouragement when I needed them most, and I would not have succeeded without you. Finally, I will be forever grateful to my peers in Auburn, who were always willing to share their knowledge and extend their friendship. I cannot imagine these last five years without you.

Table of Contents

List of Tables

List of Figures

## Introduction

Numerous findings have supported the link between peer victimization and psychological problems, such as internalizing symptoms (Leadbeater et al., 2014; Lereya, Copeland, Costello, & Wolke, 2015). Relational victimization in particular has been found to be uniquely associated with internalizing outcomes. For instance, in adolescent populations, several studies have reported that relational victimization is more strongly associated with internalizing problems, such as depression, when compared to other types of victimization (e.g., physical; Bauman, 2008; Casper & Card, 2017; Prinstein, Boergers, & Vernberg, 2001). However, inconsistencies within the literature remain about how relational peer victimization relates to depressive symptoms, particularly within other developmental age groups (Mlawer et al., 2019).

In addition to an interest in the direct relationship between relational peer victimization and internalizing symptoms, researchers have examined other factors that inform this association, such as social support from family and friends (Bollmer, Milich, Harris, & Maras, 2005; Ttofi, Bowes, Farrington, & Lösel, 2014; Yeung Thompson & Leadbeater, 2012) and the duration of victimization experiences (Scholte, Engels, Overbeek, de Kemp, & Haselager, 2007; Menesini, Modena, & Tani, 2009). One potential mechanism that may help explain the association between relational peer victimization and internalizing difficulties (i.e., depressive symptoms) is self-compassion, which broadly entails how one reacts towards and views him/herself in the face of negative situations and experiences (Neff, 2003a). Although researchers have begun linking victimization experiences to depression via self-compassion in children and older adolescents (i.e., 15 to 18-year olds; Játiva & Cerezo, 2014; Zhang et al., 2019), the limited number of studies suggest that this is still an underdeveloped, yet important, area of inquiry, particularly in emerging adulthood.

**Relational Peer Victimization in Emerging Adulthood**

Peer victimization is viewed as a salient psychological stressor that encompasses a wide variety of behaviors intended to cause harm to other peers, which can range from physical to verbal to relationally oriented behaviors that impact others' social functioning (Stapinski et al., 2015). Relational peer victimization, specifically, includes being the recipient of aggressive tactics from peers that are intended to cause harm to victims' relationships through socially oriented means (e.g., gossiping, peer exclusion; Crick & Grotpeter, 1995). Although the general trend is that overall rates of victimization appear to decline after adolescence (Nylund, Bellmore, Nishina, & Graham, 2007; Sumter, Baumgartner, Valkenburg, & Peter, 2012; Troop-Gordon, 2017), several studies within the last few years have demonstrated that relational aggression continues to occur in emerging adulthood (Bailey & Ostrov, 2008; Murray-Close, 2011; Nelson, Springer, Nelson, & Bean, 2008; You & Bellmore, 2014). For example, Leadbeater and colleagues (2014) found that relational peer victimization increased after high school for males and remained relatively stable for females pre- and post-high school. Despite this, limitations in the current literature concerning emerging adult populations means that it is still unknown exactly how prevalent these behaviors are in this developmental period.

Nonetheless, relational peer victimization is distinctly salient in emerging adulthood, as this period is defined by intrapersonal, social, and cognitive developmental milestones and unique life transitions that can facilitate engagement in and experiences of relational aggression (Cohen et al., 2016; Nelson et al., 2008; Smits, Doumen, Luyckx, Duriens, & Goossens, 2011). Illustratively, emerging adulthood is a time of immense change, characterized by diversifications of social networks and interpersonal relationships, environmental shifts (e.g., entering the workforce, attending college), and identity development in multiple life domains (Arnett, 2000;

Doumen et al., 2012). Until recently, relational aggression and victimization were primarily studied in children and adolescents (Arnett, 2000; Kosterman et al., 2014; Murray-Close et al., 2010; Voulgaridou & Kokkinos, 2015), with many studies focusing on aggressors rather than victims (Casper & Card, 2017). However, given the importance and reciprocal nature of both identity development and peer relationships, emerging adults can also experience developmental conflicts that can result in instances of relational victimization as a way to achieve personal goals (Lansu & Cillessen, 2012; Nelson et al., 2008; You & Bellmore, 2014).

**The Association Between Relational Victimization and Depression**. There is evidence to suggest that emerging adults who experience peer victimization are at-risk for maladjustment (Copeland et al., 2013; McDougall & Vaillancourt, 2014), consistent with what is commonly found in the child and adolescent literature (e.g., Cohen & Kendall, 2015; Prinstein et al., 2001; Storch & Masia-Warner, 2004). For instance, emerging adults who reported experiencing previous peer victimization have also reported higher current rates of depression during this time (Bowes, Joinson, Wolke, & Lewis, 2015; Chu, Williams, Harris, Bryant, & Gatt, 2013; Copeland et al., 2013; Isaacs, Hodges, & Salmivalli, 2008). Generally, emerging adults are at an especially greater risk for developing depression, as research on prevalence rates have indicated that instances of depressive episodes are at their highest during the transition from adolescence into emerging adulthood (American Psychiatric Association, 2013) compared to other adult age groups (SAMHSA, 2014). The increased likelihood for depression is in part due to the developmental risk factors that are hallmarks of emerging adulthood, including social stress (e.g., separation from parents, more serious romantic relationships); experiences of negative life events (e.g., difficulty finding a job); and internal stressors, such as identity development and cognitive-emotional functioning (Arnett, 2000; Finan, Ohannessian, & Gordon, 2018; Riggs & Hann,

2009). Friendships are also important, as they provide both social and emotional supports that are needed to cope with the numerous life changes in emerging adulthood (Yeung Thompson & Leadbeater, 2012) and are associated with better mental health outcomes (Newcomb-Anjo, Barker, & Howard, 2017). Thus, by specifically targeting others' social relationships, relational peer victimization can reduce individuals' social involvement and support, which may cause individuals to feel more isolated and contribute to depressive symptoms. To compound this, emerging adults who experience relational peer victimization may have a particular vulnerability to developing depression given the transitions during this developmental time (Holterman, Murray-Close, & Breslend, 2016).

A primary limitation within the emerging adult literature is that studies rarely examine specific forms of peer victimization, but rather, they often include the effects of general victimization in early childhood and adolescence (e.g., Buchanan and McDougall, 2018, Copeland et al., 2015). This makes it difficult to determine the unique predictive effects of relational peer victimization on depression in emerging adulthood. Only one study was discovered that examined concurrent relational peer victimization and depression in emerging adulthood, which found a significant positive association between the two (Leadbeater et al., 2014). Moreover, not all emerging adults who experience relational victimization will also experience depressive symptoms, despite their increased risk. Hence, it is important to consider mechanisms that might predict depression in individuals who endure relational victimization. In support of this, numerous studies have examined additional factors that may contribute to the development of depression in the face of relational peer victimization, albeit this has primarily been done within the adolescent literature (e.g., Hawker & Boulton, 2000; Hoglund & Leadbeater, 2007). Still, these findings suggest that there is likely more involved in this

association, as findings indicate the link between peer victimization and depression is not necessarily direct.

Some social cognitive processes have been found to mediate the relationship between relational victimization and depression (Hoglund & Leadbeater, 2007). In one study, having an awareness of others' thoughts and feelings in social situations served as the mechanism contributing to depressive symptoms following experiences of relational victimization, as adolescents' ability to regulate their emotions was tied to their social understanding of their peers (Hoglund & Leadbeater, 2007). However, it is possible that one's own level of self-awareness and understanding could help explain how relational peer victimization can relate to depression. Instead of externalizing negative feelings that may arise from peer victimization (e.g., using aggression), some individuals may instead turn inwards and begin to direct their negative thoughts and emotions onto themselves. Consequently, this negative internalization could indirectly contribute to depressive symptoms.

Self-compassion is a way of viewing and acting towards oneself wherein individuals turn compassion inwards as a method of dealing with hardships or negative experiences (Neff, 2003a, 2003b). Universally, self-compassion is defined by two opposing but associated domains, one positive and one negative, with three components comprising each domain (Neff, 2003b). The positive domain assesses actual engagement in self-compassionate behaviors, whereas the negative domain represents the opposite of self-compassion (Neff, 2003b). As defined by the literature (e.g., Neff, 2003a, 2003b; Neff & Vonk, 2009), self-kindness (versus self-judgment) is the act of treating oneself with understanding as opposed to self-criticism. Common humanity (versus isolation) entails recognizing that failures and imperfections are universal experiences instead of unique to the individual. Lastly, Neff (2003b) defines mindfulness (versus

overidentification) as an awareness and acceptance of negative life experiences through a balanced view, as opposed to fixating on negative cognitive and emotional responses.

Higher levels of self-compassion have been linked to reduced stress and lower instances of psychopathology, such as depression (Krieger, Altenstein, Baettig, Doerig, & Holtforth, 2013; Muris & Petrocchi, 2017; MacBeth & Gumley, 2012). When one views their negative experiences with self-kindness, has an understanding that these experiences are universal, and engages in mindful self-evaluations, they are less likely to have psychological distress and are able to cope with negative life events more effectively (Kirschner et al., 2019; Neff, 2003a, 2003b; Neff & Vonk, 2009). Self-compassion also increases psychological well-being by fostering a sense of belongingness and connection with others (Játiva & Cerezo, 2014; Zhang, Chi, Long, & Ren, 2019), which could combat the social and psychological consequences of relational peer victimization (e.g., feelings of isolation) that are part of the depressive symptomatology. Moreover, self-compassion might assist with the processing of victimization in a way that takes the viewpoint of these experiences as more universal, as opposed to being due to personal characteristics that are closely associated with one's view of self (Diedrich, Grant, Hofmann, Hiller, & Berking, 2014; Játiva & Cerezo, 2014; Neff, 2003b). This, in turn, could help individuals avoid overidentifying with or assigning self-blame to their victimization experiences. Vice versa, when individuals view their personal shortcomings as unique to themselves and engage in negative self-judgements (i.e., the opposite of self-compassion), they could experience feelings of isolation and increased suffering (Neff & Vonk, 2009). As relational peer victimization is generally meant to single out individuals and damage their interpersonal functioning, a harsher, more critical view of these acts likely increases self-criticism and overidentification with these experiences, ultimately resulting in depression.

There may be several possible avenues in which self-compassion reduces depressive symptoms, specifically. The positive components of self-compassion are consistent with coping and emotion regulation strategies traditionally employed to reduce depressive symptoms; and, through utilizing self-compassion, individuals may more readily engage in effective coping techniques (Bakker, Cox, Hubley, & Owens, 2019; Kirschner et al., 2019). For example, cognitive reappraisal is a strategy that seeks to reduce depressive symptoms through alteration of one's cognitive and affective responses to negative situations (Diedrich et al., 2014). Similarly, the components of self-compassion encourage individuals to regard their negative experiences with a more accepting and mindful attitude, thereby reducing distress associated with these events (Neff, 2003a). By engaging in self-compassion and fostering positive coping techniques (e.g., cognitive restructuring, problem-solving), individuals may also reduce avoidance behaviors, which can be associated with depression (Allen & Leary, 2010; Krieger et al., 2013). Alternatively, lower levels of self-compassion are associated with a tendency to ruminate, which is another common component of depression (Bakker et al., 2019; Neff, 2003b). Furthermore, self-criticism and negative self-evaluations are consistent with lower self-compassion and are integral cognitive processes that contribute to depressive symptoms (Joeng & Turner, 2015; Kirschner et al., 2019). More specifically, individuals with depressive symptoms are more likely to fixate on negative attributes and engage in self-blame when faced with adversity (Joeng & Turner, 2015). As self-compassion involves a more favorable sense of self and engagement in positive coping strategies, higher levels of self-compassion can serve as a way to mitigate depression by reducing the rumination, blame, and avoidance behaviors triggered by distressing events, such as relational victimization (Bakker et al., 2019; Marsh, Chan, & MacBeth, 2018).

To date, only two studies were found that examined the indirect effect of self-compassion on the relationship between victimization and depression. In a sample of 15- to 18-year-olds, Játiva and Cerezo (2014) found self-compassion to partially mediate the relationship between several types of victimization and general psychological maladjustment, such that self-compassion reduced the negative psychological consequences of multiple types of victimization experiences. In addition, there was a significant negative association between victimization and self-compassion. It was suggested by the authors that self-compassion can act as a "protective factor" in the face of victimization, thereby facilitating emotion regulation strategies that can reduce the negative impact of these experiences. All of this, in turn, encourages psychological resiliency (Játiva & Cerezo, 2014). In a second recently published study by Zhang and colleagues (2019), the authors found a similar effect. Specifically, in a sample of young Chinese adolescents (i.e., average age was 13), there was a direct effect of victimization on depression and a significant indirect effect of self-compassion on this relationship. Consistent with previous theories, the authors proposed that victimization inhibited children's engagement in positive emotion regulation strategies (e.g., engagement in self-blame), leading to increased emotion dysregulation and a higher risk for mental health problems (Zhang et al., 2019).

Despite these positive findings, neither study examined specific forms of peer victimization separately. Thus, there remains a gap as to how self-compassion functions with relational peer victimization in particular. It is also noteworthy that these studies only included adolescent or child populations. Given this, another important direction for research would be to evaluate how these relationships function in emerging adulthood since it is a period with heightened social stressors and increased focus on the intimacy of peer relationships (Arnett, 2000). Collectively, the present study will seek to fill these gaps by examining whether self-

compassion plays an indirect role with relational peer victimization and depression, specifically, using an emerging adult sample. It is also necessary to consider factors that may serve to strengthen or weaken this relationship to explore the conditions which impact how peer victimization and self-compassion relate to one another, and therefore depression. As self-compassion includes components that are tied to cognitive appraisals of one's experiences, it would seem, then, that if one holds certain beliefs about the normalcy of relational aggression, these beliefs would potentially influence the association between relational peer victimization and self-compassion.

**The Moderating Role of Normative Beliefs about Relational Aggression**

Normative beliefs are a type of cognition that determine how acceptable or unacceptable one views a particular behavior to be, which in turn guides how one will respond when such behavior occurs (Guerra, Huesmann, & Hanish, 1994). Normative beliefs about relational aggression are a specific type of social information processing bias that determines how acceptable someone considers aggression (Crick & Dodge, 1996; Goldstein, Chesir-Teran, & McFaul, 2008; Huessman & Guerra, 1997; Linder, Werner, & Lyle, 2010; You & Bellmore, 2014). As with all types of social information processing biases, normative beliefs are shaped by one's preexisting social knowledge (e.g., schemas, scripts), and they serve as the basis for the determination of appropriate behaviors (Linder et al., 2010). For instance, beliefs that relational aggression is normative are associated with higher engagement in relational aggression in emerging adulthood (Bailey & Ostrov, 2008; Werner & Hill, 2010; You & Bellmore, 2014).

Although social-cognitive processes (e.g., schemas) are largely influenced by experiences and emotions in childhood and adolescence (Carlucci, D'Ambrosio, Innamorati, Saggino, & Balsmo, 2018), research has shown that these processes are continually reinforced during

emerging adulthood (Simons, Sistad, Simons, & Hansen, 2018). More specifically, whereas positive experiences strengthen adaptive processes, continued negative experiences facilitate the persistence of negative schemas (Simons et al., 2018). The latter may include already held beliefs about the acceptability of aggression. Consequently, as is the case with children, young adults who continue to experience negative peer interactions, such as relational victimization, may be more likely to view themselves in a maladaptive light (Simons et al., 2018), unless there are beliefs that assuage these self-appraisals.

Despite these findings, the plethora of research regarding normative beliefs about relational aggression and commensurate engagement in such aggression have typically been examined within the context of adolescent aggressors, not with those who experience relational peer victimization. Furthermore, there is a dearth of research regarding how normative beliefs may relate to emotion regulation and cognitive appraisals of personal experiences, such as self-compassion. Drawing from the aggression literature, one study found that children who reported higher normative beliefs about aggression also reported less self-criticism about their aggressive behavior (Amjad & Skinner, 2008). Moreover, the authors reported that when children did find fault with their aggressive actions, it was only when these actions were counter to their normative beliefs. Therefore, at least for children, normative beliefs can be tied to how one views negative interactions with peers (e.g., can be upset by their actions). Considering this, it may be that normative beliefs either mitigate or exacerbate the suggested negative relationship between peer victimization and self-compassion.

As previously defined, self-compassion is not specific to one type of negative experience; rather, individuals can adopt self-compassionate behaviors and mindsets across all adverse life events (Neff, 2003b). Regarding relational peer victimization specifically, when individuals hold

higher normative beliefs for aggression, they may be even less self-critical and judgmental of their victimization experiences. This mindset, in turn, helps individuals to view these experiences as universal and "typical" to their peers. As a result, the victimization experience may not be seen as being due to a personal characteristic that is unique and closely related to one's identity; and individuals may be able to take on a kinder perspective towards themselves and better accept their negative experiences with a balanced mindset. Succinctly, individuals may be more able to use self-compassion when they experience victimization if it is perceived as a common, normative event that anyone might go through. Alternatively, when individuals believe aggression is not normative or acceptable, they may be less likely to engage in self-compassion as they may attribute their victimization to a perceived shortcoming or inherent flaw unique to themselves and, thus, feel a greater sense of isolation and negative emotional responses.

**The Present Study**

Relational peer victimization has been strongly associated with psychological maladjustment, particularly depressive symptoms (Copeland et al., 2013; Hawker & Boulton, 2000; Leadbeater et al., 2014; McDougall & Vaillancourt, 2014). Victimization experiences, in general, adversely impact an individual's ability to use positive coping skills and regulate their negative emotions (Játiva & Cerezo, 2014; Zhang et al., 2019), contributing to maladjustment. Relational peer victimization may be particularly impactful on psychological functioning since it seeks to isolate individuals and fosters negative social interactions. There is burgeoning support that self-compassion may help explain how relational victimization indirectly relates to depression. Self-compassion has been found to reduce depressive symptoms in emerging adults (Allen & Leary, 2010; Krieger et al., 2013; Neff, 2003b); and, studies have shown that it may increase positive coping and emotion regulation strategies (e.g., Játiva & Cerezo, 2014; Zhang et

al., 2019). If one engages in self-compassion and views relational peer victimization experiences more adaptively and with less self-criticism, this may disrupt the relationship between victimization and emotional problems such as depression. Furthermore, how normatively one views their victimization experiences could have implications for the degree to which they engage in self-compassion. Therefore, the current study will not only examine whether the relationship between relational peer victimization and depression is explained by self-compassion, but also whether the pathway between victimization and self-compassion is moderated by normative beliefs about relational aggression in an emerging adult population.

It is hypothesized that there will be a significant indirect relationship between relational peer victimization and depression through self-compassion. Drawing from previous findings in adolescents (i.e., Játiva & Cerezo, 2014), it is anticipated that relational peer victimization will be negatively associated with self-compassion and that self-compassion will in turn be negatively associated with depression within the current emerging adult sample. It is also hypothesized that the relationship between relational peer victimization and self-compassion will be stronger (i.e., more negative) when normative beliefs about relational aggression are lower, as emerging adults may be less self-compassionate when they view aggressive behaviors as less acceptable or uncommon. Conversely, when aggression is seen as more normative (i.e., higher normative beliefs), it may be easier to engage in self-compassion as experienced victimization may be viewed as ubiquitous and less individualized or based on a personal characteristic. It is then hypothesized under this condition that the association between relational peer victimization and self-compassion would be weaker (i.e., less negative).

## Methods

### Participants

Data for the present study was collected cross-sectionally. The sample consisted of 552 emerging adults between the ages of 18 and 25 ($M_{age}$ = 19.74 *SD* = 1.48) who were enrolled in undergraduate psychology courses at Auburn University. The majority of participants identified as female (*n* = 414, 75%), White (*n* = 494, 89.5%), and heterosexual (*n* = 517, 93.7%). The remaining sample included 7.8% Black or African American, 4.2% Asian, and 2.2% American Indian or Alaskan Native. Only 3.8% of the sample identified as Hispanic or Latino. To provide further context about participants' social interactions with peers, additional descriptives were examined. Most participants reported either living with one or more roommates in an off-campus apartment or home (41%) or that they lived in a dorm room (40%). Moreover, the majority of participants stated that they had between three and 10 close friends (78.5%), and 67.6% reported that most of their friends lived in Auburn. Regarding how often they saw their friends, participants primarily interact with their friends outside of class, either one-on-one (25.5%) or in a small group (i.e., between two and six individuals; 63.6%). Respondents were also asked about how they communicated with friends, and the highest frequency responses were "texting" (89.8%) and "in-person" (87.5%).

**Procedure**

This study was approved by the Institutional Review Board at Auburn University. Questionnaires for this study were administered online via Qualtrics. Participants enrolled in the study via the Psychology Department Research Participation website. Students between the ages of 18 and 25 were eligible to complete the surveys. All participants were presented with an information letter prior to answering survey questions, which outlined the purpose of the study; its voluntary nature; and confidentiality. Those who declined the terms were redirected out of the study.

## Measures

**Self-Report of Aggression and Social Behavior Measure (SRASBM).** The SRASBM (Linder, Crick, & Collins, 2002) is a self-report measure of relational aggression and victimization in adulthood. The questionnaire consists of 56 items that are rated using a seven-point Likert scale (1 being "*not at all true*" and 7 being "*very true*"). Within the measure, there are four items assessing relational victimization between peers (e.g., "*I have a friend who ignores me or gives me the "cold shoulder" when s/he is angry with me"*). Items are mean scored, with higher scores indicating higher levels of relational victimization. The scale was also found to have adequate internal reliability for the current sample ($\alpha$ = .72).

To better understand the validity of the relational peer victimization scale, subscale scores were also created for the Romantic Victimization scale of the SRASBM (five items, $n$ = 220, $\alpha$ = .83) and the Physical Victimization scale of the SRASBM (three items, $\alpha$ = .71). Of note, participants who indicated that they were not in a romantic relationship at the time of data collection did not complete these items. The relational victimization scale was moderately and significantly correlated with both the romantic victimization scale ($r$ = .35, $p$ < .001) and the physical victimization scale ($r$ = .39, $p$ < .001). These findings support the validity of the relational victimization construct.

**Self-Compassion Scale (SCS).** The SCS (Neff, 2003b) is a 26-item self-report inventory that evaluates one's engagement in self-compassion. The current study used the English version of the scale. Responses are made on a Likert scale (1 being "*Almost never" and 5 being "Almost always").* The SCS yields a total self-compassion score, as well as scores in six domain scores. The three positive scales include Self-Kindness (e.g., "*I try to be loving towards myself when I'm feeling emotional pain"*), Common Humanity (e.g., "*When things are going badly for me, I see*

*the difficulties as part of life that everyone goes through"*), and Mindfulness (e.g., "*When something painful happens I try to take a balanced view of the situation"*). Conversely, the three negative scale items represent opposite characteristics and behaviors, including Self-Judgment (e.g., "*I'm disapproving and judgmental about my own flaws and inadequacies"*), Isolation (e.g., "*When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world"*), and Over-Identification (e.g., "*When I'm feeling down I tend to obsess and fixate on everything that's wrong"*). All items are mean scored to construct each subscale, and a grand mean of each subscale score was used to derive the Total SCS (Neff, 2003b). For the Self-kindness, Common Humanity, and Mindfulness subscales, higher scores indicate higher engagement in self-compassion. Conversely, for the Self-Judgment, Isolation, and Overidentification subscales, higher scores are indicative of attitudes and behaviors that are lacking in self-compassion. When computing subscale scores for the Self-judgment, Isolation, and Overidentification subscales, items are not recoded because they are negatively worded. When creating the Total SCS score, these negatively valenced items were recoded to be consistent with the other three subscales,

Internal consistency for the Total SCS scale was excellent in the present sample ($\alpha$ = .93). For each domain score, Cronbach's alphas ranged from .76 to .84 (see Table 1). The SCS has also demonstrated discriminant and convergent validity, as Neff (2003b) found negative significant associations ($p < .01$) between the SCS, depression, ($r$ = .51) and anxiety ($r$ = .65) and a positive correlation with life satisfaction ($r$ = .45). When examining the factor structure of the SCS, previous results of confirmatory factor analyses (CFAs) indicated that a six-factor solution and a one-factor solution (i.e., Total SCS) both fit the data well (Neff, 2003b).

**The Center for Epidemiological Studies Depression Scale (CES-D).** The CES-D (Radloff, 1977) is a 20-item self-report scale measuring depressive symptomatology in the general population (e.g., *"I felt depressed," "I was bothered by things that usually don't bother me"*). Items are rated on a four-point Likert scale: 0 (*"Rarely (Less than 1 day)"*), 1 (*"Some (1-2 days)"*), 2 (*"Occasionally (3-4 days)"*), and 3 (*"Most (5-7 days)"*). Items are summed to derive a total score between zero and 60, with higher scores indicating higher depressive symptomatology. A score of 16 or greater is considered the cut-off for clinical depression (Radloff, 1977). Previous research has supported the reliability of the CES-D, reporting Cronbach's alphas of .85 (Hann, Winter, & Jacobson, 2019; Radloff, 1977). Radloff (1977) reported that test-retest reliability was satisfactory over both a two to eight-week period (*rs* = .51-.67), but it was lower during a period of three to 12 months (*rs* = .32 to .54). The CES-D has also been found to be positively correlated with other measures of depression and is considered a suitable as a measure of depression in both clinical and non-clinical samples (Hann et al., 1999). In the current sample, the CES-D demonstrated strong internal consistency ($\alpha$ = .93).

**Normative Beliefs about Relational Aggression.** The Normative Beliefs about Relational Aggression scale (You & Bellmore, 2014) is a 12-item self-report measure that asks respondents about their beliefs about the acceptability of peers' engagement in relational aggression (e.g., *"Some peer(s) said bad things about a peer behind their back"*). Items are rated on a four-point Likert (1 being "*Definitely Wrong"* and 4 being *"Definitely Okay"*) and are mean-scored to derive the subscale. Higher scores indicate stronger beliefs that relational aggression is acceptable. You and Bellmore (2014) previously reported adequate internal consistency for this measure ($\alpha$ = .78) in a college sample. The authors also found this measure to positively correlate with assisting in aggression and reinforcing behavior (*rs* = .27, $p < .01$)

and negatively associated with defending behaviors ($r$ = -.28, $p$ < .01). A Cronbach's alpha coefficient of .90 indicated excellent internal consistency for the present study.

## Data Analysis

Before conducting any analyses, data was evaluated for missingness and outliers. Twenty-one participants were removed for missing over 50% of data across study variables. Independent *t*-tests were used to examine missing data patterns. All t-tests were nonsignificant ($p \geq .05$) except for two. The t-test comparing missing data for the CES-D and the relational peer victimization subscale was significant ($t$ [550] = 2.75, $p$ = .006), as was the t-test comparing missing data for the Mindfulness subscale of the SCS and the relational peer victimization subscale ($t$ [550] = 2.75, $p$ = .006). Further examination revealed that these two missing subscale variables (i.e., the CES-D and the Mindfulness subscale) were from the same participant. All missing data was handled using Full Information Maximum Likelihood (FIML) in Mplus (Muthén & Muthén, 1988-2018). There was no missing data for the predictor variable of relational peer victimization or any other subscales.

Univariate outliers were identified as subscale values that were three or more standard deviations above the mean. For each subscale, scores were converted into standardized Z-scores, and outliers were values above or below three. High and low outliers were examined separately, and new dichotomous variables were created to reflect whether a score was an outlier (i.e., 0 = "not an outlier," 1 = "high/low outlier"). Overall, 11 participants were found to be high outliers: one for the CES-D and 10 for the Normative Beliefs about Relational Aggression subscale[1]. These participants were removed from all subsequent analyses. There were no low outliers

[1] Analyses that used the Total SCS score were run excluding outliers for each subscale separately, with all outliers completely removed, and with outliers included. Significance and pattern of effects did not change based on outlier condition. These analyses were also run using fenced scales (i.e., 2IQR above the mean) for the SCS, CES-D, and Normative Beliefs about Relational Aggression measures, which resulted in a total of 33 high outliers across subscales. Still, the pattern of effects did not differ for overall self-compassion.

present for any of the study variables. After removal of univariate outliers, bivariate outliers were examined via scatterplots, and none were observed. Lastly, Mahalanobis distance was used to assess for the presence of multivariate outliers. To obtain this value, a linear regression was conducted in SPSS (Version 25; IBM Corp, 2017), with participant ID entered as the predictor and all other variables entered as outcomes. Values greater than the chi-square critical value for four predictors at $p < .001$ were considered multivariate outliers (Kline, 2016). Upon examination, no scores met criteria for multivariate outliers.

Some research advocates using a two-factor form of the Self-Compassion Scale (i.e., general positive and negative subscales), however, findings are mixed concerning the utility and replicability of a two-factor model (Neff et al., 2019). Thus, a CFA was conducted with the purpose of evaluating the fit of a two-factor solution to the current sample. Specifically, the positively valenced subscales (i.e., self-kindness, common humanity, and mindfulness) were loaded onto one factor, with the negative subscales loaded onto a second factor (i.e., self-judgment, isolation, overidentified). Since the two factors were from the same scale, they were allowed to correlate. Overall, the two-factor solution demonstrated poor fit ($\chi^2$ [8] = 130.49, $p <$ .001; RMSEA = .57, 90% CI [.14, .19]; CFI = .94; TLI = .89; SRMR = .06).

All indirect and moderated indirect analyses were conducted using Mplus (Version 8; Muthén & Muthén, 1988-2018) with Maximum Likelihood (ML) as the estimator. A bias-corrected bootstrap with 5,000 iterations was used to test the significance of the indirect effects (Hayes, 2009). To test the hypothesis examining whether there were significant indirect effects of self-compassion on the association between relational peer victimization and depression, three pathways were calculated for each model. Figure 1 represents the conceptual model of each of these regression pathways with total self-compassion as the mediator, and this is the conceptual

model that represents all mediation analyses. As shown in Figure 1, path *a* represents the association between relational peer victimization and self-compassion, path *b* shows the association between self-compassion and depression, and path *c'* demonstrates the direct effect of peer victimization on depression. To calculate all indirect effects, the product of coefficients method was used, wherein the indirect effect is represented by the product of the *a* and *b* pathway coefficients (Hayes, 2009; MacKinnon, Fairchild, & Fritz, 2007). The proportion mediated equation (e.g., MacKinnon et al., 2007) was used to calculate the effect size (*ES*) of the indirect effect (*ab*) for this model. (i.e., $ab$ / [$c' + ab$]). In addition to the model with total self-compassion, the six components of self-compassion were also explored through individual models. This facilitated a more complete understanding of the function of self-compassion as a multidimensional construct helping explain the relationship between relational peer victimization and depression.

The second hypothesis proposed that normative beliefs about relational aggression would moderate the association between relational peer victimization and self-compassion (i.e., path *a*), as demonstrated in Figure 2. To test this, a second path analysis was conducted in which the normative beliefs about relational aggression variable and the interaction term (i.e., peer victimization x normative beliefs) were entered simultaneously as predictors of the relationship between relational peer victimization and self-compassion (Figure 2). Both the relational peer victimization and normative belief subscales were grand mean centered in Mplus using the "DEFINE" command to reduce multicollinearity and to increase interpretability of the effects (Kline, 2016). Additionally, the interaction term was created in Mplus using the same "DEFINE" command.

## Results

Descriptive statistics for study variables are presented in Table 1, and correlations can be found in Table 2. All subscales were normally distributed (i.e., skewness less than ±3 and kurtosis less than ±10; Kline, 2016). As shown in Table 2, the majority of the correlations were significant and in the expected direction. Specifically, relational peer victimization was negatively associated with overall self-compassion, self-kindness, and mindfulness, whereas it was positively associated with depression, normative beliefs about relational aggression, and each of the negative domain scales of the SCS. Interestingly, the Common Humanity subscale of the SCS was not significantly related to relational peer victimization. As anticipated, overall self-compassion and each of the positive domain scales were negatively associated with depression and normative beliefs about relational aggression. Conversely, each of the negative domains were positively and significantly related to depression. Notably, the negative subscales of the SCS were not significantly correlated with normative beliefs about relational aggression. Lastly, the positive and negative domains of the SCS were inversely and significantly correlated.

### Indirect Effects Models

Regression coefficients, bias-corrected confidence intervals, and effect sizes for each indirect effect are presented in Table 3 for all indirect models. Fit statistics were not reported for indirect models because they are saturated (i.e., the number of parameter estimates equaled the number of data points, resulting in zero degrees of freedom; Kline, 2016). Results of Model 1, which included overall self-compassion as the mediator, show that relational peer victimization was negatively associated with overall self-compassion (path *a*; $b = -.13$, $se = .02$, $p < .001$). Additionally, the relationship between self-compassion and depression was negative (path *b*; $b = -8.34$, $se = .63$, $p < .001$) and accounted for 8% of the variance in overall self-compassion ($p <$

.001). As anticipated, relational peer victimization positively predicted depression (path *c'*; *b* = 1.67, *se*= .33, *p* < 001), and this relationship explained 30% of the variance in self-reported depression (*p* < .001). Lastly, the indirect effect of relational peer victimization on depression through overall self-compassion was positive (*ab*; *b* = 1.14, *se* = .20) and significant, as the bias-corrected confidence interval did not contain zero (95% CI: [.65, 1.70]). Approximately 41% of the total effect on depression was through the indirect effect of overall self-compassion.

Models 2, 3, and 4 represent the indirect analyses with each of the positive domains of self-compassion (i.e., self-kindness, common humanity, and mindfulness, respectively). As shown, the directionality of the pathway coefficients for these models are the same for Model 1. Additionally, the *a* and *b* pathways for Models 2 and 4 were negative and significant. However, the direct effect of relational peer victimization on common humanity was not significant in Model 3. For all three models, the *c'* pathways were positive and significant. For Models 2 and 4, the indirect effects were also positive and significant (*b* = .51, *se* = .15, 95% CI: [.19, .95] and *b* = .41, *se* = .14, 95% CI: [.10, .82], respectively). The total indirect effect of Model 2 accounted for 22% of the variance in depression, and the indirect effect accounted for 18% of the total effect on depression for Model 4. Alternatively, the indirect effect for Model 3 (i.e., common humanity), was not significant.

Models 5 through 7 depict indirect models that use each of the negative SCS domains (i.e., Self-Judgment, Isolation, and Overidentification, respectively). Overall, for each of these models, all *a* and *c'* pathway coefficients were positive. For the *a* pathways, relational peer victimization positively predicted negative components of self-compassion (Model 5: .19, *se* = .03, *p* < .001; Model 6: *b* = .23, *se* = .06, *p* < .001; Model 7: *b* = .19, *se* = .03, *p* < .001). For Models 5 and 6, the self-judgment and overidentification components of self-compassion

positively and significantly predicted depression (path *b*; 5.04, *se* = .51, *p* < .001 and *b* = 4.99, *se* = .47, *p* < .001, respectively), and these accounted for 9% and 28% of the variance in self-judgment and overidentification, respectively. For Model 6, the direct effect of isolation on depression was not significant (*b* = 2.92, *se* = .1.54, *p* = .06). Consistent with the previous models, relational peer victimization also positively predicted depression (path *c';* Model 5: 1.32, *se* = .34, *p* < .001; Model 6: *b* = .63, *se* = .21, *p* < .001; Model 7: *b* = 1.34, *se* = .34, *p* < .001), accounting for 22%, 16%, and 23% of the variance in depression, respectively. Finally, the indirect effects for Models 5, 6, and 7 were significant (Model 5: *b* = .97, *se* = .16, 95% CI: [.58, 1.42]; Model 6: *b* = .63, *se* = .21, 95% CI [.18, 1.23]; Model 7: *b* = .95, *se* = .17, 95% CI [.56, 1.40]). Furthermore, for each model, the indirect effects of self-judgment, isolation, and overidentification accounted for 42%, 28%, and 41%, of the total effect of depression, respectively.

Lastly, two more indirect analyses were conducted with the two general positive and negative domain scores of self-compassion (Models 8 and 9). Again, the positive domain is comprised of the Self-Kindness, Common Humanity, and Mindfulness subscales, whereas the negative domain is comprised of the Self-Judgment, Isolation, and Overidentification subscales. Results are again presented in Table 3. For Model 8, the direct effect of relational peer victimization on the positive domain was not significant (path *a*). Still, the direct effects of the positive domain on depression (path *b;* b = -3.53, *se* = 1.24, *p* = .004) and relational peer victimization on depression (path *c'*; *b* = 2.19, *se* = .37, *p* < .001) were significant. Further, path *b* was negative, while path *c'* was positive, consistent with the other three models which used positive domains of self-compassion. However, the indirect effect for this model was not significant. For Model 9 using the negative domain score, all direct pathways were positive and

significant, with path *b* accounting for 9% of the variance for the negative domain and path *c'* accounting for 26% of the variance in depression. Lastly, the indirect effect was positive and significant (*b* = 1.12, *se* = .13, 95% CI: [.67, .1.16]) and accounted for 49% of the total effect of relational peer victimization on depression.

**Moderated Indirect Models**

After testing the initial indirect effects of each model, a second moderated indirect model was examined for each the self-compassion construct and each of this construct's subscales to determine if each respective *a* pathway would be moderated by normative beliefs about relational aggression. Fit statistics for each model are presented in Table 4, and the models demonstrated poor to adequate fit. Specifically, the model using total self-compassion was the only model that produced adequate fit with the data. As before, regression coefficients, bias-corrected confidence intervals, and effect sizes for each indirect effect are presented in Table 5 for all moderated indirect models. For Model 10 (i.e., total self-compassion), the direct effect of self-compassion on relational peer victimization remained significant (path *a*; *b* = -.12, *se* = .02, $p < .001$). The added direct effect of normative beliefs about relational aggression on self-compassion was also negative and significant (path *a2*; *b* = -.18, *se* = .07, *p* = .01). However, the interaction between relational peer victimization and normative beliefs about relational aggression was not significant (*p* = .50). All other direct pathways remained significant (i.e., paths *b* and *c'*) for this model, in addition to the indirect effect (*b* = 1.04, *se* = .19, 95% CI: [.57, 1.56]).

Consistent with the indirect models, the moderated indirect models were run with each component of self-compassion and the general positive and negative domains. Results are again presented in Table 5. Models 11 through 13 represent the results of the analyses using self-

kindness, common humanity, and mindfulness individually, whereas Models 14 through 16 represent the results of the analyses using self-judgment, isolation, and overidentification individually. For the initial direct pathways (i.e., *a*, *b*, and *c'*), the directionality and significance of the effects was consistent with the previous indirect models, as was the directionality and significance of each indirect effect. For Models 11, 12, and 13, a positive and significant direct effect for normative beliefs about relational aggression was found. Conversely, for the three negative self-compassion subscales, the direct effect of normative beliefs about relational aggression was not significant. For all six models, the interaction between normative beliefs about relational aggression and each domain of self-compassion was not significant. As with the basic indirect model, the moderated indirect model was conducted using the two positive and negative domain scores of self-compassion (Models 17 and 18, see Table 5). Although the pattern of the direct and indirect effects was similar to the basic indirect models, neither the added direct effect of normative beliefs nor the interaction between relational peer victimization and normative beliefs about relational aggression was significant in either model.

## Discussion

Self-compassion is a cognitive approach to viewing negative events or emotions that encourages individuals to act with kindness and understanding towards themselves, and it is potentially a key component to consider when identifying factors that reduce negative psychological responses or distress when faced with a stressful or painful experiences ((Neff, 2003a, Neff & Vonk, 2009). Illustratively, instances of peer victimization may be one type of negative experience wherein self-compassion can contribute to lower negative psychological symptoms, like depression (Játiva & Cerezo, 2014). To expand upon earlier research findings (i.e., Játiva & Cerezo, 2014, Zhang et al., 2019), the primary goal of the current study was to

better understand the processes by which relational peer victimization, specifically, is associated with depression in emerging adulthood through the indirect effect of self-compassion. Moreover, this study not only considered self-compassion as a total construct, but it also analyzed the contribution of each component of self-compassion, as well as positive and negative valenced domains comprised of the components. Finally, the potential moderating role of normative beliefs about relational aggression was assessed to identify if inherent beliefs about relational aggression influenced the relationship between relational peer victimization and engagement in self-compassion, or lack thereof.

As anticipated, there was a significant indirect effect of total self-compassion on the relationship between relational peer victimization and depression. Unsurprisingly, self-kindness and mindfulness were negatively associated with depression and produced significant indirect effects. Interestingly, though, common humanity was the only subscale not significantly associated with relational peer victimization and did not produce a significant indirect effect. On the other hand, self-judgment, isolation, and overidentification were positively associated with both depression and relational peer victimization, and each indirectly accounted for the relationship between relational peer victimization and depression. Notably, though, overall self-compassion and each of its domains only partially explained this relationship. Hence, while self-compassion does not fully clarify how relational peer victimization is associated with depression, the significance of these findings does underscore it as a possible mechanism by which these constructs are related.

Overall, the results of this study are consistent with those in previous studies showing that higher engagement in self-compassion contributes to lower depression (Krieger et al., 2013; MacBeth & Gumley, 2012). They are also in line with the aforementioned findings within the

adolescent literature, which suggest that self-compassion is a partial mechanism by which victimization experiences relate to depression (e.g., Játiva & Cerezo, 2014; Zhang et al., 2019). Consistent with current theories, self-compassion likely acts as a buffer to negative thoughts or emotions that are linked to negative situations (Bakker et al., 2019; Kirschner et al., 2019), in this case relational peer victimization. For instance, Arimitsu and Hofmann (2015) found that self-compassion was predictive of increased positive automatic thoughts, and a lack of self-compassion was indicative of negative automatic thoughts. Further, individuals who adopt a healthier perspective about negative events that they experience are consequently better able to cope with the experience and the distressing emotions that are elicited by this event (Kirschner et al., 2019; Leary, Tate, Adams, Allen, & Hancock, 2007). Conversely, lower self-compassion may encourage individuals to engross themselves in their negative experiences and emotions, leading to thinking patterns and behaviors that create or reinforce negative self-perceptions. These may include avoidance of adverse emotions, thoughts, and feelings; rumination, or negative self-attributions; as opposed to acceptance (Bakker et al., 2019; Krieger et al., 2019).

When considering how self-compassion might function within the current study, a further examination of the separate components is needed to help explain these relationships or, in the future, clarify how these components may individually facilitate helpful or maladaptive coping behaviors. Self-kindness and mindfulness were the two positive components of self-compassion that had significant indirect effects on relational peer victimization and depression. Again, these results are consistent with previously published empirical findings which support that adopting a kind and forgiving self-view allows individuals to be less critical, which can act as protective factors against psychopathology (Muris & Petrocchi, 2017). It also appears that evaluating negative interpersonal interactions with balance and understanding can help prevent an excessive

focus on current and past failures or shortcomings (Barnard & Curry, 2011; Kirschner et al., 2019, Neff, 2003a). Interestingly, though, the general positive domain did not produce a significant indirect effect. Pertaining to the negative components of self-compassion (i.e., self-judgment, isolation, and overidentification), some studies suggest that these are similar to cognitive processes that underlie depression and other common areas of psychopathology, such as social withdrawal, loneliness, and rumination (Muris & Petrocchi, 2017). It is not necessarily surprising, then, that self-judgment, isolation, and overidentification are important factors to consider in understanding the relationship between victimization and depression. Taken together, these findings are consistent with the general trends in the literature suggesting that the positive and negative components of self-compassion differentially relate to psychopathology (Muris & Petrocchi, 2017).

Surprisingly, common humanity did not significantly help explain the association between relational peer victimization and depression. This is consistent with correlations showing that common humanity was not significantly correlated with peer victimization. Defined, common humanity is the act of recognizing that failures are part of the universal human experience and that imperfections are part of everyone's life (Barnard & Curry, 2011; Neff, 2003a). Theoretically, instead of withdrawing and feeling alone in their struggles, individuals who seek metaphorical connectedness are better equipped to cope with their distress (Barnard & Curry, 2011). Based on the previous literature, common humanity may not be as integral to reducing depression as other positive aspects of self-compassion. For instance, Krieger and colleagues (2019) also found a non-significant relationship between common humanity and depression. Additionally, after controlling for depressive symptoms, the authors did not find significant differences in common humanity between clinically depressed and non-depressed

participants. Considering the particularly isolating nature of relational peer victimization (Hunter & Boyle, 2002), it is fair to assume that fostering a sense of general connectedness is helpful by reducing feelings of isolation or by providing feelings of comfort. However, with the present findings in mind, perhaps the utility of common humanity in reducing depression is determined by other situational aspects. In the case of relational peer victimization, the individualistic nature of relational peer victimization may make it difficult for individuals to see their experiences within a broader context of human distress. Consequently, a recognition that others share similar experiences may be ineffective when trying to combat the isolation and other negative reactions felt from relational peer victimization, given that this form of victimization is targeted at the specific individual. In other words, simply acknowledging that others are going through similar experiences may not be enough to quell feelings of isolation and other depressive symptoms. Instead, alternative methods of seeking social connection, such as those that involve physical and/or emotional contact with a trusted person, may be more impactful. However, additional research is needed to better explore the benefits or limitations of common humanity within the broader scope of self-compassion.

In the second major aspect of this study, the possible role of normative beliefs about relational aggression was examined to try to better understand what enables some individuals to better cope with their victimization experiences. Thus, it was proposed that one's cognitive appraisals of their victimization experiences, and thus their level of engagement in self-compassion, might be conditional upon how acceptable relational aggression is viewed to be. Given the lack of research in this area, correlations between the study variables can provide some preliminary insight into the relationships between these constructs. In general, it was found that higher normative beliefs about relational aggression (i.e., a more acceptable view of relational

aggression), was positively associated with relational peer victimization. Further, normative beliefs was positively correlated with depression. Conversely, normative beliefs about relational aggression were negatively associated with total self-compassion, self-kindness, mindfulness, common humanity, and the overall positive domain. Illustratively, the more acceptable relational aggression is viewed by someone, the less they engage in self-compassion. Conversely, self-compassion is higher when relational aggression is less normalized. Interestingly, normative beliefs were not significantly correlated with the general negative domain or self-judgement, isolation, and overidentification individually. Contrary to expectations, normative beliefs about relational aggression were not found to be a significant moderator for the association between relational peer victimization and self-compassion. In this sense, beliefs that relational aggression is a universal experience and not necessarily related to one's own personal traits or characteristics did not buffer against lower self-compassion. Instead, the correlations found suggest the opposite may be true

Overall, theories can be made about the nature of these relationships, but it is still unclear to what extent normative beliefs about relational aggression influence these relationships, if at all. The finding here that relational peer victimization is associated with higher acceptability of relationally aggressive behaviors is somewhat in line with prior empirical findings, which suggest that higher normative beliefs are positively related to engagement in relational aggression (Bailey & Ostrov, 2008; You & Bellmore, 2014). Therefore, relational victimization experiences likely impact how an individual perceives aggressive behavior in a similar way as participation in aggressive behaviors (i.e., positive). Also, the positive connection between normative beliefs and depression and the negative association between normative beliefs and self-compassion suggests that normalizing experiences with aggression is potentially

maladaptive. Perhaps normalizing aggressive experiences does reinforce negative cognitive processes (Simons et al., 2018), be it maladaptive thinking patterns or someone's lack of compassion towards oneself. However, additional studies are needed in this area that can replicate and continue to expand upon the current findings.

**Strengths and Limitations**

The present study had several strengths. First, it is one of the few studies that examines the indirect role that self-compassion has on the relationship between victimization and depression, with two notable foci on relational victimization and emerging adults. Second, the prior studies that inspired the current research (i.e., Játiva & Cerezo, 2014; Zhang et al., 2019) only included total self-compassion as an indirect variable, whereas the present study also investigated the unique contributions of the individual subscales and broader domains of self-compassion, providing findings that may be helpful in facilitating specific types of coping strategies and reducing depression. Moreover, by using a sample of emerging adults, these findings support that relational peer victimization is a relevant issue after adolescence that can negatively impact mental health. Third, it expands the relational peer victimization literature by investigating whether normative beliefs about relational aggression moderate the relationship between one's experience of relational peer victimization and engagement in self-compassion. Although the moderation aspect of the study was nonsignificant, most studies of normative beliefs pertain to engagement in aggression. Therefore, this study considers a relatively untapped area of inquiry by applying normative beliefs to victims of aggression and provides preliminary understanding into how these constructs may relate to each other. Lastly, the sample used was large, normally distributed, and had very little missing data.

This study also had several notable limitations that warrant consideration. First, it was cross-sectional in nature; thus, assumptions cannot be made about the stability of variables over time or the true nature of causality between variables (MacKinnon et al., 2007). Therefore, the results must also be considered bidirectionally, as it is possible that depression impacts engagement in self-compassion, which then results in relational peer victimization. Within the adolescent literature, empirical findings provide evidence for a bidirectional association between depression and victimization (Klomek et al., 2019; Reijntjes et al., 2010); but there are few published results that indicate if this is the same in emerging adulthood. Consequently, future studies should attempt to replicate this design with a longitudinal sample that accounts for temporal precedence, which would allow for a more comprehensive representation of these relationships. Second, the indirect models were saturated, meaning that fit statistics could not be calculated, limiting the conclusions that can be made about how well the present findings represent the data and hypothesized effects. Hence, caution should be taken when interpreting parameter estimates and significant findings. Third, this study relied exclusively on self-report measures to obtain data, methods that can lend to socially desirable responding and shared-method variance (Vachon, Lynam, & Johnson, 2014). Lastly, the relational peer victimization scale of the SRASBM was comprised of only four items. Although it demonstrated adequate internal reliability and convergent validity, the number of items could bring into question whether this subscale fully captures relational victimization experiences. The items on the SRASBM ask about general behaviors (e.g., peer exclusion, sharing private information, ignoring), but the measure does not appear to capture other aspects related to relational aggression, such as the frequency of these behaviors or their occurrence in different social contexts. However, a major strength of the SRASBM is that it is the only known measure of

aggression and victimization experiences that was developed for emerging adults (Murray-Close et al., 2010), which allows for the ability to capture victimization experiences that are salient to this developmental period.

Sample characteristics also limit the generalizability of the current findings. The sample was comprised of college students and was relatively homogeneous, as participants were predominately White and female. Although no studies could be found that provide prevalence rates of victimization experiences in emerging adulthood, a more evenly distributed sample would allow provide researchers with additional insights into whether one gender experiences more relational peer victimization, thereby putting them at greater risk for maladjustment. As all participants were students, the findings only represent a subset of emerging adults. It would be worthwhile to replicate this study to include a sample that could assess relational peer victimization in a variety of contexts (e.g., in the workplace) to increase the generalizability of the findings and allow for a complete consideration of the challenges that emerging adulthood represents.

**Implications for Future Directions**

The present study identifies several areas that are worth additional consideration and emphasizes the need for continued empirical studies that elucidate mechanisms that underlie the relationship between relational peer victimization and depression. Specifically, they highlight that the association between relational peer victimization and depression is multifaceted and that self-compassion is not the only factor contributing to this relationship. At the same time, the current findings provide additional support for the role that self-compassion plays in the development of depression following experiences of relational peer victimization. Thus, future

research that can replicate these findings and establish true casual relationships between these constructs will continue to broaden our understanding of the benefits of self-compassion.

Furthermore, a longitudinal design that includes multiple timepoints between the ages of 18 and 25 would provide insight into how relational peer victimization manifests over the course of emerging adulthood. The sample obtained for this study was comprised primarily of 19-year-olds. These are individuals who are just beginning the transition from late adolescence into emerging adulthood (Arnett, 2000), and it is important to consider that there are likely differences between people at the beginning of this developmental period versus the end. For instance, a study conducted by Cohen and colleagues (2016) found that 18- to 21-year-olds had reduced cognitive control when faced with situations that elicited negative emotions compared to individuals over the age of 21. Additionally, individuals earlier in emerging adulthood are newly encountering a myriad of social (i.e., peer) contexts and reconciling interpersonal goals (e.g., social status), which can fuel relational aggression (Leadbeater et al., 2014; Nelson et al., 2008). On the other hand, Leadbeater and colleagues (2014) found that low levels of relational victimization persisted well into emerging adulthood and remained fairly stable. Thus, future research is needed to illuminate whether the present findings are representative of emerging adulthood as a whole or if there are in fact age or developmentally related differences within this timeframe evaluated.

As previously stated, some evidence suggests that self-compassion is associated with an increase in positive cognitive restructuring or thoughts (e.g., Allen & Leary, 2010; Arimitsu & Hofmann, 2015;0) Thus, another important aspect that was beyond the scope of this study was the connection between self-compassion and specific cognitive processes that are involved in depression, such as thoughts that lend themselves to positive cognitive restructuring or

rumination. Consequently, it cannot be definitively stated whether self-compassion is increasing or decreasing certain thinking patterns or behaviors in the case of relational peer victimization, which in turn impacts one's susceptibility to depression. To fill this gap, future research should expand upon the present study by including an examination of these cognitive processes in order to further understanding the similarities these and self-compassion. Although similar, it is possible that certain negative thinking patterns (e.g., rumination, negative self-attributions) work with or against self-compassionate practices, particularly since the present findings indicate that additional mechanisms are contributing to the association between relational peer victimization and depression.

Finally, the resulting factor-structure of the Self-Compassion Scale itself is a topic that warrants further scrutiny, as it impacts the utility of this measure to best capture components of self-compassion. In short, a debate has emerged within the field as to whether the use of a total self-compassion score is an accurate representation of self-compassion (Neff et al., 2019). Traditionally, this measure is used either as a total score or by examining each of the six domains separately (Neff, 2003b). However, some researchers argue for a two-factor approach (e.g., positive scales equal self-compassion, negative scales indicate lack of self-compassion) over single or six-factor models (Costa et al., 2016; López et al., 2015), promoting the separation of the positive and negative scales in empirical studies. In support of this, Muris and Petrocchi (2017) found that the negative subscales were more strongly related to psychopathology than the positive subscales, suggesting that combining the two could inflate self-compassion's overall association with psychopathology. For the current findings, only the negative domain resulted in a significant indirect effect. However, the two-factor solution was a poor fit to the data, casting further uncertainty regarding the best usage of this measure. Additionally, it has been asserted

that considering self-compassion as “compassionate” versus “uncompassionate” responding may limit the overall implications that can be derived from excluding positive or negative subscales from analyses (Neff et al., 2019). Taken together, future research should continue to focus on establishing the utility and factor structure of the Self-Compassion Scale.

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Table 1
*Descriptive statistics and Cronbach's alphas of study variables*

| Variables | *M* | *SD* | Skew | Kurtosis | *α* |
|---|---|---|---|---|---|
| Relational PV | 3.26 | 1.37 | .40 | -.45 | .72 |
| Total Self-Compassion | 2.92 | .65 | .13 | .62 | .93 |
| Depression | 16.17 | 11.15 | .68 | -.27 | .93 |
| Normative Beliefs | 1.38 | .34 | 1.07 | .87 | .90 |
| Self-Kindness | 2.91 | .81 | .18 | .33 | .84 |
| Common Humanity | 3.13 | .82 | .00 | -.01 | .79 |
| Mindfulness | 3.16 | .79 | .08 | .16 | .76 |
| Self-Judgment | 2.68 | .88 | .20 | -.29 | .82 |
| Overidentified | 2.84 | .93 | .27 | -.33 | .79 |
| Isolation | 2.83 | .92 | .10 | -.48 | .82 |
| SCS Positive Domain | 3.05 | .71 | .13 | .57 | .91 |
| SCS Negative Domain | 3.22 | .83 | -.23 | -.14 | .92 |

PV = Peer Victimization; SCS = Self-Compassion Scale

Table 2
*Correlations between study variables without reverse coded items for SCS domains*

| Variables | 1. | 2. | 3. | 4. | 5. | 6. | 7. | 8. | 9. | 10. | 11. | 12. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Relational PV | - | | | | | | | | | | | |
| 2. Total Self-Compassion | -.28** | - | | | | | | | | | | |
| 3. Depression | .29** | -.53** | - | | | | | | | | | |
| 4. Normative Beliefs | .13* | -.13* | .21** | - | | | | | | | | |
| 5. Self-Kindness | -.18** | .80** | -.39** | -.13* | - | | | | | | | |
| 6. Common Humanity | -.07 | .63** | -.29** | -.15** | .60** | - | | | | | | |
| 7. Mindfulness | -.17** | .74** | -.36** | -.11* | .73** | .71** | - | | | | | |
| 8. Self-Judgment | .30** | .80** | .45** | -.08 | -.51** | -.19** | -.33** | - | | | | |
| 9. Isolation | .24** | .81** | .48** | -.05 | -.45** | -.25** | -.36** | .76** | - | | | |
| 10. Overidentified | .27** | .79** | .46** | -.08 | -.40** | -.19** | -.34** | .76** | .76** | - | | |
| 11. SCS Positive | -.16** | .82** | -.39** | -.15** | .90** | .86** | .91** | -.40** | -.41** | -.36** | - | |
| 12. SCS Negative | .30** | -.87** | .50** | .08 | -.50** | -.23** | -.37** | .93** | .91** | .91** | -.43** | - |

*$p < .01$ **$p < .001$
*Note.* Items were not reverse-coded for Self-Judgment, Isolation, and Overidentified domain calculations. Items for these subscale were reverse-coded for the Total Self-Compassion score

Table 3
*Results of indirect effects for overall self-compassion and each of the six domains*

| Pathways and Variables | *B* | *SE* | ß | $R^2$ *(p)* | BC 95% CI | *ES* of Indirect Effect |
|---|---|---|---|---|---|---|
| *Model 1: Total SCS as indirect effect* | | | | | | |
| Direct paths | | | | | | |
| 1. RPV to SCS (path *a*) | -.13*** | .02 | -0.28 | | | |
| 2. SCS to Depression (path *b*) | -8.34*** | .63 | -0.49 | .08*** | | |
| 3. RPV to Depression (path *c'*) | 1.67*** | .33 | 0.14 | .30*** | | |
| Indirect Effect (*ab*) | 1.14*** | .20 | 0.14 | -- | [.65, 1.70] | .41 |
| *Model 2: Self-Kindness as indirect effect* | | | | | | |
| Direct paths | | | | | | |
| 1. RPV to M (path *a*) | -.11*** | .03 | -0.18 | | | |
| 2. M to Depression (path *b*) | -4.82*** | .58 | -0.35 | .03* | | |
| 3. RPV to Depression (path *c'*) | 1.77*** | .35 | 0.22 | .20*** | | |
| Indirect Effect (*ab*) | .51*** | .15 | 0.06 | -- | [.19, .95] | .22 |
| *Model 3: Common Humanity as indirect effect* | | | | | | |
| Direct paths | | | | | | |
| 1. RPV to M (path *a*) | -.04 | .03 | -0.06 | | | |
| 2. M to Depression (path *b*) | -3.62*** | .58 | -0.27 | .00 | | |
| 3. RPV to Depression (path *c'*) | 2.16*** | .33 | 0.26 | .15*** | | |
| Indirect Effect (*ab*) | .13 | .10 | 0.02 | -- | [-.13, .42] | .06 |
| *Model 4: Mindfulness as indirect effect* | | | | | | |
| Direct paths | | | | | | |
| 1. RPV to M (path *a*) | -.09*** | .03 | -0.15 | | | |
| 2. M to Depression (path *b*) | -4.62*** | .57 | -0.33 | .02 | | |
| 3. RPV to Depression (path *c'*) | 1.87*** | .35 | 0.23 | .18*** | | |
| Indirect Effect (*ab*) | .41** | .14 | 0.05 | -- | [.10, .82] | .18 |
| *Model 5: Self-Judgment as indirect effect* | | | | | | |
| Direct paths | | | | | | |
| 1. RPV to M (path *a*) | .19*** | .03 | 0.30 | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| 2. M to Depression (path *b*) | 5.04*** | .51 | 0.40 | .09*** | | |
| 3. RPV to Depression (path *c'*) | 1.32*** | .34 | 0.16 | .22*** | | |
| Indirect Effect (*ab*) | .97*** | .16 | 0.12 | -- | [.58, 1.42] | .42 |
| *Model 6: Isolation as indirect effect* | | | | | | |
| Direct paths | | | | | | |
| 1. RPV to M (path *a*) | .23*** | .06 | 0.26 | | | |
| 2. M to Depression (path *b*) | 2.92 | 1.54 | 0.30 | .07** | | |
| 3. RPV to Depression (path *c'*) | 1.65*** | .34 | 0.20 | .16* | | |
| Indirect Effect (*ab*) | .63** | .21 | .08 | -- | [.18, 1.23] | .28 |
| *Model 7: Overidentified as indirect effect* | | | | | | |
| Direct paths | | | | | | |
| 1. RPV to M (path *a*) | .19*** | .03 | 0.28 | | | |
| 2. M to Depression (path *b*) | 4.99*** | .47 | 0.41 | .08*** | | |
| 3. RPV to Depression (path *c'*) | 1.34*** | .34 | 0.16 | .23*** | | |
| Indirect Effect (*ab*) | .95*** | .17 | .12 | -- | [.56, 1.40] | .41 |
| *Model 8: Positive domain as indirect effect* | | | | | | |
| Direct paths | | | | | | |
| 1. RPV to M (path *a*) | -.03 | .06 | -0.04 | | | |
| 2. M to Depression (path *b*) | -3.53** | 1.24 | -0.31 | .00 | | |
| 3. RPV to Depression (path *c'*) | 2.19*** | .37 | 0.27 | .18*** | | |
| Indirect Effect (*ab*) | .09 | .27 | 0.01 | -- | [-.46, .78] | .04 |
| *Model 9: Negative domain as indirect effect* | | | | | | |
| Direct paths | | | | | | |
| 1. RPV to M (path *a*) | .19*** | .03 | 0.30 | | | |
| 2. M to Depression (path *b*) | 6.02*** | .51 | 0.45 | .09*** | | |
| 3. RPV to Depression (path *c'*) | 1.16** | .34 | 0.14 | .26*** | | |
| Indirect Effect (*ab*) | 1.12*** | .18 | 0.14 | -- | [.67, 1.16] | .49 |

*$p \leq .01$***$p \leq .001$

Note. $N = 551$. ES = Effect Size (*ab/[c'+ab])*. BC 95% CI is for unstandardized coefficients.

Table 4
*Fit statistics for moderated indirect models*

| Indirect Variable | $\chi^2$ (*df*), *p* | RMSEA (90% CI) | CFI/TLI | SRMR |
|---|---|---|---|---|
| Total Self-Compassion | 8.60 (2), .01 | .08 (.03, .13) | .97/.91 | .03 |
| Self-Kindness | 9.36 (2), .01 | .08 (.03, .14) | .95/.82 | .03 |
| Common Humanity | 8.87 (2), .02 | .08 (.03, .14) | .93/.76 | .03 |
| Mindfulness | 10.34 (2), .01 | .09 (.04, .14) | .94/.78 | .04 |
| Self-Judgment | 12.12 (2), .00 | .10 (.05, .15) | .95/.82 | .04 |
| Isolation | 22.19 (2), < .001 | .14 (.09, .19) | .91/.69 | .04 |
| Overidentified | 12.87 (2), .00 | .10 (.05, .15) | .95/.81 | .03 |
| Positive Domain | 25.65 (2), < .001 | .15 (.10, .20) | .91/.67 | .06 |
| Negative Domain | 12.40 (2), .002 | .10 (.05, .15) | .95/.84 | .03 |

*N* = 551

Table 5
*Moderated indirect results for overall self-compassion and each of the six domains*

| Pathways and Variables | *B* | *SE* | ß | $R^2$ *(p)* | BC 95% CI | *ES* of Indirect Effect |
|---|---|---|---|---|---|---|
| *Model 10: Total SCS as indirect effect* | | | | | | |
| Direct paths | | | | | | |
| 1. RPV to M (path *a*) | -.12*** | .02 | -0.26 | | | |
| 2. NBRA to M (path *a2*) | -.18* | .07 | -0.10 | | | |
| 3. RPVxNBRA to M (path *a3*) | .03 | .05 | 0.03 | | | |
| 4. M to Depression (path *b*) | -8.40*** | .64 | -0.49 | .09*** | | |
| 5. RPV to Depression (path *c'*) | 1.18*** | .33 | 0.14 | .30*** | | |
| Indirect Effect (*ab*) | 1.04 | .19 | 0.13 | -- | [.57, 1.56] | .47 |
| *Model 11: Self-Kindness as indirect effect* | | | | | | |
| Direct paths | | | | | | |
| 1. RPV to M (path *a*) | -.10*** | .03 | -0.16 | | | |
| 2. NBRA to M (path *a2*) | -.24* | .10 | -0.11 | | | |
| 3. RPVxNBRA to M (path *a3*) | .04 | .07 | 0.03 | | | |
| 4. M to Depression (path *b*) | -4.82*** | .58 | -0.35 | .04* | | |
| 5. RPV to Depression (path *c'*) | 1.77*** | .35 | 0.22 | .20*** | | |
| Indirect Effect (*ab*) | .46*** | .14 | 0.06 | -- | [.13, .88] | .22 |
| *Model 12: Common Humanity as indirect effect* | | | | | | |
| Direct paths | | | | | | |
| 1. RPV to M (path *a*) | -.02 | .03 | -0.03 | | | |
| 2. NBRA to M (path *a2*) | -.30** | .10 | -0.13 | | | |
| 3. RPVxNBRA to M (path *a3*) | .11 | .12 | -0.08 | | | |
| 4. M to Depression (path *b*) | -3.62*** | .58 | -0.27 | .02 | | |
| 5. RPV to Depression (path *c'*) | 2.16*** | .33 | 0.26 | .15*** | | |
| Indirect Effect (*ab*) | .07 | .10 | 0.01 | -- | [-.21, .34] | .03 |
| *Model 13: Mindfulness as indirect effect* | | | | | | |
| Direct paths | | | | | | |
| 1. RPV to M (path *a*) | -.08** | .03 | -0.14 | | | |
| 2. NBRA to M (path *a2*) | -.19* | .09 | -0.08 | | | |
| 3. RPVxNBRA to M (path *a3*) | .12 | .09 | 0.09 | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| 4. M to Depression (path *b*) | -4.62*** | .57 | -0.33 | .03 | | |
| 5. RPV to Depression (path *c'*) | 1.87*** | .35 | 0.23 | .18*** | | |
| Indirect Effect (*ab*) | .37** | .13 | 0.05 | -- | [.05, .76] | .18 |
| *Model 14: Self-Judgment as indirect effect* | | | | | | |
| Direct paths | | | | | | |
| 1. RPV to M (path *a*) | .19*** | .03 | 0.29 | | | |
| 2. NBRA to M (path *a2*) | .12 | .10 | 0.05 | | | |
| 3. RPVxNBRA to M (path *a3*) | -.11 | .07 | -0.07 | | | |
| 4. M to Depression (path *b*) | 5.04*** | .51 | 0.40 | .09*** | | |
| 5. RPV to Depression (path *c'*) | 1.32*** | .34 | 0.16 | .22*** | | |
| Indirect Effect (*ab*) | .93*** | .16 | 0.11 | -- | [.55, 1.39] | .41 |
| *Model 15: Isolation as indirect effect* | | | | | | |
| Direct paths | | | | | | |
| 1. RPV to M (path *a*) | .23*** | .05 | 0.25 | | | |
| 2. NBRA to M (path *a2*) | .22 | .15 | 0.07 | | | |
| 3. RPVxNBRA to M (path *a3*) | .61 | .44 | 0.33 | | | |
| 4. M to Depression (path *b*) | 2.92 | 1.54 | 0.30 | .19 | | |
| 5. RPV to Depression (path *c'*) | 1.65*** | .34 | 0.20 | .16* | | |
| Indirect Effect (*ab*) | .62** | .22 | .08 | -- | [.13, 1.19] | .27 |
| *Model 16: Overidentified as indirect effect* | | | | | | |
| Direct paths | | | | | | |
| 1. RPV to M (path *a*) | .18*** | .05 | 0.27 | | | |
| 2. NBRA to M (path *a2*) | .13 | .15 | 0.05 | | | |
| 3. RPVxNBRA to M (path *a3*) | .03 | .44 | 0..02 | | | |
| 4. M to Depression (path *b*) | 4.99*** | .47 | 0.41 | .08*** | | |
| 5. RPV to Depression (path *c'*) | 1.34*** | .34 | 0.16 | .23*** | | |
| Indirect Effect (*ab*) | .92*** | .17 | .11 | -- | [.55, 1.37] | .41 |
| *Model 17: Positive domain as indirect effect* | | | | | | |
| Direct paths | | | | | | |
| 1. RPV to M (path *a*) | -.01 | .05 | -0.02 | | | |
| 2. NBRA to M (path *a2*) | -.11 | .14 | -0.04 | | | |
| 3. RPVxNBRA to M (path *a3*) | .75 | .46 | 0.47 | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| 4. M to Depression (path *b*) | -3.53** | 1.24 | -0.31 | .21 | | |
| 5. RPV to Depression (path *c'*) | 2.19*** | .37 | 0.27 | .18*** | | |
| Indirect Effect (*ab*) | .05 | .24 | 0.01 | -- | [-.34, .67] | .02 |
| | | | | | | |
| *Model 18: Negative domain as indirect effect* | | | | | | |
| Direct paths | | | | | | |
| 1. RPV to M (path *a*) | .18*** | .03 | 0.30 | | | |
| 2. NBRA to M (path *a2*) | .13 | .10 | 0.05 | | | |
| 3. RPVxNBRA to M (path *a3*) | -.00 | .07 | -0.00 | | | |
| 4. M to Depression (path *b*) | 6.02*** | .51 | 0.45 | .10*** | | |
| 5. RPV to Depression (path *c'*) | 1.16*** | .34 | 0.14 | .26*** | | |
| Indirect Effect (*ab*) | 1.09*** | .18 | 0.13 | -- | [.66, 1.58] | .48 |

*$p \leq .05$ **$p \leq .01$***$p \leq .001$

Note. $N = 551$. ES = Effect Size (*ab/[c'+ab])*. BC 95% CI is for unstandardized coefficients.

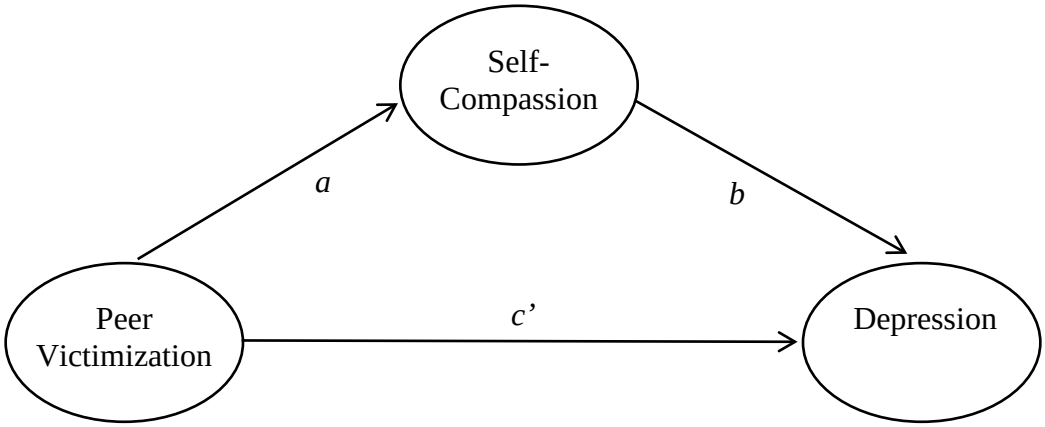


*Figure 1.* Conceptual model of relational peer victimization and depression through the indirect effect of self-compassion

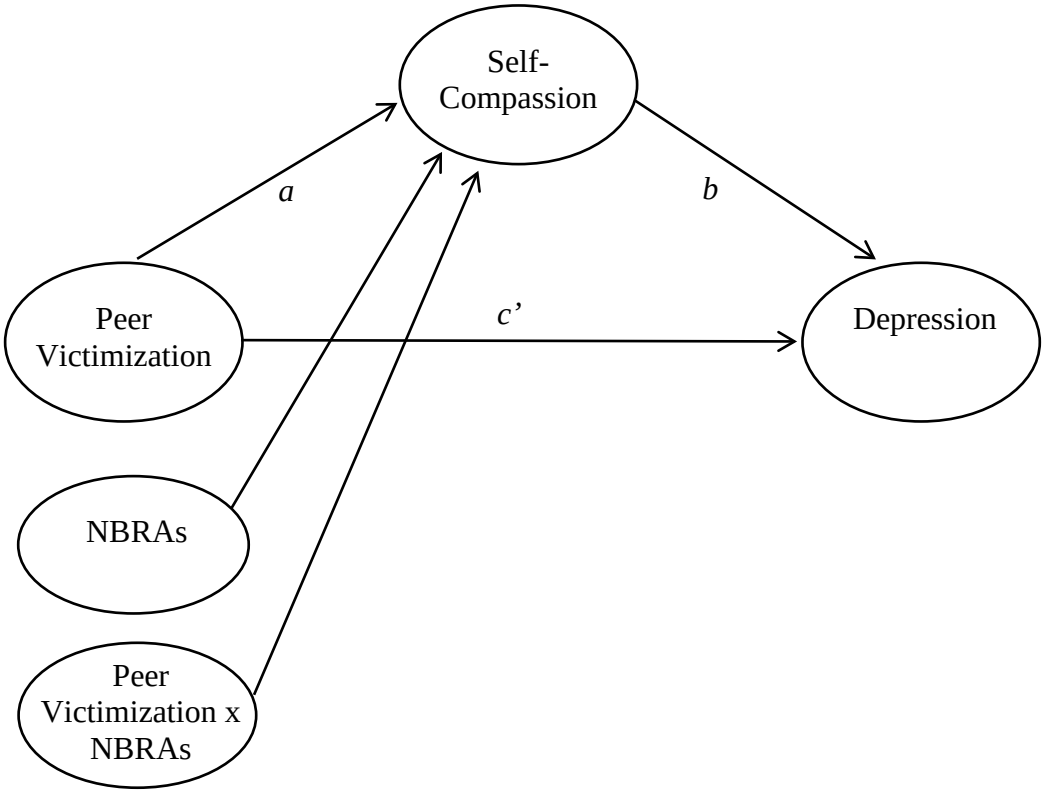


*Figure 2.* Conceptual moderated indirect effect model with normative beliefs moderating path *a*
*Note.* NBRA = Normative Beliefs about Relational Aggression