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DISTINCTIONS BETWEEN SOCIOMETRIC STATUS GROUPS:
INTERNALIZING DIFFICULTIES

by

Wendy L. Ward

A Dissertation Submitted to
The Faculty of the Graduate School at
The University of North Carolina at Greensboro
in Partial Fulfillment
of the Requirements for the Degree
Doctor of Philosophy

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Theoretical conceptualizations of internalizing difficulties, particularly depression, suggest that there is a relationship between social relationships and internalizing difficulties. The present study examined one important social relationship in preadolescence--peer relationships--and its association with internalizing difficulties. Seven sociometric status groups or subgroups were identified, and multiple indices of internalizing difficulties were assessed, including depressed mood, hopelessness, loneliness, fear of negative evaluation, social avoidance and distress, and negative self-worth. Fourth and fifth graders participated in group sociometric testing (conducted in three data collection waves at various southeastern elementary schools), and, from this sample, children who satisfied the criteria for one of seven sociometric status groups participated. These children ($n = 1092$) were mailed questionnaire packets, completed them at home, and then returned them via mail ($n = 251$). Results indicate different means for each sociometric status group or subgroup across the measures of internalizing difficulties. Internalizing difficulties were particularly pronounced for the rejected-submissive and neglected status groups.

APPROVAL PAGE

This dissertation has been approved by the following committee of the Faculty of The Graduate School at The University of North Carolina at Greensboro.

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TABLE OF CONTENTS

	Page
APPROVAL PAGE.....	ii
ACKNOWLEDGEMENTS.....	iii
CHAPTER	
1. INTRODUCTION.....	1
Theoretical Framework.....	2
Sociometric Status Groups and Adjustment..	5
Internalizing Difficulties.....	10
Statement of Purpose.....	11
2. METHOD.....	17
Subjects.....	17
Procedure.....	17
Measures.....	20
Depression.....	21
Loneliness.....	21
Negative Self-Worth.....	21
Social Anxiety.....	22
Hopelessness.....	23
3. RESULTS.....	24
Preliminary Analyses.....	24
Principal Analyses.....	26
4. DISCUSSION.....	30
Implications for Future Research.....	36
BIBLIOGRAPHY.....	42
APPENDIX A. PARENTAL CONSENT FORM FOR SCREENING.....	53
APPENDIX B. COVER LETTER TO PARENTS.....	55
APPENDIX C. INFORMED CONSENT.....	57
APPENDIX D. INSTRUCTIONS FOR YOU AND YOUR CHILD.....	58

APPENDIX E. LONELINESS AND SOCIAL DISSATISFACTION QUESTIONNAIRE.....	59
APPENDIX F. PERCEIVED COMPETENCY SCALE FOR CHILDREN.....	60
APPENDIX G. SOCIAL ANXIETY SCALE FOR CHILDREN.....	64
APPENDIX H. HOPELESSNESS SCALE FOR CHILDREN.....	65
TABLES.....	67
FIGURES.....	82

CHAPTER 1

INTRODUCTION

The quality of social relationships has been investigated in the adult literature as a correlate of internalizing difficulties, particularly depression. During preadolescence, peer relationships are a particularly salient social relationship in an individual's social development (Buhrmester & Furman, 1986). However, until recently, research concerning preadolescent social relationships has focused largely on our understanding of peer rejection and externalizing difficulties such as aggression, without considering the possible relationship between rejection and internalizing difficulties. For example, rejected status has been associated with antisocial behavior, school drop out, delinquency, and behavioral difficulties (see Kupersmidt, Coie, & Dodge, 1990 and Parker & Asher, 1987 for reviews). However, researchers have recently begun to investigate the association between children's social relationships and internalizing difficulties. Rubin and Mills (1991) present a model which delineates how social relationships (including peer relations) affect emotional functioning. The current paper addressed the complex relationship between preadolescent peer relations and internalizing difficulties based on Rubin and Mill's (1991) theoretical framework relating the two constructs.

Theoretical Framework

Extensive research exists relating depression (one index of internalizing difficulties) and social relationships in the adult literature. For example, Lewinsohn (1986) suggests that depression may result from social skills deficits which cause a decrease in interpersonal reinforcement. Conversely, Coyne (1986) suggests that the interpersonal pattern that is developed and maintained by the depressed individual leads to rejection and increased depression. In a recent review, Barnett and Gotlib (1988) conclude that disturbances in interpersonal relationships are causal antecedents of depression, though once the person is depressed their mood state and behavior can further negatively affect their interpersonal relationships.

Borrowing from the theories of adult depression, theorists have suggested that depression in childhood may be related to difficulties in relationships with peers (e.g. Lefkowitz & Tesiny, 1987). In addition to depression, peer relations are thought to be influential in the development of self-worth, loneliness, and feelings of isolation (Bemporad, 1982; Buhrmester & Furman, 1987), suggesting that at least these internalizing difficulties could stem from poor peer relations.

Rubin and Mills (1991) provide a developmental model concerning the etiology of internalizing difficulties in children. From their model, they suggest that optimal

socioemotional adjustment is related to 1) an easy temperament in the child, 2) sensitive and responsive parenting, and 3) low levels of stress in the family. Nonoptimal development involves difficulties in one or more of these areas which lead to an internal working model of insecurity and negative self-regard which then leads to social withdrawal. Thus, children who exhibit passive-anxious isolation are the most likely to suffer from internalizing difficulties (Rubin & Mills, 1988). Rubin and Mills (1991) extend their model to the peer realm and suggest that children who withdraw from their peers in this way are less likely to engage in the experiences necessary to further build social skills. These withdrawn children then become rejected and subsequently develop internalizing difficulties. To date, their research has found that early passive withdrawal, low levels of perceived social competence, and social anxiety in childhood combined to predict depression, loneliness, and anxiety in preadolescence (Rubin & Mills, 1988).

Thus, a comprehensive model involving the relationship between internalizing difficulties and peer relationships in childhood would suggest that young children bring to the peer group behavioral patterns which they exhibit during initial interactions with peers (see Coie, Dodge, & Kupersmidt, 1990 for review). The response by peers may be positive or negative. Over time, the child builds a reputation of acceptance or rejection (Coie, Dodge, & Coppotelli, 1982). If

the reputation is one of rejection, the child will experience negative peer interactions on a regular basis. Given the hypothesized relationship between social support and emotional functioning, internalizing difficulties may then result. Consistent with the model, children who experienced declines in peer acceptance and lost friends reported more loneliness over time (Renshaw & Brown, 1993). It is important to note that the internalizing difficulties that occur as a result of peer rejection are likely to have an impact on their behavior patterns and affect subsequent interactions, such that internalizing difficulties earlier in childhood would predict increasing withdrawal and further internalizing difficulties later in childhood (such as the results found by Rubin and Mills, 1988).

Though the present study did not attempt to assess the direction of effects over time between peer relations and internalizing difficulties, it examined the nature of the complex relationship between social relations and a wide variety of internalizing difficulties at one point in childhood development (preadolescence). In this way, the present study was designed to further our understanding of the relationship between these two multi-faceted constructs, and to provide a comprehensive basis upon which future research concerning the causal relationship between them.

Sociometric Status Groups and Adjustment

The literature on children's social relationships suggests that sociometric status (based on a bidimensional framework including both peer acceptance and peer rejection) is a comprehensive way of delineating the nature of the relationship between a child and the peer group. Status groups identified in this way include rejected, average, controversial, neglected, and popular children (Coie, Dodge, & Coppotelli, 1982). Behavioral patterns aid in further subdividing the rejected status group.

The rejected status group is a heterogeneous group. French (1988) was one of the first to advocate distinguishing between subgroups of rejected children. He suggests that a rejected-aggressive subgroup is distinguishable from other rejected children and is characterized by high levels of aggression, low self-control, and behavior problems. These children are highly active socially (Hodgens & McCoy, 1989) and view peers (in general) as positively as children in other status groups (Rabiner, Keane, & MacKinnon-Lewis, 1993), but they tend to attribute hostility to others when they are in ambiguous situations where they are the target of a potentially hostile act (e.g., a ball hits them during a soccer game and they assume that it was intentional) (Dodge & Coie, 1987). They also have selective recall of others' aggression and tend to initiate and receive more aggression from others (Dodge & Frame, 1982). They have been found to

have moderately high levels of depression (Boivin, Poulin, & Vitaro, 1994), suggesting some internalizing difficulties at least in this domain. Also, rejected children as a whole were found to have elevated loneliness scores (Crick & Ladd, 1993), though other research suggests that the rejected-aggressive subgroup may not be more lonely than average children (Parkhurst & Asher, 1992). Rejected children as a whole also have a high level of fear of negative evaluation (La Greca & Stone, 1993).

The second rejected subgroup is termed "rejected-submissive" and is characterized by withdrawal and timidity (Rubin, LeMare, & Lollis, 1990). This subgroup exhibits a wide range of internalizing difficulties including depression, low self-esteem, and loneliness (Rubin, LeMare, & Lollis, 1990). The criteria used to define this group involves a child who is often nominated for the category "picked on/teased." This categorization correctly characterizes this group as "submissive" as well as rejected. However, it also involves an element of victimization. Research concerning victimized children suggests that these children are rejected by peers and bullied frequently (Olweus, 1993). This research also suggests that these children are at-risk for internalizing difficulties such as low self-esteem, social anxiety, and depressed mood.

Neglected children are not actively rejected by peers, yet they receive few nominations for "liked most", if any.

Interestingly, the literature is mixed concerning this group. For instance, they have been found to not often approach or interact with peers prosocially (Coie & Kupersmidt, 1983; Dodge, Coie, & Brakke, 1982), but in another study they were not distinguishable from average children on shyness and withdrawal (Rubin, Hymel, LeMare, & Rowden, 1989). They have been found to express self-depreciation, fears of social rejection, and feelings of depression (La Greca, Dandes, Wick, Shaw, & Stone, 1988; Peretti & McNair, 1987), though they have also been found to not exhibit loneliness (Asher & Wheeler, 1985; Cassidy & Asher, 1992; Rubin et al., 1989) nor have negative self-perceptions (Rubin et al., 1989). They have been found to have higher social anxiety, both in terms of fears of negative evaluation and social avoidance and distress than average children (La Greca & Stone, 1993). One study found that neglected girls had the greatest risk for developing depression (Kupersmidt & Patterson, 1991). They do appear to display few task inappropriate behaviors and few aggressive behaviors (Dodge, Coie, & Brakke, 1982). Differences in the findings may in part be accounted for by varying techniques with which this category is defined. Some researchers include only those children who do not receive any nominations for "liked most" (Coie, Dodge, & Coppotelli, 1982) while others include subjects who have very few nominations (but greater than zero) (e.g., Rubin et al., 1989). The current study utilizes the more stringent criteria suggested

by the original theorists who delineated the sociometric status groups (Coie, Dodge, & Coppotelli, 1982) where neglected children receive zero nominations for "liked most." These children may be expected to be more at-risk for internalizing difficulties than children who receive any nominations of "liked most." For instance, one study found that children with no friends were more lonely than children with one or more friends (Renshaw & Brown, 1993). Given the ambiguous findings for neglected children, identifying whether this status group is at-risk for all or some of the internalizing difficulties assessed in this study is particularly important.

Popular children are prosocial in unfamiliar groups (Coie & Kupersmidt, 1983), engage in few aggressive behaviors (Dodge, 1983), are received positively by peers (Dodge, 1983), and are seen as leaders by their peers (Coie, Dodge, & Coppotelli, 1982). Also, several studies have found that the members of the popular group report the least loneliness (e.g. Asher & Wheeler, 1985; Crick & Ladd, 1993).

Controversial children receive many nominations for both "liked most" and "liked least." They are disruptive and start fights (Coie, Dodge, & Coppotelli, 1982) and engage in antisocial behaviors (Dodge, 1983). However, they are the most socially active and highly talkative status group (Coie, Dodge, & Kupersmidt, 1990), are seen as leaders by their peers (Coie, Dodge, & Coppotelli, 1982), and are highly prosocial

(Dodge, 1983). Not surprisingly given these behavioral patterns, they are not socially anxious (Crick & Ladd, 1993; La Greca, Dandes, Wick, Shaw, & Stone, 1988), nor lonely (Asher & Wheeler, 1985; Crick & Ladd, 1993).

Average status children are considered to be "normative," at least in terms of peer relations. However, research specifically targeting this status group is noticeably absent. It does appear to be the most appropriate comparison group of "normative" children, who are less likely to experience internalizing difficulties given they have normative levels of peer acceptance and rejection and are not distinguished by a distinct behavioral style.

In sum, these studies suggest that we have some knowledge of peer relationships and their association with internalizing difficulties and/or related overt behaviors, particularly for children who are rejected or neglected by their peer group (Asarnow, 1988; Cassidy and Asher, 1992; Crick & Ladd, 1993; Kennedy, Spence, & Hensley, 1989; Parkhurst & Asher, 1992). However, none of the studies examined multiple types of internalizing difficulties with one status group nor investigated the relationship between any one internalizing problem among all of the sociometric status groups and subgroups. The current study represents a comprehensive attempt to examine both issues.

Internalizing Difficulties

Theories concerning child psychopathology suggest that at least two broad bands of difficulties exist: externalizing and internalizing (Song, Singh, & Singer, 1994). Research has found that within each of these dimensions there are narrow band categories of difficulties. Constructs examined as indices of internalizing difficulties in the current study were chosen on the basis of two criteria: acceptance in the literature of the construct as an internalizing difficulty and the availability of a valid, reliable, self-report assessment measure for preadolescents. Six constructs met these criteria: depression (Boivin, Poulin, & Vitaro, 1994; Faust, Baum, & Forehand, 1985; Jacobsen, Lahey, & Strauss, 1983; Patterson & Stoolmiller, 1991; Strauss, Forehand, Frame, & Smith, 1984), loneliness (Crick & Ladd, 1993; Kazdin, 1988; Kovacs & Beck, 1977; Lewinsohn, 1986), self-worth (Kovacs & Beck, 1977; Lewinsohn, 1986), hopelessness (Asarnow & Guthrie, 1989; Kazdin, 1988; Kazdin, Rodgers, & Colbus, 1986; Kovacs & Beck, 1977; La Greca & Stone, 1993), fears of negative evaluation (La Greca & Stone, 1993; Stark, 1990), and social avoidance and distress (La Greca & Stone, 1993; Stark, 1990). Measures related to forms of anxiety other than fear of negative evaluation and social avoidance and distress (two forms of social anxiety) were not included. It was thought that the relationship between phobias (anxiety related to a specific object or situation), compulsive behaviors (e.g.

handwashing due to repetitive thoughts about germs), and other manifestations of anxiety were thought to be less conceptually related to social relationships and to the other internalizing indices included in this study than measures of social anxiety.

Statement of Purpose

The complex relationship between peer relations and internalizing difficulties during preadolescence was addressed by a) investigating multiple sociometric status groups and subgroups and b) assessing multiple indices of internalizing difficulties. The literature concerning sociometric status groups suggests a clear behavioral and socio-cognitive basis for the distinctions between rejected, neglected, popular, and controversial status groups as differentiated from the average child (Dodge, Coie, & Brakke, 1982) as well as for the distinctions among the rejected sub-groups. In addition, various internalizing disorders have been investigated in relation to one or a few of the status groups. However, the present study represented a unique attempt to assess all of the groups and subgroups along multiple indices of internalizing difficulties.

Preadolescents (fourth and fifth graders) were targeted in this study. In preadolescence, peer relations are thought to be highly influential relationships in social development where acceptance by the peer group can have an impact on children's feelings about themselves and their social world

(Buhrmester & Furman, 1987). In addition, many of the studies involving sociometric status focus on this age group thus providing an extensive research literature upon which the present study was based. Sociometric status appears stable by at least third grade (Coie & Dodge, 1983; Coie & Kupersmidt, 1983).

Figure 1 summarizes the specific hypotheses for each of the internalizing variables and each of the status groups or subgroups. These hypotheses are derived from the few studies that address the relationship between sociometric status and internalizing difficulties and the broad literature concerning the cognitive and/or behavioral correlates of these groups (both reported above). Expected significant differences (from a mean level of 0) are noted in the text as elevated scores, with the magnitude described as moderately high or high, both of which are expected to be significantly different from each other.

Insert Figure 1 Here

Specifically, rejection by a peer group may be expected to have broad effects on a child's view of himself and his role in the world. Thus, rejected-aggressive children were expected to have a high level of negative self-worth and moderately high levels of depression, hopelessness, loneliness, fear of negative evaluation, and social avoidance

and distress. Higher levels of these variables were not expected given the rejected-aggressive subgroup's tendency to remain active socially regardless of the peer rejection. These continued attempts toward social functioning may indicate less severe internalizing difficulties. In contrast, the rejected-submissive subgroup was expected to have higher levels of depression and loneliness than the rejected-aggressive subgroup given their withdrawn behavior and victimization (being picked on and teased) by peers. This subgroup was also expected to have high levels of fear of negative evaluation, negative self-worth, hopelessness, and social avoidance and distress.

It is possible for children to score highly on both or neither of the peer nominations for aggression and picked on/teased thus making a categorization into the aggressive or submissive subgroups of rejection difficult. In the current sample, many respondents were classified as rejected but did not qualify for either subgroup because they had few nominations for aggression and teased/picked on. These children were categorized as "rejected-undifferentiated" and included in all analyses. No hypotheses concerning this status group were posited given the paucity of research with this third subgroup of rejected children.

It was hypothesized that neglected status would be associated with high levels of depression, fear of negative evaluation, social avoidance, and hopelessness. Also,

moderate levels of loneliness and high levels of negative self-worth were expected given their remarkably few nominations from peers (zero nominations from peers as someone who is liked but also few nominations from peers as someone who is disliked).

Differences among children who are viewed more favorably by the peer group (members of the popular and controversial groups) were also expected. For instance, the popular status group was expected to demonstrate low levels of depression, hopelessness, loneliness, social avoidance and distress, and negative self-worth. However, given that negative views by the peer group would jeopardize popularity, the popular status group was expected to have moderately high level of fears of negative evaluation.

In contrast, moderately high levels of depression for the controversial status group were expected due to the number of children who do nominate members of this status group for "Liked Least." Also, this status group was expected to be associated with low levels of social anxiety (both fear of negative evaluation and social avoidance and distress), loneliness, and hopelessness due to their high levels of social activity and roles as leaders in the peer group. Negative self-worth was expected to be only somewhat affected by the rejection of many children since they are also accepted by many other children in the peer group--thus moderately high negative self-worth was expected.

Finally, since the average status group is considered to consist of the normative child, at least in terms of peer relations, and since the quality of peer relations is an important factor in the development of depression and any of its correlates, this status group was expected to have a standardized mean score of around 0 on all of the variables to be studied.

Planned analyses involved the comparison of the different sociometric status groups on the internalizing variables utilized in this study (hopelessness, loneliness, low self-esteem, fear of negative evaluation, social avoidance and distress, and depressed mood). Several comparisons were planned based on an understanding of the sociometric literature to date. First, the rejected subgroups and neglected group were combined and compared with the controversial, average and popular groups given that this was expected to be a major, overall distinction between groups (see Figure 1), since children who are not well-liked by many kids in the group were thought to be at greatest risk for internalizing difficulties. Second, the average group was contrasted with each of the other status groups and subgroups given that it represents the normative group of children. Third, the rejected status subgroups were compared with each other to verify the hypothesized distinctions between mean levels within the subgroups across internalizing variables. Finally, the controversial and popular groups were compared

given that they both have positive experiences with peers but only one also appears to be rejected by a significant number of children in their peer group and would be thought to differ in internalizing indices for this reason.

CHAPTER 2

METHOD

Subjects

During two consecutive years, three waves of data collection were conducted. Each wave targeted fourth and fifth graders in southeastern elementary schools (Wave 1 targeted four schools, Wave 2 targeted three schools, and Wave 3 targeted nine schools). Schools were nonoverlapping with one exception--one school participated in Wave 1 and Wave 2 during two consecutive years. All participants from this school who responded to the mailing in Wave 1 and Wave 2 were excluded from analyses in Wave 2. Those children from these schools who satisfied status group criteria were mailed a questionnaire packet (Wave 1 $n = 298$, Wave 2 $n = 406$, Wave 3 $n = 355$). 1059 children satisfied the criteria for one of the status groups and received the questionnaire packet. 251 responded to this mailing (the response rate was 23%). The present study attempted to maximize the response rate, following the results found in a recent meta-analysis that found that follow-up phone calls, providing return envelopes and postage, and monetary incentives increase response rates (Yammarino, Skinner, & Childers, 1991).

Procedure

Each wave consisted first of a group-administered sociometric screening conducted at the school site. Children

were given rosters of all the children in their grade in their school and were asked to circle the three children for each of the following four descriptions: "Liked most," "Liked least," "Starts fights," and "Picked on/Teased." Seven sociometric status groups or subgroups were identified. The criteria for average, rejected, controversial, neglected, and popular status followed Coie, Dodge, and Coppotelli's (1982) criteria and are summarized in Table 1. [Note: Same-sex only nominations were not used in the present study. Instead, nominations across both sexes were examined. One study suggests that cross-sex nominations yield lower likability ratings and have higher variability than same-sex nominations (Hayden-Thomson, Rubin, & Hymel, 1987). While future research may reveal that nominations across both genders are not the best predictors of concurrent or future difficulties, the current study continued using this format due to its predominance in the literature.]

Insert Table 1

Identified in this manner, sociometric status is relatively stable across a one year interval (Coie & Dodge, 1983), and replicable within three interaction sessions with unfamiliar peers (Coie & Kupersmidt, 1983).

In addition, three rejected subgroups were identified based on a child's nomination for starting fights or being

picked on and teased. Rejected-aggressive children received many nominations for the former, rejected-submissive children received many nominations for the latter, and rejected children who did not receive many nominations for either were termed "rejected-undifferentiated." Specific cut-off scores for categorization into a rejected subgroup are listed in Table 2.

Insert Table 2 Here

Parental consent was obtained for the group testing and children were informed that they were able to decline to participate at any time (See Appendix A). In all schools, all children participated in the sociometric screening with the exception of a few children who were absent that day or whose parents did not wish them to participate. Research suggests that completing the sociometric measure does not create any ill effects (Bell-Dolan, Foster, & Sikora, 1989).

Children who satisfied criteria for one of the status groups or subgroups through this initial sociometric screening were then sent a questionnaire packet by mail at their home address. This packet included a cover letter explaining the project (See Appendix B), a form for written parental permission and informed consent from the child (See Appendix C), instructions concerning the appropriate testing environment that the parent should create for the child (See

Appendix D), along with the indices of depressed mood, social anxiety, loneliness, hopelessness, and negative self-worth. The five measures (yielding six dependent variables in this study) were counterbalanced for each child.

Two subjects were tested in a university setting due to the parents' reservations concerning testing in the home. These children were included in all analyses. The parents of children who scored higher than the clinical cutoff score of 70 on the Children's Depression Inventory ($n = 5$) and/or who indicated that they want to commit suicide ($n = 6$) were contacted and various treatment options were offered. One additional subject was both highly depressed and suicidal and was also contacted.

Completion of the questionnaires made subjects and their parents eligible for a drawing (one for each wave of data collection) in which first prize was \$50.00, second prize was \$30.00, and third prize was \$20.00. Follow-up calls were made to the parents of children who did not respond to the mailing to encourage participation.

Measures

Questionnaires were included in the mailing packet which yielded six indices of internalizing difficulties: depressed mood, loneliness, negative self-worth, fear of negative evaluation, social avoidance and distress, and hopelessness. The following is a description of the assessment devices used to measure these variables.

Depression

The Children's Depression Inventory (CDI) assesses the behavioral, cognitive, and affective aspects of depression in children and focuses on experiences within the past two weeks (Kovacs & Beck, 1977). Research has found adequate internal consistency, adequate test-retest reliability, and the ability to distinguish clinical and nonclinical populations (Seligman, Peterson, Kaslow, Tanenbaum, Alloy, & Abramson, 1984; Smucker, Craighead, Craighead, & Green, 1988). Also, the CDI discriminates successfully between depressed children and those with other psychopathology (Romano & Nelson, 1988).

Loneliness

Asher and Wheeler (1985) modified a loneliness measure created by Asher, Hymel, and Renshaw (1984) with a restriction to school friendships (See Appendix E). It measures a child's degree of satisfaction concerning their peer relationships at school, as well as assessing their affective response to this level of satisfaction. The Loneliness and Social Dissatisfaction questionnaire has adequate internal consistency and internal reliability (Asher & Wheeler, 1985) and has distinguished social status groups of rejected, neglected, popular, average, and controversial status groups (Crick & Ladd, 1993).

Negative Self-Worth

The Perceived Competence Scale for Children (Harter, 1982) measures perceived competency in many domains as well as

containing an independent scale of overall self-worth (See Appendix F). Only the general self-worth scale was used in analyses, rather than perceived competency in specific domains, yielding a global assessment of feelings of self-worth. (This scale was inverted to represent negative self-worth, such that higher scores reveal greater negative self-worth just as high scores on the other measures reveal greater internalizing difficulties). Adequate internal reliability and test-retest reliability for the general self-worth subscale has been found (Harter, 1982).

Social Anxiety

The Social Anxiety Scale for Children (SASC), a 10-item self-report measure, contains two subscales: Fear of Negative Evaluation and Social Avoidance and Distress (La Greca, Dandes, Wick, Shaw, & Stone, 1988) (See Appendix G). The first measures the degree to which a child is concerned with others' evaluations of him or her. The second involves the level of distress and discomfort in social situations and the desire to avoid these situations. Good internal and test-retest reliability have been reported for both scales (La Greca, et al., 1988). [Note: A new version of the scale (La Greca & Stone, 1993) which has similar items was not available when the first wave of data collection was designed and implemented. For consistency, the same version was used in all waves of data collection].

Hopelessness

The Hopelessness Scale for Children (HSC; Kazdin, Rodgers, & Colbus, 1986) measures feelings of hopelessness about self, others, and the future (See Appendix H). Test-retest reliability and internal consistency are adequate with one exception. In keeping with the authors' recommendations, item number four was not included in analyses since it did not correlate highly enough with other items in the scale to be considered an adequate contributor to this measure of hopelessness.

CHAPTER 3

RESULTS

The results are reported in three sections. First, preliminary analyses concerning the nature of the sample (including demographics), the interrelatedness of the internalizing variables, and the frequency of high levels of depression and/or suicidality were conducted. Principal analyses involve the investigation of status group differences among the six internalizing variables. Finally, two post hoc analyses were conducted to help explain findings in the principal analyses.

Preliminary Analyses

Analyses concerning the nature of the sample were conducted first. Within each wave, the number of questionnaires mailed to subjects within each group and the number of respondents are listed in Table 3 and reveal similar patterns of responding within status groups. Also, the percentage of subjects identified within a status group mirror those found in other research (See Cole & Carpentieri, 1990). Demographic characteristics of the respondent sample are included in Table 4. Frequencies of these characteristics within each status group are included in Table 5. Adequate representation for boys and girls, Euro-Americans and African-Americans, and fourth and fifth graders within the overall respondent sample and within each status group is indicated.

Insert Tables 3, 4 and 5 Here

Next, the association between all of the self-report measures were computed (See Table 6). Significant moderate correlations between all of the variables suggest that they are all related, but not equivalent, measures of internalizing difficulties. In addition, a principal components analysis found one factor underlying all six dependent variables (using a minimum eigenvalue criterion of 1), suggesting that together they represent an internalizing difficulties dimension (See Table 7).

Insert Tables 6 and 7 Here

The incidence of high levels of depression (t score greater than 70 on the CDI) within each of the status groups was examined. Differences among the status groups were noted (See Table 8). In addition, the frequency of suicidal ideation within each status group was assessed. Both the presence of suicidal thoughts without intent and the presence of the thought and intent to commit suicide were examined separately (see Table 8) based on each subject's response to question number 9 of the Children's Depression Inventory which gives the choices: a) I do not want to kill myself, b) I have thought about killing myself, but would never do it, and c) I

want to kill myself. A Pearson chi-square test of homogeneity had been planned, but given that several cell frequencies were expected to be less than 5, the analysis was invalid.

Insert Table 8 Here

Principal Analyses

Mean scores and corresponding standard errors on the six dependent variables for each status group were computed (see Table 9). Different mean scores were found for the different status groups and subgroups. For the most part, the highest means across the variables were in the rejected-submissive and/or neglected groups. Mean standardized scores on each of these measures for each status group was graphed (See Figure 2) so that scores across measures could be compared. Means for each status group across all six internalizing variables are illustrated. All status groups had different standardized mean levels within each of the internalizing variables and had unique patterns of mean differences across all variables.

Insert Table 9 and Figure 2 Here

A MANOVA involving the 7 status groups used to predict all six internalizing variables as well as separate one-way ANOVAs for each internalizing variable were conducted (See Table 10). The overall MANOVA was significant. The

standardized canonical correlations are included in Table 11 as an indicator of how much each variable contributed to the combined variable which was predicted to in the MANOVA. Loneliness was weighted the most strongly. Interestingly, the depression variable was weighted negatively. A main effect for status was found for loneliness, social avoidance and distress, and fear of negative evaluation.

Insert Table 10 and 11 Here

Given that the non-orthogonal contrasts between status groups were planned, they were conducted for each ANOVA regardless of the level of significance. Results of these comparisons are reported in Table 12. Significant differences between the rejected subgroups and the neglected subgroup as compared to the popular, average, and controversial groups were found for all but one internalizing variable (self-worth). The rejected-submissive and neglected subgroup were most at-risk for internalizing difficulties.

Insert Table 12 Here

Post hoc Analyses

Since the one-way ANOVA using status to predict depression was non-significant in the main analyses, analyses utilizing the subscales on the CDI were conducted in order to

examine whether the distinct subscales were better predicted by status group than the combined score. Standardized means for each variable within each status group were plotted (See Figure 3). In addition, a MANOVA using status group to predict all five subscales combined was conducted. It was not significant ($F = .9049$, $p < .6149$), and no further analyses were conducted using these variables.

Insert Figure 3 Here

Also, since the one-way ANOVA using status group to predict negative self-worth was not significant in the main analyses, an analysis of status group differences on other subscales in this measure was conducted. Five additional subscales of perceived competence within particular domains are assessed on the Perceived Competence Scale for Children (academic, athletic, behavioral, physical, and social) in addition to the measure of general self-worth (used in the main analyses). Standardized means for each variable within each status group were plotted to illustrate status group means (See Figure 4). A MANOVA using status group to predict all of these subscales combined was conducted along with separate one-way ANOVAs (See Table 13). The MANOVA was significant, and a main effect was found for status group predicting perceived social competence. The ANOVA in which

status group predicted academic competence approached significance.

Insert Table 13 Here

The planned contrasts that were used in the main analyses were conducted only for the social and academic variables (See Table 14). Two of the rejected groups perceived their peer rejection (rejected-undifferentiated and rejected-submissive), and popular group had a higher sense of social competency than the average group consistent with their actual greater peer acceptance. In addition, the neglected group perceived themselves as having lower academic competency than the average group.

Insert Table 14 and Figure 4 Here

CHAPTER 4

DISCUSSION

Overall, results of this study confirm the relationship between peer relationships and internalizing difficulties in preadolescence. Sociometric status groups were distinguished using multiple indices of internalizing difficulties. The results indicate mean differences for each of the status groups which are largely consistent with the initial hypotheses, where the rejected subgroups and neglected group, together, were at greatest risk for depression, fear of negative evaluation, hopelessness, loneliness, and social avoidance and distress, particularly the rejected-submissive and neglected groups.

The neglected status group exhibited greater hopelessness, fear of negative evaluations, and social avoidance and distress than the average group. They also had a high frequency of suicidal intent compared to all of the status groups (14.3%) except the rejected-undifferentiated status group (33.3%). Thus, this group may not be as protected from adjustment difficulties as researchers have recently suggested (Asher & Wheeler, 1985). However, the neglected group did not differ from the average group on loneliness, which is consistent with Crick and Ladd's (1994) data. They also did not report elevated scores for a negative sense of self-worth or depression as compared to the average

group. An understanding of how and why members of this group (who are not nominated for any "liked most" nominations) experience these specific difficulties is needed. Does their greater social anxiety and hopelessness affect their behavior in some way despite some empirical findings that they are not more shy or withdrawn than average children (Rubin, et al., 1989)? Or, are their experiences with peers in some way creating greater social anxiety and hopelessness? Interestingly, this group does not perceive their social competency any lower than the average group does (and, indeed, they are not socially rejected). However, they do perceive their academic competency as lower than the average group. Future research could investigate whether this group is achieving at a lower level academically, and what impact that might have for their social anxiety (e.g. could they fear negative evaluations due to their perceptions that they have lower academic achievement levels?).

The rejected-submissive group experienced significantly higher levels of loneliness, fears of negative evaluation, and social avoidance and distress than the average group. The loneliness and social dissatisfaction felt by this rejected subgroup appeared to be quite intense compared to children in other status groups including other rejected subgroups. Interestingly, this group did not differ from other groups on depression, negative self-worth, or hopelessness nor did these children appear to exhibit higher frequencies for clinical

depression, suicidal thoughts, or suicidal intent. The teasing they experience from the peer group is likely to be a factor in their social anxiety and loneliness, particularly given the finding that they are aware of their low levels of social competence. For example, they may be socially anxious given that negative interactions with peers may incite further teasing. Also, this teasing may be a continual reminder of their low levels of social acceptance and be related to their intense loneliness.

The rejected-aggressive group is not distinguishable from the average group on any of the internalizing difficulties. However, they do appear to have a higher frequency of suicidal intent than the other status groups (33.3%), suggesting that they may not be altogether buffered from internalizing difficulties. The finding that this group does not have elevated levels of depression is particularly noteworthy given a recent study that found elevated scores for depression on the CDI for rejected-aggressive, rejected-withdrawn, and rejected-aggressive-and-withdrawn children (Boivin, Poulin, & Vitaro, 1994). Differences in the criteria used to subgroup the rejected status group in the present study versus the Boivin et al., study may underlie these differences. In addition, results indicate that despite their rejection, they perceive themselves as equally socially competent to average children (similar to findings reported by Boivin & Hymel, in press). In fact, their perceptions of

their social competency were significantly greater than the rejected-submissive subgroup although both are rejected by peers. In contrast, the rejected-aggressive subgroup has been found to be the least socially skilled and the most strongly rejected by the peer group (Volling, MacKinnon-Lewis, & Rabiner, 1993). It could be that they are unaware of, or unwilling to admit, their low level of social acceptance and skill and thus they either do not experience or do not report internalizing difficulties.

The current study represents one of the few attempts to distinguish the rejected-undifferentiated subgroup from the aggressive and submissive subgroups. The aggressive subgroup yield high levels of aggression toward peers whereas the submissive subgroup is highly picked on and teased by peers. The rejected-undifferentiated group was not characterized by either attribute. The results indicate that this group was indistinguishable from the average group on any of the internalizing variables, suggesting that, like the aggressive subgroup, this rejected subgroup was not at-risk for greater internalizing difficulties despite their rejection by their peers. They were significantly less lonely and experience less social anxiety than their rejected-submissive counterparts. However, this subgroup does have the highest frequency of high levels of depression (15.4%) of all the status groups. They are also aware of and acknowledge their lower levels of social competence. It would be interesting to

examine why this rejected subgroup is buffered from many of the internalizing difficulties though they are aware of their social difficulties, unlike the rejected-submissive subgroup who is also aware of their rejected status but suffers from several internalizing difficulties. Other research suggests that rejected children who are not highly withdrawn or aggressive (a somewhat different categorization than the one used in the present study) are disruptive and socially inappropriate (Volling, MacKinnon-Lewis, Rabiner, 1993), are lonelier than average children (Boivin, Poulin, & Vitaro, 1994), and are not elevated on depression (Boivin, et al., 1994), (the latter finding is consistent with the current findings). It is possible that the rejected-undifferentiated children are more transitory in their rejected status than the rejected-submissive children, or it could be that they will develop aggression or become picked on and teased after a period of being rejected. Their feelings of loneliness and social distress may increase during this period of low group acceptance as well.

In contrast to the rejected and neglected status group's high levels on the various measures of internalizing difficulties, the average status group's mean scores reveal a consistent pattern of standardized mean levels around 0. These results confirm that this status group is normative not only in its peer relationships, but in its internalizing

difficulties and perceived levels of competency in various domains as well.

The controversial status group was less lonely than the average group. They also exhibited similar frequencies of suicidal thought, suicidal intent, and high levels of depression as the average group. It is particularly noteworthy that the social acceptance of controversial children by some of their peers may buffer them from the negative effects of the rejection they experience from others in their peer group with one exception. Interestingly, when compared to the popular group they have lower self-esteem, suggesting that the dislike by at least some of their classmates may be related to a lower sense of self-worth as compared to popular children.

Popular children are not distinguishable from the average group among any of the internalizing difficulties, nor do they exhibit lower frequencies of suicidal thought, suicidal intent, or low levels of depression. Contrary to hypotheses, their greater level of social acceptance and lower level of social rejection does not significantly enhance their adjustment as compared to average children, at least in terms of internalizing difficulties. It could be that only a normative amount of group acceptance is needed to feel accepted and good about oneself. In addition, this group was hypothesized to have greater fears of negative evaluation given that they had high levels of social acceptance to lose

if they were negatively evaluated. However, they did not exhibit significantly elevated difficulties in this area. Given that they perceive themselves as highly socially competent, they may feel little cause to fear negative evaluations from others and have confidence in their own social skills. This awareness may relate to their lower levels of internalizing difficulties (e.g. they know that they are well-accepted so they do not experience high levels of loneliness, social anxiety, depression, loneliness, and hopelessness).

Implications for Future Research

Although the current study does not address the etiological pathways between poor peer relations and internalizing difficulties, it does attempt a more comprehensive analysis of the relationship between these constructs (at one point in time--preadolescence) than has been previously undertaken. This comprehensive attempt involved using multiple indices of internalizing difficulties and multiple sociometric status groups and appears to have been very fruitful given the mean differences found. The direction of the linkage(s) between peer relations and internalizing difficulties, and the changes in these relationships across the age span, remain to be investigated. The data reported herein provide an expansion and clarification of the portion of the Rubin and Mills (1991)

model that addresses peer interactions, and provides the basis upon which etiological research could be based.

Further, the mechanisms underlying the relationship between children's social relations and internalizing difficulties should be examined in future research. Social cognitions are a likely mediator. For instance, cognitive biases have been found for both depressed children (Asarnow, Carlson, & Guthrie, 1987), lonely children (Hymel, et al., 1983), and rejected children (Dodge & Feldman, 1990). Attributions or other cognitive processes could play a mediational role between peer relations and depression and/or other internalizing difficulties such that social experiences lead to cognitive distortions which lead to emotional functioning. In fact, research has found that the combination of peer rejection and internal attributions for failure are associated with high levels of loneliness both concurrently (Bukowski & Ferber, 1987; Renshaw & Brown, 1993) and predictively (Renshaw & Brown, 1993). Thus, attribution style may explain the current finding that the rejected-submissive subgroup is very lonely and is aware of their social difficulties, whereas the rejected-aggressive subgroup is not significantly lonely and unaware of (or unwilling to admit) their social difficulties. Moderators of this relationship may include compensatory relationships outside of the school environment (East & Rook, 1992), which may be particularly

important for neglected children who do not have anyone at school who views them as someone they "like most".

In addition, the results of this study could lead to further research in the area of clinical depression. Given the results of this study with a non-clinical population, it would be interesting to investigate whether children who experience different levels of group acceptance exhibit different symptomatology when depressed. Subgroups of clinical depression have been posited in the adult literature (see Blatt & Zuroff, 1992 for review) and sociometric status may provide a way to distinguish among children who express different depressive symptomatology.

Due to the small sample size in the current study, the moderating effects of sex and race/ethnicity were not examined. Some studies suggest that there are no sex differences during preadolescence for depression (Lefkowitz & Tesiny, 1985) and loneliness (Crick & Ladd, 1993) (for undifferentiated groups of children). However, social anxiety (Crick & Ladd, 1993; La Greca & Stone, 1993) and withdrawn behavior (DeRosier, Kupersmidt, & Patterson, 1994; Renshaw & Brown, 1993) have been found to be greater for girls than for boys. One study that examined rejected children and their depressive symptomatology found no main effect for sex nor an interaction between sex and rejected status. However, another study (Kupersmidt & Patterson, 1991) found sex differences within one status groups (neglected) for one internalizing

variable (depression). Also, a review of the literature concerning sociometric status groups and various difficulties has found somewhat different behavioral profiles for boys and girls within some status groups (Coie, Dodge, & Kupersmidt, 1990), though the only differences found for internalizing difficulties or related behaviors included greater withdrawal for rejected girls than rejected boys (though they report studies that do not find this difference as well). It is not clear whether this distinction would be true when the rejected group is broken down into subgroups as was done in the present study. Future research using larger numbers of subjects in each status group may wish to investigate whether the mean differences indicated here are true for both males and females in each group as well as for children with different racial or ethnic backgrounds. Also, the importance of peer group acceptance for different cultures should be investigated. For instance, societies with a more collective cultural system (as opposed to an individualistic society) may have a heightened importance of peer relations in the development of internalizing difficulties.

Differences between the two age groups (fourth and fifth grade) was also not assessed due to the small number of respondents in several of the status groups. However, given the relatively close ages of children in these two grades, the respondents in these two groups were combined. Age of the child could play an important role in the relationships

investigated in this study, however, and an assessment of the relationship between social relations and internalizing difficulties across the age span is needed. Not only would the etiology of internalizing difficulties be important at younger ages than those examined here, but the increased frequency of certain internalizing difficulties in adolescence, particularly for girls, would be important to investigate as well and could be incorporated into Rubin and Mill's (1991) developmental model.

Another limitation of this research is the collection of data over two years and three waves of data collection which introduces the possibility of cohort and group effects. Also, not all of the children responded to the mailed questionnaire packet; thus, certain types of children may be more likely to respond, and the procedure may lead to different responses than the conventional individual or group testing. However, some researchers request that subjects be brought to their research lab, which is also associated with small response rates, suggesting that a mailing introduces, at worst, no greater difficulties than other methods of data collection. However, many of the current findings are similar to research reported elsewhere that was collected in a different way (e.g. in a classroom, one-on-one, etc.), suggesting that the respondents to the mailing procedures may not, in fact, be different from the respondents to other methods. It is the author's conclusion that the mailing procedure may provide a

viable alternative means of data collection particularly when school systems agree to provide only limited class time for data collection (e.g. only enough time for the sociometric screening in the current study).

It is important to note that while the current study assessed a wide variety of indices related to emotional functioning, internalizing difficulties are not limited to those assessed in the current study. For example, forms of anxiety other than social anxiety could distinguish these groups as well (e.g. phobias, separation anxiety, generalized anxiety, etc.), and an examination of these and other internalizing difficulties could be fruitful in furthering our understanding of the sociometric status groups and their complex relationship to emotional functioning.

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Appendix A

Parental consent form for screening

Dear parent,

I am writing to inform you of a program that will be conducted in our school this year to assist children who are having difficulty getting along with their peers. We are conducting this program with the assistance of Dr. Susan P. Keane and Dr. David Rabiner, both of whom are child psychologists who teach at UNC Greensboro.

In the first phase of the program, which will begin in approximately 6-8 weeks, we will be identifying children who are having social difficulties. To do this, all children will be asked to identify whom they like and whom they dislike. Children will also be asked questions concerning how they feel about their peers as a group, as well as how happy or sad they generally feel. Children's responses will be kept strictly confidential and will only be made available to staff who are in a position to help children reporting difficulties. This entire procedure will take less than 45 minutes, and except for kindergartners, who will be interviewed individually, will be conducted in a group setting.

After children having important social difficulties are identified, we will be conducting small groups at school to help teach these children how to get along better with peers. These groups will be co-led by the school guidance counselor and a psychology graduate student from UNC Greensboro.

Efforts will be made to provide services for as many children as possible. The groups will be supervised by Dr. Keane and Dr. Rabiner, both of whom have extensive experience working with such children. Groups will meet weekly throughout the year for 45-60 minutes per week. Before any child participates in these groups, permission from the child's parents will be obtained.

We are pleased to provide this program as we believe it will provide important help to children having problems. If you have any questions about the program, or concerns about your child participating in the initial identification procedure, please contact me. You may also contact Drs. Keane and Rabiner directly at 334-5013. Thank you for your attention.

Appendix B

Cover letter to parents

Dear Parents,

My name is Wendy Ward. I am a UNCG Psychology graduate student in psychology. I am currently conducting research concerning how children feel about themselves and about each other. Your child participated in this information-gathering process earlier in the school year. Fourth and fifth graders at your child's school will be invited to participate in this second information-gathering process. Participation in this study is voluntary, and all information gathered is strictly confidential. The information will be entered into the computer along with a code number, not your child's name, and all raw data will be destroyed. Further, your child has the right to decline to answer any or all of the questions for any reason and will suffer no negative effects as a result.

These few short questionnaires should take your child only 30 minutes to complete and, when this information is combined with other fourth and fifth graders responses here in Greensboro, it will yield valuable information about children and their feelings about themselves and others. However, I am offering a further incentive to you and your child. When I receive your child's completed questionnaires, I will enter you into a prize drawing. First prize is \$50.00, second prize is \$30.00, and third prize is \$20.00. The drawing will be held this summer, so please do not delay in helping your child

to fill out the questionnaires and mailing them in. Full instructions for you and your child are included in this packet. Due to the sensitive and personal nature of some of the questions, we recommend that you keep an eye on your child during and after testing to note their reaction.

Please read the parental consent form also included and sign it so that your child will be able to participate. Please have your child sign the consent form below yours and enclose them with the completed questionnaires and the drawing entry form. A stamped return envelope is provided for you to mail the completed questionnaires, the parental permission, the informed consent from your child, and the drawing entry form to me at UNCG. If you have any questions about this study or would like to find out the results, please feel free to contact me at Eberhart Building (334-5013). Thank you very much.

Appendix C

Informed consent

I understand the content and purpose of the questionnaires to be filled out by my child concerning relationships between children at his/her school and feelings about himself/herself. I am providing this consent voluntarily. I hereby permit the information to be used in statistical analyses and in written form under the stipulation that my child's name is never used. I relinquish all claim to the provided information.

Name: _____

Date: _____

Student informed consent

I understand that the questions I will be answering are about relationships between children at my school and feelings I have about myself. I am providing this consent voluntarily. I know that my name will not be used. I also know I will in no way suffer if I choose not to answer any or all of the questions for any reason.

Name: _____

Date: _____

Appendix D

INSTRUCTIONS FOR YOU AND YOUR CHILD

PARENT--Please read these instructions aloud to your child.

1. Allow 30 minutes to complete all of these short questionnaires at the same time.
2. Find a quiet room where you can be alone to answer these questions without interruption or distraction.
3. Read the instructions VERY CAREFULLY.
4. Do not discuss your answers with your friends--they are your own private thoughts.
5. If you have any questions, please do not hesitate to contact me at UNCG 334-5013.

DO NOT FILL OUT THIS QUESTIONNAIRE FOR YOUR CHILD

Appendix E

Loneliness and Social Dissatisfaction questionnaire

INSTRUCTIONS: Circle the number that best describes how much the sentence is like you.

1. It's easy for me to make new friends at school.

1	2	3	4	5
always	true about	sometimes	hardly ever	never
true about	me most	true about	true about	true
me	of the time	me	me	about me

2. I have nobody to talk to in class.

3. I'm good at working with other children in my class.

4. It's hard for me to make friends at school.

5. I have lots of friends in my class.

6. I feel alone at school.

7. I can find a friend in my class when I need one.

8. It's hard to get kids in school to like me.

9. I don't have anyone to play with at school.

10. I get along with my classmates.

11. I feel left out of things at school.

12. There's no other kids I can go to when I need help in school.

13. I don't get along with other children in school.

14. I'm lonely at school.

15. I am well liked by the kids in my class.

16. I don't have any friends in class.

Perceived Competency Scale for Children

Choose which sentence best describes you and then pick one of the two boxes that go with the sentence (either on the left or on the right) and put a CHECK in that box.

Please
write
your
name
and
age

What I Am Like

Mark only one box for each question

Name _____ Age _____ Birthday _____ Group _____
Month Day

Boy or Girl (circle which)

		SAMPLE SENTENCE					
	Really True for me	Sort of True for me		Sort of True for me	Really True for me		
(a)	<input type="checkbox"/>	<input type="checkbox"/>	Some kids would rather play outdoors in their spare time	BUT	Other kids would rather watch T.V.	<input type="checkbox"/>	<input type="checkbox"/>

1.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids feel that they are very good at their school work	BUT	Other kids worry about whether they can do the school work assigned to them.	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids find it hard to make friends	BUT	Other kids find it's pretty easy to make friends.	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids do very well at all kinds of sports	BUT	Other kids don't feel that they are very good when it comes to sports.	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids are happy with the way they look	BUT	Other kids are not happy with the way they look.	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids often do not like the way they behave	BUT	Other kids usually like the way they behave.	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids are often unhappy with themselves	BUT	Other kids are pretty pleased with themselves.	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids feel like they are just as smart as as other kids their age	BUT	Other kids aren't so sure and wonder if they are as smart.	<input type="checkbox"/>	<input type="checkbox"/>

	True for me	True for me			True for me	True for me	
9.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids wish they could be alot better at sports	BUT	Other kids feel they are good enough at sports.	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids are happy with their height and weight	BUT	Other kids wish their height or weight were different.	<input type="checkbox"/>	<input type="checkbox"/>
11.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids usually do the right thing	BUT	Other kids often don't do the right thing.	<input type="checkbox"/>	<input type="checkbox"/>
12.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids don't like the way they are leading their life	BUT	Other kids do like the way they are leading their life.	<input type="checkbox"/>	<input type="checkbox"/>
13.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids are really slow in finishing their school work	BUT	Other kids can do their school work quickly.	<input type="checkbox"/>	<input type="checkbox"/>
14.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids would like to have alot more friends	BUT	Other kids have as many friends as they want.	<input type="checkbox"/>	<input type="checkbox"/>
15.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids think they could do well at just about any new sports activity they haven't tried before	BUT	Other kids are afraid they might not do well at sports they haven't ever tried.	<input type="checkbox"/>	<input type="checkbox"/>
16.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids wish their body was different	BUT	Other kids like their body the way it is.	<input type="checkbox"/>	<input type="checkbox"/>
17.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids usually act the way they know they are supposed to	BUT	Other kids often don't act the way they are supposed to.	<input type="checkbox"/>	<input type="checkbox"/>
18.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids are happy with themselves as a person	BUT	Other kids are often not happy with themselves.	<input type="checkbox"/>	<input type="checkbox"/>
19.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids often forget what they learn	BUT	Other kids can remember things easily.	<input type="checkbox"/>	<input type="checkbox"/>
20.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids are always doing things with alot of kids	BUT	Other kids usually do things by themselves.	<input type="checkbox"/>	<input type="checkbox"/>

	Really True for me	Sort of True for me			Sort of True for me	Really True for me	
21.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids feel that they are <i>better</i> than others their age at sports	BUT	Other kids <i>don't</i> feel they can play as well.	<input type="checkbox"/>	<input type="checkbox"/>
22.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids wish their physical appearance (how they look) was <i>different</i>	BUT	Other kids <i>like</i> their physical appearance the way it is.	<input type="checkbox"/>	<input type="checkbox"/>
23.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids usually get in <i>trouble</i> because of things they do	BUT	Other kids usually <i>don't</i> do things that get them in trouble.	<input type="checkbox"/>	<input type="checkbox"/>
24.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids <i>like</i> the kind of person they are	BUT	Other kids often wish they were someone else.	<input type="checkbox"/>	<input type="checkbox"/>
25.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids do <i>very well</i> at their classwork	BUT	Other kids <i>don't</i> do very well at their classwork.	<input type="checkbox"/>	<input type="checkbox"/>
26.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids wish that more people their age liked them	BUT	Other kids feel that most people their age <i>do</i> like them.	<input type="checkbox"/>	<input type="checkbox"/>
27.	<input type="checkbox"/>	<input type="checkbox"/>	In games and sports some kids usually <i>watch</i> instead of play	BUT	Other kids usually <i>play</i> rather than just watch.	<input type="checkbox"/>	<input type="checkbox"/>
28.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids wish something about their face or hair looked <i>different</i>	BUT	Other kids <i>like</i> their face and hair the way they are.	<input type="checkbox"/>	<input type="checkbox"/>
29.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids do things they know they <i>shouldn't</i> do	BUT	Other kids <i>hardly ever</i> do things they know they shouldn't do.	<input type="checkbox"/>	<input type="checkbox"/>
30.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids are very <i>happy</i> being the way they are	BUT	Other kids wish they were <i>different</i> .	<input type="checkbox"/>	<input type="checkbox"/>
31.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids have <i>trouble</i> figuring out the answers in school	BUT	Other kids almost <i>always</i> can figure out the answers.	<input type="checkbox"/>	<input type="checkbox"/>
32.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids are <i>popular</i> with others their age	BUT	Other kids are <i>not very</i> popular.	<input type="checkbox"/>	<input type="checkbox"/>

	for me	for me			True for me		
33.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids don't do well at new outdoor games.	BUT	Other kids are good at new games right away.	<input type="checkbox"/>	<input type="checkbox"/>
34.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids think that they are good looking.	BUT	Other kids think that they are not very good looking.	<input type="checkbox"/>	<input type="checkbox"/>
35.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids behave themselves very well.	BUT	Other kids often find it hard to behave themselves.	<input type="checkbox"/>	<input type="checkbox"/>
36.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids are not very happy with the way they do a lot of things.	BUT	Other kids think the way they do things is fine.	<input type="checkbox"/>	<input type="checkbox"/>



Appendix G

Social Anxiety Scale for Children

INSTRUCTIONS: Circle the phrase that best describes how much
the sentence is like you.

Fear of Negative Evaluation

1. I worry about doing something new in front of other
kids.
always true sometimes true never true
2. I worry about being teased.
5. I worry about what other kids think of me.
6. I feel that kids are making fun of me.
8. I worry about what other children say about me.
10. I am afraid that other kids will not like me.

Social Avoidance and Distress

3. I feel shy around kids I don't know.
4. I'm quiet when I'm with a group of kids.
7. I get nervous when I talk to new kids.
9. I only talk to kids that I know really well.

Appendix H

Hopelessness Scale for Children

INSTRUCTIONS: Indicate for each question whether the sentence is true or false about you.

1. I want to grow up because I think things will be better. F
2. I might as well give up because I can't make things better for myself. T
3. When things are going badly, I know they won't be bad all of the time. F
4. I can imagine what my life will be when I'm grown up. F
5. I have enough time to finish the things I really want to do. F
6. Someday, I will be good at doing the things I really care about. F
7. I will get more of the good things in life than most other kids. F
8. I don't have good luck, and there's no reason to think I will when I grow up. T
9. All I can see ahead of me are bad things, not good things. T
10. I don't think I will get what I really want. T
11. When I grow up, I think I will be happier than I am now. F
12. Things just won't work out the way I want them to. T
13. I never get what I want, so it's dumb to want anything. T
14. I don't think I will have any real fun when I grow up. T

15. Tomorrow seems unclear and confusing to me. T
16. I will have more good times than bad times. F
17. There's no use in really trying to get something I want
because I probably won't get it. T

Note. Item 4 was deleted from this scale per the creator of
the measure's suggestion.

Table 1. Criteria for Sociometric Status Groups

Status Group	Social Preference (LM-LL)	Social Impact (LM+LL)	Liked Most Stdzed Score	Liked Least Stdzed Score
Average	**	---	---	---
Controversial	---	>1.0	>0	>0
Neglected	---	<-1.0	***	---
Popular	>1.0	---	>0	<0
Rejected	<-1.0	---	<0	>0

Note. **The Average status includes all those who have a social preference score that is higher than -0.75 and less than 0.75. ***Neglected children were required to have an absolute "Liked most" score of 0 (none of their peers nominated them for their top three "Liked most" nominations).

Table 2. Criteria for Rejected Subgroups

Status Group	Starts Fights Standardized Score	Picked on/Teased Standardized Score
Rejected-Aggressive	>0.5	<0.5
Rejected-Submissive	<0.5	>0.5
Rejected-Undifferentiated	<0.5	<0.5

Note. Children who had z scores greater than 0.5 on both measures were very rare and were not included in analyses.

Table 3. Number of Children Who Received Mailing and Who Responded

Status Group	Wave 1		Wave 2		Wave 3	
	Recvd	Respded	Recvd	Respded	Recvd	Respded
Responded						
Average	150	73	132	16	190	23
Controversial	32	18	28	7	24	3
Neglected	26	8	27	3	22	3
Popular	51	27	51	15	64	14
Rejected- Aggressive	9	4	15	3	21	0
Rejected- Submissive	16	9	12	0	18	2
Rejected- Undifferentiated	19	8	15	2	16	3

Table 4. Demographic Characteristics of the Respondent Sample

	Frequency	Percentage
<hr/>		
Sex		
Female	159	57.6
Male	117	42.4
Race		
Black	105	50.5
White	94	45.2
Other	9	4.3
Grade		
Fourth	133	48.2
Fifth	142	51.4
Status		
Average	112	46.5
Controversial	28	11.6
Neglected	14	5.8
Popular	56	23.2
R-Aggressive	7	2.9
R-Submissive	11	4.6
R-Undifferentiated	13	5.4

Table 5. Percentage of Demographic Characteristics within Sociometric Status Groups in Respondent Sample

	Female	Male	Black	White	Other	4th	5th
Average	67.0	33.0	48.3	46.0	5.7	44.6	55.4
Controversial	60.7	39.3	36.0	52.0	12.0	53.6	46.4
Neglected	42.9	57.1	63.6	36.4	0.0	50.0	50.0
Popular	57.1	42.9	50.0	47.6	2.4	50.0	50.0
R-Aggressive	14.3	85.7	57.1	42.9	0.0	71.4	28.6
R-Submissive	27.3	72.7	55.6	44.4	0.0	9.1	90.9
R-Rejected	53.8	46.2	60.0	40.0	0.0	46.2	53.8

Table 6. Correlations Among Internalizing Variables

	Self- Worth	Depr	Fear of Neg Eval	Social Avoid	Hopeless
Lonely	0.41689	0.51626	0.39692	0.45876	0.37559
Neg. Self- Worth		0.60196	0.44874	0.28673	0.39019
Depr			0.41817	0.37943	0.56360
Fear of Neg Eval				0.52690	0.39196
Social Avoidance					0.30645

Note. All correlations are significant at $p < .0001$.

Table 7. Principal Components Analysis

Variable	Factor Loading
Depression	0.81272
Fear of Negative Evaluation	0.72311
Hopelessness	0.69001
Loneliness	0.76177
Social Avoidance	0.67223
Negative Self-Worth	-0.71876

Table 8. Percentage Depressed within Sociometric Status Groups

Status Group	N	Percentage Depressed	Percentage Suicidal Thoughts	Percentage Suicidal Intent
Average	112	1.8%	20.7%	0.9%
Controversial	28	3.6%	25.0%	0.0%
Neglected	14	0.0%	14.3%	14.3%
Popular	56	1.8%	12.5%	3.6%
R-Aggressive	7	0.0%	0.0%	33.3%
R-Submissive	11	0.0%	10.0%	0.0%
R-Rejected	13	15.4%	30.8%	0.0%

Table 9. Means of Internalizing Variables For Each Sociometric Status Group

Sociometric Group						
A	C	N	P	RA	RS	RR
Depression						
44.78	42.93	48.36	43.95	46.33	47.50	47.31
(0.72)	(1.46)	(2.26)	(1.04)	(2.81)	(2.96)	(4.11)
Fear of Negative Evaluation						
10.58	10.03	13.20	10.55	10.14	12.64	10.15
(0.26)	(0.44)	(0.86)	(0.36)	(1.30)	(0.53)	(0.52)
Hopelessness						
18.61	18.36	20.49	18.25	18.37	19.73	19.00
(0.20)	(0.39)	(0.83)	(0.25)	(0.68)	(0.93)	(0.59)
Loneliness						
28.83	24.96	31.86	26.53	33.43	44.07	31.92
(0.90)	(1.30)	(2.33)	(1.09)	(3.59)	(5.08)	(3.20)
Negative Self-Worth						
20.30	19.27	19.55	21.17	20.14	18.55	19.00
(0.34)	(0.98)	(1.45)	(0.53)	(1.47)	(1.14)	(0.98)

Social Avoidance and Distress

7.00	6.64	8.00	7.04	7.86	8.64	6.59
(0.17)	(0.34)	(0.33)	(0.21)	(0.70)	(0.47)	(0.63)

Note. Standard errors are indicated in parantheses. A = Average, C = Controversial, N = Neglected, P = Popular, RA = Rejected-aggressive, RS = Rejected-Submissive, RR = Rejected-Undifferentiated.

Table 10. MANOVA and ANOVA Statistics Using Status to Predict Six Internalizing Variables

	MSE	F	df	p
Manova		1.99	36, 824	.0006
Anovas				
Depression	94.24	1.49	6, 198	.1846
Fear of Neg. Evaluation	20.89	3.02	6, 198	.0076
Hopelessness	6.60	1.50	6, 198	.1786
Loneliness	466.57	5.10	6, 198	.0001
Negative Self- Worth	19.30	1.44	6, 198	.2006
Social Avoidance and Distress	8.55	2.90	6, 198	.0099

Table 11. Standardized Canonical Coefficients for the MANOVA
in the Main Analyses

	Standardized Canonical Coefficient
Depression	-0.2967
Fear of Negative Evaluation	0.2582
Hopelessness	0.1918
Loneliness	0.8221
Negative Self-Worth	0.1760
Social Avoidance and Distress	0.3193

Note. A = Average, C = Controversial, N = Neglected, P = Popular, RA = Rejected-aggressive, RS= Rejected-Submissive, RR= Rejected. DEPR = Depression, FNE = Fear of Negative Evaluation, HOPE = Hopelessness, LON = Loneliness, SAD = Social Avoidance and Distress, SW = Self-worth.

* = $p < .05$. ** = $p < .01$. *** = $p < .0001$.

Table 12. F-Statistics in Planned Contrasts

	DEPR	FNE	HOPE	LON	SAD	SW
<hr/>						
RA, RR, RS, N						
vs	6.61**	6.56**	5.61**	22.41***	10.79**	2.47
C, A, P						
A vs P	0.20	0.53	0.83	3.27	0.02	2.00
A vs C	2.32	0.94	0.04	4.34*	0.93	1.24
A vs N	1.98	8.52**	3.62*	1.31	3.74*	0.36
A vs RA	0.29	0.01	0.07	1.76	2.15	0.23
A vs RS	0.43	7.52**	2.90	14.47**	9.38**	1.98
A vs RR	2.44	0.12	0.53	0.89	0.16	1.22
P vs C	1.19	1.95	0.19	0.45	0.63	4.04*
RR vs RS	0.32	5.85**	0.71	5.56**	7.33**	0.12
RR vs RA	0.25	0.10	0.05	0.29	2.20	0.07
RA vs RS	0.00	2.97	0.85	2.13	0.74	0.30
N vs RS	0.24	0.00	0.00	4.60*	1.02	0.45

Note. A = Average, C = Controversial, N = Neglected, P = Popular, RA = Rejected-aggressive, RS= Rejected-Submissive, RR= Rejected. DEPR = Depression, FNE = Fear of Negative Evaluation, HOPE = Hopelessness, LON = Loneliness, SAD = Social Avoidance and Distress, SW = Self-worth.

* = $p < .05$. ** = $p < .01$. *** = $p < .0001$.

Table 13. MANOVA and ANOVA Statistics Using Status to Predict Perceived Competency Subscales

	MSE	F	df	p
MANOVA		1.83	36, 837	.0023
Anovas				
Academic	34.24	2.02	6, 201	.0647
Athletic	22.22	1.39	6, 201	.2207
Behavioral	24.10	1.65	6, 201	.1365
Negative Self- Worth	18.93	1.42	6, 201	.2094
Physical	27.81	1.66	6, 201	.1333
Social	80.82	5.62	6, 201	.0001

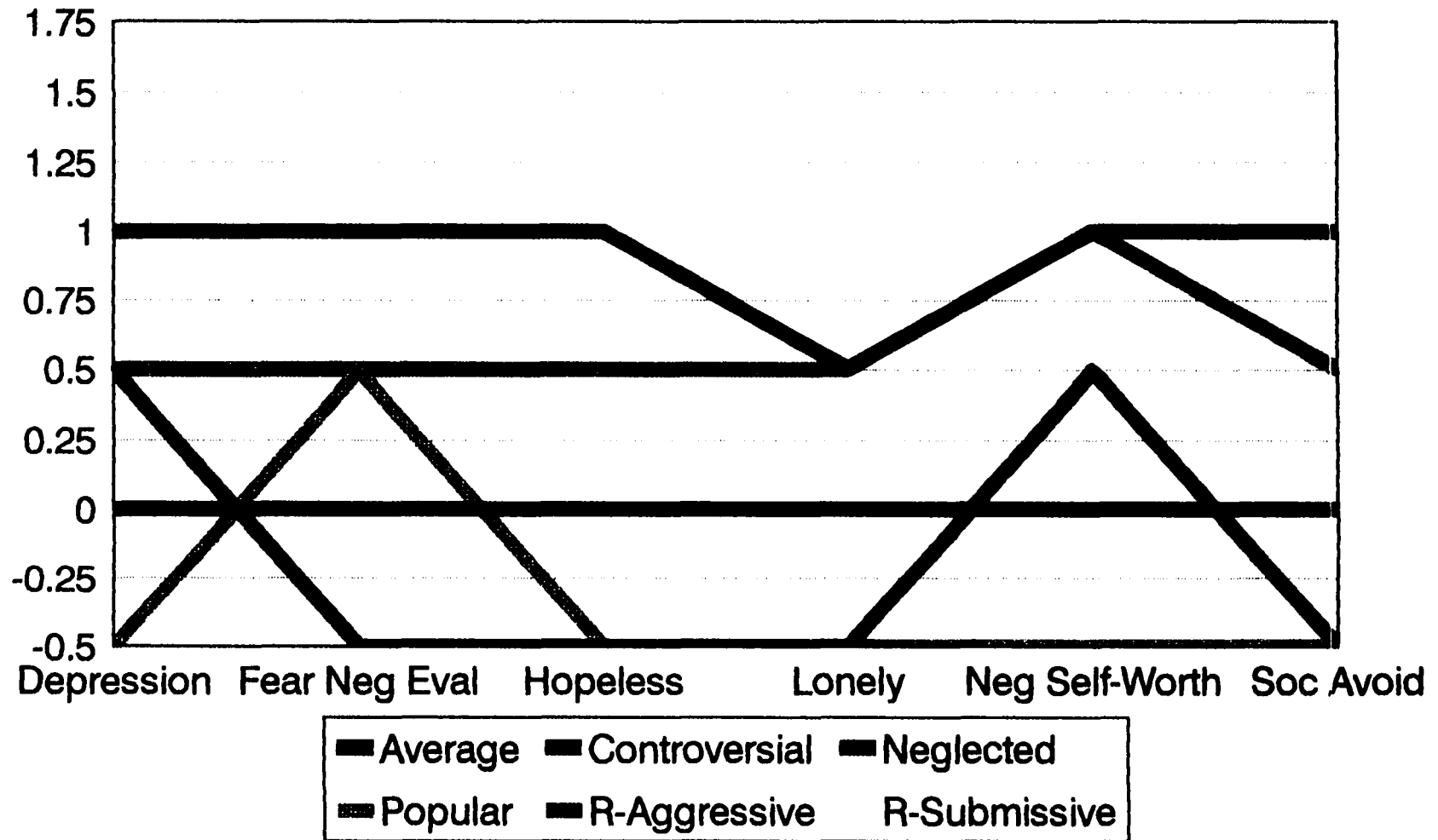
Table 14. F-Statistics in Planned Contrasts Between Status Groups for Perceived Competency Scale For Children Subscales

	Social	Academic
RA, RR, RS, N		
vs	17.86***	6.00**
C, A, P		
A vs P	5.84**	2.65
A vs C	1.12	0.13
A vs N	3.53	3.97*
A vs RA	0.23	0.01
A vs RS	13.39**	2.83
A vs RR	3.92*	0.31
P vs C	0.49	0.63
RR vs RS	2.04	0.82
RR vs RA	2.79	0.20
RA vs RS	8.13**	1.50
N vs RS	2.01	0.03

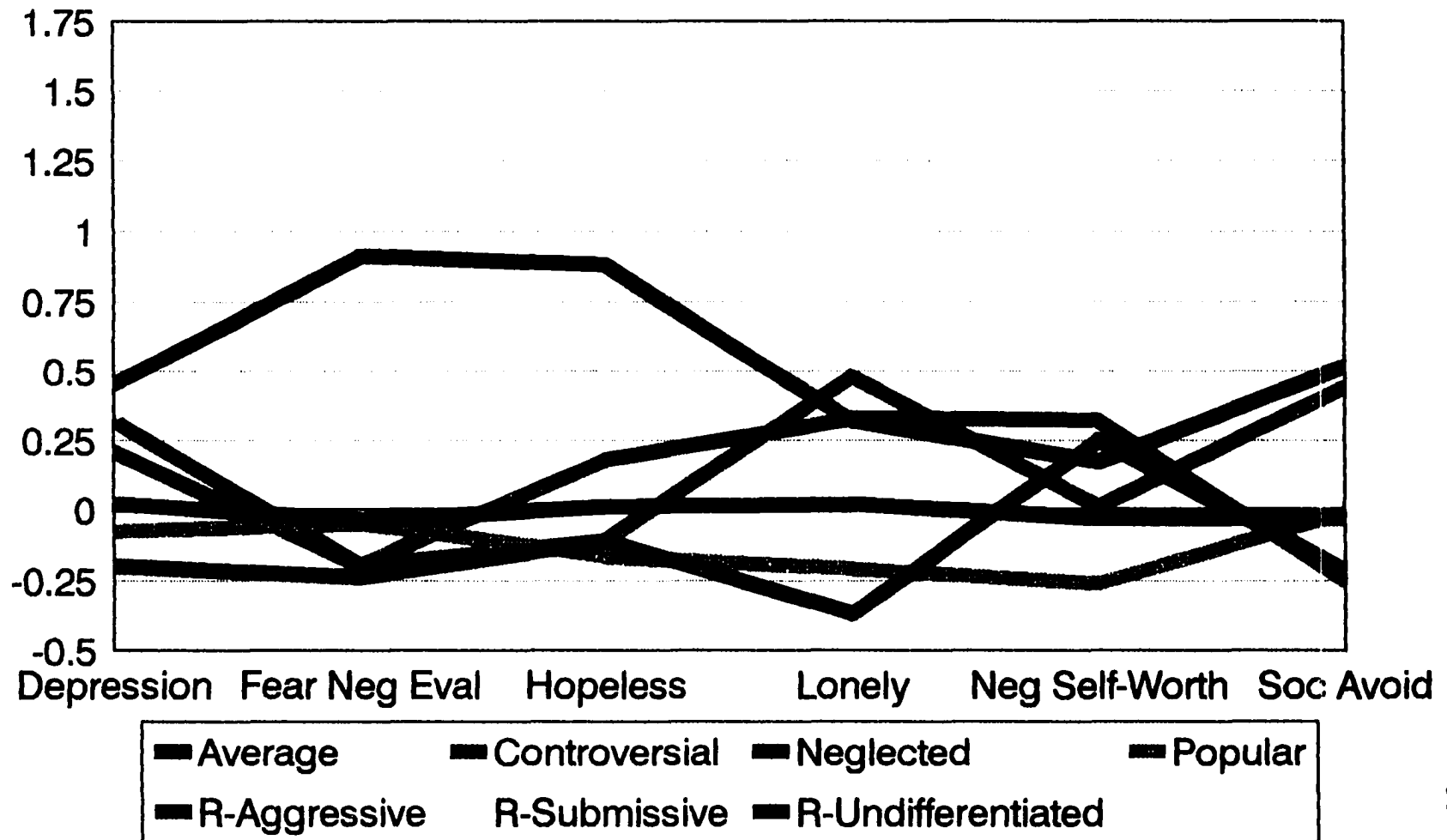
Note. A = Average, C = Controversial, N = Neglected, P = Popular, RA = Rejected-aggressive, RS = Rejected-Submissive, RR= Rejected-Undifferentiated.

* = $p < .05$. ** = $p < .01$. *** = $p < .0001$.

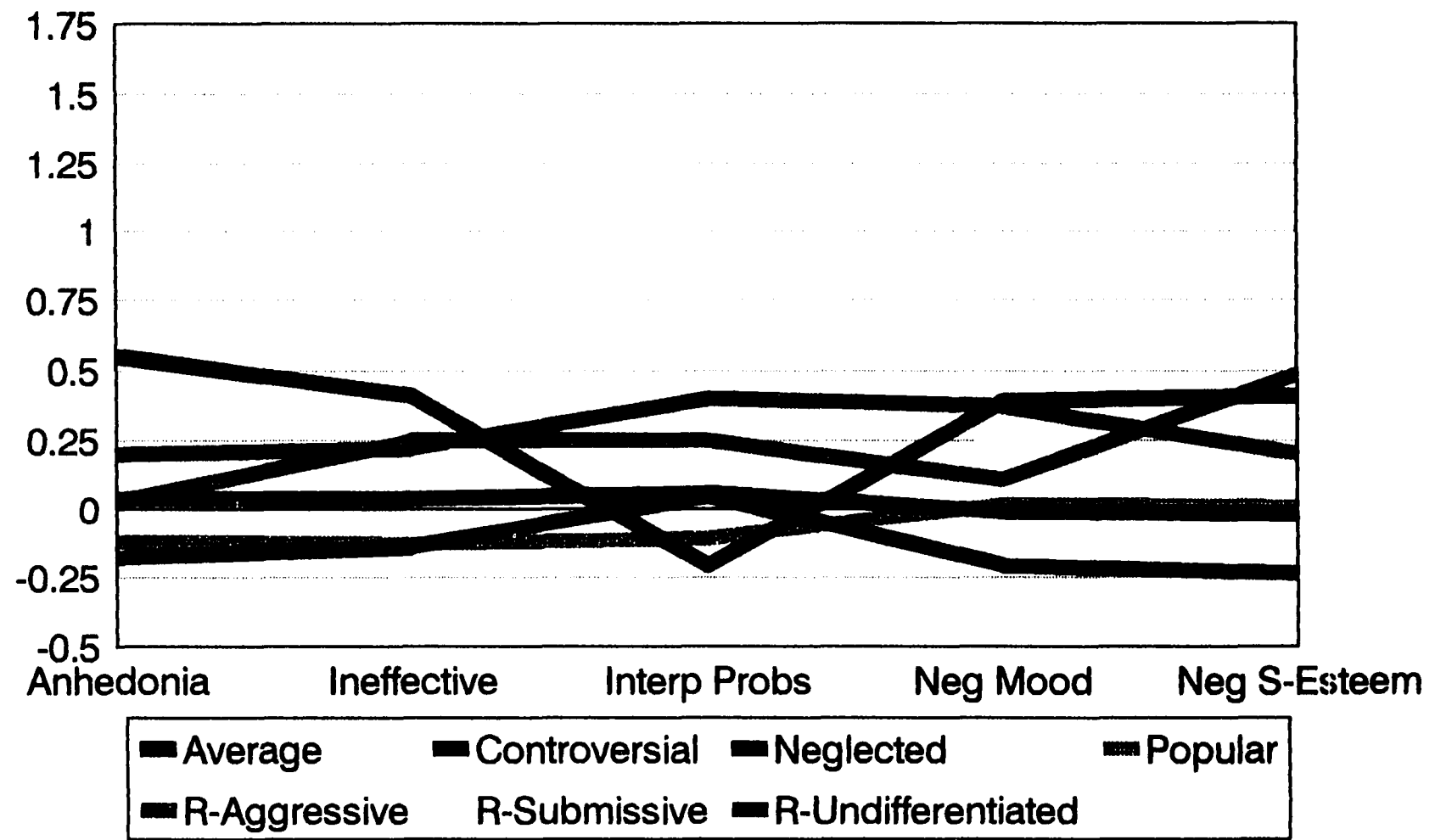
Hypothesized Status Group Means



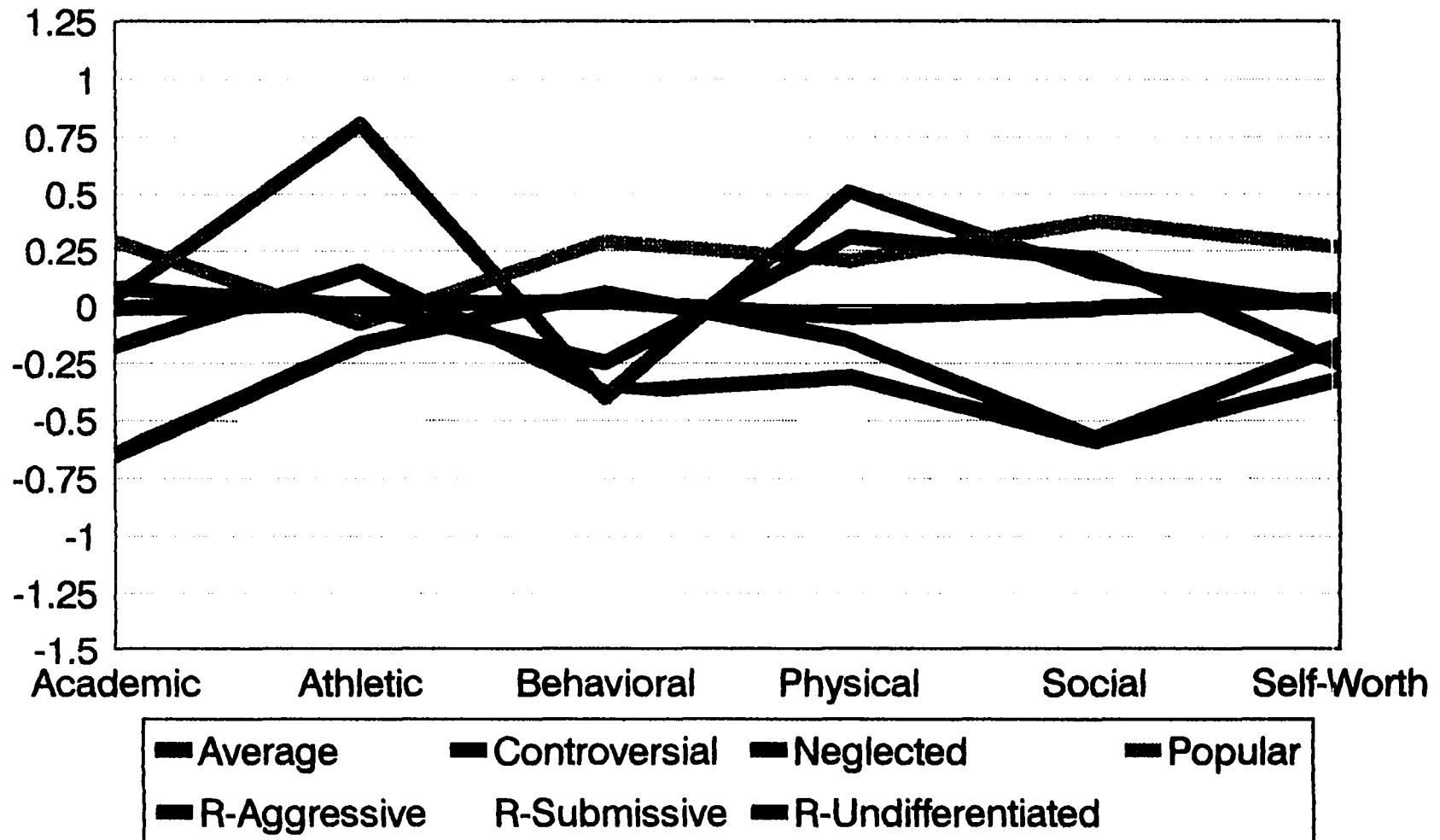
Status Group Means: Internalizing Variables



Status Group Means: CDI Subscales



Status Group Means: PCS-C Subscales





University of Pittsburgh

WESTERN PSYCHIATRIC INSTITUTE AND CLINIC

June 9, 1992

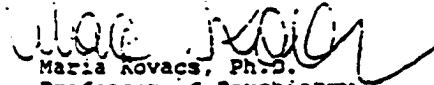
Ms. Wendy L. Brow
Department of Psychology
UNC - Greensboro
Greensboro, NC 27215

Dear Ms. Brow:

Thank you for your letter of June 2, 1992 in which you expressed interest in using the Children's Depression Inventory (CDI). We have been receiving an increasing volume of requests for the instrument. In light of this, we have made arrangements for a publishing house to take over the distribution of the CDI.

Please call them regarding the CDI and any questions you have. The publisher is MHS, Inc. (Multi-Health Systems) 1-800-456-3003. I have taken the liberty of sending MHS a copy of your letter.

Sincerely yours,


Maria Kovacs, Ph.D.
Professor of Psychiatry

MK/bb

Yale University

Department of Psychology
P O Box 1121 Yale Station
New Haven, Connecticut 06520-7447

August 20, 1992

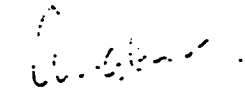
Dear Ms. Brow:

Thank you for your interest in the Hopelessness Scale. I have been on leave and away from the office for extended periods. I regret I was unable to respond earlier.

You asked for permission to use the scale. At this time, no permission is required. I have enclosed a copy for your use.

Good luck with your work.

Best wishes,



Alan E. Kazdin, Ph.D.
Professor of Psychology



UNIVERSITY of DENVER

Department of Psychology

Date: April 6, 1992

From: Dr. Susan Harter
 Developmental Psychology
 University of Denver
 2155 S. Race Street
 Denver, CO 80208

To: Wendy L. Ward
 Department of Psychology
 Eberhardt Building
 UNC-Greensboro
 Greensboro, NC

Receipt for Testing Materials

<u>Quantity</u>	<u>Item Description</u>	<u>Amount</u>
1	Self-Perception Profile - Children	<u>\$9.95</u>
	TOTAL	<u>\$9.95</u>

* Please note updated pricelist. Thank you!

University of Miami

Department of Psychology
PO Box 248185
Coral Gables, FL 33124
(305) 284-5222

June 29, 1992

Wendy Brow
Department of Psychology
UNC-Greensboro
Greensboro, NC 27215

Dear Wendy:

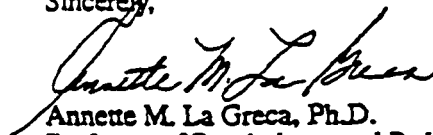
I am writing in response to your letter requesting permission to use the SASC-R in your research. I apologize for not responding sooner, but I have been away from the Miami area, for the most part, since the end of the spring semester in early May.

I would be happy for you to use the SASC-R in your research. I've enclosed a copy of the most recent edition of the manual that I have been developing for this purpose. In return, I would like to receive an extended abstract or description of the findings that you obtained with the SASC-R. Please note your agreement with this at the bottom of the letter, and return a copy to my office.

A manuscript that describes the SASC-R in more detail is currently under editorial review. The initial reviews have been very favorable, although some revisions to the manuscript were requested. I expect that these revisions will be finished in the next month. As soon as I receive the final word on this manuscript, I will be happy to send you a copy. (Enclosed is a copy of the Abstract). This paper addresses, in part, the relationship between children's social anxiety and their peer status as well as their perceptions of self-esteem. I noted that these were issues of interest in your research project.

Thanks again for your letter and interest. I look forward to hearing from you sometime soon. Good luck with your project.

Sincerely,



Annette M. La Greca, Ph.D.
Professor of Psychology and Pediatrics
Director, Child Psychology Division

University of Illinois at Urbana-Champaign
College of Education
Bureau of Educational Research
230 Education Building
1310 South Sixth Street
Champaign, Illinois 61820
217-333-3023

July 2, 1992

Ms. Wendy Brow
Department of Psychology
University of North Carolina-
Greensboro
Greensboro, North Carolina 27215

Dear Wendy:

You have my permission to use our
loneliness questionnaire. Enclosed
are the questionnaire and the instructions.

Best of luck with your research.

Sincerely,



Steven R. Asher, Director
Professor of Educational
Psychology and Psychology

SRA:cd

Enclosures