FEMALE RELATIONAL AGGRESSION: A CASE STUDY INVESTIGATION OF
THE TRANSITIONING OUT PROCESS

by

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Liberty University

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FEMALE RELATIONAL AGGRESSION: A CASE STUDY INVESTIGATION OF

THE TRANSITIONING OUT PROCESS

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Lynne Marie Lunsford

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ABSTRACT

FEMALE RELATIONAL AGGRESSION: A CASE STUDY INVESTIGATION OF

THE TRANSITIONING OUT PROCESS

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The developmental trajectory of relational aggression (RA) can launch as early as preschool and escalate from early to middle childhood, yet it is a phenomenon that may or may not endure the adult years. There is adequate understanding of relational aggression in the active phase, yet research that edifies the transitioning out process is dearth. Through a qualitative case study research design, the narratives of six females who ceased using RA enlightened the process of desistance. All females described the transitioning out process as having an identifiable turning point accompanied by cognitive and emotional shifts associated with recognizing, valuing, and experiencing quality relationships. Many females identified their faith and spirituality or a residential relocation as a significant contributing factor. All females perceived themselves today as

feeling more content and secure, and other-oriented in relationships. Findings of this

research birth a preliminary understanding of RA desistance, yet record that a

heterogeneous property exists with respect to the chronological trajectory of RA

cessation.

DEDICATION

This work is, after my Creator, dedicated to my husband, Stephen. Your support and respect for the academic demands involved in completing this journey at times seemed lavish, yet such generosity is simply true to your character. There is no doubt that your tactful communiqué instilled a healthy degree of guilt in me to conclude that I must continue on in this once in a lifetime opportunity. Otherwise, in hindsight I could have easily assented to my surreptitious ambition, which was to drop out after my first doctoral class. I also contribute the completion of this journey to our fifteen year old Yorkshire terrier, Julia. My heart will never forget the precious and side by side company that she imparted daily for three years during some of the most demanding times of my life within scholarly confines. We were a team then, and she remained my loyal friend until her passing in early April of 2013.

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I would first like to recognize Liberty University for the positive influence that it has bestowed upon me. I have met so many wonderful students, friends, and faculty who have impacted my faith and relationship with God. I am very appreciative for the excellent dissertation team that provided feedback on my work. I am most grateful for my committee chair, Dr. Lisa Sosin, whose enthusiasm for and knowledge of case study research escorted me along a smooth journey. I remember that she said that I would not like her before it was all over. It never came close to that. Her professionalism and compassion were priceless qualities, but more so, I have simply been blessed to come to know her, as others who know her can surely relate. It has been a privilege to have her as my chair. I am grateful for my readers, Dr. Hinson and Dr. Coy Statti who offered timely and insightful feedback, sometimes with a humorous tone that made the revision process less daunting. I genuinely appreciate the time that they both took from their day to read my draft and provide the commentary that helped strengthen my work.

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CHAPTER ONE: INTRODUCTION

Overview

It is no simple undertaking to deliver a profile or personal account of a female who uses relational aggression; it is underscored by the many convoluted social and psychological aspects of being female within an intrapersonal and interpersonal human framework. It may be no less complex and remains uncharted to extricate a profile or personal account of the female who once used, but has since ceased to employ relational aggression within her social circle, and this study is an attempt to navigate toward an understanding of the cessation process. It is first imperative to comprehend that the behavior in its active phase has many cognitive, social, emotional, and behavioral features.

The female who uses relational aggression is a relational being, adept at social manipulation amongst her peers, those who may secretly find her unlikeable despite a perceived popularity within the friendship or acquaintance circle. Over time, she has cultivated mean girl skills, an oxymoron of sorts within friendships. Her desire and ability to dominate and control their thinking, feeling, and behaving was crafted with a convincing self-confidence subsidized by their endorsement, and often times covertly carried out with accomplished anonymity for the damage done. She is on vigilant patrol for applause bestowed upon her friends, for she judges it to be unmerited, even more so as competing for or posing threat to her position of power and control. She will carry out a "just dessert" finale of her own concoction which is of the essence that drives her. Her friends' harmless slights can be perceived as intentional wickedness. At times, her

cognitive and emotional neural circuitry seems refined, balanced, and controlled, while other times it appears as severed and emerges as calloused; it is as though she is inspired by antisocial, narcissistic, or Machiavellian persuasions. She will occasionally meet her match, succumbing to victimization comparable to the pain she imposes as perpetrator, yet she persists as a resourceful gatekeeper of peer relationships, recruiting and discharging peers; governing as regulator and retaliator. The consequential aftermath of her current mode of operandi, which is obscured by the pretenses of necessity, immediacy, and functionality, is lurking in the future unless she stops. The question regarding how cessation transpires is then birthed. The answer naturally involves gaining an understanding of the dynamics that ensue to influence, enable, or navigate her toward desistance. This study seeks to explore the factors that contribute to the transitioning out process involved in the use of female relational aggression.

Background of the Problem

Over the past several decades there has been an increase in research on a non-physical form of aggression, a phenomenon first recognized by Feshback (1969), and a form of aggression referred to in the literature as indirect (Lagerspetz, Bjorkqvist, & Peltonen, 1988), social (Cairns, 1989; Galen & Underwood, 1997), and relational (Crick & Grotpeter, 1995). The different terminology has been suggested to refer to the same construct (Archer & Coyne, 2005; Coyne, Archer, & Elsea, 2006), a proposal further supported by Warren, Richardson, and McQuillin (2011) where measures of indirect aggression and relational aggression were found to measure a similar construct. This research study uses the term relational aggression (RA) throughout, given that RA can be

of a covert nature, includes indirect strategies, and always involves relationship

manipulation, a social type of tactic. The notion that RA is qualitatively analogous to

indirect and social aggression is supported (Archer & Coyne, 2005; Björkqvist, 2001).

Research indicates that the use of RA has serious social-psychological

implications for female victims (Crick & Grotpeter, 1995; van der Wal, de Wit, &

Hirasing, 2003; Werner & Crick, 1999) negative effects on academic performance

(Preddy & Fite 2012), and girls as early as three years of age are more frequently

engaged in RA behavior and victimized by same sex peers (Crick et al., 2006a). Indeed,

RA is a phenomenon that would warrant attention to prevention and intervention

measures. Despite efforts to design and implement various intervention programs to

address RA, there is a lack of randomized controlled studies to establish their

efficaciousness (Leff et al., 2010). Although such programs are typically modeled after

those that address physical aggression, Leff and colleagues (2010) suggest it is more

appropriate for interventions to address the social and emotional problems commonly

associated with RA. Furthermore, intervention in the future should consider the gender

specific and developmentally relevant factors associated with RA (Leff et al., 2010).

Pertinent to these recommendations, intervention strategies that address the gender and

developmentally relevant factors may be gleaned from the personal narratives of females

who have transitioned out of using RA, the primary focus of this research proposal. Such

information may unveil elements that could be useful for prevention and intervention, as

well as contribute to some of the inconsistencies in the research base.

RA and physical aggression have been found to be correlated (Crick, 1996;

Grotpeter & Crick, 1996; Hawley, 2003a; Putallaz et al., 2007). Both forms can be

reactive or proactive; the former referring to aggression in response to a perceived wrongdoing and the latter referring to a planned and instrumentally intentional act of aggression (Card, Stucky, Sawalani, & Little, 2008; Crick & Dodge, 1996). The same theoretical underpinnings used to understand physical aggression have influenced the understanding of non-physical aggression, albeit new models may be useful in refining the definition, development, and adaptive versus maladaptive features of non-physical aggression (Heilbron & Prinstein, 2008). Some theoretical foundations specifically considered in explaining RA have been a relational-cultural theory (Cannon, Hammer, Reicherzer, & Gilliam, 2012), a developmental model (Björkqvist, 2001; Côté, Vaillancourt, Barker, Nagin, & Tremblay, 2007; Vaillancourt, Miller, Fagbemi, Côté, & Tremblay, 2007), a frustration-aggression hypothesis specifically associated with reactive forms of social aggression (Heilbron & Prinstein, 2008), resource control and social exchange theories (Neal & Cappella, 2012), feminist theory (Brown, 2011), and social learning principles, specifically associated with proactive or instrumental forms of RA (Prinstein & Cillessen, 2003; Xie, Cairns, & Cairns, 2004).

Relational Aggression and physical aggression are nonetheless diverse (Crick & Grotpeter, 1995). A clear distinction can be made with respect to RA in that it can be acted out in an overt, nonphysical manner or in a covert fashion, the latter involving aggression that is more discreet and often undetected, or indirect in nature, hence more difficult to ascertain (Radliff & Joseph, 2011). Relational aggression, like physical aggression, can be reactive or proactive, but it may serve different functions as well as be correlated to specific affective and cognitive deficits (Mathieson & Crick, 2010). For example, Marsee and Frick (2007) found that reactive aggression is more closely linked

to poor emotion regulation and callous-unemotional traits, whereas proactive RA has been associated with biased outcome expectations, in essence the perception that there will be a rewarding end.

Although RA is not gender specific, information specifically pertinent to the developmental trajectory and vulnerabilities associated with females who use RA has been established. For example, girls use more RA during preschool (Crick et al., 2006a; Ostrov & Keating, 2004) and girls show increases in RA behavior during middle childhood (Galen & Underwood, 1997; Vaillancourt et al., 2007). Girls have been shown to increase their use of RA across time during late elementary school (Côté et al., 2007; Kistner et al., 2010; Murray-Close, Ostrov, & Crick, 2007). In addition, research suggests that females experience more distress in relationally aggressive situations than males (Crick, Grotpeter, & Bigbee, 2002; Murray-Close & Crick, 2007). Consequentially, there is an implication founded on feminist theory that suggests females to be at higher risk for interpersonal distress within friendships given that they tend to value relationships (Rose, Swenson, Lance, Rose, & Randolph, 2006).   This suggestion underscores the importance of understanding RA within a female gender framework.

There is scarce information concerning the development of RA or social aggression compared to physical aggression (Côté et al., 2007). In addition, there is reason to suspect that RA behaviors may not always be properly considered aggressive or maladaptive in nature (Heilbron & Prinstein, 2008), and therefore may not appropriately be understood from developmental theory for physical aggression. Heilbron and Prinstein (2008) argue that "few studies have tracked the emergence and maintenance of socially aggressive behaviors across developmental periods" (p. 178). Indeed, while the

current research proposal intends to specifically investigate the transitioning out process, it may inadvertently uncover how RA emerged and was maintained, as understood from the perspective of females who have transitioned out of using RA behavior.

In effect, beyond the suggestion by Heilbron and Prinstein (2008), this researcher suggests that there are no studies that have investigated a potential phase of RA beyond maintenance, that of desistance and cessation. There is no research that has investigated females who have ceased using RA, although one study was found that investigated transitioning out of peer victimization, in essence, no longer being a victim of RA (Dempsey, Fireman, & Wang, 2006). Obtaining an understanding of the transitioning out process will not only offer pertinent information about the factors involved during that critical time, but it may shed more light on developmental aspects of RA. This study will use a qualitative case study design to investigate factors involved in the transitioning out process in order to gain information about the social, cognitive, emotional, psychological, and developmental processes involved in that transition which may contribute to current theory as well as prevention and intervention programs.

Purpose of the Study

The purpose of this qualitative case study was to explore the personal and environmental factors that contributed to the decrease in and desistance from engaging in RA behavior. More specifically, disengagement in using RA was investigated from a process perspective that involved not only turning points, but also risk-protective factors that were identified as being significant in changing the trajectory of RA. Information about this transitioning out process was obtained from females who once engaged in but

have since ceased using RA behavior, an expert in the field of RA, and a long-time personal friend of one of the female participants. The objective of this study was to move beyond what is already known about the development and maintenance of RA, as well as the empirical psychosocial correlates associated with the active use of RA, and to formulate a transitional model based on themes revealed from participants in the study.

RA behavior is antisocial by nature of its reactive or proactive intention to cause damage to relationships. It has been proposed that proactive RA appears to be more closely associated with callous unemotional antisocial symptoms, and reactive RA is more closely associated with impulsive antisocial symptoms such as anxiety and borderline personality symptoms (Ostrov & Houston, 2008). Although the underpinnings of RA behavior may appear similar to that of antisocial and delinquent behavior, it has been posited that there may be an adaptive, skillful, and socially approved of or valuable feature involved in RA (Heilbron & Prinstein, 2008). Factors that contribute to increases in antisocial and delinquent behaviors during early childhood and middle adolescence have been proposed, yet there is less known about the decrease or desistance that takes place into adulthood; however, such desistance may be related to moving into adult roles (Monahan, Steinberg, Cauffman, & Mulvey, 2009). In addition, unlike physical aggression or criminal activity, there is no research that has proposed a framework of understanding for the transitioning out process involved in cessation of RA. There are theories of desistance from antisocial behavior (Mulvey et al., 2004), yet these pertain to serious offenses, unlike RA behavior which is a non-physical and non-criminal offense.

Odgers and colleagues (2008) found that males and females have similar developmental trajectories with respect to the risk factors, origins, and adult outcomes of

antisocial behavior. However, it has been recommended that future research should employ "a broad range of candidate female-specific symptoms derived from developmental research" (Odgers et al., 2008, p.709). Research has not investigated the effect that gendered "social-level forces" (Javdani, Sadeh, & Verona, 2011, p. 1333) may attribute to the development of and desistance from antisocial behavior at different developmental levels. This study will contribute to the above areas of obscurity with respect to female RA by investigating the social, cognitive, emotional, psychological, environmental, and moral or spiritual factors that may have attributed to the transitioning out process.

Research Questions

The research questions were cultivated from the purpose of the study - to explore the personal and environmental factors that contribute to the decrease in and desistance from engaging in RA behavior. The specific research questions framing this study will be:

For Females who have Transitioned Out of using RA:

1.) How do females who have desisted from using RA describe that process?

2.) What significant factor(s) do they identify as contributing to that process?

3.) How do they perceive themselves now in contrast to "then"?

For Individuals who are Familiar with the Female Participant:

4.) What social, emotional, cognitive, or environmental influences do you believe influenced RA cessation?

For experts in the Field of RA or other Professionals

5.) What social, emotional, cognitive, or environmental influences do you believe to

be significant factors that contribute to RA desistance?

Role of Researcher

My career as a counselor in K-12 education has often been spent disentangling

relational conflicts among middle childhood and teenage girls and inundated with 'girl

drama' knocking at my office door. In the beginning, I simply considered this a modern

emergence of the "Don't invite Donna to your birthday party or else….." ultimatums that

I was privy to during my middle school days, orders that seemed harmless,

unimpressionable, rarely carried out, and typically forgotten by the end of the day. In

little time I concluded that my original supposition scarcely illuminated modern girl

conflicts.

Indeed, today's relational conflicts among girls have transpired from my yester

years akin to mutations of evil design. They are far removed from morality and self-

restraint; as such they are truly a psychosocial demise of sorts that dismantles and plagues

the thinking process and torments the emotions. Ultimately, a surreptitious

embezzlement befalls as the psychological fixation on the relational conflict saps all

energy and attention required to attend to the academic day. This curse of distraction is

deposited beyond the school campus into the sleep of night, only to revisit before the

tardy bell the next morning when matters may be worsened, modified, or dismissed

depending on the degree of scandalmongering that took place the night before.

Most attempts to help these young ladies, to counsel and educate them about

their interpersonal affairs, seemed an exercise in futility. How many times did I need to

repeat myself (with the same girls) on matters such as not believing the messenger, self-worth, the golden rule, true friendships, perspective taking, being assertive in solving relational conflicts, boys, etc.? The answer is 'far too many to count'. I recognized that my efforts were typically received by the "deer in the headlight look" or they were at first pleasingly deemed a fruitful discussion with girls about these matters in the here and now, yet sadly became plagued by amnesia the next day. Yet, my heart was lifted whenever I witnessed, albeit with scarcity, positive relational changes among some girls over the following times to come. Admittedly, I cannot take credit for this transformation. I also found it disturbing that most continued to be constantly distracted by 'drama' and never stopped engaging in RA behavior. In addition, I found it noteworthy and somewhat peculiar that not all girls experienced these relational storms at all.

The highlight of my pondering culminated in a personal quest to learn about and understand the intricacies of the transitioning out process so that I could feel more useful in assisting these relationally malnourished girls to come to the buffet table of true quality friendships with other girls. This is the motivation for my dissertation topic. Gaining a better understanding about the process of desistance and cessation can inform prevention and intervention efforts within the schools. Perhaps, females who have transitioned out of using RA tactics are most appropriately capable to frame that understanding. In addition, experts in the field or those who are knowledgeable of someone who formerly engaged in RA behavior can add to that understanding.

As a school counselor in grades five through eight, I conduct individual and group counseling that addresses interpersonal skills and relationships, those that often

involve RA and relational conflicts among females. This research study may be fruitful in enhancing my work. I have some personal thoughts and ideas about how girls transition out of using RA and I realize that this could pose a liability for bias in interpreting data (Bloomberg & Volpe, 2008). In addition, I acknowledge a reliance on the self as the key research instrument (Creswell, 2007); therefore, I will remain open to self-examination as well as consulting with colleagues about the data findings.

Definition of Terms

The terms "relational aggression" (represented by the acronym "RA" throughout this study), and "transitioning out" are most saliently associated with this study and therefore are first defined below. In addition, three other terms, "attachment theory", "emotion regulation", and "mentalization", elements pertaining to cognitive and emotional processes typically involved in interpersonal relations, are also discussed since they are relevant to the nature of this study. It is undertaken that factors associated with these latter three terms may become prominent in the final two chapters of this study.

Relational Aggression

The term central to this study, relational aggression (RA), can be a proactive or reactive form of aggression, the former used to manipulate social relationships for social gain and the latter to retaliate against a peer for a perceived wrongful act (Mathieson & Crick, 2010). RA has negative effects for the victim as well as the perpetrator (Prinstein, Boergers, & Vernberg, 2001). RA is a serious problem posing safety concerns within the schools that link to concerns about intervention and prevention programs (Yoon, Barton,

& Taiariol, 2004; Merrell, Buchanan, & Tran, 2006). The acronym RA is used throughout this study to be inclusive of behavior that may otherwise be considered or termed as indirect or social aggression.

Covert RA is a form of RA that is properly labeled as such because of the anonymity involved where the victim may not know the identity of the aggressor, may not even realize that an offense has been made, and is furthermore a form of aggression that often goes undetected by adults or school staff (Di Giunta, et al., 2010; Goldweber & Cauffman, 2012; Vail, 2002). For the purposes of this study, RA can be, but is not necessarily inclusive of covert forms of aggression. Participants may or may not engage in this subtle form, may exclusively use this form of RA, or may use this form in conjunction with other less discreet forms of RA, known as overt. An example of covert RA would be to anonymously start a rumor about a female peer. In contrast, an example of overt RA would be to make a hurtful remark about a female peer in front of other students in order to make her feel bad or harm her reputation.

Transitioning Out

Research studies have investigated the developmental trajectories of RA (Kawabata, Tseng, Murray-Close, & Crick, 2012; Underwood, Beron, & Rosen, 2009), and the developmental trajectories of more serious juvenile offenders (Monahan et al., 2009), yet there is no research that specifically offers an understanding about desistance from using RA. The phenomenon of transitioning out is typically understood by theories of desistence in physical aggression, delinquency, or criminality and there is no single model of transition from adolescence to adulthood (Graber & Brooks-Dunn, 1996). For

the purposes of this study the term "transitioning out" intends to be open to multifaceted concepts rather than citing that the transitioning out is manufactured by a single turning point or event. Transitioning out is recognized as a process rather than the turning point; for example, the understanding of how one desisted from using RA would not be satisfied by the simple fact that one was rejected by friends, or that one became involved in sports.

This approach is supported by Graber and Brooks-Dunn (1996):

Transitions in general and transition-linked turning points provide opportunities for examining the emergence of new behaviors, the discontinuation of behaviors, the alteration of behaviors, or the re-patterning of behaviors, all in response to the contextual demands brought forth by the transitional points. (p. 769)

For the purposes of this study, transitioning out will be associated with the social, cognitive, psychological, and emotional influences that drive the behavior change. In effect, this term does not necessarily refer to a total cessation of RA behavior that occurred during a single event or moment in time. This term will refer to the combination of influences that took place over time, with no pre-established quantitative time mandate.

Brown (2011) summarized the sociocultural discourses of girls growing up as girls over the past three decades and noted a progression over time from the sad girl to the mad girl to the bad girl. The sad girl was perceived as oppressed, as represented by the feminist psychology during the nineties, followed by a retaliatory wielding of mad girl power to confront culture and man in order to exercise her rights. The bad girl originated around the turn of the century when girls became mean and executed acts of

indirect, verbal, and physical aggression in order to remain popular and powerful in the

clique. Although this understanding of how growing up girl changed over the years,

Brown (2011) argues that girls can and are all three; sad, mad, and bad and declares that

it is important to understand female narratives about what it is like to grow up girl with

particular societal expectations. For the purposes of this study, the transitioning out of

RA may involve how gender and expectations of the time interact within the context of

desisting from the bad girl of the time.

Attachment Theory

Attachment Theory is a theory developed by John Bowlby (1982) that proposes

humans to have a psychological desire to feel secure and close to a significant other, and

as infants, tend to experience anxiety when that safe base (mother or caregiver) is absent

(Karen, 1998). This theory contributes to how people experience adult relationships and

is primarily based on early attachment experiences of infancy. More specifically, a

secure infant attachment experience involves emotion regulation (described below) in

relationships with others, while an insecure infant attachment experience may reflect

emotion dysregulation in relationship with others which often involves avoidance or

preoccupation tactics (Kring & Sloan, 2010). Kring & Sloan (2010) have compiled a

robust resource in which contributing authors have added to the framework that

establishes emotion dysregulation as a key factor across a broad spectrum of

psychopathological conditions.

For the purposes of this study, it is recognized that female relationships

involving RA may have underpinnings related to attachment theory (Beckner, 2005;

Goldstein, Chesir-Teran, & McFaul, 2008; Michiels, Grietens, Onghena, & Kuppens, 2008; Williams & Kennedy, 2012; Zenz Adamshick, 2006). In fact, it is suggested that attachment style may be predictive of aggression in females (Beckner, 2005). Furthermore, females who had attachment anxiety to their mothers were found to use more RA (Williams & Kennedy, 2012). However, it is important to know that attachment status does not present causal relationships between variables (Sroufe, 2005), therefore insecure attachment must not be considered as a causal event for RA behavior. However, it has been suggested that aggression between females is a pathway toward attachment relationships (Zenz Adamshick, 2006).

Mentalization

This human psychological process involves the ability to understand the mind of self as well as others, a vital ingredient in interpersonal relationships as supported by the following. Bateman and Fonagy (2012) state "Mentalization is not a static, unitary capacity but a dynamic, multifaceted ability" (p. 44). In addition, Fonagy and Bateman (2008) explain mentalization as the ability to make sense of self and others, which includes implicit and explicit connotations, has subjective properties, involves mental processes, and allows one to perceive and interpret human behavior in terms of needs, desires, feelings, beliefs, goals, purposes, and reasons. Such abilities are inherent players within interpersonal communication, regardless of the breadth and depth of that capacity. Mentalizing, the verbal form of this term, refers to the polarities involved in the ability to make implicit and explicit meanings involving automatic or controlled responses to emotional arousal. Automatic responses are those associated with implicit meanings that

were formed during the attachment relationship. It also involves the capacity to make mental judgments about inner thoughts or feelings and physical or environmental cues, as well as the ability to balance the emotional and cognitive poles in order to evade a potentially infectious spread of emotional imbalance from those around (Bateman & Fonagy, 2012). For the purposes of this study, these human cognitive and emotional psychological processes may be associated with not only the decision to engage in RA within peer relationships, but also within the context of the transitioning out process, and therefore could be discussed within the context of a mentalization construct.

Mentalization is also a construct that has been shown to be pertinent to attachment status. Several links can be made between a capacity to mentalize and secure attachment (Ringel, 2011). An autonomous secure attachment enables insightful, reflective, and empathic mental processes, which delineate mentalization. Mentalization biologically originates in the context of attachment relationships and requires the caregiver to understand the mental state of the infant (Fonagy & Bateman, 2008). Bateman and Fonagy (2012) further establish mentalization as a form of social cognition that is founded on the assumption that it is a developmental attainment that depends on the quality of attachment relationships (primarily, but not exclusively early attachment).

For the purposes of this study, mentalization may play a key role in the attachment relationships between female peers. As cited earlier, attachment relationships are very important for females as they navigate peer relationships. Bateman and Fonagy (2012) propose that the inability to mentalize is at the core of Borderline Personality Disorder (BPD), and BPD features have been found to be associated with proactive and reactive forms of RA (Ostrov & Houston, 2008). In general, BPD usually involves "a

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picture of impulsive aggression, suicidality and self-harm, extreme dysphoria, abandonment sensitivity, identity disturbance, and unstable, angry affect" (Critchfield, Levy, Clarkin, & Kerberg, 2008, p.68). These symptoms are germane to the construct of emotion regulation which is discussed next.

Emotion Regulation

Thompson and Goodman (2010) suggest that emotion regulation involves extrinsic and intrinsic activities that guide emotional reactions in accomplishing one's goal. The five major tenets of this definition are

- emotion is distinguished from emotion regulation;

- negative, as well as positive emotions can be the target of regulation and can promote changes in the intensity and temporal quality of the response;

- emotion can be managed via the influence of other people (important for early attachment) as well as the efforts of the self;

- "emotion regulation is guided by the regulator's goals in a specific emotion eliciting context" (p. 40), and multiple goals can be at stake; and

- emotion regulation necessitates a proper cognitive appraisal in order to self-regulate, and this varies according to developmental stages.

Indeed, the construct of emotion regulation is pertinent to and inter-related with two other terms defined in this section; "mentalization" and "attachment theory". For example, a caregiver's proper attunement and response to the child's needs sets up a self-cycle in the child that reflects on the parent as being available and trustworthy and the positive results include emotion regulation, coping skills, a positive view of self and

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others, a healthy social brain, and functional social relationships (Karen, 1998).

Thompson and Goodman (2010) further contribute that the development of emotional

regulation involves "a growing reliance on mentalistic strategies of emotion self-

regulation (e.g. attentional redirection, cognitive reappraisal) over behavioral tactics that

rely on contextual support (e.g. seeking help, avoiding emotionally arousing events")" (p.

42). Finally, Bateman and Fonagy (2012) declare that early attachment disruptions and

later trauma can disrupt the capacity for mentalization. A child first exists in a non-

differentiated affective state where affect regulation is then shaped from earliest and most

basic affective states of contentment and distress, and this shaping includes inter and

intrapersonal strategies (Mohaupt, Holgersen, Binder, & Nielson, 2006).

Emotions are inherently a relational phenomenon (Conway, 2005). Definitions

of important terms thus far imply that emotion regulation is potentially complicated by

attachment status and the capacity to mentalize. In essence, for the purposes of this case

study investigation into the transitioning out process, emotion regulation will be an

important concept to 'listen for' and consider within the context of female relationships.

Significance of the Study

It was the hope and expectation of this researcher that an investigation of female

RA behavior with an emphasis on the transitioning out process would extend the research

base into never before chartered territory. More specifically, that gaining a better

understanding of the elements and influences involved in desistance would glean new

knowledge that could be beneficial for new or existing prevention and intervention

programs that address RA. In addition, it was hoped that this study would produce

information highlighting a degree of heterogeneity in the findings on RA cessation which may have implications for a more individualized approach to the problem of RA. It was also the hope and expectation of this researcher that a qualitative case study design would prove flexible enough to add new insights about the developmental process and psychosocial correlates that have already been established by the empirical studies. Finally, it was anticipated that this study would have useful applications for school counselors and psychologists, as well as school administrators, especially given the requirements for school safety policy.

Theoretical and Conceptual Framework

This study is generated from the developmental perspective on interpersonal interactions among females. More specifically, it is known that RA behavior may begin as early as preschool and girls use more RA during preschool (Bonica, Arnold, Fisher, Zelijo, & Yershova, 2003; Crick et al. 2006a; Ostrov & Keating, 2004). In addition, RA behavior tends to increase as the child's language skills develop (Bjorkqvuist, 2001) and is furthermore suggested to be linked to a gained social intelligence and an accompanying lack of empathy (Björkqvuist, Österman, & Kaukiainen, 2000). In contrast, Crain, Finch, and Foster (2005) suggest that the social information processing model of RA for girls may not be fitting since social and cognitive variables did not predict RA for girls in grades four through six. Such discrepancies may be underscored by the suggestion that multiple informants are important in measuring RA (Tackett, Waldman, & Lahey, 2009). Regardless of how applicable the social information processing model may be, girls have been shown to increase their use of RA across time during late elementary school (Côté

et al., 2007; Kistner et al., 2010; Murray-Close et al., 2007). Girls also show increases in RA behavior during middle childhood (Galen & Underwood, 1997; Vaillancourt et al., 2007); RA is a phenomenon between friends during high school (Crothers, Field, & Kolbert, 2005); and RA behavior has been shown to be present in emerging adulthood (Bailey & Ostrov, 2008; Nelson, Springer, Nelson, & Bean, 2008).   In addition, RA behavior has been found to be accompanied by psychosocial adjustment difficulties among college women (Werner & Crick, 1999), including the use of RA within their romantic relationships (Prather, Dahlen, Nicholson, & Bullock-Yowell, 2012), and an association with Cluster B personality disorder traits in a nonclinical sample of college students (Schmeelk, Sylvers, & Lilienfeld, 2008).

Although much is known about the psychosocial developmental adjustment difficulties across child, adolescent, and teenage development (Crick, Casas, & Mosher, 1997; Crick & Grotpeter, 1995; Crick, Murray-Close, & Woods, 2005; Crick, et al., 2006b; Murray-Close et al., 2007; Ostrov & Crick, 2007; Ostrov & Godleski, 2009; Prinstein et al., 2001;Tseng et al, 2012; Zalecki & Hinshaw, 2004), along with the notion that RA behavior can continue into adulthood and be problematic (Bagner, Storch, & Preston, 2007; Goldstein, 2011; Goldstein et al., 2008; Lento-Zwolinski, 2007; Linder, Crick, & Collins, 2002; Ostrov, Hart, Kamper, & Godleski, 2011; Ostrov & Houston, 2008; Prather et al., 2012; Storch, Bagner, & Geffken, 2004; Storch, Werner, & Storch, 2003; Werner & Crick, 1999), there is no research base that informs or offers discourse about transitioning out and desistance from RA behavior. This qualitative case study investigated the factors associated with the transitioning out process.

Organization of Remaining Chapters

Chapter Two presents a literature review of the research findings with respect to the social, emotional, cognitive, and environmental correlates related to the antecedents, maintenance, functions, and consequences involved in RA. The developmental process of RA is then presented, underscoring the lack of understanding about the transitioning out phase, as demonstrated by an absence of research citations on the topic of desistance. Finally, an understanding of female interpersonal relationships is presented with respect to attachment theory, and the capacities for mentalizing and emotion regulation.

Chapter Two describes the literature review. Material covered in Chapter Two presents foundational information pertaining to the definition of RA, developmental and gender related research, functional subtypes of RA, the many cognitive, emotional, psychological, and environmental correlational findings associated with RA at progressive developmental levels, and RA from a perspective of attachment theory and mentalizing capacity. The final section of the literature review presents a scarcity of information about what has been uncovered on the phenomenon of RA trajectories, transitioning out, and desistance of RA behavior. This section essentially demonstrates the need for the proposed study due to the non-existence of research that addresses desistance of RA behavior beyond studies that empirically formulate developmental timelines of RA trajectories. Little or nothing has been unveiled with respect to the psychosocial or environmental correlates associated with RA desistance which addresses the 'how' and 'what' inquiry, an objective in this study.

Chapter Three presents the framework that will be used to conduct the research. It describes the qualitative case study research design that will be used to secure and analyze the data of individuals' perspectives on transitioning out of RA behavior. The process of participant selection, data collection procedures, data analysis and synthesis, and ethical considerations is also described. Chapter Four will present the findings of the research study. Chapter Five will provide a summary discussion, conclusions, and recommendations.

Chapter One Summary

Chapter One provided an overview of female RA behavior and introduced the problem to be investigated, specifically that of female relational aggression (RA) and the transitioning out process. The purpose of this qualitative case study was postulated to explore the personal and environmental factors that contribute to the decrease in and desistance from engaging in RA behavior. The research questions were specified. Chapter One also offered information pertaining to the role of the researcher, definitions of key terms associated with the research project, and the significance of the study. A theoretical and conceptual framework was also provided. Chapter One underscored that there is no research base from which to draw an understanding about the factors associated with the transitioning out process.

CHAPTER TWO: REVIEW OF THE LITERATURE

Overview

The primary objective of this literature review was to build a foundation that supports the need to construct an addition to the research base, specifically on the subject of female relational aggression (RA) and the transitioning out process. In this chapter, research uncovered on the topic of transitioning out or total cessation of using RA was mainly limited to empirical findings associated with developmental time lines that implicated trajectory patterns and a few of the psychosocial correlates at static points in time. In effect, the research base offers a deficient explanation or understanding of the psychological or environmental processes of change involved in desistance. In contrast, this chapter will unveil a wealth of empirical findings on the development of RA with respect to correlations related to antecedents, maintenance, and consequences of RA which constituted the bulk of the research base. In addition, although meta-analytic review of studies revealed that many investigations involved both overt or physical and relational forms of aggression, as well as concluded that there is a high correlation between overt aggression and RA (Card, Stucky, Sawalani, & Little, 2008), specific research findings on physical forms of aggression are typically excluded in this review as the chapter steered toward information pertinent to the use of female RA.

In addition, the objective of this literature review is not to present and synthesize all findings involving RA, but more so to attain a basic understanding of RA phenomena and establish that the literature lacks information with respect to RA in the termination phase. Furthermore, the intention of the literature review was to unveil thematic and

general findings with respect to RA rather than attempt to provide an analysis of the many empirical studies that were sometimes contradictory, incomplete, or methodologically questionable. Therefore, this literature review established the construct of RA with particular attentiveness to what is known about females, and the associated features related to the developmental, cognitive, emotional, psychological, and environmental aspects, all within a framework that launches the research question concerning transitioning out. Finally, the literature review will show that RA may be appropriately examined under the same principles that influence and guide relational attachment status and the capacity to mentalize, and in effect could be an employable strategy to achieve an understanding of the transitioning out process specific to this proposal's inquiry.

The literature review adopted the idea that less information is known about the development and cessation of RA compared to physical aggression (Vaillancourt et al., 2007), and ascertained that a shortage of research on the topic of transitioning out of RA attests to the current inadequacy of an understanding of cessation phenomena. The literature review did however suggest that transitioning out of RA victimization may be associated with a decrease in RA perpetration (Dempsey et al., 2006), which may imply a reciprocal or dyadic nature of RA activity. In essence, this chapter offered a fundamental understanding of the research findings on female RA, while leading up to the research question that has not been suitably answered in the empirical investigations.

This chapter begins with the definition of RA, establishing that various terms have been used in the research to speak to the same phenomenon, an unnecessary point of distraction (Archer & Coyne, 2005). The literature review shows that although there is a

correlation between subtypes of RA (Mathieson & Crick, 2010) there may be cognitive

and emotional specificity involved (Crick & Dodge, 1996; Fite, Stoppelbein, & Greening,

2009; Marsee & Frick, 2007). The literature review also indicates that the female gender

has particular vulnerabilities to and consequential impairment from RA perpetration and

victimization (Coyne, et al., 2006; Crick and Grotpeter, 1995; Cullerton-Sen et al., 2008;

Murray-Close & Crick, 2007; Wyatt, 2010).

The literature review covers the topics of gender and RA from a female

developmental approach. It then imparts an abundance of psychosocial correlational

findings, offered from both functional and dysfunctional perspectives, which are also

presented in a developmental format from early childhood through emerging adulthood.

The construct of RA is then embraced from the standpoint of a relational attachment

phenomenon which is also associated with the cognitive and affective functions

comprising the construct of mentalization.

Finally, the topic of transitioning out is uncovered in the literature base only

insofar as it offers quantitative static results associated with RA increasers, decreasers, or

desisters. In essence, an understanding of transitioning out of RA is merely based on

empirical correlates of developmental timelines involving quantitative levels of RA

usage. The literature review clearly shows that research conducted on the psychosocial

or environmental influences for RA transitioning out and cessation, at least from the

perspective of those who have accomplished that feat, is nonexistent. In conclusion, an

understanding of the desistance and termination processes of RA usage appears

undervalued at best yet formulating a foundation that helps gain such understanding may

subsidize, clarify, or authenticate current research findings on female RA. The literature

review demonstrates that much is known about RA in the developmental and active

phases and very little is known about the factors involved in the terminal phase.

Definition of Relational Aggression

Relational Aggression, unlike physical aggression, is a label used to refer to a

more cunning and often indirect or covert act of aggression. However, that is not to say

that RA is never unveiled in a candid and overt fashion such as verbal insults or mean

facial expressions, as well as nonverbal, yet obvious social aggression such as staring,

gazing, or rolling eyes at another person. Over time, the terms indirect aggression and

social aggression have been coined to refer to similar, yet arguably different constructs.

For example, the earlier reference, indirect aggression (Lagerspetz et al., 1988), involves

behaviors such as gossip, ending a friendship, or social exclusion, where these actions are

not necessarily or overtly recognized by the victim. It is credited that historically, the

term indirect aggression originated with Feshback (1969) and was further used by

Bjökqvist (2001) and the Finnish research group beginning in the mid 1980's (Björkqvist,

1994; Björkqvist, Lagerspatz, & Kaukiaian,1992a; Björkqvist, Österman, & Kaukiainen,

1992b; Björkqvist, 1994; Lagerspetz et al., 1988) and alluded to the concepts involved in

what is now often termed social or relational aggression, and therefore had clearly

established an awareness of social manipulation prior to more recent research claims.

Cairns et al. (1989) used the term social aggression to describe a type of

childhood behavior motivated by a desire to control peer group membership via more

overt insults or offenses to a peer's character. Bjökqvist (2001) argued that all

aggression, whether it verbal, physical, direct, or indirect, has a social nature to it. This

same term, social aggression, was again referenced to include similar relational behaviors, but more specifically for the intention of injuring or impairing another person's social status and self-esteem (Galen & Underwood, 1997). Blake, Eun Sook, and Lease (2011) further distinguished that non-verbal social aggression is a construct discreet from verbal social aggression and overt aggression where non-verbal social aggression is "characterized solely by gaze and strong negative emotion" (p.310) which may be perceived as more ambiguous and disdainful than overt aggression and mean facial expressions that are intentionally obvious.

Later, the term relational aggression was specifically authored by the late Nicki Crick, a researcher from the University of Minnesota, to describe socially manipulative and aggressive behaviors that included bullying, harassing, or meanness among friends or acquaintances to intentionally cause harm (Crick, 1995). These relationally aggressive behaviors are used to inflict harm via manipulation of peer relationships (Crick, 1995) and are motivated by a desire to damage social relationships rather than commit acts of physical harm to another person (Crick & Grotpeter, 1995). It is true that past research indicates a considerable correlation between physical and relational aggression (Crick, 1996; Grotpeter & Crick, 1996; Putallaz, et al., 2007), yet these two forms of aggression are disparate (Crick & Grotpeter, 1995).

Bjökqvist (2001) suggested that using the three terms to reference the same phenomenon may have unnecessarily posed more perplexity to the research topic. In support of the claim for similarity among the three terms, Warren et al. (2011) found that measures of indirect and relational forms of aggression have a common construct of non-direct aggression. Furthermore, Archer and Coyne (2005) investigated the similarities

and differences among the three definitions and established that more commonality than divergence exists.

Although historically throughout the literature RA has been referred to as indirect, social, or relational, all three concepts underlie a similar construct or phenomenon, which often but not always, involves covert acts of doing harm to social relationships (Archer & Coyne, 2005; Björkqvist, 2001; Cairns et al., 1989; Crick & Grotpeter, 1995; Lagerspetz et al., 1988; Underwood, Galen, & Paquette, 2001). Although these terms may be used interchangeably, the term RA will consistently be used to represent the same phenomenon throughout this paper. This relational form of aggression can involve covert and overt acts that may be categorized as indirect or social behavioral manifestations such as directly insulting or embarrassing a person, initiating gossip, encouraging others to dislike a peer, 'backstabbing', sharing secrets that were given under perceived confidential circumstances, or using internet technology to damage another's social status or reputation.

Finally, Gomes (2007) offered a concept analysis that summarized the antecedents that need to occur prior to a relationally aggressive act. This concept established that a close or acquaintance type relationship must first exist as well as a felt need for control. There must also be a willingness to inflict pain in the absence of a sense of empathy for doing so. Gomes (2007) proposes that ultimately, RA involves a power imbalance, socially manipulative acts, an infliction of suffering, and the perpetrator's lack of empathy. Indeed, this is a very general concept analysis whereby research findings presented in this chapter build upon and also contradict this descriptive analysis of RA.

Forms and Functions of RA

RA and physical aggression are two forms of aggression that are often correlated, yet found to be distinct from one another (Crick & Grotpeter 1995). Although the two different forms of aggression have been acknowledged, there are also two functions that have been identified; proactive and reactive. In essence, there are four subtypes of aggressive behavior; proactive relational, reactive relational, proactive physical, and reactive physical. Proactive forms of aggression are more instrumental, premeditated or intentional, and often involve a lack of emotions or physiological arousal (Crick & Dodge, 1996; Dodge & Coie, 1987). Compared to proactive aggression, reactive aggression functions as defensiveness or retaliation for a perceived wrongdoing, often involving high levels of emotional or physiological arousal (Crick & Dodge, 1996; Dodge & Coie, 1987). Both subtypes of RA have been found to be related to externalizing and internalizing symptomology during middle childhood, yet reactive RA was more closely associated with internalizing problems while externalizing problems differ by gender (Mathieson & Crick, 2010). Although this may appear as a clear cut distinction between the two functions, meta-analytic studies have exposed a wider range of correlations that do not underscore such marked disparity (Card & Little, 2006; Polman, de Castro, Koops, van Boxtel, & Merk, 2007), yet proactive and reactive aggression remains recognized as distinct (Little, Brauner, Jones, Nock, & Hawley, 2003; Poulin & Boivin, 2000). Notably, most research has typically focused on proactive and reactive physical aggression in boys (Dodge & Coie, 1987; Poulin & Boivin, 2000).

Other research studies have investigated the proactive and reactive nature of RA behavior (Crapanzano, Frick, & Terranova, 2010; Marsee & Frick, 2007; Marsee,

Weems, & Taylor, 2008; Ostrov & Crick, 2007), and these findings suggest some resemblance to the correlates involved in proactive and reactive overt physical aggression. For example, a meta-analytic study completed by Card et al. (2008) found an intercorrelation between RA and overt aggression in youth as well as differential connections to particular maladjustment problems. More specifically, although the intercorrelation varied across age, informant, and gender, direct aggression (overt, physical) was associated with externalizing behavior, poor peer relations, and low prosocial behavior, whereas indirect aggression (RA) was associated with internalizing behavior and high prosocial behavior. Interestingly, this finding implies that RA is a phenomenon that co-exists with overtly adaptive, functional, and skillful behavior, yet is contained within an environment of maladaptive emotional or cognitive performance to a certain degree.

To further substantiate the divergent functions of proactive and reactive RA, Marsee and Frick (2007) found that proactive RA was associated with callous unemotional traits and expectations that the aggression would have profitable results, while reactive RA was more associated with emotion regulation difficulties and anger with respect to perceived wrongdoing or provocation. Indeed, this finding suggests that proactive RA involves a theory of mind association; in essence, there may be a degree of emotional intelligence, capacity to mentalize, or an awareness of how others think, yet not necessarily include an ability to empathize or care about others' thinking and feeling. In contrast, reactive RA may involve an imbalance in the cognitive and affective polarities. Crick and Dodge (1996) had earlier supported comparable information processing implications where proactive aggression was instrumental or goal oriented

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accompanied by the expectation of being rewarded, while reactive aggression was associated with hostile intent attributions. Interestingly, the latter may become a self-fulfilling prophecy if the reactive aggression invites further negativity from the peer. This idea is in line with the correlation between RA perpetration and victimization (Dempsey et al., 2006) in that victims of RA who experience decreases in victimization over time also report using less RA over the same time period.

RA and Gender

It is true that verbal, physical, and indirect aggression are sustained by cognitive and affective underpinnings, and indirect and direct forms of aggression are not necessarily gender specific, in essence female and male, respectively (Bjökqvist, 2001), yet the research shows mixed and conflicting results with respect to gender and use of RA. For example, some studies examining children between grades three and six show females to be significantly more relationally aggressive than males (Crick, 1997; Crick & Grotpeter, 1995; Lagerspatz et al., 1988). Other studies examining children between grades two and five have shown males to be significantly more relationally aggressive than females (David & Kistner, 2000; Tomada & Schneider, 1997). Yet other studies show equal gender use of RA in grades three through six, albeit these latter findings are empirically insignificant (Murray- Close et al., 2007; Rys & Bear, 1997). Another study has shown that gender difference in RA by early adulthood is absent (Archer, 2004). Interestingly, a more recent study that explored gender differences in children between the ages of 7 and 10 across nine countries found that the forms of aggression (relational and physical) are significantly correlated in all countries and males report using more

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physical aggression than females, but gender differences in aggression were not consistent across all nine countries (Lansford, et al., 2012). In a meta-analytic study by Card and colleagues (2008) where participants ranged from childhood through adolescence, males were found to use more direct aggression, but there was no significant gender difference for indirect aggression (RA). This meta-analytic study highlighted the fact that there was limited research representation from early childhood and later adolescence as well as from minorities. Lagerspatz et al., (1988) contribute a reasonable conclusion with regard to gender usage in that indirect forms of aggression often go unaccounted for due to the surreptitious nature of the aggression and the victim often being unaware of the offense.

The mixed findings involving gender differences within the research base may be attributed to age at time of assessment. For example, girls tend to decrease their use of physical aggression and increase their use of RA between the ages of 2 and 8 (Côté et al., 2007). RA, as well as overt aggression, is on the rise for girls as they approach middle childhood, and they employ more RA by the end of grade five (Kistner et al., 2010). The inconsistent results may also be attributed to the various sources of information used in the studies (self-report, teacher report, peer report), the demographics of the sample, as well as the developmental time frame in which the study is completed (Archer, 2004). Although it has been suggested that RA is typically a feminine type of aggression, gender perceptions are not always stereotypical. For example Coyne, Archer, Elsea, and Liechty (2008) found that male to male RA is perceived to be acceptable behavior and males reported more RA (Vacirca, Gilletta, Rabaglietti, & Ciairano, 2011). In essence, even if RA appears to be a less than masculine behavior, males approvingly engage in it.

For the purposes of the proposed study, it is not vital to establish which gender more frequently participates in RA behavior, but rather more imperative to ascertain literature that unveils the psychosocial, environmental, and developmental correlates associated with the use of RA within a gender framework specific to females. This quest is supported by the findings in a more recent study conducted on a sample of children age 9 through 12 that found RA to be more positively related to social problems for girls (Preddy & Fite, 2012). In addition, a gender approach is supported by the finding that girls report RA to be more harmful than boys (Coyne et al., 2006).

RA under the Developmental Lens of the Female

Björkqvist (2001) posed a developmental understanding of RA or indirect aggression. This perspective is one that begins as physical aggression early on in preschool, and advances to direct verbal aggression as a child's verbal skills improve. As a child gains social intelligence, he or she begins to utilize indirect aggressive techniques to manipulate or control social relationships. This developmental perspective is supported by Bonica and colleagues (2003) who found RA to be related to language development.

Females appear to begin using RA earlier than males (Crick et al., 2006b; Ostrov & Keating, 2004). RA behavior may begin as early as preschool (Crick, et al., 2006a), yet interestingly, girls at this early age do not find this type of behavior to be an acceptable response in cases of provocation (Goldstein, Tisak, & Boxer, 2008). RA can increase during middle childhood and adolescence due to important cognitive and social development (Yoon et al., 2004). In a peer nomination study, RA was found to increase

for girls only during grades four and five (Kistner et al., 2010). Closely associated with this finding was that RA increased for fifth graders and in a linear trajectory for only girls (Kawabata et al., 2012). An interesting developmental finding is that middle childhood girls (mean age 12.4 years) who reach puberty early and experience higher levels of interpersonal stress among peers tend to use more RA and overt aggression than girls who have later pubertal timing (Sontag, Graber, & Clemans, 2011).

Scheithauer, Hayer, Petermann, and Jugert (2006) suggest that "relational-aggressive behavior patterns have a special value for girls in the context of their psychosocial development within their smaller same-sex peer group" (p. 271) which may possibly help explain earlier use. In a longitudinal study conducted from infancy through fifth grade Park et al. (2005) found that girls were more likely to follow the route of RA. This gender difference appears to gain strength into middle childhood (Côté et al, 2007; Vaillancourt et al., 2007). Girls who use RA are perceived by their peers to be more popular and adept at attaining what they desire (Blake et al., 2011). Girls are more often found to be the victims of RA (Putallaz et al., 2007), suggesting a cyclical nature of the behavior. This dyadic process may be related to attention and memory. For example, a study conducted on middle school children found that children tend to pay close attention to the very types of behavior that they also display (Arsenault & Foster, 2012) potentially suggesting that children are swift to detect RA acts and respond to such, perhaps in the same fashion. In addition to being victimized by RA, being overtly bullied augments the negative effects that RA has on girls (van der Wal et al., 2003).

In support of the developmental increase in RA, girls were found to use more overt aggression and RA, as well as cyberbullying tactics in a study of children age 10-15

(Gradinger, Strohemeier, & Spiel, 2010). Adolescence is a time when there is increased opposite gender interactions that could conceivably have an effect on the use of RA. This notion is supported by Crick and Rose (2000) who found young women to relationally aggress toward female peers in order to take away their boyfriend. In fact, Wyatt (2010) found that for adolescent females, using RA often had to do with girls concerns over boyfriends. In a qualitative study conducted on emerging adults, indirect RA was the most common form of RA used in women to women relationships, and emerging adult women used lower levels of direct aggression, such as eye rolling or nasty facial expressions, than adolescents (Nelson et al., 2008). In essence, this finding may suggest that there is a trend toward more gossip and covert strategies and less direct or overt tactics as females get older.

The development of friendships between females is critical for the gender and these friendships have a main effect on their potential for social and emotional development and adjustment during adolescence (Crothers et al., 2005). In a study conducted on late adolescent females, although femininity was not related to RA, the use of RA by more feminine participants was related to depressive symptoms, further supporting the connection between girls, relationships, and well-being (Kolbert, Field, Crothers, & Schreiber, 2010). Furthermore, Culotta and Goldstein (2008) found that girls in grades 6 through 8 reported more feelings of jealousy and social anxiety, therefore they may be more vulnerable to perceive and experience peril or intimidation in relationships.

It has been stressed that female friendships are a matter that must be understood with respect to their influence on personal wellbeing and development (Field, Crothers, &

Kolbert, 2006). Indeed, a more recent study found that RA was more positively related to

social problems for girls (Preddy & Fite, 2012). These social problems may be

intensified by problems with attention and focus given that inattention was a factor

directly associated with marginal peer function for girls (Tseng et al., 2012). Coping with

RA may have gender vulnerabilities, in that girls who feel more hurt by RA victimization

are more likely to engage passive and avoidant coping strategies, or when in a close

friendship, tend to search for social support (Remillard & Lamb, 2005). Finally, it is

important to recognize that RA may be a considerably deemed normal type of

interpersonal response for girls up to the age of adolescence, yet there remains much

uncertainty with respect to what degree RA behavior influences future behavioral

maladjustment (Bowie, 2007).

RA under the Psychological Lens of the Female

Zahn-Waxler, Jong-Hyo, Essex, Slattery, and Cole (2005) conducted a

longitudinal study that uncovered themes of caring and mood pertinent to girl's use of

RA. More specifically, young girls age four to five who did not display a sense of caring

for their peers' needs and were less happy than their peers used more RA six years later.

Zahn-Waxler et al. (2005) suggested that the presence of hostile themes, less emotional

affectivity, and the absence of caring themes in earlier development were predictive of

later use of RA. Interestingly, this study also suggested that more prosocial concerns

may lead to more social anxiety for girls, implying that caring is good only to a certain

degree. In effect, taken together, these findings may suggest that empathic responding

and caring for peers must be contained within a balance of cognitive and emotional

functioning in order to refrain from RA usage and victimization. Finally, a short-term longitudinal study conducted on ninth graders showed that peer RA predicted anxiety and depression as did RA within romantic relationships for girls only, and girls who used RA were more likely to be behaviorally delinquent, for example being sexually aggressive, using a weapon, or having conduct problems such as staying out all night without permission or buying drugs (Ellis, Crooks, & Wolfe, 2009).

In addition to the relationship between social anxiety and RA, cardiovascular activity (increased blood pressure and heart rate) is associated with RA in females which suggests that girls may be more vulnerable to relational provocations (Murray-Close & Crick, 2007). In essence, this finding may imply that girls who are more susceptible to physiological reactivity will respond to relational conflicts, which also ties in with the social anxiety issue related to females and RA (Culotta & Goldstein, 2008). Another risk factor associated with RA is childhood sexual abuse, which was found to be predictive of RA for girls only (Cullerton-Sen et al., 2008). With regard to personality and emotional disposition, RA was associated with lower agreeableness and interpersonal factor scores for females (Burton, Hafetz, & Henninger, 2007), establishing that personality features may contribute to the use of RA. Finally, in a group of college students, RA was negatively associated with mattering to friends as well as lower self-esteem for females (Weber & Kurpius, 2011). Interestingly, this study may suggest that during emerging adulthood, females who do not feel valued by their friends feel a sense of worthlessness whereby they have 'nothing to lose' by using antisocial tactics.

The gender specific vulnerabilities and consequences of RA for females are supported by a longitudinal study conducted by Bowie (2010), where for females, lower

emotional regulation predicted later RA, and low prosocial skills and RA were associated with later social deviance. RA has also been associated with higher negativity of self-representation, peer representation of the self, and paternal representations of the self, especially for girls (Moretti, Holland, & McKay, 2001). Indeed, this may be birthed from attachment security status. Of interest to the clinician, girls may be under-represented with respect to the diagnosis of Conduct Disorder given the fact that covert forms of RA could appropriately be considered to meet the diagnostic criteria (Goldweber & Cauffman, 2012), yet often go symptomatically undetected.

In an adult sample of women in emerging adulthood, autonomic nervous system reactivity was associated with romantic RA and moderated by hostile attribution bias and relational victimization in the relationship (Murray-Close, 2011). A longitudinal study conducted by Cleverly, Szatmari, Vaillancourt, Boyle, and Lipman (2012) investigated joint use of RA and physical aggression (PA) between the ages of 10 and 15 and later symptomology in emerging adulthood. The results indicated two major trajectories for girls; low RA/low PA and moderate RA/low PA. Females who had higher trajectories of RA were found to have higher depressive symptoms, delinquency, and lower emotional intelligence (Cleverly et al., 2012).

Finally, it is inevitable that RA behavior would be vulnerable to the influences of parenting, and there has been research that implicates parenting patterns and behaviors or beliefs that may contribute to girls' use of RA behavior. For example, in a study of children in grades 3 through 5, maternal attribution bias was related to the daughter's attribution bias and aggressive behavior (Werner, 2012). Furthermore, although mother-child conflict during early childhood was associated with RA for both genders, maternal

harsh control and sensitivity were specifically predictive for girls (Spieker et al., 2012).

In addition, Li, Putallaz, and Su (2011) found paternal coercive control and psychological

control to be associated with an increase in RA for girls in a study conducted on Chinese

children in grades 3 through 5. A meta-analytic study (Kawabata et al., 2011) also

supported the finding that paternal, yet not maternal, psychological control is associated

with increased RA, as well as harsh and uninvolved parenting. This subsection has

established some of the susceptibilities or risks expressly associated with the female

gender and RA.

Psychosocial and Environmental Correlates: Costs or Benefits?

Poor psychosocial adjustment has been associated with RA across development.

For example, in early childhood RA has been associated with peer rejection, loneliness,

conflict between student and teacher, deception, impulsivity and hyperactivity, and low

prosocial skills (Crick et al., 1997; Crick et al., 2006b; Ostrov & Keating, 2004; Ostrov &

Crick, 2007; Ostrov & Godleski, 2009). More serious problems arise in middle

childhood. For example, associated problems include inattention, hyperactivity, or

ADHD (Tseng et al, 2012; Zalecki & Hinshaw, 2004), internalizing and externalizing

problems (Crick & Grotpeter, 1995; Crick et al., 2006b; Murray-Close et al., 2007) and

borderline personality disorder features (Crick et al., 2005). During the adolescent

period, eating disorders and personality disorder features also appear (Werner & Crick,

1999), as well as problems associated with behavioral disruption disorder (Prinstein et al.,

2001), alcohol use during college years (Storch et al., 2004), and romantic relationship

problems (Linder et al., 2002). The use of RA and the associated correlates can be traced

from early preschool throughout emerging adulthood. Future sections will illustrate the distinct and overlapping correlates associated with RA found in the research base, while highlighting those more specifically linked to the female gender as unveiled by the research.

Although the bulk of the literature base contains negative or maladaptive aspects involved in RA behavior, Heilbron and Prinstein (2008) offer that the findings are inconclusive with regard to when RA behavior has maladaptive implications and when it may be better understood as a normal and prosocial adaptation in the relational context. More specifically, their proposal maintains that "social aggression represents a potentially adaptive form of reactive aggression that theoretically might have concurrent associations with high levels of social competence" (Heilbron & Prinstein, 2008, p.180). Such interpretation views RA as a skill, a desirable and even priceless social adeptness within the context of the social circle. Therefore, in order to offer a balanced approach in examining the RA correlates, the adaptive findings of the research will be presented followed by a developmental summary of the maladaptive, pathological, negative, or dysfunctional findings.

RA as an Advantage in Early Childhood

At the preschool level, Nelson, Robinson, and Hart (2005) found that RA was related to higher sociability for girls only according to peer nominations and teacher ratings. Verbal aggression, which may include overt relational acts with same-sex peers were related to higher dominance for girls (Ostrov & Keating, 2004). Hawley (2003a) found that RA was related to resource control, prosocial control, and bistrategic control

(coercive and prosocial tactics) within the peer group. At the interpersonal level, RA was related to mutual friendships and these friendships lasted throughout the school year for girls only (Burr, Ostrov, Jansen, Cullerton-Sen, & Crick, 2005). In early childhood RA was also associated with greater friendship exclusivity or intimacy (Sebanc, 2003). Another positive indicator in early childhood included higher social skills (Carpenter & Nangle, 2006). Parent rated social competence in preschoolers was related to bistrategic control strategies, suggesting that social skills are necessary in maintaining social dominance (Hawley, 2002). Finally, for girls only, RA was related to higher self-reported moral maturity (Hawley, 2003a).

RA as an Advantage in Middle Childhood

During middle childhood, typically elementary age children, RA has been associated with adaptive correlates. For example, RA was found to be related to higher peer-perceived popularity (Andreou, 2006). However, a contradictory finding is that perceived popularity was associated with using social exclusion as an RA tactic, yet those who employed RA were truly not well-liked (Lease, Kennedy, & Axelrod 2002). The qualifier here appears to be one involving *perceptions* of being popular, therefore to acknowledge RA as having adaptive properties could be fallible. More recently, Orue and Calvete (2011) conducted a short-term longitudinal study on children age 8 to 11 and also found that acceptance by peers predicted using RA six months later. The above studies taken together suggest that, in essence, perceived popularity may be the approval rating required to gain authorization to use RA, yet there may be less acceptable tactics for doing so, such as using social exclusion.

Adaptive findings have also been shown at the friendship level. For example, higher scores on peer relations and number of friends was associated with RA in a study of Japanese children in grades 4 through 6, upholding the idea that RA fosters better friendships (Yamasaki & Nishida, 2009). Similar to findings at the preschool level, Grotpeter and Crick (1996) found that RA was related to higher friendship intimacy and self-disclosure in elementary children. Interestingly, increases in self-disclosure among close friends were found to be related to increases in RA (Murray-Close et al., 2007), suggesting a cyclical nature and potentially negating the adaptive properties involved in RA suggested by Heilbron and Prinstein (2008). Furthermore, in a longitudinal study conducted on children in Chile in grades 5 and 6, perceived popularity was an important ingredient in choosing friends, however within friendships peers determine if RA is used, therefore RA may be an end product rather than the motivation for friendship selection (Dijkstra, Berger, & Lindenberg, 2011). This finding implies a multi-directional effect between friendships, popularity, and RA and postulates the complexity of the interpersonal cause and effect attributes. Although the cited literature presents the potential connection between RA and friendships, Rys and Bear (1997) noted that the number of reciprocal friends was equal among children who did and who did not use RA within friendships. Interestingly, this point underscores the need to consider the effects that peer group association have on using RA behavior; in essence, there may be some peer groups who do not accept or utilize RA behavior and enjoy friendships with respect to quantity and quality. In juxtaposition to that suggestion, Neal (2009) found that as early as grade 3, peer group centrality, meaning having many friends, and peer group

density, meaning having friendship intimacy, together may be the recipe for peer competition which may energize RA behavior.

The use of RA in middle childhood has also been associated with higher social information processing skills and social awareness (Andreou, 2006). In support of this finding, a study involving females only found that hostile attribution ratings were not related to using RA (Crain et al., 2005). In effect, girls who use RA may not necessarily have distorted thinking about their peers' actions. In contrast, girls who use RA would be more likely to use reactive RA in response to a vignette involving relational provocation. These findings contribute to the idea that cognitive and emotional functions may not always harmonize, which in effect implies that emotion regulation is inherently integral to RA. Finally, although low fear reactivity and effortful control are predictive of overt aggression, they are not predictive of RA (Terranova, Morris, & Boxer, 2008), suggesting that the use of RA may not necessarily indicate an impairment in impulsive tendencies.

Delveau and Daniels (2000) found that RA used as a way to resolve conflicts was related to goals of personal control, avoiding trouble, and maintaining relationships among the peer group. In essence, this implies that RA is the behavior of choice above physical aggression or more prosocial strategies, those which would reflect a sense of personal agency and conflict resolution skills, concepts contrary to the perception of RA as an adaptive entity. Interestingly, verbal reasoning was found to have a negative predictive relationship to direct forms of aggression in grades five, seven, and nine, but not for RA (Kikas, Peets, Tropp, & Hinn, 2009), suggesting that although one may possess the ability to use prosocial verbal means to solve interpersonal conflicts, for an unknown reason it is not an employed strategy. Perhaps one reason may be related to

outcome expectations for example, Goldstein and Tisak (2004) found that adolescents use RA in relationships where they believe the victim would still continue the friendship.

In support of the adaptive qualities of RA, in a two year longitudinal study Woods and Wolke (2004) found that higher achievement at time one predicted higher RA at time two among children age 6 to 7, suggesting that RA is not associated with academic problems. Diverging from this finding, a study conducted on a sample of children age 9 through 12 found RA to be negatively correlated to academic performance (Preddy & Fite, 2012). These divergent findings may be attributed to development in that as children transition from elementary to middle school the RA behavior has more negative impact on academic abilities or motivations. Finally, it could be that what is perceived to be an adaptive advantage may be more closely associated to cognitive beliefs at a particular developmental level. For example, the increased use of RA in the transition to middle school is related to higher approval and more normative beliefs about RA (Werner & Hill, 2010). Approval of RA may create the domino effect in that higher normative beliefs influence increased use of RA, and increased use of RA could result in negative academic performance.

RA as an advantage in Later Childhood

During middle and high school, the positive or adaptive properties of RA appear to unfold within a framework of the social circle. For example, several studies implicate an association between the use of RA and perceived popularity (Cillessen & Borch, 2006; Cillessen & Mayeaux, 2004; LaFontana & Cillessen, 2002; Leadbeater, Boone, Sangster, & Mathieson, 2006; Prinstein & Cillessen, 2003; Rose, Swenson, & Waller, 2004;

Vaillancourt & Hymel, 2006). More specifically, proactive RA, an instrumental form of

RA, was associated with high perceived popularity (Prinstein & Cillessen, 2003).

Vaillancourt and Hymel (2006) also found that higher RA was associated with perceived

popularity as well as perceived power accompanied by a moderating effect by other

factors such as being well-dressed or athletic. In fact, Xie, Swift, Cairns, and Cairns

(2002b) found a similar relationship in that being good at sports and being physically

attractive were related to higher levels of overt RA. Another finding associated with the

social circle was that high RA was linked to higher levels of network centrality (Xie,

Cairns, & Cairns, 2002a; Xie et al., 2002b) and lower levels of social rejection for girls

only (Salmivalli, Kaukiainen, & Lagerspetz, 2000). In addition, RA was found to be

associated with social centrality and 'coolness' and high status in the peer group among

sixth graders (Hoff, Reese-Weber, Schneider, & Stagg, 2009).

        Longitudinal studies suggest that perceived popularity decreases over time, yet

still remains high (Cillessen & Borch, 2006). Perceived popularity was not stable across

school transition from middle to high and became more salient for girls in grades 5

through 9 (Cillessen & Mayeux, 2004). RA was also associated with perceived

popularity only for girls in a six month study (Rose et al., 2004). The correlation

between RA and perceived popularity can be seen outside American culture. For

example, in a study of young adolescence in India, RA was found to be associated with

perceived popularity and social preference (Bowker, Ostrov, & Raja, 2012). There may

be developmental considerations with regard to the perceived popularity variable. For

example, in a more recent longitudinal study involving two grade level cohorts (grades 6

through 8 and grades 9 through 10), RA had positive implications for the friendship

quality in the younger cohort, yet in the older cohort negative implications were found;

however, this was later replaced by a better quality friendship over time (Banny,

Heilbron, Ames, & Prinstein, 2011). Interestingly, with respect to this proposed study,

this developmental variance could potentially implicate issues surrounding maturation as

well as attachment status within peer relationships.

RA as an Advantage in Emerging Adulthood

Indeed, very few studies completed on young adults generate results with

positive or adaptive implications for RA usage. One study was found to show RA related

to higher prosocial behavior (Werner & Crick, 1999). Notably, this association may be

better understood in light of the research that suggests RA to be a manipulative act

accompanied by instrumental motivations, particularly similar to antisocial

symptomatology (Crappanzo et al., 2010; Ostrov & Houston, 2008). The suggestion that

RA behavior is an adaptive or valuable tool (Heilbron & Prinstein, 2008) used to navigate

social status and manage social relationships does not appear to trump the bastion of

research findings that implicate maladaptive psychosocial and environmental correlates.

Many of these findings are presented in the following sections.

RA as a Disadvantage in Early Childhood

It has been shown that RA as early as preschool predicted deceptive behaviors

(Ostrov, 2006). In addition, during preschool, the use of RA is associated with a higher

rate of RA victimization (Ostrov, 2008). Research has also indicated that at this early

age, RA is related to higher peer rejection (Crick et al., 1997; Crick et al., 2006b),

specifically RA in the proactive form (Ostrov & Crick, 2007), and lower peer acceptance (McNelly-Chocque, Hart, Robinson, Nelson, & Olsen, 1996) for females.

An interesting finding with regard to the friendship dyad is that although RA is related to greater friendship intimacy, it is also related to friendship conflict, and girls who do not have friends use more RA with same-sex friends than those who do have friends (Sebanc, 2003). Notably, this study involved teacher report therefore it may not take into account the peer reported nature of the friendship. At the preschool level, this suggests that perhaps RA is a behavior used not only to maintain friendships but also to communicate a frustration about being friendless. In a longitudinal study, girls who initially had more friends also used more RA and had more stable friendships a year later (Burr et al., 2005), presenting conflicting findings about the use of RA and peer acceptance or peer rejection. However, a longitudinal study conducted by Murray-Close and Ostrov (2009) found that peer exclusion was predictive of increases in RA. In addition, in another longitudinal study of preschool age children, RA was associated with later peer rejection (Crick et al., 2006a). Rejected girls excluded peers more than other children, and children considered to be more accepting of peers preferred to use ignoring as the form of exclusion, a form carried out in a subtle fashion (Fanger, Fankel, & Hazen, 2012). Self-regulation as early as preschool was noted to be a protective factor; more specifically, children who are less able to use effortful control had a higher risk to use physical aggression as well as RA (Gower & Crick, 2011).

The research has also shown psychosocial adjustment difficulties related to using RA behavior at the preschool level. For example Juliano, Werner, and Wright-Cassidy (2006) found RA to be related to more problem behaviors such as oppositional,

depressive, impulsive, and anxious symptomatology. Crick and colleagues (1997) also found RA to be related to depressive affect for girls only. Contrary to the positive findings that have been shown with respect to RA and language abilities (Bonica et al., 2003; Carpenter & Nangle, 2006; Hawley, 2003a), Estrem (2005) found RA to negatively correlate with expressive language skills in preschool females.

RA as a Disadvantage in Middle Childhood

At the elementary school level, several maladaptive indicators have been found to be related to RA. For example, RA was found to be associated with higher peer rejection or lower peer acceptance (Crick & Grotpeter, 1995; Rys & Bear, 1997; Tomada & Schneider, 1997; Werner & Crick, 2004; Zimmer-Gembeck, Hunter, & Pronk, 2007), lower peer likeability and fewer mutual friends over a period of a year (Johnson & Foster, 2005), and lower prosocial behavior (Wolke, Woods, Bloomfield, & Karstadt, 2000; Zalecki & Hinshaw, 2004; Zimmer-Gembeck et al., 2007). Indeed, Estell, Farmer, Pearl, Van Acker, & Rodkin (2008) found that for girls in third grade, prosocial behavior was noted to be related to popularity; however, two other clusters, aggressive popular and aggressive unpopular, were found to exist. In addition, within interpersonal friendships, RA was related to having more relational antagonisms, in essence, more interpersonal disagreements or confrontations, which were furthermore associated with cardiovascular reactivity to relational provocation (Murray-Close & Crick, 2007), and friendship conflicts and more reciprocal use of RA (Grotpeter & Crick, 1996; Rose et al., 2004; Werner & Crick, 2004). For females only, the use of self-disclosure within the friendship was associated with increases in RA (Murray-Close et al., 2007). Interestingly, although

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girls seem to judge RA from a moral domain (Murray-Close, Crick, & Galotti, 2006),

they participate in RA behavior quite frequently. Perhaps this bodes well with the

cognitive and emotional imbalance potentially involved in RA behavior and the

potentially related symptomology involved in BPD and deficits in the capacity to

mentalize. Finally, children who initially choose friends who use RA also choose friends

who use RA a year later even if classroom rosters change (Werner & Crick, 2004),

suggesting a pattern of behavior that is difficult to break.

There are several psychosocial correlates involved with RA at the elementary

level. For example, RA was associated with higher depressive symptoms (Crick &

Grotpeter, 1995; Hennington, Hughes, Cavell, & Thompson, 1998; Zimmer-Gembeck et

al., 2007), loneliness for girls (Crick & Grotpeter, 1995), lower empathy (Kaukiainen et

al., 1999), higher impulsivity (Musher-Eizenman et al., 2004) and attention and

hyperactivity (Zalecki & Hinshaw, 2004). In addition, the use of RA was associated with

having normative beliefs about RA behavior (Werner & Nixon, 2005), especially for

female to female interactions (Crick, Bigbee, & Howes, 1996), and children who use RA

have a positive evaluation of its implementation (Crick & Werner, 1998), as well as

believing that RA is an appropriate response strategy (Crain et al., 2005), and an

associated sense of self-interest and revenge (Delveaux & Daniels, 2000). These studies

suggest that girls can cognitively justify RA behavior within an antisocial framework.

RA is also associated with having more hostile attribution bias and higher levels

of emotional distress for relational provocations (Crick, 1995; Crick et al., 2002;

Mathieson et al., 2011). Related to the concept of attributional bias, another study found

a social processing bias toward RA, where a sample of children in grades 4 through 6 had

a tendency to draw their attention to behaviors in others that they themselves typically use or exhibit (Arsenault & Foster, 2012). In addition, Crick (1997) found that RA was related to higher levels of internalizing and externalizing maladjustment problems, especially for girls. Finally, Crick and colleagues (2005) found that in middle childhood, RA had a unique association with features of BPD.

Murray-Close et al. (2007) found that RA behavior was associated with a trajectory of increasing internalizing symptoms. Crick et al. (2006b) found RA to be associated with higher somatic complaints, withdrawn behavior, anxious-depressive symptoms, and increases in RA use over one year. As young as the elementary years, Crick and colleagues (2005) found that RA was associated with increases in borderline personality features; in effect, increases in borderline features over time was associated with increases in RA. In addition, higher RA over time predicted angry or impulsive temperament and concurrent exposure to paternal depressive symptoms over time (Park et al., 2005). Emotional problems predicted higher RA over a two year period in a study conducted by Woods and Wolke (2004). Godleski and Ostrov (2010) found that female gender, physical forms of aggression, and hostile attribution biases each predicted an increase in the use of RA over time. RA victimization was also associated with more RA perpetration in a short term longitudinal study of children age 9 through 11 (Yeung & Leadbeater, 2007). In a more recent longitudinal study, a buildup of exposure to RA victimization from grade 2 through 5 had significant impact on depressive symptoms and the use of RA as well as overt aggression, implicating that earlier experiences of victimization is associated with ongoing psychological and behavioral problems (Rudolph, Troop-Gordon, Hessel, & Schmidt, 2011). Depression was also linked to RA

in a study conducted on a clinical population of elementary age children where children

who used RA had depressive symptoms and suicidal ideation (Fite, Stoppelbein,

Greening, & Preddy, 2011).

RA as a Disadvantage in Later Childhood

The less sheltered environment at the middle school level compared to the

elementary school level may have a petri dish effect for the development and

maintenance of RA (Letendre & Smith, 2011). Furthermore, it is suggested that

aggression is a behavioral requirement in order to maintain "coolness" and has become a

classroom norm in middle school (Bellmore, Villarreal, & Ho, 2011). This is further

supported in a study involving peer nominations that indicated RA to be related to being

"cool" (Hoff et al., 2009).

There also evolves a social structure in middle school that defines girls'

interactions, and a requirement of peer group loyalty and bonding, which when violated,

produce a significant degree of emotional reactivity for girls (Letendre & Smith, 2011).

The use of RA within this social structure is not clear cut. For example, adolescent

beliefs about RA behavior is notably complex in that their perceptions about gossip are

related to participating in gossip, yet perceptions about social exclusion and using that

behavior is not as easily understood (Goldstein & Tisak, 2010). This complexity can also

be illustrated in a study conducted by Reynolds and Repetti (2010) where females'

perceptions about gossip and social exclusion or ignoring had varying cognitive and

emotional correlates from the standpoint of perpetrator and victim. More specifically,

victims felt more hurt, sad, and confused, while perpetrators of RA believed it was

amusing to start rumors or exclude a peer, yet later felt more remorse for using ignoring behavior toward a peer. This study showed perpetrators who used exclusionary behavior to be happier than those who ignored or started rumors which implies that there may be important differences in the constructs of social exclusion and ignoring, adding more complexity to RA usage. Perhaps, the construct of RA is underscored by heterogeneity.

Sijtsema et al. (2010) have shown that peer group association becomes an important consideration in RA during the transition to later childhood, in that adolescents who use RA choose friends who typically use proactive RA and adolescents who befriend peers who use RA also assume the behavior in their reactive and proactive forms. This sense of peer identification can also be noted in the peer group cliques that often form during middle and high school. For example, in a longitudinal study conducted by Pokhrel, Sussman, Black, and Sun (2010), peer groups often perceived as high status such as popular or athletic used more RA, as well as did adolescents who considered themselves members of a high risk group such as gothic or substance users. In support of the latter finding, RA predicted tobacco and marijuana use for teenage girls in a one year longitudinal study (Skara et al., 2008).

RA at the middle and high school age has implications for social acceptance among peers and most salient is that RA is related to lower social preference, more specifically the relationship between RA and lower social preference was stronger for girls age 11 to 17 (Vaillancourt & Hymel, 2006), girls in grades 7 and 8 (Cillessen & Mayeux, 2004), and for girls only in a study of children in grades 5 through 8 (LaFontana & Cillessen, 2002). However, Zimmer-Gembeck et al. (2007) found that the relationship between RA and lower social preference was stronger for boys in a study of sixth graders.

Contrary to that finding, Rys and Bear (1997) found that for sixth grade girls only, RA was associated with higher peer rejection. Peer pressure to take part in RA behavior may also play a role in RA usage, thereby creating unnecessary stress. For example, in a study conducted on females who displayed RA behavior and attended an adventure camp where participants were directed to avoid RA activity, those who abstained from using such tactics reported having better interpersonal and camp experiences (Sammet, 2010).

The association between RA usage and the ability to use prosocial behavior and maintain friendships remains unclear, that is there are contradictory findings with respect to bistrategic behaviors (coercive and prosocial) strategies of engagement. Leadbeater and colleagues (2006) found that although using RA was related to receiving more prosocial attention, adolescents who had higher RA also exhibited fewer prosocial behaviors. This resonates with the dyadic nature involved in RA in that peers enable the behavior to continue simply by the positive feedback they provide to the perpetrator. Interestingly, girls who mature earlier or reach puberty sooner and report having more stress within peer relationships use more RA (Sontag et al., 2011). Indeed, RA has been clichéd to "function as a double-edged sword" (Cillessen, Lu Jiang, West, & Laszkowski, 2005, p. 170) in that adolescents who reported using higher RA also believed that their friendships suffered in quality, but their friends did not perceive it this way. A recent neurological finding suggested that adolescents may be more affected by peer rejection and have greater difficulties handling peer pressure and regulating emotions related to social exclusion (Sebastian et al., 2011). Finally, longitudinal studies show that RA is associated with decreases in peer acceptance over time (Cillessen & Borch, 2006), and

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that social preference predicted lower RA, but the effect was less during the transition to high school (Cillessen & Mayeux, 2004).

At the interpersonal level, studies have found several maladaptive correlations between RA and friendships. Over time, in a sample of children in grades 6 and 7, aggression in the overt form was negatively correlated to friendship quality for girls (Fanti, Brookmeyer, Henrich, & Kuperminc, 2009). In addition, RA was associated with higher self-reported friendship conflict and lower friendship quality (Cillessen et al., 2005) and peer reported jealousy (Parker, Low, Walker, & Gamm, 2005). However, the association between RA and friendship conflict is moderated by social preference and perceived popularity (Rose et al., 2004). In essence, the relationship between RA and friendship conflict remained for children who were highly disliked and not perceived as popular. Related to the correlate of popularity, females who value popularity and tend to have a blunted reactivity to being excluded use more RA, and girls who were not popular but value popularity and are bothered by social exclusion also used more RA (Shoulberg, Sijtsema, & Murray-Close, 2011). An interesting consideration is that adolescents who experience lower popularity may attempt to employ RA tactics to gain social dominance, yet may not always be successful (Walcot, Upton, Bolen, & Brown, 2008).

The literature also implicates cognitive, behavioral, emotional, and environmental RA correlates in adolescents. For example, Loukas, Paulos, and Robinson (2005) found RA to be associated with higher levels of self-reported social anxiety and higher levels of maternal psychological control. In addition, empathic concern has a negative association with RA usage, and empathic concern was moderated by social anxiety about RA to result in the decrease (Batanova & Loukas, 2011). Interestingly, in

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contrast to a felt sense of social anxiety and apprehension about using RA, a study

conducted on adolescence found that those who employ RA strategies toward their friend

believed that the friend would still desire to maintain the relationship (Goldstein & Tisak,

2004).

During later childhood, RA was also associated with higher negativity of self-

representation, peer representation of the self, and paternal representations of the self,

especially for girls (Moretti et al., 2001). RA behavior then appears to be a compensatory

tool for poor self-esteem. Victims of RA were found to have more internalizing

symptoms and perpetrators of RA had more externalizing behavior such as disruptive

behavior disorders for girls in grades 9 through 12 (Prinstein et al., 2001). Finally, in a

study conducted by Marsee and Frick (2007), the functional RA subtype known as

reactive RA was associated with anger to provocation and the proactive form of RA was

related to callous-unemotional traits. Narcissism was also suggested to be a personality

feature associated with RA particularly with respect to social dominance (Lau, Marsee,

Kunimatsu, & Fassnacht, 2011; Ojanen, Findley, & Fuller, 2012).

RA as a Disadvantage in Emerging Adulthood

Although there is much less research among this age cohort, the findings have

much to inform about the long term maladaptive psychosocial outcomes of RA behavior.

The consequence of peer rejection experienced during childhood can continue into adult

relationships (Werner & Crick, 1999) even within the arena of intercollegiate athletics

(Storch et al., 2003). Ostrov et al. (2011) conducted on women showed the relationship

between RA perpetration and victimization to be mediated by peer exclusivity and

attributional bias, traits associated with borderline personality disorder which were concurrently related to RA and victimization This finding further supports a social process model where female victims of RA may be more susceptible to a need for exclusivity in the relationship and also have a high sense of attributional bias that perpetuates reactive forms of RA in an attempt to retain the relationship.

In addition, the exclusivity involved in the friendships in younger years can extend into the romantic dyad in adulthood (Goldstein, 2011; Goldstein et al., 2008; Lento-Zwolinski, 2007). Romantic relationships often consist of RA perpetration, but RA victimization is an allowable offense when one perceives self-worth as measured by romantic engagement (Goldsein et al., 2008). Lower adult relationship qualities are a result in and outside of romance. For example, Linder et al. (2002) found that peer and parent relationships involving negative interactions such as distrust, jealously, and anxious clinging were related to higher RA. This also included higher levels of mother alienation and perceived peer alienation. Ostrov and Houston (2008) found that RA was related to borderline personality disorder features, and for women only, proactive RA was related to impulsive antisociality. Popularity, a variable shown to be pertinent prior to adulthood, also plays a role in RA in emerging adulthood. For example, popularity was positively correlated to RA and dominant leadership, and social preference was negatively associated to RA in a group of college students (Lansu & Cillessen, 2012).

Goldstein et al. (2008) indicated various psychosocial symptoms related to RA in emerging adulthood including higher general rumination, anger in conflict, anxiety, depression, anxious and avoidant attachment patterns, and social anxiety with regard to dating. RA was found to be associated with higher social anxiety, loneliness, depression,

and drug and alcohol use (Storch et al., 2004), and romantic RA was associated with these same variables (Bagner et al., 2007). Werner and Crick (1999) found that RA was associated with higher stimulus seeking behavior, egocentricity, affective instability, negative relationships, self-harm, and for women only, bulimia symptoms. Taken together, the literature base poses a salient factor for consideration in that the findings are highly suggestive of the connection between RA and the symptoms of borderline personality disorder, insecure attachment status, and an imbalance in the cognitive and affective polarities involved in mentalization (Bateman & Fonagy, 2012).

Subtypes of RA and Their Maladaptive Correlates

There are two subtypes of RA, reactive and proactive, and these subtypes have been found to have distinct functional correlates. Reactive RA in girls is associated with impulsivity and anger dysregulation, and proactive RA is more closely related to callous unemotional traits, thrill seeking, and positive outcome expectations (Crappanzo et al., 2010). In a longitudinal study of children from grades 3 to 4, reactive RA was uniquely associated with internalizing problems, and proactive RA had a stronger association to externalizing problems (Crick, 1997). The former finding is supported by the finding that reactive RA is associated with anxiety symptoms in adolescents (Marsee et al., 2008).

Mathieson et al. (2011) found that in a sample of children in grades 3 through 5, for girls only, a relational vulnerability model existed. More specifically, the use of proactive RA would be more likely in the absence of hostile attributional bias and lack of emotional sensitivity. In addition, Kerig and Stellwagen (2010) found impulsivity, narcissism, callousness, and Machiavellianism to be related to proactive RA, whereas

only the first two traits related to reactive RA. This study further found that

Machiavellianism was not directly related to physical forms of aggression, suggesting

that this may be a salient trait related to the social and psychological intelligence feature

involved in covert forms of RA. In a qualitative study conducted on an adjudicated group

of girls, girls who used both proactive and reactive forms of RA also had higher levels of

impulsivity and callous unemotional traits (Stickle, Marini, & Thomas, 2012). In an

older sample of emerging adults, both proactive and reactive RA were associated with

impulsive antisocial acts and symptoms corresponding to borderline personality disorder,

but proactive RA only was associated with symptoms of antisocial personality disorder

(Ostrov & Houston, 2008).

Reactive RA was found to be related to emotion dysregulation and proactive RA

was more closely associated with disinhibition in a study of emerging adults (Miller,

Zeichner, & Wilson, 2012). Bailey and Ostrov (2008) also found that reactive RA was

associated with the attribution bias in relational situations, for example being excluded

from a social activity; however Miller et al. (2012) found attribution bias not to be related

to any specific form of RA. In adolescent girls, reactive RA was associated with high

popularity and social preference, but proactive RA was specifically associated with high

popularity for girls (Prinstein & Cillessen, 2003). In contrast, proactive and reactive RA

were found to be related to both high and low popularity and low peer preference

(Walcott, Upton, Bolen, & Brown, 2008).

Ostrov and Crick (2007) found proactive RA to predict teacher-reported conflict

between the student and the teacher and later peer rejection in preshoolers, yet reactive

RA only predicted conflict between student and teacher. In a study conducted on young

adults, a unique association was found between reactive RA and an abusive history, hostile attribution bias, anger, hostility, and stress related to relational provocation (Murray-Close, Ostrov, Nelson, Crick, & Coccaro, 2010). The literature base clearly distinguishes between the two forms of RA, yet there appear to be overlapping social, emotional, cognitive, and environmental influences. An important environmental influence that arguably goes unnoticed is the media. For example, Gentile, Mathieson, and Crick (2011) found that girls who view media violence use more proactive forms of RA. The following subsection underscores how the media influences the use of RA.

RA and Media Influences

Media exposure may have damaging influences on the development and maintenance of RA behavior. In support of the general aggression model, a study involving undergraduate school females showed that viewing video with RA content activated RA cognitions, and viewing video with physically aggressive content activated both RA and physically aggressive cognitions (Coyne, Linder, Nelson, & Gentile, 2012). A gender associated phenomenon has also been shown to exist. For example, girls who use RA were exposed to more aggressive television programming (Coyne & Archer, 2005; Gentile et al., 2011). The media has also been implicated as another one of society's examples from a feminist perspective of the misrepresentation of females (Goldberg, Smith-Adcock, & Dixon, 2011), one where the media continues to oppress females via aggressive and unhealthy relational interactions in programs deemed as popular which perpetuate the RA problem.

A longitudinal study (Gentile, Coyne, & Walsh, 2011) of children in grades 3 through 5 concluded that children who watch media violence early in the school year have higher levels of RA later in the school year and RA behavior is mediated by hostile attributional biases. Furthermore, the viewing of RA in the media was related to more normative beliefs about RA behavior, specifically if there was no parental involvement or guidance (Linder & Werner, 2012). Linder and Gentile (2009) underscore a legitimate concern about television ratings being inaccurate due to an error of omission. Specifically, ratings fail to consider RA and verbally aggressive behavior in the context of aggression, and often portray such behavior as having no negative consequences, but more so as beneficial and rewarding. This opinion is supported by Coyne, Stockdale, Nelson, and Fraser (2011) who conducted the first study to show a correlation between profanity in the media and RA, thereby upholding the assertion that media labels are erroneous. In addition, ratings of reality television programs are even less accurate. For example, there is over 20% more verbal, physical, and RA behavior in reality television, with RA accounting for almost 40% of the total, where women are typically implicated as the main actor (Coyne, Robinson, & Nelson, 2010). Finally, media exposure to RA is associated with RA usage within the peer group as well as within the romantic dyad (Coyne et al., 2011).

RA in the Cyber Arena

It has been established that children and adolescents are utilizing technological media to harass or bully their peers (Tokunaga, 2010). The term *cyberbullying* has been used in research article titles to refer to bullying behavior that takes place via electronic

media (Calvete, Orue, Estévez, Villardón, & Padilla, 2010; Elledge et al., 2013; Fenaughty & Harré, 2013; Hinduja & Patchin, 2013), however it is important to distinguish between cyberbullying and cyber aggression. According to Olweus (1993), bullying is typified by four precepts: intent to harm, repeated over time, an imbalance in power between victim and perpetrator, and the victim's sense of helplessness. It would then be inferred that cyberbullying refers to bullying that takes place amidst electronic forums, and not in the context of a physical face to face act towards a victim who finds that act aversive; in fact, only approximately one quarter of online aggression was qualified under the definition of bullying in a sample aged 11 to 17 (Wolak, Mitchell, & Finkelhor, 2007). In contrast, although cyber aggression has the intentionality to do harm, it is not necessarily a repeated act by the perpetrator toward the same victim; an imbalance of power cannot be assumed; and the victim may be well aware of how to respond to the aggression (Dooley, Pryzalski, & Cross, 2009). It is important to note that the latter suggestion, the ability to respond to a perpetrator, is not in sync with the notion that some children may not know the identity of their cyber aggressor (Ybarra & Mitchell, 2004a), a reality that can exist in RA victimization (Di Giunta, et al., 2010; Goldweber & Cauffman, 2012; Vail, 2002). Indeed, since children who have a preference to engage in RA over more overt forms of aggression also desire the benefits of anonymity, specifically being able to escape the consequences of being identified as well as being retaliated against (Delveaux & Daniels, 2000), the Internet would be an appealing option or method to do harm. In fact, girls were found to use more cyberbullying tactics in a study of children age 10-15 (Gradinger et al., 2010). Cassidy,

Jackson, and Brown (2009) found that cyber aggression may occur as a retaliatory purpose, a concept parallel to reactive forms of RA (Mathieson & Crick, 2010).

Ultimately, research has indicated that those who engage in traditional aggression, whether it is overt or relational, also engage in cyber aggression (Raskauskas & Stoltz, 2007; Ybarra & Mitchell, 2004a, Ybarra & Mitchell, 2004b, Ybarra & Mitchell, 2007). Specifically pertinent to the use of relational forms of aggression, Raskauskas and Stoltz (2007) found that behaviors such as spreading rumors and social exclusion are correlated with the use of cyber aggression. In a sample of New Zealand students age 12 to 19, spreading rumors over the Internet was found to be a most distressing experience (Fenaughty & Harré, 2013). Cyberbullying is responsible for emotional and psychological problems among youth (Patchin & Hinduja, 2011; Raskauskas & Stoltz, 2007; Ybarra, Mitchell, Wolak, & Finkelhor, 2006), and according to The Second Youth Internet Safety Survey, a national survey of youth between the ages of 10 and 17, thirty-two percent of youth report being chronically harassed online (Ybarra et al., 2006), and the chances of being harassed increased if the youth harassed others online, had clinically significant social problems, or were harassed offline. To add to the distress caused by cyber aggression, it must not be overlooked that victims of this form of aggression may also experience victimization in the school setting, and being a victim in both arenas creates even more distress, including depression and suicide attempts in a sample of high school students in Massachusetts (Schneider, O'Donnell, Stueve, & Coulter, 2012).

The above findings suggest that cyber harassment could be a retaliatory response to what may have occurred on school campus, as well as simply be an additional tool that the aggressor uses to harass a peer who he or she is already victimizing. This

fact then becomes a public health concern that could pose a degree of liability within school policy (Elledge et al., 2013). In fact, in Australia, it has been suggested that schools are not keeping up with the technology of the times and are not upholding their duty to prevent and intervene with respect to cyberbullying (Goff, 2011). A meta-analytic study (Pearce, Cross, Monks, Waters, & Falconer, 2011) recommended that schools use a whole-school approach to address all bullying, including cyberbullying, meaning implementing prevention practices at the school, classroom, and home levels. More specifically, the school level would address policy, classroom and school climate, behavioral, and peer support. In addition, curriculum should be used in the classroom and vulnerable or at-risk youth should be offered assistance. It is suggested that children who have positive attitudes toward victims, classroom beliefs that harassment is wrong, and collective beliefs that their teacher will intervene in bullying situations are factors that lead toward prevention (Elledge et al., 2013). Finally, efforts should be made to engage parents, especially since parents are frequently not privy to their child's online engagements (David-Feron & Feldman, 2007). The whole-school approach idea is supported by other researchers (Beale & Hall, 2007; Couvillon & Ilieva, 2011; Kiriakidis & Kavoura, 2010; Williams & Guerra, 2007)).

The cyber arena houses the technologies of email, chat rooms, social networking sites, instant messaging, discussion boards, blogs, internet websites, internet gaming, text messaging, and photos or pictures (Kowalski, Limber, & Agatston, 2008). Consequentially, technology offers an array of potential strategies to achieve harm, yet new technology of modern times has not created new aggressors, it has only supplemented the arsenal of those who already engage in aggression (Dempsey,

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Sulkowski, Dempsey, & Storch, 2011); more specifically, middle school students who used cyber aggression also engaged in all forms of aggression; cyber, overt, and relational. Cyber aggression has been shown to be utilized by 14 percent of children between the ages of 10 and 17 (Ybarra & Mitchell, 2004a), three percent of children in grades 7 through 9 (Beran & Li, 2005), and as often as traditional aggression (Dodge, Coie, & Lynam, 2006).

Naturally, it follows to consider the associated correlates and consequences of aggression within the cyber context. Schoffstall and Cohen (2011) found that children in grades 3 through 6 who used cyber aggression had a higher sense of loneliness and a lower sense of self-worth, quantity of friendships, social acceptance and popularity, and positive perception of their peers after accounting for variables associated with traditional aggression. Werner, Bumpus, and Rock (2010) found that children in grades 6 through 8 who engaged in tradition and cyber aggression were also the target of cyber aggression and were more approving of RA.

Hemphill, Tollit, and Kotevski, (2012) found that Australian girls in grades 9 and 10 had the highest degree of cyber victimization. During early adolescence, girls who use RA also use more online aggression and may be more susceptible to the perpetrator-victim sequence involved (Werner et al., 2010). In support of this cyclical phenomenon, Wright and Li (2013a) found that in a six month longitudinal study of children in grades 6 through 8, cyber aggression victimization and an accompanying face to face peer rejection was strongly related to peer-nominated and self-reported use of cyber aggression, suggesting that in-person rejection within the social circle overflows into the cyber arena. In addition to the finding that face to face RA is positively related

to cyber RA, normative beliefs about cyber RA was found to be related to cyber RA (Wright & Li, 2013b). Cyber aggression is found to be highly related to the use of proactive forms of aggression, exposure to and justification for violence, and a feeling that one has little social support from friends (Calvete et al., 2010). In summation, although cyber forms of aggression may be one more method of RA perpetration, the offending still results in sadness, anger, frustration, embarrassment, or fear on behalf of the victim (Hinduja & Patchin, 2007; Patchin & Hindu, 2011, Ybarra & Mitchell, 2007). The consequences do not rest at the negative emotional and psychological impacts, and indeed can have detrimental behavioral and psychosocial results such as suicidal ideation, quitting school, physical aggression, substance use, and taking a weapon to school (Hinduja & Patchin, 2007, Hinduja & Patchin, 2008; Hinduja & Patchin, 2010; Rigby, 2003; Seals & Young, 2003; Ybarra, Diener-West, & Leaf, 2007; Ybarra & Mitchell, 2004b).

Preview of Remaining Literature Review

Thus far the literature review has defined RA, presented RA from the perspective of the female gender, and has demonstrated that RA is associated with a variety of psychosocial variables. The next several subsections of this chapter will launch an understanding of RA from the perspective of parenting, attachment security and the associated capacity to mentalize, a primary deficit identified in BPD, the personality symptomology associated with RA. The chapter will then present research on the topic of RA trajectories which leads to the central topic of this proposal, one that lacks research and understanding.

RA and Parenting

The research base has provided insight about the potential effects that particular parenting styles or parent characteristics have on the development and maintenance of RA. For example, in a sample of preschoolers in China, the combined use of physically coercive and psychologically controlling parent behaviors predicted RA in children per peer report, and for girls, psychological control had a stronger implication for RA (Nelson, Hart, Yang, Olsen, Jin, 2006). Parental coercive and psychological control was associated with older Chinese children's use of RA (Li et al., 2011). High levels of parent psychological control were also associated with RA in pre-adolescent children suggesting that children learn covert ways to interact from their own parent (Gaertner et al., 2010). Interestingly, a meta-analytic study conducted by Kawabata, Alink, Tseng, van Ijzendoorn, & Crick, (2011) found that paternal, but not maternal, psychological control was associated with higher levels of RA.

Notably, it was found that parents who use psychological control, yet convey the importance of solving problems in a non-aggressive fashion and are privy to their child's whereabouts, have children who use less RA (Murray, Haynie, Howard, Cheng, & Simons-Morton, 2010). A religious upbringing may have an influence on RA behavior. For example, Landau, Björkqvist, Lagerspetz, Österman, and Gideon(2002) found that religiosity played a role in indirect forms of aggression; in essence children of a secular identification were more often perpetrators of indirect aggression, with secular girls more often being victimized by both indirect and physical aggression. Increased use of RA was found with children who do not reveal their use of RA and whose parents do not

inquire about their child's behavior (Gaertner et al., 2010). In essence, poor communication is a contributing factor. In addition, maternal permissiveness and authoritarian parenting styles were found to be associated with higher RA among female pre-adolescence (Sandstrom, 2007).

The importance of maternal emotional responding plays an important factor in children's use of RA. For example, mothers who viewed passages containing RA behaviors had less emotional and behavioral responsiveness than those containing physical aggression and therefore may potentially and unintentionally socialize their children from a very young age to use RA behavior (Werner, Senich, & Przepyszny, 2006). In fact, mothers as well as peers of children who exhibit RA do not respond to RA as they do physical aggression (Valles & Knutsen, 2008). It is possible that there may be an intergenerational phenomenon of lack of reactivity to RA forms of aggression. For example, mothers who themselves use RA with their adult peers use psychological control with their children and these children have more adjustment difficulties (Reed, Goldstein, Morris, & Keyes, 2008).

Parent attitude and perceptions also contribute to children's use of RA. For example, parental intent contributions and attitude toward aggression was associated with children's use of RA in middle childhood (Blake, Lease, Olejnik, & Turner, 2010; Nelson, Mitchell, Yang, 2008). Mothers with less empathy and inappropriate developmental expectations of their preschool children had children who used more overt aggression and RA (Curtner-Smith et al., 2006). These research findings, taken together, are suggestive of the important role that parenting attitudes and behaviors play within the attachment relationship and in the development of RA. Finally, since RA and attachment

status are central to relational phenomena, it is essential to investigate the relationship between these two constructs (Michiels et al., 2008). The objective of the following subsections of the literature review is to elaborate on that idea.

Understanding RA within the Framework of Attachment

Thus far, the literature review has established many cognitive, emotional, psychopathological, and parenting factors to be associated with the development and maintenance of RA. Identified correlates include impulsivity, anger dysregulation, callous unemotional traits, thrill seeking, and positive expectations for the behavior (Crappanzo et al., 2010; Stickle et al., 2012), impulsive antisocial acts and symptoms corresponding to borderline personality disorder (Crick et al., 2005; Ostrov & Houston, 2008; Schmeelk et al., 2008; Stepp, Pilkonis, Hipwell, Loeber, & Stouthamer-Loeber, 2010), anxious and avoidant attachment patterns (Goldstein et al., 2008; Williams & Kennedy, 2012), higher stimulus seeking behavior, egocentricity, affective instability, negative relationships, self-harm, and for women only, bulimia symptoms (Werner & Crick, 1999), emotion dysregulation and disinhibition (Miller et al., 2012), attributional bias in relational situations (Bailey & Ostrov, 2008), and psychopathic traits similar to those involved in PA usage (Warren & Clarbour, 2009). Parenting factors also associated with RA include physically coercive and psychologically controlling parent behaviors (Gaertner et al., 2010; Li et al., 2011; Nelson et al., 2006) lack of maternal emotional and behavioral responsiveness to RA (Werner et al., 2006), and a lack of maternal empathy as well as inappropriate developmental expectations (Curtner-Smith et al., 2006). The

majority of the above named symptomology is, to various degrees, also recognized as being characteristic of or present in persons with attachment insecurity.

Williams and Kennedy (2012) conducted a recent study on undergraduate students to examine the relationship between parent-child attachment and the student's experience of physical and relational bullying and victimization. The results of this study suggested that female's use of RA was associated with higher levels of attachment anxiety with the maternal parent, and that females who experienced more anxiety in their relationship with their mother also reported higher levels of aggressive victimization. To reiterate, the variables associated with RA are suggestive of a connection to parental attachment status and current attachment styles. This idea is supported by Michiels et al. (2008) who stress the significance of looking at the association between the two relational events, RA and attachment security, which represent comparable underlying construct principles.

Emotion regulation is a major underpinning of the constructs of attachment status and RA. In fact, emotional competence mediates the relationship between childhood negative experiences and adult attachment style, specifically in the formation of adult romantic relationships (Kapeleris & Paivio, 2011). This subsection underscores the point that RA can be understood within the paradigm of attachment, an idea that is supported by Beckner (2005) who showed that attachment theory can be employed as a predictor of female aggression. The following sections provide an overview of attachment theory as it relates to the development of and involvement in interpersonal relationships, with special consideration for the cognitive-affective processes involved in mentalization.

Attachment Theory: A Relational Foundation

Attachment theory is commonly used in understanding a child's social development as it relates to the growth of emotional and cognitive functioning. Attachment theory helps explain the content of one's inner working model (IWM) which is influenced by the attachment relationship and unfolds in personality as well as how the child views the self, others, and his or her world (Karen, 1998). In essence, attachment status is the fulcrum from which an individual approaches and participates in relationships with others. The initiation of, reaction to, and content of interpersonal transmissions within the dyad is stimulated by the capacity to mentalize, or how well one is able to consider and understand the thoughts, feelings, and behaviors of self and others (Bateman & Fonagy, 2012). The human brain is clearly sculpted by the relationships one has with others (Siegel, 1999).

Karen (1998) provides a timeline of research, from Freud to Bowlby, that offers an understanding of how the early infant and caregiver (typically the mother) relationship provides the foundation from which the child navigates his or her world throughout development. In summary, secure attachment requires the parent to be responsive and attuned to the child's needs beyond food and shelter. The parent must be able to recognize a child's distress signal and respond by proximity and interaction. The ability for a parent to meet the child's needs depends on the parent's own cognitive and emotional functioning, IWM, and level of affect regulation (Bowlby, 1982). The parent's self-reflective function plays a major role in the child's adjustment throughout development (Benbassat & Priel, 2012). This self-reflective capacity has implications for intergenerational attachment security (Giannoni & Corradi, 2006; Grienenberger, Kelly,

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& Slade 2005). In essence, a mother who is unable to use self-reflective language cannot teach her child to be self-reflective, and this is perpetuated within the context of that child's future relationships.

The parent's proper attunement and response to the child's needs sets up a self-cycle in the child that reflects on the parent as being available and trustworthy (Bowlby, 1982). In a secure attachment, the parent encourages exploration when the child is ready and does not push for autonomy before the child has developed an internal sense of security. The positive results include emotion regulation, coping skills, a positive view of self and others, a healthy social brain, and functional social relationships (Bowlby, 1982). Beyond this critical time in early development, it is important to also consider that an infant who is not afforded this security can later earn or attain it in a secure relationship with another being because the brain is a social brain that has the capacity to change neural structure as a result of relational interactions (Cozolino, 2010). In summary, the cognitive and affective correlates, as well as the attachment style and associated interpersonal interactions of RA behavior may have originated during early childhood within the parent-child attachment relationship which now continue to be expressed within peer or romantic relationships. Indeed, "Rejection within the family setting may become a breeding ground for relational aggression and victimization and later generalizes to the peer environment and also creates risk for the development of internalizing problems" (Zahn-Waxler et al., 2005, p. 276). This research study intends to pay close attention to girls' narratives that may have implications for early attachment experiences in order to gain information that may have implications for development, maintenance, and cessation of RA.

Mentalization: All about Relationships

Mentalization is a relationship-specific ability that is always implanted in a particular attachment relationship, and since there is a dyadic or reciprocal effect, not all attachment relationships are the same (Bateman & Fonagy, 2012). The concept of mentalization can easily be applied to the peer attachment relationships valued by females, with a potential for changing relationship qualities, depending on the dyadic content; that is, how one receives and responds to the interpersonal situation. Indeed, if one perceives a peer's behavior to be an intentional and wrongful deed, then the inability to regulate emotions could result in using RA as a response. In turn, the victim's cognitive and emotional response to the RA behavior has the potential to make matters worse or better.

The reciprocal nature of the dyadic relationship is important. For example, perpetrators of RA also experience being victims of RA, yet if the RA behavior is decreased, peer victimization also decreases, suggesting a reciprocal interaction that often involves retaliatory features (Dempsey et al., 2006). These cyclical or reciprocal effects are the result of cognitive and emotional mentalizing processes. This understanding of mentalization infers that it can change over time and across relationships, a suggestion supported in the research on RA trajectories (Côté et al., 2007; Vaillancourt et al., 2007), as well as the acknowledgment that each person brings different cognitive and affective balances to the relationship (Bateman & Fonagy, 2012). The interpersonal interactions that may launch RA behavior are facilitated by the dyadic and reciprocal dynamic of mentalization. Ultimately, each member of the dyad can help or hinder one's ability to

mentalize. Mentalization is then about the self as well as the other (interpersonal and intrapersonal), both of which are central to RA activity.

Mentalization and Affect Regulation

The literature review has already established the emotion regulation difficulties associated with RA (Bowie, 2010; Crappanzo et al., 2010; Miller et al., 2012; Stickle et al., 2012) including the moral emotion of shame and guilt with respect to antisocial behavior (Olthof, 2012) and interestingly, the suggestion that emotional suppression may stress the emotional regulatory abilities thereby leading girls to choose RA behavior (Conway, 2005). During early child-parent attachment, a child first exists in a non-differentiated affective state where affect regulation is then shaped from earliest and most basic affective states of contentment and distress, and this shaping includes inter and intrapersonal strategies (Mohaupt et al., 2006). Kring and Sloan (2010) further suggest that "The development of emotional regulation involves mentalistic strategies such as attentional redirection and cognitive reappraisal over behavioral tactics that rely on contextual support such as seeking help, avoiding emotionally arousing events, etc." (p. 42). It may be possible that the impulsivity associated with RA (Grotpeter & Crick, 1996; Juliano et al., 2006; Musher-Eizenman et al., 2004; Rose et al., 2004; Werner & Crick, 2004), as well as the emotional distress experienced in relational provocations (Crick, 1995; Crick et al., 2002; Mathieson et al., 2011), may hinder the mentalizing capacity to redirect attention and use cognitive strategies over affective strategies to deal with interpersonal stressful or anxiety provoking situations.

Integration of RA, Attachment, and Mentalization

Brockman and Kirsch (2010) clarify that mentalization is not a novel idea, but the fact that theory can be integrated into the concept of mentalization to help frame it is a more recent emphasis. More specifically, mentalization is a mind-brain phenomenon that can be understood in terms of attachment theory. In essence, a mentalizing process takes place within attachment relationships, and peer relationships involving RA behavior would appropriately be considered in the context of attachment, as supported by Michiels and colleagues (2008). The capacity to mentalize is a developmental attainment that can be promoted or obstructed within the context of attachment relationships (Bateman & Fonagy, 2012).

Bateman and Fonagy (2012) state "Mentalization is not a static, unitary capacity but a dynamic, multifaceted ability" (p. 44). Although not totally synonymous, the word mentalization is commonly interchanged with other terms such as reflective function, psychological mindedness, metacognition, and affect consciousness. Fonagy and Bateman (2008) explain mentalization as the capacity to make sense of self and others, more specifically involving implicit and explicit meanings, subjective states, and mental processes. The interpersonal dynamics of attribution bias, social anxiety, impulsivity, lack of empathy, are only a few of the correlates associated with RA and each represents a cognitive or affective mentalizing process. For the purposes of this study, it is inevitable that a capacity to make sense of self and others, ideas central to mentalization, is also involved in female relationships where RA behavior is present. The capacity to make sense of self has been shown to be problematic for girls who use RA, where RA is

associated with higher negativity of self-representation, peer representation of the self, and paternal representations of the self (Moretti et al., 2001).

Bateman and Fonagy (2012) further establish mentalization as a form of social cognition that is founded on the assumption that it is a developmental attainment dependent upon the quality of attachment relationships (primarily, but not exclusively early attachment). The literature has established attachment patterns associated with RA (Goldstein et al., 2008; Williams & Kennedy, 2012), and some of the dysfunctional parenting characteristics or behaviors that contribute to the child's development of RA (Curtner-Smith et al., 2006; Gaertner et al., 2010; Nelson et al., 2006; Li et al., 2011; Werner et al., 2006). In addition, Bateman and Fonagy (2012) declare that the inability to mentalize is at the core of Borderline Personality Disorder (BPD). The research base in the field of RA has clearly implicated borderline features to be associated with RA (Crick et al., 2005; Czar, Dahlen, Bullock, & Nicholson, 2011; Ostrov & Houston, 2008; Schmeelk et al., 2008; Stepp et al., 2010; Tackett & Ostrov, 2010).

Several links can be made between the capacity to mentalize and secure attachment. First, attachment theory helps explain developmental processes such as internalization, capacity for empathy, and formation of self-coherence. Affect regulation and mentalization develop based on self-other interactions, therefore early interactions of infant and caregiver is the beginning of a capacity to mentalize (Ringel, 2011). An autonomous secure attachment enables insightful, reflective, and empathic mental processes, which delineate mentalization. Mentalization biologically originates in the context of attachment relationships and requires the caregiver to understand the mental state of the infant (Fonagy & Bateman, 2008).

Individuals with borderline personality disorder (BPD) display many symptoms that are at the root of the mentalization process. Allen and Fonagy (2006) suggest that individuals with BPD "may be neuro-chemically rewarded for activating old circuits and old internalized objects" (p. 135). When attachment activates certain brain regions, the ability to evaluate others' emotions and intentions is deactivated. In essence, the result is a failed capacity to mentalize due to the over-riding reward experience. In addition, BPD has a specific mentalizing profile that includes a high external (versus internal) and low cognitive (high emotional) response. This involves impairments in the ability to differentiate mental states of self and other, a high susceptibility to contagion from other's mental states, and poor integration of cognitive and affective aspects of mentalization (Fonagy, Luyten, & Strathearn, 2011). These emotional and cognitive faults appear similar to the emotion dysregulation referred to and often involved in RA, more particularly reactive RA. Several studies have found RA to be linked to features of BPD (Crick et al., 2005; Ostrov & Houston, 2008; Schmeelk et al., 2008; Werner & Crick, 1999).

Colle and Del Giudice (2011) conducted a study on the relationship between patterns of attachment and emotional competence on seven-year-olds, specifically investigating the facets of emotion recognition and knowledge of regulation strategies. Findings were that secure children had the best cognitive engagement strategies and children with disorganized attachment status had the lowest. In addition, insecure children tended toward behavioral engagement strategies. Children with disorganized attachment status had a lower score for discriminating facial expressions. Females scored higher than males in emotional competence and the ability to use cognitive engagement

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strategies. These latter findings appear to be more in line with the manipulative and calculating skills required in proactive RA.

Attachment and Mentalization: Intervention Implications for RA

There are several pathological conditions where it would be appropriate to consider attachment theory and mentalization based intervention, and the research is continuing to grow. For example, Mentalization Based Therapy (MBT) has been suggested for adolescents at risk for developing adult BPD, antisocial personality symptoms, depression, and eating disorders (Bateman & Fonagy, 2012). Given that the literature base has indicated an association between RA and borderline personality features (Crick et al., 2005; Czar et al., 2011; Ostrov & Houston, 2008; Schmeelk et al., 2008; Stepp et al., 2010; Tackett & Ostrov, 2010), antisocial symptoms (Ostrov & Houston, 2008), depression (Goldstein et al., 2008; Rudolph et al., 2011; Storch et al., 2004), and Bulimia (Werner & Crick, 1999), MBT would potentially be a suitable intervention for girls who use RA. In summary, attachment status and the associated cognitive and emotional processes involved in mentalization that may attribute to the proactive and reactive responses in the relational dyad may help formulate a better understanding of the development, maintenance, and cessation of RA. In essence, this research study will pay close attention to information produced by participants that may be associated with the constructs of attachment and mentalization within the context of RA usage and cessation.

RA Trajectories

The majority of research on the topic of RA has been of a quantitative design, many cross-sectional studies and few longitudinal studies reveal correlations with social-psychological maladjustment for both the victim and the aggressor (Heilbron & Prinstein, 2008). The developmental trajectory of RA has been shown to begin as early as preschool (Crick et al., 2006) and increase around early to middle childhood (Cairns et al., 1989; Vaillancourt et al., 2007).

The research findings are mixed with respect to the development, maintenance, and consequences of RA behavior. For example, in a one year longitudinal study, Kawabata et al. (2012) found that there was a linear increase in RA for girls in grade 5 and that these increases were associated with internalizing symptoms such as depression and anxiety. In contrast, kindergarten girls who began using RA at that early stage did not have later adjustment difficulties (McEachern & Snyder, 2012). A curvilinear trajectory from age 11 through 18, where increases in RA peaked around age 14 and declined thereafter have been found (Karriker-Jaffe, Foshee, Ennett, & Suchindran, 2008). Curvilinear trajectories have also been unveiled in other studies (Bjorkqvist et al., 1992a; Tiet, Wasserman, Loeber, McReynolds, Miller, 2001). A more recent longitudinal study found that most students who initially used RA in grades 7 and 9 declined or stopped two years later (Herrenkohl, Catalano, Hemphill, & Toumbourou, 2009).

RA was found to be the most common type of aggression in grades 9 through 11, where girls in grade 9 experienced more RA victimization via cyberspace, and rates of RA decreased over time for both genders (Hemphill et al., 2012). In another

longitudinal study of elementary age children, the development and maintenance of RA highlighted the socialization effect in that girls who had friends who increased use of RA also increased their own RA behavior a year later (Werner & Crick, 2004). In a study of Canadian children age 2 through 10, two trajectory groups were identified, increasing users and low stable users of RA, where girls were more commonly the increasers and they had lower SES and parental support at age 2 (Vaillancourt et al., 2007). Finally, Côté (2007) suggested that girls mature faster and are more adept at implementing indirect forms of aggression between childhood and pre-adolescence due to the language development and the replacement of physical aggression with RA strategies.

Vaillancourt et al. (2007) identified two groups of RA developmental trajectories, those who rarely used RA from age 2 to 10, and those who increasingly employed this type of indirect aggression during this time frame, the majority of which were female (57.5%). In addition, Côté and colleagues (2007) found two trajectories of RA at the elementary school level, specifically those who used RA at a consistently low level and those who increased RA, the majority of who were females.

A curvilinear relationship has also been found to exist in the trajectory of RA behavior, more specifically RA peaks in early adolescence and decreases in later adolescence (Bjorkqvist et al., 1992a). In contrast, Underwood et al, (2009) did not support the idea that RA peaks at early adolescence given the finding of various categories of trajectory groups, more specifically; low stable, low increaser, medium desister, high desister, and high increaser categories of aggression. Interestingly, this study noted that the high increaser group was associated with male gender, unmarried parents, being African American, maternal authoritarianism, and permissive parenting.

In another study there were heterogeneous findings of distinct trajectories; low, stable and high, but decreasing (Vaillancourt et al., 2007). This study also noted the need to better understand various developmental trajectories, a matter that perhaps will begin to be revealed in this proposed qualitative study.

In a peer nomination study, RA was found to increase for girls only during grades 4 and 5 (Kistner et al., 2010). Closely associated with this finding is that RA increased for fifth graders and in a linear trajectory for only girls (Kawabata et al., 2012). Finally, such increases in RA are found to be predictive of increases in internalizing symptoms such as depression and anxiety (Card et al., 2008; Cleverly et al., 2012; Kawabata et al., 2012).

There exists limited longitudinal research that investigates developmental theory, and that which does exist consists of limited age spans or methodological problems (Cillessen & Mayeux, 2004; Vaillancourt, Brendgen, Boivin, & Tremblay, 2003). However, the use of RA behaviors does exist into adulthood including within friendships and romantic relationships (Goldstein, 2011). Interestingly, males and females do not significantly differ in their use of RA into early adulthood (Archer 2004). However, specific to female gender, a longitudinal study conducted by Sandstrom and Cillesen (2010) found that high RA and low perceived popularity during high school were related to lower levels of depressive symptoms, suggesting that these females are not adept in social information processing and in fact were more prone to work place victimization. Indeed, a trend that may have launched in childhood as a productive or functional relational strategy may lose thrust in adulthood.

Transitioning Out of RA and Cessation: Unfamiliar Territory

Finally, the subject matter in question concerning this research study has been reached. The literature review has established that the research base contains a multitude of studies that inform an understanding of the development and maintenance of RA, as well as the associated correlates. Most salient are research findings that identify the many psychosocial and environmental correlates, as well as indications regarding the developmental trajectories of RA that provide static in time information with no regard for the influential factors that are involved in the desistance process.

A clear understanding of the transitioning out process is non-existent. This proposal is launched from the vagueness of that space in hopes of ascertaining information about the personal and environmental factors related to the desistance and cessation process involved in female RA. In addition, discovering the 'what' and 'how' involved in the transitioning out process via narrative explorations may expand the research base, as well as contribute to theory, intervention, and future research needs. Indeed, Zahn-Waxler and colleagues (2005) recommend that narrative paradigms would be a useful way to assess RA behavior. This recommendation seems appropriate within the context of exploring the transitioning out process.

Chapter Two Summary

This chapter presented research findings with respect to the social, emotional, cognitive, and environmental correlates related to the antecedents, maintenance, functions, and consequences involved in RA. Literature centering on and explicitly

explaining desistance of RA was scant and, as a result, there is no explanation or understanding of how the desistance or cessation process occurs.

This chapter has presented research that offers empirical results with respect to the timing or trajectory of RA along a developmental framework (Bjorkqvist et al., 1992a; Bjorkqvist et al., 1992b; Karriker-Jaffe et al., 2008; Landau et al., 2002; Tiet et al., 2001; Underwood et al., 2009), yet such findings have not formulated a foundation from which to glean knowledge with respect to the psychosocial and environmental factors involved in the transitioning out process.

This chapter has also established the possibility for RA to be better understood within the context of attachment theory given the relational salience of both constructs. In addition the literature review formulated that the many cognitive, emotional, and environmental aspects of RA correlates are relevant to a capacity to mentalize, therefore, corroborating the necessity for this proposal to attain participant feedback that helps establish what cognitive or affective mentalizing processes, if any, contributed to the transitioning out process.

Chapter Three describes the research methodology and design of the proposed study. This will include the rationale for a qualitative case study, sample selection, data collection and analysis procedures, ethical considerations, and limitations of the study.

CHAPTER THREE: METHODS

Overview

This study sought to explore the social, psychological, and environmental factors that contributed to females' decisions and abilities to cease using RA within their interpersonal relationships. The purpose of this multi-case study was to explore a sample of females who no longer participate in RA behavior in order to gain knowledge about the factors that aided in the transitioning out process. In addition, this multi-case approach included two other participants, an expert in the field of RA and a friend of one of the female participants, in order to attain triangulation and help make meaning of the data. For the purposes of this study the term "transitioning out" intended to be open to multifaceted concepts rather than citing that the transitioning out is manufactured by a single turning point or event. Transitioning out was ascertained as a process rather than a turning point phenomenon; for example, an understanding of how one desisted from using RA was not be satisfied by an actuality that one was rejected by friends and consequentially behaved differently in order to recover those friendships, or an occurrence or circumstance such as a religious or spiritual encounter after a traumatic event, or becoming involved in athletics or attaining membership in a club or organization. In essence, the purpose of this study was to emphasize the thinking and behaving transformations that surround those actualities or environmental events.

This approach is supported by Graber and Brooks-Dunn (1996):

Transitions in general and transition-linked turning points provide opportunities for examining the emergence of new behaviors, the discontinuation of

behaviors, the alteration of behaviors, or the re-patterning of behaviors, all in

response to the contextual demands brought forth by the transitional points (p.

769).

This case study investigation focused primarily on individual females who have

transitioned out of using RA. During the purposive sampling process, participants were

queried about whether family members, friends, or others who know her well enough

would be available to contribute information that may corroborate or supplement her

understanding of the transitioning out process. One participant gave permission for a

long-time best friend to be contacted and interviewed. In addition, the purposive

sampling process considered other participants, more specifically experts who have

conducted research on the topic of RA, those who have provided counseling interventions

with females who currently use or have in the past used RA, or other professionals who

may have knowledge on the subject matter given their occupational status. One

participant, an expert in the field of RA volunteered to participate.

This study had an emphasis on the phenomenon of the particular event (Hancock

& Algozzine, 2006) of transitioning out. It intended to "bring to life the complexity of

the many variables inherent in the phenomenon" (Hancock & Algozzine, 2006, p. 16) of

transitioning out of using RA. It was anticipated that the knowledge generated from this

inquiry would inform new insights about that process as well as inform prevention and

intervention efforts in K-12 education, the field of counseling, and future research quests,

as well as contribute to theory and endorse, dispute, or help clarify current research

findings.

The purpose of this qualitative case study was to explore the personal and environmental factors that contributed to the decrease in and desistance from engaging in RA behavior. More specifically, disengagement from using RA was investigated from a process perspective that involves not only turning points and the associated cognitive and behavioral changes, but also risk-protective factors that may have been crucial in changing the trajectory of RA. The objective of this study was to move beyond what is already known about the development and maintenance of RA and the psychosocial correlates associated with the active use of RA as revealed in the quantitative research findings, and to formulate a transitional model based on themes uncovered from the interviews with participants in the study.

Research Design

The nature of this study's inquiry led the researcher to opt for a collective, explanatory case study design underscored by a psychological as well as a sociological orientation. A collective case study design allowed the researcher to investigate the transitioning out process of RA and add to the research base, as well as contribute to current theory (Hancock & Algozzine, 2006). In addition, the explanatory nature of this research design was "to determine how events occur and which ones may influence particular outcomes" (Hancock & Algozzine, 2006, p. 33), precisely those that shape the outcome of RA desistance. Finally, a combination of psychological and sociological orientations allowed the researcher to investigate aspects of human behavior within the context of social relationships (Hancock & Algozzine, 2006). In this study, cessation of

RA behavior was explored from the intrapersonal perspective of the individual as well as within the interpersonal arena of peer relationships.

Case study design affords researchers an opportunity to explore or describe a phenomenon in context using a variety of data sources (Baxter & Jack, 2008). This study set out to explore the phenomena of the transitioning out process from the perspective of the individual who stopped using RA, someone else who knows the individual, such as a friend, as well as an expert who has done research in the field of RA. Data sources can be many, which help extend the investigation beyond one person's perspective in order to gain a more thorough understanding (Bloomberg & Volpe, 2008; Hancock & Algozzine, 2006). Case study design yields to the deconstruction and then reconstruction of phenomena under study. Pertinent to this case study, deconstruction aimed to foster participants to reminisce about using RA behavior and to trace forward with regard to RA cessation within a narrative discovery that unveiled the psychosocial and environmental influences that she perceived to be salient in that process. Case study can be used to help develop theory, evaluate programs, or develop interventions due to the intense rigor, yet flexibility, of the qualitative research process (Bloomberg & Volpe, 2008).

Finally, case study research envelopes a constructivist paradigm where truth is relative and dependent on one's perspective. It also views truth to be a subjective matter without rejecting ideas relative to objectivity (Baxter & Jack, 2008). As such, the opinions and perspectives of how females discontinued using RA were also regarded under the lens of the empirical research discoveries. In the realm of qualitative research, case study research is "different from other types in that they are intensive analyses and descriptions of a single unit or system bounded by space and time" (Hancock &

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Algozzine, 2006, p.11). In this particular research study, the questions of how and what were answered, questions appropriate for case study investigation into the subjective minds of females who have accomplished RA cessation and are able to explain that process from their own perspective.

Selection of Participants

The participants in this study were obtained in a purposive sampling format in that participants were intentionally selected for the focus of this study, females who have ceased using RA. A criterion sampling strategy (Bloomberg & Volpe, 2008) was also employed since all females in the study were those who in the past engaged in at least four of the eight categorically defined RA behaviors, yet had ceased using RA in their interpersonal relationships for at least six months. In addition, with the recommendation and permission of a female participant, a friend who knew her well participated. Purposive sampling methods also included inviting an expert in the field of RA to participate, more specifically one who had done research on the topic of RA.

For the purposes of this study, it was expressly necessary to identify inclusion criteria for the primary participants, females who have transitioned out of using RA. Inclusion criteria for these participants were: female gender, between the ages of 18 and 65, past history of using proactive and/or reactive forms of RA during elementary, middle, or high school years, and RA cessation for at least the last six months. In order to assess whether or not participants met the inclusion criteria with respect to RA behavior, candidates were required to complete a screening form (Appendix A) which listed eight RA behavioral categories that were founded on behaviors established in the

literature base as definitive of proactive and reactive RA strategies. In addition,

participants were required to have used at minimum four of the eight (50%) categorically

defined RA behaviors in order to establish a homogeneous baseline from which to

evaluate and compare cessation across candidates. Exclusion criteria involved a

diagnosis of mental retardation, due to the importance of the self-reflective cognitive

processes and the significance of self-evaluative accuracy implicated in this study.

The recruitment process incorporated one of various strategies including

solicitation of participation in the form of a flyer posting (Appendix B) on local private

business and public properties in the recruitment area, as well as on Liberty University's

campus. Each female participant was asked if a friend or family member who knows her

well would be willing to participate in this study. One participant identified a friend,

gave permission to contact her, and this friend agreed to participate. One other

participant identified a friend and gave permission, yet this friend had to cancel the

interview for academic reasons. Recruitment also involved email correspondence

(Appendix C) with experts in the field of RA and with professionals who may have had

experience working with females who used RA behavior such as school counselors. The

researcher also spread information pertaining to this study to colleagues for the purposes

of participant solicitation.

Female participants who had transitioned out of using RA were recruited from

the central Virginia area. The expert participant resided out of state and had established a

reputation in the literature base for having conducted and published research on RA. The

friend of one of the female participants resided in Virginia. This purposive sampling

process was intended to supply "information-rich cases, with the objective of yielding

insight and understanding of the phenomenon under investigation" (Blomberg & Volpe, 2008, p. 69). Criterion sampling continued until six females who had ceased using RA were identified, screened, and interviewed, and one expert in the field of RA was recruited to participate in the case study. Once these interviews were conducted and the contents were coded, further recruitment was not necessary due to the presence of data saturation.

Institutional Review Board Approval and Protection of Participants

Approval to carry out this qualitative research study was obtained from the Institutional Review Board (Appendix D) following the proposal defense and approval from the dissertation committee. Although the interview research design of this qualitative case study had minimal risks for participants, all participants gave informed consent (Appendix E) prior to the interviews. In addition, in order to further protect participants, each was afforded the opportunity to review the transcribed audio recordings or email interview transcriptions as well as to opt for withdrawal of their consent to use the interview contents in the research study. Finally, audio recordings and email interviews remained secure in the possession of the researcher and the research results and any associated written findings do disclose participant identity.

Data Collection

Data collection methods included a face to face, telephone, or email interview with participants. The researcher conducted face to face interviews with two female participants, a telephone interview with the expert participant, and email interviews with

the remaining five participants due to participant preference and the importance of interview completion. An interview protocol of standard procedures was followed in the form of an interview guide (Appendix F) in this qualitative case study to assure consistency across interviews (Creswell, 2007). Face to face and telephone interviews were audiotaped and transcribed. Interviews that were in email format were saved and downloaded to a removable device for storage after being transcribed.

The advantages of employing an interview strategy were the ability to attain historical information from participants as well as allowing for the researcher to manage the interview questioning (Creswell, 2007). For the purpose of this study, the interview method was the only means to permit the researcher to gain historical information about the transitioning out process from the perspective of participants who have ceased using RA; in essence, other forms of data collection such as observation, document review, or audio-visual material could not be realistically or logically employed for the purposes of this study. Indeed, it was recognized that there are certain limitations in using an interview as a data collection strategy, including the potential for interview information to have biased interpretations and for the researcher's physical presence to influence bias responding, as well as for the possibility that participants may not be equally adept in providing responses to the interview questions (Creswell, 2009). The researcher proposes three arguments in defense of these potential limitations. First, colleague checking of the interview coding reduced the potential for biased interpretations. Second, the nature of the study involved a voluntary motivation to participate as well as the reality that the participant made positive life changes, thereby establishing a non-intimidating foundation. Finally, it should be recognized that the flexibility of the semi-structured

interview process afforded the interviewer to seek clarification of responses and allowed

"interviewees to express themselves openly and freely and to define the world from their

own perspectives" (Hancock & Algozzine, 1996, p. 40).

Data Analysis and Interpretation

Bloomberg and Volpe (2008) suggest that the "conceptual framework becomes

the centerpiece in managing the data" (p. 74) and the conceptual framework is initially

deductively manufactured from the literature review. In this study the conceptual

framework was primarily comprised of affective and cognitive processes, emotion

regulation, interpersonal relationships, functions of RA, and RA trajectories. As patterns

and themes emerged from the data, coding of the data was inductively organized

(Bloomberg & Volpe, 2008) and considered in light of the findings on RA that are salient

in the research base. At the point of data coding, inter-rater reliability was obtained from

three colleagues who each read a transcribed interview in order to gain endorsement of

and support for the coding assigned by the researcher. Discrepancies in the data coding

involved an addition of a code and the assignment of additional interview data contents to

an existing code after further discussion and reconciliation.

Data management and analysis was managed manually using visual tables

(Bloomberg & Volpe, 2008). Prior to data management, member checking (Hancock &

Algozzine, 2006) was attained immediately after transcription in order to afford

participants an opportunity for clarifications or additions to their original interview

responses. The expert and friend participants also checked interview transcriptions.

Discoveries made from this study were compared to other research findings on the

subject of RA (Hancock & Algozzine, 2006). Synthesis of the data involved re-establishing the data analysis findings in a "process of pulling everything together" (Bloomberg & Volpe, 2008, p. 76). More specifically, synthesis of the data established how the findings answered the research questions, how the findings compared to the literature base on RA, and how the findings related to the researcher's initial notion about RA (mentalizing capacities and attachment status) prior to conducting the study (Bloomberg & Volpe, 2008).

Ethical Considerations

Indeed, "there are some unique ethical considerations surrounding qualitative research because of its emergent and flexible design" (Bloomberg & Volpe, 2008, p. 76). The researcher remained attuned to ethical considerations during all stages of the study and employed precautions such as "informed consent, protecting participants from harm, and ensuring confidentiality" (Bloomberg & Volpe, 2008, p. 76), as well was cognizant of the researcher-participant relationship. Informed consent (Appendix C) procedures were used with all participants. This researcher was foremost aware that the protection of participants is most important in social science research (Bloomberg & Volpe, 2008).

Issues of Trustworthiness

Unlike quantitative research that uses the terms validity and reliability to describe criteria to evaluate the study, qualitative research often employs the terms credibility and dependability to represent the same construct. In qualitative research, credibility corresponds to validity and dependability corresponds to reliability, terms that

are used in quantitative approaches (Bloomberg & Volpe, 2008). In addition,

transferability was an appropriate consideration although qualitative research is often not

generalizable, yet Yin (2003) advocates that case study research can generalize when new

cases are studied and findings are generalized to those new cases.

Establishing credibility in this qualitative research encompassed procedural

considerations. For the purposes of this study, credibility procedures included disclosing

personal biases that the researcher brought to the study, maintaining a field note journal,

and interpretation of findings in light of various sources of information (Bloomberg &

Volpe, 2008) including females who ceased using RA, an expert in the field of RA, and a

friend of one of the female participants, which supported credibility via triangulation of

the data (Bloomberg & Volpe, 2008; Creswell, 2009). Credibility was further established

by acknowledging and reporting on findings that were not similar across all participants

(Bloomberg & Volpe, 2008; Creswell, 2009). Finally, member checking of the

transcribed interviews was completed for all participants.

Establishing dependability in this qualitative study involved employment of an

"audit trail" (Bloomberg & Volpe, 2008, p. 78) in the form of tracking how coding of

data unfolded. Dependability also involved maintaining data records that are open for

review. Inter-rater reliability (Bloomberg & Volpe, 2008), referred to as colleague

checking for coding of interview data also helped establish dependability in this study.

Transferability, referred to as generalizability in quantitative research, is

typically not a full expectation in qualitative studies; however this qualitative study

produced rich and descriptive data that proved to have the characteristic of shared

experiences among participants (Bloomberg & Volpe, 2008) regarding RA desistance

that could be transferable to other contexts beyond the demographics involved in this study. Indeed, "the value of qualitative research lies in the particular description and themes developed in *context* of a specific site (Creswell, 2009, p. 193). Given that RA is a cross-cultural phenomenon, results pertaining to the transitioning out process discovered in this study may be pertinent in the transitioning out process for females in different countries and from different cultures.

Delimitations and Limitations

Delimitations of qualitative research can involve "selected aspects of the problem, time, and location of the study, sample selected, and so on" (Bloomberg & Volpe, 2008, p. 78-79). The delimitations involved in this study included female gender, RA behavior, and cessation trajectories. Limitations of the study are those that are inherent to qualitative research design such as small sample size, purposive sampling, reliance on interviews, researcher bias, and participant bias (Bloomberg & Volpe, 2008). This researcher acknowledges these potential limitations and considers them in light of the following. The problem associated with small sample size in qualitative research is typically minimized by adherence to the concept of saturation (Mason, 2010) in that a larger sample does not necessarily offer more data and hence more information. In actuality, more information may fall within the already established codes or themes (Mason, 2010). In addition, sample sizes are found to vary widely in case study research. For example, a content analysis of a PhD database on qualitative case studies found that sample sizes range from a low of one to a high of 95 (Mason, 2010), therefore the minimum sample size utilized used in this study fell within an already established range.

The guiding tenet with respect to risks involved in small sample size was an adherence to the principle of saturation.

The limitation that purposive sampling may pose is essentially deemed irrelevant given that the purpose of this study was to obtain information rich cases that led to an understanding of the RA transitioning out process which therefore necessitated a purposive sampling method to be employed (Bloomberg & Volpe, 2008) in order to attain the goal in this qualitative case study. Although this case study relied on interviews with females who have ceased using RA, the inclusion of an expert in the field of RA and a friend of a female participant offered multi-case information that aided in data triangulation (Bloomberg & Volpe, 2008; Creswell, 2009). Researcher bias was controlled for by the employment of colleague checks (inter-rater reliability), as well as member checks (Bloomberg & Volpe, 2008; Creswell, 2009). Finally, the limitations potentially posed by the concept of participant bias was addressed by offering an open and warm environment for the participant during the interviews as well as was minimized by the voluntary nature of the study.

Chapter Three Summary

This chapter provided a description of the qualitative case study research methodology that was used to investigate the transitioning out of using RA among females. The primary participant sample was limited to adult females. Other participants were an expert in the field of RA and a personal friend of one of the female participants. Data collection involved semi-structured interviews. Data findings were indicated to be unveiled in light of the themes that arose from the interview data and in accordance with

the existing literature. Credibility and dependability in this study was accounted for by various strategies. Chapter Four will report on the research findings that were reached after permission was given by the Institutional Review Board to proceed with the study.

CHAPTER FOUR: FINDINGS

Restatement of the Purpose of the Study

The purpose of this qualitative case study was to explore the personal and environmental factors that contribute to transitioning out and desisting from using RA behavior. Specifically, desistance from using RA was investigated from a process perspective that involved not only turning points, but also risk-protective factors that were important in changing the trajectory of RA. An understanding about the transitioning out process was obtained from six females who ceased using RA behavior. In addition, other participants included one expert in the field of RA, and a friend of one female participant who knows her well. The objective of this study was to move beyond what is already known about the development and maintenance of RA, as well as the empirical psychosocial correlates associated with the active use of RA, and to formulate a transitional model based on themes revealed from participants in the study.

Introduction

This chapter focuses on the data collected from participant interviews with the objective to report findings as the data answer the research questions on the topic of RA cessation. In order to analyze the data, the researcher read the transcribed interviews, considered big ideas, coded raw interview data into groupings of information pertinent to the three research questions (Bloomberg & Volpe, 2008), re-read interviews several times, and arrived at a final coding scheme (Appendix F). Research findings are reported in this chapter in narrative form and include verbatim quotations from participants which

support the researcher's findings. Excerpts from the transcribed interviews are presented in concord with the theme that emerged in answering a research question, a practice recommended by Bloomberg and Volpe (2008).

The organization of this chapter begins with a background description of participants' past RA usage as collected from the screening process. Next, a biographical silhouette of female participants who transitioned out of using RA is presented which offers a brief personal account of their past use of RA from their perspective. This personal account will serve the reader to gain a preliminary acquaintance with and appreciation for each participant's 'old ways' before learning of their journey to RA cessation. In order to help clarify for the reader, in a few instances the researcher inserted a word(s) in parenthesis to illuminate what the participant's statement was referencing. In other instances, a blank is used in place of a person's name in order to assure anonymity. Following the biographical section, a summary of main findings associated with the research questions is presented. These findings represent the final coding scheme (Appendix F). The next part identifies the six major themes that emerged from the findings. A new section then presents the findings gleaned from the interviews with the two other participants in this case study, an expert in the field of RA and a friend of one of the female participants. A subsection discusses how findings from the two additional participants help establish data triangulation. Finally, a summary of chapter four reviews the thematic findings of the research study.

Background Description of Participants

Six female participants met the screening inclusion criteria for females who have transitioned out of using RA. The criteria included RA cessation for at least six months, an absence of a diagnosis of mental retardation, and a past use of at least four of the eight categorically defined RA strategies. All participants were Caucasians between the ages of 19 and 43 and had various levels of education. In addition, participants had heterogeneous RA trajectory patterns and their length of RA usage varied greatly from one year to 22 years, with the median length of usage being approximately 8-9 years. Most females claimed to use RA occasionally. It is noteworthy that the question concerning rate of frequency was an item included on the screening form and had no quantitative assignment, therefore they are subjective self-reports. No participant fit the category of a 'seldom' user.

There were similarities in the types of RA tactics used by participants. Of the six, all used 'eye rolling', all used 'revenge', five used 'exclusion', four used 'embarrassment', three used 'cyber harm', two 'told others not to like someone', and two used 'threats.' All participants used RA as a form of revenge, noted in the literature as the retaliatory or reactive form of RA often associated with emotion dysregulation and anger (Crick & Dodge, 1996; Dodge & Coie, 1987; Marsee & Frick, 2007). In addition, all participants chose to use eye rolling as an RA strategy, a form of RA that is noted to be most offensive, yet not overtly harmful. For example, Blake, Eun Sook, and Lease (2011) distinguished that non-verbal social aggression is a construct discreet from verbal social aggression and overt aggression where non-verbal social aggression is "characterized solely by gaze and strong negative emotion" (p. 310) which may be

perceived as more ambiguous and disdainful than overt aggression and mean facial

expressions that are intentionally obvious. A majority of participants used exclusion and

embarrassment as an RA tactic. These forms of RA behavior can have reactive or

proactive functions. One half of the participants used cyber harm tactics, yet the other

half of the participants were in an age cohort where access to electronic means of

carrying out RA tactics was not yet birthed. Some participants (33%) employed tactics

involving telling others not to like someone and making verbal threats, covert and overt

forms of RA respectively. At the time of recruitment, participant's duration of cessation

ranged from two to twenty five years, with the median length of RA cessation being

approximately 7-9 years. Table 1 provides a summary of this section.

Finally, on the screening form completed prior to the interviews, the majority of

participants added a non-solicited brief self-reflective comment on their past use of RA

behavior:

> I really didn't want to engage in RA most of the time. I did it more
> because I finally felt like I had friends and was popular, so I didn't want to
> jeopardize that. So, I put down others to make myself look better. Once I
> realized the "popular" people weren't truly my friends, I stopped. (Mary)

> My RA mostly stemmed from watching mom be abused and experiencing
> some of my own abuse. I put up major walls so no one could come close
> enough to hurt me. (Cindy)

> It was such a habit with me that teachers even commented on it and
> warned me of where it was heading in my life. (Rachel)

> Following my senior year in high school, four children I knew committed
> suicide due to bullying so my actions were very much altered by this.
> (Sue)

> My junior year of high school I kind of snapped out of my naivety and
> decided that it was time girls learned they couldn't step on me anymore.
> (Diane)

This section provided a synopsis of the information collected from the screening process and outlines the frequency, duration, and types of RA strategies used. Although each participant has a unique story about her past usage, a similarity among all female participants was, in many situations, a motivation to use RA centering on boys which is included at the end of the next section offering a brief biographical depiction of each female participant.

Biographical Profile of Participants

This section introduces each of the six female participants using her own quotes in an effort to help the reader to experience a connection to the person of the participant at a time when she actively used RA. Although this study was interested in understanding RA cessation, this section allows the reader to acquire a glimpse of the participant's past, prior to her transition into cessation. The excerpts are brief accounts that, for her, were most salient. Table 1 provides a summary of this section.

Sharon

Sharon is a married 41-year-old mother of two. She began using RA in 8th grade and ceased using RA in her early 20's by the time she graduated from college. Sharon reported that her talent as a cheerleader was one factor in her propensity to use RA during her college years. She explained:

> It just kind of gave me this air like I thought I was just so much better than anybody that had been there…I found out that I actually had the highest score of any of the other girls who had tried out. So, of course that made me even more, you know feeling like I was deserving…you know gosh I'm this youngest person out here and now I am the best…I just kind of shunned those that weren't as good. I would find myself kind of asking in groups with some of the girls that I hung out with, you know, well 'what

does she think she's doing here'…I just remember saying these things to these girls that I thought were my friends, and they of course just joined right along in, and um, we just were, um, mean.

Sharon's state of pomposity was deflated when her friends in college began to join sororities while she made a conscious decision not to do so because of her loyalties to her studies and her cheerleading. She said, "Because I didn't follow along with my girlfriends who were pledging sororities, then I didn't fit in because I wasn't a part of their group." She then befriended a girl her freshman year and they became roommates during her sophomore year. Once again, she felt she did not fit in when her roommate joined a sorority. She explained, "Now all of a sudden I didn't fit in, so we went through that entire school year of living in the same room, but we never spoke to each other." She retaliated by using RA tactics. Sharon said, "She was my friend my freshman year, and now that she's a part of this group, that I didn't fit in with, then I began really, really just talking about her, and made up things about her."

Mary

Mary is a 19-year-old sophomore in college. Her use of RA was short-lived, as she began using RA in fifth grade and stopped by the end of sixth grade. Her father was in the military and her family moved often. As a result, it was difficult for her to develop long-term female friendships with her peers at school. Once her family settled in one place, she had the opportunity to begin the process of friendship building. She began to experience being liked by boys and the popular girls. Her experience was novel to her in that she went from being unnoticed to being popular. She explained:

> At first, it was kind of the same, I had a couple of friends…the popular girls were starting to like me more, and I liked the attention...the people that I had been friends with when I first moved there, I was kind of

pushing them away…I guess I liked their reaction (the popular girls) when I was kind of mean to my other friends. I would embarrass them and everybody would laugh and I would think it was funny…eventually I got to, I guess, the top, everyone wanted to be my friend.

Cindy

Cindy is a 41-year-old high school graduate who began using RA in elementary school. She was not exact on what grade she started using RA, but her behavior continued on into middle and high school, as well as into her early thirties. She pointedly explained that using RA for approximately two decades was a way to maintain control. Her mother's husband was controlling and abusive. Cindy said:

I think the anger I felt towards him as I got older absolutely played a part in my relationships. I know the angrier I got and couldn't do anything about it, the more I took it out on people around me and wanted them to hurt.

In reflection, Cindy acknowledged a sense of responsibility for her predicament of having poor peer relationships throughout her school years. She said, "In elementary school I lost friends because of the way I treated them." In middle school she recalled trying to make friends with a new girl. It did not work out, so she sought revenge, "So I went back to the few friends I had and said all these horrible things about her and tried to make it so they wouldn't talk to her". Her use of RA for the purpose of retaliation continued on into later high school:

I did have one girl from the church we were going to that I tried to make friends with but had heard about some comments she made about me, and then my sole purpose was to make her life as miserable as possible. I got close to her and then whatever she told me I would use against her with other people.

Cindy became known for her mode of operandi, and the meanness of her past still lingers with guilty whispers. She said, "I even had a friend tell me one time that she

would hate to hear what I say about her behind her back. I will never forget those words". Cindy's years growing up were unoccupied by quality relationships. She recalled, "By the time high school was over, I had no real close friends. As I got older, I still struggled with peer relationships and never got close to anyone". Ultimately, she had spent at least half of her life in a world sealed with relational loneliness.

Rachel

Rachel is a 43-year-old college graduate who is married with children. She began using RA in the fourth grade and was very candid in telling her story. She proclaimed that she was the leader, "There was a pecking order; I led, others followed within the girl group I was a part of." Her story of engaging RA tactics is a conspiracy of narcissism, "It was all about me and what I wanted. I had a group of girls…and excluded other girls from being a part unless they…could benefit me in some way". Her propensity toward RA also involved a considerable amount of callous unemotional force with a level of intelligence that kept her savvy. She explained:

> My closer friends were all guys except ___ who I treated very casually. I would bring her close emotionally telling her how much I loved her then leave her hanging if a situation arose to do other things. I lied to other girls in order to get them to see things my way to fill my emotional needs of being needed. This was a form of emotional manipulation and I was a pro.

Rachel's inclination to use RA was also influenced by her angry and impulsive disposition. She recalled, "I had a very short fuse and if anyone did me wrong I would put them in their place verbally without batting an eye. I would turn irrational." Although Rachel was the leader, she camouflaged her lack of self-esteem well. She

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admitted, "I did this to make sure I was the one liked, or so I thought. I was sickly jealous." Rachel's relationships with females were broken and insecure. She recalled:

> I had casual acquaintances with other girls but really had no desire to make friends with them…I found girls my opponents for getting the right guy. I found female relationships laborious and saw them as opponents for the most part.

Sue

Sue is a twenty-year-old junior in college. She began using RA in second grade and stopped when she entered college. She began using RA as a response to being victimized by two other girls. She recalled, "These two girls were always nasty…their lack of approval made me hard on myself and ultimately use this sort of behavior towards other girls." Interestingly, Sue did not have any serious relational problems with other girls in middle school. She said, "For the most part everyone was fairly nice. We treated each other well and there were no real problems." When she reached her high school years, she had difficulty finding a peer group where she fit in. She explained, "I jumped around from group to group and had a horrible string of bad influences as friends". Again, she retaliated as a response to being a victim of her friends' RA behaviors. She artlessly confessed, "I returned this behavior."

Diane

Diane is also a twenty-year-old junior in college. She began using RA later; she began in 10th grade. Her recollection as to why she began using RA had to do with vengeful reactions to situations involving her ex-boyfriend. Her use of RA proved rewarding and gave her incentive to continue its employment. This reinforcement was supplemented by her taste for callousness toward girls over a guy. She was blunt in her

summation, "She cried her eyes out. She learned her lesson. It worked so well the first time that I used my new found 'power' for the rest of my high school career.

Finally, it is noteworthy to recognize that a major similarity among all participants was their motivation or inclination to use RA behavior. This common motivation was for reasons that involved boys. Interestingly, the participants had unique motivations for using RA with respect to boys.

> We thought that since we had boyfriends who were older… we just had it better than anyone else… and we thought that anyone else who was not in the boat that we were in just wasn't worthy of being friends with us…we didn't have any problem rolling our eyes, passing notes back and forth…comment to other girls about the way they looked or the way they acted. (Sharon)

> I guess boys were starting to like me more, the popular girls were starting to like me more, and I liked the attention…I guess I liked their reaction and I was mean to my other girlfriends. (Mary)

> There was one girl who liked my boyfriend at the time and I remember giving her these awful looks and just saying these horrible things to him about her. I even got in her face one time at school. I don't even think she had done anything. (Cindy)

> In high school, I messed around with a friend's guy because I thought she had backstabbed me. Most of the troubles I had with girls were over the boys I was with or liked. I found girls my opponents for getting the right guy and most of my friends from this point on were boys or boyfriends. I was sickly jealous and would spread rumors and even physically threaten them. (Rachel)

> It was always really awkward because we started out liking the same boy. He dated me, and then dated her a year later. It (friendship) was embedded with lies and rumors. (Sue)

> My parents made me break up with my boyfriend… my best friend went out with him right after without telling me… I pretended like it wasn't a big deal but decided not to let them make a fool of me. I basically flaunted myself in front of her first love for a few days until he took me out…then when the night was over, I texted her about it. I never talked to him again because I didn't need him after that. Another friend of mine

took his (ex-boyfriend's) side on this and I gave her the name "Beefcake".
It stuck with her for the rest of 11th grade. When this same ex was a junior
he started dating an 8th grader. I told everyone that he got herpes from her.
It wasn't true…but I guess it caught on so well that they both started
carrying around their S.T.D. test results. I felt elated. I used a close guy
friend's phone and got two freshman best friends to fight over him. It was
always about a guy. (Diane)

This section presented a snapshot of the duration, motivations, functions, and
personal circumstances underlying past RA usage. These recollections were frankly
quoted from the unique lens of each participant. There are variations in the onset and
duration of RA usage, diverse personal circumstances, yet commonalities among
participants as shown in table 1. The next section presents the findings from female
participants who have ceased using RA.

Table 1

Demographical and Biographical Summary of Female Participants

Category	Sharon	Mary	Rachel	Cindy	Sue	Diane
Age	41	19	43	41	20	20
Ethnicity	Caucasian	Caucasian	Caucasian	Caucasian	Caucasian	Caucasian
Education	Bachelor's degree	College sophmore	Bachelor's degree	High school graduate	College junior	College junior
Began RA	8th grade	5th grade	4th grade	E.S.	2nd grade	11th grade
Ceased RA	Early 20's	Age 11-12	Age 19	Early 30's	Age 17-18	Age 17-18
Length of use	8-9 yrs.	1 yr.	9 yr.	19-22 yrs.	10 yrs.	1 yr.
Duration of cessation	20 yrs.	7 yrs.	25 yrs.	12 yrs.	3 yrs.	2 yrs.
No. of RA strategies used	5 of 8	5 of 8	5 of 8	4 of 8	6 of 8	6 of 8
Frequency	occasionally	occasionally	regularly	occasionally	occasionally	occasionally
Motivation for use	popularity	popularity	resource control	resource control & popularity	resource control	resource control
RA function	proactive and reactive	proactive	proactive and reactive	proactive and reactive	reactive	Reactive
Personal situation	need to "fit in"	unnoticed to popular	abusive father, need for control	emotionally needy, angry, impulsive	victim of RA	fixation on ex-boyfriend

Note. Age, grade level, and duration values are approximate based on participant recall.

Findings from Interviews with Females who Ceased Using RA

   This section is an account of the findings from the interviews. Findings are reported in conjunction with each research question and the associated coding categories. There were a total of ten main findings; three were associated with research question one, four with research question two, and three with research question three. Findings are summarized under the final coding schema found in Appendix F.

Research Question One

   Research question one was: How do females who have desisted from using RA describe that process? The coding of the interview text was categorized as *process of desistance* (PD). There were three main findings associated with this research question. Table 2 summarizes the findings associated with this research question. These findings are:

   1. All (100%) of the participants identified a life event or experience that launched them toward a path of RA desistance.

   2. All (100%) of the participants experienced cognitive and emotional shifts in their thinking and feeling about RA behavior and interpersonal relationships.

   3. All (100%) of the participants experienced and valued quality relationships in the cessation process.

Table 2

Summary of Findings for Research Question One: Process of Desistance

#	Pseudonym	Events/Experiences Leading to Psychological Re-Alignment	Cognitive or Emotional Shifts	Experiencing Quality Relationships
1	Sharon	x	x	x
2	Mary	x	x	x
3	Cindy	x	x	x
4	Rachel	x	x	x
5	Sue	x	x	x
6	Diane	x	x	x
Total	6	6(100%)	6(100%)	6(100%)

Research Question Two

Research question two was: What significant factor(s) do you identify as contributing to that process? Coding of the interview text was categorized as *contributing factors* (CF). There were four main findings associated with this research question. Table 3 summarizes findings associated with research question two. These findings are:

1. All (100%) of the participants felt that their newly adopted ways of thinking and a gained sense of emotional empathy helped them continue on a path of RA cessation.

2. All (100%) of the participants gave credit to new or existing quality relationships as a major force in being able to refrain from using RA.

3. Half (50%) of the participants referenced their faith as providing them the strength and guidance toward desistance and healthy interpersonal relationships.

4. Half (50%) of the participants identified residential relocation to be a factor that afforded them a new beginning in relationship building.

Table 3

Summary of Findings for Research Question Two: Contributing Factors

#	Pseudonym	Cognitive and Emotional Shifts	Relationship Quality	Faith	Relocation/New Environment
1	Sharon	X			
2	Mary	X	X		X
3	Cindy	X	X	X	
4	Rachel	X	X	X	
5	Sue	X	X		X
6	Diane	X	X	X	X
Total		6(100%)	6(100%)	3(50%)	3(50%)

Research Question Three

Research question three was: How do you perceive yourself now in contrast to 'then'? Coding of interview text was categorized as *perception of self now* (PSN). There were three main findings associated with this research question. Table 4 summarizes findings associated with research question three. These findings are:

1. All (100%) of the participants reported feeling a sense of contentment and security in their life now.

2. All (100%) of the participants attested to being more other-oriented in their relationships with others.

3. A majority (83%) of the participants expressed that today they feel a sense of emotional stability in their life.

Table 4

Summary of Findings for Research Question Three:
Perception of Self Now

Pseudonym	Sense of Security	Other-Oriented	Emotionally Stable
Sharon	X	X	X
Mary	X	X	X
Cindy	X	X	X
Rachel	X	X	X
Sue	X	X	X
Diane	X	X	
Total	6(100%)	6(100%)	5(83%)

This section presented the ten major findings from interviews with females who transitioned out of using RA. Findings were presented in relation to the three research questions. The findings associated with each of the three research questions are summarized in Tables 2, 3, and 4. The next section provides explication and supportive data for each of the six major themes (presented above) that emerged from the findings.

Emerging Themes from the Data

This section presents the six major themes that emerged from the findings revealed during interviews with female participants who transitioned out of using RA. The themes were constructed in orientation to answering each research question, yet it is foremost important to elucidate that research questions one and two were considered in combination in this presentation. The justification for this is that the findings associated

with each of these first two research questions were overlapping. The objective of the researcher is to avoid redundancy in reporting, as recommended by Bloomberg and Volpe (2008). In order to meet that end, a conjoined format is applied. This strategy facilitates reader appreciation for the descriptive findings through a sound flow of data since, in describing the *process of desistance,* participants typically identified *significant factors* as being an integral force in that process, the foci of research questions one and two respectively.

In this section, the three themes associated with the combination of research questions one and two are presented. Then, the three themes associated with research question three are described. Next, a summary of this section is offered. Finally, a chart that provides a summary of the emerging themes is provided.

Emerging Themes for Research Questions One and Two

The first research question was, "How do females who have desisted from using RA describe that process"? The second research question was, "What significant factor(s) do you identify as contributing to that process"? There were three themes that emerged in understanding a combined reflection on interview data obtained from these two questions. These themes are associated with identifiable turning points, cognitive and emotional process shifts, and experiencing quality relationships. These three themes are described next.

Theme One: There is an identifiable turning point that launches the trajectory toward RA desistance.

All of the participants indicated that the process of RA cessation was founded upon an event or a personal experience that served as the catalyst for changes in thinking,

feeling, or behaving. These events or experiences were diverse among participants in

that they were either beyond the control of the participant, a result of the circumstances

related to her lifestyle at the time, or involved spiritual guidance as a result of a conscious

yearning for change. Examples of these turning points are described.

Sharon's first experience occurred during her senior year at a college party,

which was attended by her sorority rivals. She was dating her boyfriend (now her

husband), the host of the party. She recalled that the sorority girls made comments about

her presence. She remembered several of them saying, "Well, she's not in our sorority,

why is she here". She delightfully shared that her boyfriend was loyal to her, "She is my

girlfriend and she has every right to be here because this is my house, and you can leave

if you're not happy with that." This stimulated a cerebral awakening. She explained:

> At that point I began to realize that maybe it wasn't something that I felt I
> needed to be a part of because if that was the catty attitude that they would
> have then I sort of started thinking, gosh, do I really want to be a part of
> something like that?

Shortly thereafter, Sharon began her teaching practicum experiences as part of

her college degree. She reported that as a student teacher she witnessed girls in high

school using RA. She explained that observing others use RA had an impact on her, "I

started realizing as I watched the drama unfold in high school, how immature that kind of

behavior really was."

Another participant, Mary, also experienced a sense of peer rejection. Her

newborn, yet short-lived popularity came to an abrupt halt when her peers abandoned her

because her father got in trouble with the law. When her popular friends turned away she

hit rock bottom. She said, "It was like right back to square one, I had nobody."

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Consequently, Mary no longer had an audience to perform for, nobody to nurture her self-esteem as she staged her relational offenses toward other girls. Ironically, she had no chance of remaining with her popular friends, so using RA was an irrelevant pre-requisite for being with the 'in' crowd. The following excerpt illustrates how, for Mary, this necessity once existed:

> Sometimes I would be with my other friends and sometimes my less popular friends would ask me to hang out and I'd be like 'I'm sorry I'm with so and so' or whatever, and I would embarrass them and everybody (popular friends) would laugh.

Another significant factor that Mary attributed to her ability to triumph over RA usage was moving to another city with her family. She described, "I moved to _____ right before I started high school so that was kind of like a clean slate for me. I built up from that and found my group of friends in the right way."

Cindy described her turning point to be one involving spiritual transformation. She said, "When I truly came to know the Lord, He opened my eyes to the real me and it was not pretty." This life altering experience and the cognitive, emotional, and relational changes that shadowed the transformation are discussed in this section under themes two and three.

Rachel, suggested that the drought of her social, emotional, cognitive, and spiritual well-being was all steeped in God's love and she identified being "born again" as the turning point in her cessation process. She said:

> I lived in a co-ed community in a Christian fellowship and thus the relationships I had there were fairly healthy and taught me how to relate correctly to people. The Holy Spirit showed me instances where I had wronged others…my goodness, I was so blind to all my behaviors before coming to know Him.

Sue's turning point experience befell as a result of tragedy. Shortly after beginning her freshman year in college, Sue was informed of the suicides of four younger schoolmates. These suicides came as a consequence of bully victimization at her old high school. Sue's sister called to tell her of the deaths. It was a real eye opener for Sue. She reflected:

> The month after arriving here my sister who was still at the high school called three or four times to tell me about someone who committed suicide. It was this information and seeing her reaction and knowing how I felt that made me more aware of my actions and how something small can influence someone so much.

Sue also explained that her transition to college life contributed greatly to the process of RA cessation.

> Coming into college and being away from my parents was a great first step towards helping with my aggression. My father and I have never had a great relationship so having distance from him helped me personally. It was also my fresh start…no rumors or associations or cliques that followed from high school. College also gave me the opportunity to talk to new people and learn about so many different groups. The time here has also given me more confidence…I don't feel the need to compete with my friends. I am happy in myself, which reflects into my relationships.

Diane's turning point involved quality relationships she had with her parents and her God, as well as a new start in college. Her attachment relationship with her parents helped guide her toward RA cessation. She said, "I also started to talk to my parents about my life. They would give me advice, and it always made me see situations more clearly. They made me feel loved and that really helped." They encouraged her to look to the future and the opportunity for a new beginning after high school. Diane said, "My parents' advice always ended in them telling me that I was going away for college. I felt like that was their way of saying 'it's not even going to matter soon anyways'."

In addition, Diane's relationship with God played a major role in helping her cease using RA for retaliation toward girls and her ex-boyfriend. She finally was able to release the stronghold she had toward her ex-boyfriend. She said, "The biggest part God had in it was helping me let go of my love for my first boyfriend. Once that attachment wasn't as strong, I was free."

This sub-section provided excerpts from the interviews to support theme one, which underscored that there are identifiable turning points in the cessation process. Although each participant had a different type of event or experience that defined the turning point, all participants noted such event to help launch the cessation process. Table 5 illustrates findings related to this theme. The next sub-section presents theme two which involves the cognitive and emotional shifts involved in the cessation process.

Table 5

Summary of Theme One: Identifiable Events/Turning Points for Cessation

#	Pseudonym	Identifiable Turning Point	Description
1	Sharon	X	Peer rejection/Teaching practicum
2	Mary	X	Father arrested/Relocation
3	Cindy	X	Spiritual transformation
4	Rachel	X	Being 'born again'
5	Sue	X	Friend's suicides/Relocation
6	Diane	X	Parent support/faith/relocation
Total	6	6 (100%)	

Theme Two: The process of RA cessation involves cognitive and emotional shifts that result in psychological re-alignment and behavior change.

The second theme that emerged from the data was related to changes in the capacity to reflect on RA behavior and begin to recognize the thinking errors and lack of

emotional concern for others associated with RA. All of the participants personally

recalled aspects of these cognitive and emotional alterations. These shifts were often

reported as being in alliance with quality interpersonal relationships, a matter described

under the third theme.

Sharon indicated that when she began her teaching practicums, her feeling of

superiority waned, her thinking changed, and her sense of empathy intensified. She

recalled this realization:

> It didn't get me anything; it didn't earn me any more friends, in fact if
> anything, it might have lost friends for me. I can think of certain instances
> where I have seen girls walking through the halls, tears streaming down
> their face…how they can just be crumbled by the way you talk to them…it
> is just disheartening to see the behavior…it (use of RA) started to go on
> the down side and I probably, you know I feel like once I started realizing
> and seeing the way kids treat each other was when I started to realize that
> it is just kid behavior and it wasn't a type of behavior that mature adults
> portray. I think it really hits home just realizing how damaging that
> behavior can be.

Mary reflected on her personal experience of losing her self-esteem when she

was rejected from the popular clique. She described how her situation afforded her to

have an appreciation for empathic response from her old friends who she once rejected.

Although she possessed a sense of cognitive empathy during the time she used RA, she

gained a sense of emotional empathy from being on the receiving end of rejection. She

explained:

> The whole time I was doing it I knew I was wrong. I felt bad about it, but
> at the same time, I felt I was just at that age when feeling cool was the one
> priority. And so, I guess I was getting what I deserved. But, I was really
> lucky, my old friends…they stuck by me and I got those friends back
> luckily.

Mary also has a sense of empathy towards other people and that has helped her in the cessation process. She said, "I guess you should always be accepting of people, I think that has kind of affected it."

Cindy went through a series of cognitive and emotional conversions with respect to interpersonal relationships when she became a Christian. She recognized that her mother and her sister were in a rut and having difficulty moving on and enjoying life. She recalled:

> As I got older and was able to see how negative my mom and sister were I remember thinking 'I don't want to be like that'. I want to grow strong from those experiences but I don't want to be defined by them. The loving voice and conviction of the Holy Spirit making me aware of my thoughts and actions and how that is making other people feel. I want to show people the love of Christ whether it's a smile or kind word or just listening.

Rachel began to self-reflect and recognize her personal flaws around the time that she became a born again Christian. She gives full credit to this spiritual transformation that directed her to re-assess her actions and adopt new ways of thinking and feeling. She said, "I was broken and so I was ready to see my faults…to see myself for who I really was." This was not an instantaneous experience. She recounted:

> He gently over so many years has given me a sensitive humble heart toward others. When I first was saved, I lived in a Christian fellowship of believers that loved me unconditionally for the first time in my life. I did not want to be arrogant, hurtful, and full of loneliness any more. I cared what happened to these ladies in my life and I certainly didn't want to be the cause of pain for them.

Rachel also suffered a shame for her past and the way she treated others:

> I was so ashamed. He (God) led me to go to various people and tell them I was wrong and take responsibility for how I had offended them. The journey of my life has been one of growth through reading the Bible and

implementing what it says and what the Holy Spirit teaches me to do and how to act.

Sue described how the tragic suicides allowed her to reflect with emotional empathy. She recalled after receiving those disheartening phone calls, "I felt so upset and angry. There are so many individuals who act and think nothing of it. To somebody else it means everything and it goes unrecognized and forgotten by everyone but the child that was bullied." She elaborated more on this with respect to her past use of RA:

> The people that I have sympathy for are those individuals who don't do anything towards others but are picked on because of their differences. I guess I felt justified because I was being bullied in a way prior to me acting out the way I did towards other girls.

Diane admittedly used RA to gain self-esteem through boys, yet in self-reflection, she believed that she adopted a major alteration in her thinking pattern with respect to boys. She said:

> It (RA) began to stop when I began realizing that if a guy needed attention from other girls or my friend, then he just wasn't the right guy for me. A guy that wouldn't protect our relationship wasn't worth fighting for. So I no longer felt that need to fight.

In addition, Diane experienced a cognitive shift in how she viewed the actions of other girls toward 'getting the guy'. She said:

> I always thought peoples' actions and behaviors were about ME. But, I stopped seeing it that way. People had done malicious things long before I started biting back. Now when a friend does something hurtful, I don't take it personally…I thought my best friend would go after a guy I liked to simply compete with me, to prove she was better; that someone would choose her over me given the choice. But that wasn't it at all. Maybe to her it was…but it was about…why does she need that to feel good about herself? Then handle that aspect, and forget the guy.

This sub-section provided excerpts from the participant interviews that supported theme two, a theme associated with the emotional and cognitive shifts that took

place in the transitioning out process. Although each participant has a unique story and depth for explaining these psychological re-alignments, all participants underscored their importance. Table 6 shows a summary of the findings associated with theme two. The next sub-section presents theme three, a theme associated with quality interpersonal relationships.

Table 6

Summary of Theme Two: Cessation involves Cognitive and Emotional Shifts

#	Pseudonym	Cognitive/Emotional Shifts
1	Sharon	X
2	Mary	X
3	Cindy	X
4	Rachel	X
5	Sue	X
6	Diane	X
Total	6	6 (100%)

Theme Three: The desire for and appreciation of quality relationships is salient in RA desistance.

All participants ascertained what true friendship was on their path toward RA desistance. Most prominent is the realization that relationships should involve a sense of genuineness and mutual respect. All participants spoke to the notion that recognizing, experiencing, and valuing true friendships is important in RA cessation.

Sharon recalled her past relationships as being very clique oriented with a dire need to 'fit in'. She recalled:

> I felt like, because I didn't follow along with my girlfriends who were
> pledging sororities, then I didn't fit in… maybe as I went on in years, like
> my junior year I think I kind of shunned the sorority thing and just focused

on the cheerleading side, as I saw, I don't want to say the fakeness of it, but I remember saying I didn't need to buy my friends…I didn't feel like I had to pay a due or membership fee. I feel like my friendships now are much more, um deeper in depth, more meaningful, not surface type friendships.

Today she realizes how destructive she was when she used RA toward her roommate who was in the sorority. Even though she felt like she 'fit in' with her cheerleading clique, she felt she did not 'fit in' with the sorority clique, and her reaction to a felt sense of rejection may have cost her. She said, "Then I felt like that was my way of retaliating, and um, it ruined our, it really ruined our friendship, like we never, that year, we never talked again".

Mary was rescued from her friendship demise with the popular group by her 'old' faithful, yet less popular friends. She recalled this experience with a heartfelt appreciation during the interview:

So, that was pretty hard…but I was really lucky, my old friends…they didn't judge…and so they stuck by me and I got those friends back luckily. I realized that those people (popular girls) were never my friends. With my old friends, it was more I guess, we could just hang out at the house and have fun, and then if anything bad happened, you know, we'd be there for each other, we could have fun doing anything. My new friends (popular girls), they were like girly, and would go to the mall, there was not any real connection there…when something really bad happened, they weren't there. They were just so stuck on superficial things.

Cindy reported that her life is now all about relationships. She asserted, "I know now what it truly means to be someone's friend". She has a positive outlook on life and on relationships. She said, "Now, I have several close friends who I love dearly. I no longer back stab or share secrets."

Rachel, who in the past found relationships with women to be a grim task, has made a huge turn and attributed this to her relationship with God, which has carried over into her personal relationships with others. She proclaimed, "I have REAL friendships now WITH WOMEN!" (capital letters are used to emphasize participant's tone). She added, "I had such joy in relationships for the first time."

Sue also expressed that experiencing quality relationships has helped her maintain RA cessation. She said, "I don't feel the need to compete with my friends or other individuals." She expounded on her current friendships:

> Prior, I cared a great deal what other people thought of me. If someone said something or did something to me that I didn't like, I held it in and acted back to them in a negative way. Currently, I don't care what others think of me. I have my friends that are true to me and aren't hanging with me because they hope to get something out of it. The nature of my relationships is truly for companionships rather than popularity or self-fulfillment. Because I am in these great relationships, there is no need to be aggressive towards one another. If there is a problem we address it, apologize, and move forward, and then usually laugh about it.

Diane sums up how she now works in relationships with others by reflecting on how grateful she was to have the support of her parents. She said, "When I realized that my friends didn't have the same kind of love in their life, that ALWAYS made them feel beautiful and special and never left, I decided I should be that person."

This sub-section provided excerpts from participant interviews which support theme three, a theme that underscored the importance of quality relationships in the cessation process. Table 7 illustrates the data findings relevant to theme three. The next section presents themes that emerged from the findings associated with research question three.

Table 7

Summary of Theme Three: The Importance of Quality Relationships in Cessation

#	Pseudonym	Knowing and Appreciating Quality Interpersonal Relationships
1	Sharon	X
2	Mary	X
3	Cindy	X
4	Rachel	X
5	Sue	X
6	Diane	X
Total	6	6 (100%)

Emerging Themes for Research Question Three

Three themes arose from interview data collected from research question three. Participants viewed the self in a much more positive light in the present in comparison to their past, a time when they actively used RA. These themes encapsulate each participant's capacity to self-reflect and include themes associated with self-contentment, other-oriented in relationships, and emotional stability. These themes are described below and incorporate excerpts from participant interviews to support each theme.

Theme Four: There is a sense of security/contentment that accompanies RA cessation.

All participants alluded to currently having a more positive sense of being. Although a rich description of this phenomenon are evident in earlier sections addressing

themes one through three, the statements below are quotes taken specifically from

participant answers to research question three with the exception of Diane, who also

made reference to the 'old self' when answering question two. Participants testified to

owning a sense of security or contentment in various ways.

> I was a mean girl type…it's like a whole just 180 of what I feel like I use
> to be. Like, I don't know if that comes with age, if it comes with maturity,
> if it comes with just a sense of security, having a family. I think that
> probably back then everything was a roller coaster and I think that now
> it's more secure, there's just more security. (Sharon)

> I learned from it. But, I'm also glad I was able to build some of my
> confidence back up…I feel like I am more accepting of everybody. (Mary)

> I would describe the old me as a very angry, hateful, manipulative, alone
> person…there was no joy or happiness in me. The person I am now is so
> very different. I have so much joy and happiness. (Cindy)

> The journey of my life has been one of growth through reading the Bible
> and implementing what it says and what the Holy Spirit teaches me to do
> and how to act. (Rachel)

> I am happy in myself, which reflects into my relationships. The major
> differences between who I was and who I am is my level of happiness.
> (Sue)

Diane made a more general comment when comparing herself to the past, "Old me

always had to be involved." Although she did not elaborate on this, taken in conjunction

with another statement that alluded to her "biting back" in the past, the researcher

interprets the absence of the need to be involved as being associated with a sense of

contentment with the situation at hand.

This sub-section provided excerpts from participant interviews that support

theme four, a theme associated with having a sense of contentment. A summary chart

(Table 8) illustrates data associated with this theme. The following sub-section presents

theme five, a theme associated with being other-oriented in relationships.

Table 8

Summary of Theme Four: Sense of Security/Contentment Accompanies Cessation

#	Pseudonym	Sense of Security/ Contentment
1	Sharon	X
2	Mary	X
3	Cindy	X
4	Rachel	X
5	Sue	X
6	Diane	X
Total	6	6 (100%)

Theme Five: In relationships, self-centeredness has been exchanged for other-orientation

Sharon was candid concerning her egocentric behaviors in her past. She

reflected on how her self-centeredness influenced her problem solving capacities in

interpersonal relationships. She said:

> Well, I think that back in the day…I feel that if there would have been an
> argument or discussion about something, then it would have had to have
> been my way or the highway. It would have been 'well, this is what I
> think, and if you're not with me then find another friend,' because my way
> is the right way.

Sharon recalled having to be the center of attention, "I would have to say that priorities were put on myself…where I could be at the forefront." She said of the present, "I really don't have to be in the lime light."

Mary also shared a similar feeling, "now I don't always want to be the center of attention like I did back then."

Cindy's statement captures her earnest concern for others now:

I am able to pray and offer encouragement to others. I am able to rejoice with and for others. The loving voice and conviction of the Holy Spirit making me aware of my thoughts and actions and how that is making other people feel.

Rachel shared that her experience living in a Christian fellowship helped her learn to be less self-serving. She said, "I saw them first, me second. I wanted what was best for them not for me." Rachel spoke about her path toward cessation:

Through the years, as I read the Bible and learned how people related to one another and saw myself in these scenarios, I wanted what God wanted for me and not what I or how I wanted to respond to others.

Sue's outlook on self and others in relationships has changed over time. She explained, "The nature of my relationships is truly for companionship rather than popularity or self-fulfillment."

Diane's supportive relationship with her parents aided her in putting her personal good fortune to apply in relationships with others. She said, "Now when a friend does something hurtful, I don't take it personally. New me keeps in mind that people matter."

This sub-section provided excerpts from participant interviews that supported theme five, a theme that highlighted the importance of being other-oriented and less self-

centered in relationships. Table 9 shows a summary of data related to this theme. The

next section presents theme six, a theme that pertains to a gained sense of emotional

stability in the cessation process.

Table 9

Summary of Theme Five: Self-Centeredness is replaced by
Other-Oriented

#	Pseudonym	Becoming Other-Oriented
1	Sharon	X
2	Mary	X
3	Cindy	X
4	Rachel	X
5	Sue	X
6	Diane	X
Total	6	6 (100%)

Theme Six: Emotional stability co-exists with RA cessation.

Five of the six female participants expressed thoughts that demonstrate feeling a

sense of emotional balance. This emotional balance is seen in relationship with others as

well as in the self. Participants expressed no longer experiencing their emotions to take

control over them within relationships.

Sharon uses the analogy of being on a roller coaster back in the days that she

used RA. She recalled:

> Well, I don't know, maybe it was a roller coaster type of thing. When I
> look back I think of how easily I, in an argument with a boyfriend or
> friends, it would just bring tears to my eyes, and I felt oh my gosh, my life

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is just awful, I mean I would be just devastated thinking it was the end of the world because of whatever just happened…little things don't seem to matter as much as they did back then. Back then it was just devastating if a friend, you know said, 'oh my gosh, did you see her hair, she looks awful today, what was she thinking wearing that bow with that outfit'. Now those things would seem just so menial and little. I think back then everything was a roller coaster.

Mary believed that her responses to peer conflict contributed to her use of RA. She said:

The big thing emotionally when I was younger is I had a real problem with keeping things in, I guess I have kind of learned now that keeping things in makes me more aggressive, I guess if I was mad at someone I kind of blew up…I would go to another friend and totally blow up about that person… and I have kind of learned if I am mad at someone to talk it out with them. It's a good reaction and I am always working on that to be up front with people.

Cindy spoke to her past as existing as an emotionally empty and hurt person: "I would describe the old me as a very angry, hateful, manipulative, and alone person." Cindy also shared how she has come to emotional health, "I spent a lot of time in prayer asking God to open my eyes and to heal my heart."

Rachel provided a candid recall of her emotional instability:

Back then I was selfish, self-centered, empty, and trying to fill my life with anything that would numb myself, whether that was male relationships or partying. I called this fun.

In contrast, today Rachel said, "I get my emotional needs met by the Lord now. He filled my empty heart and all those painful rejections I felt as a child."

Sue referenced how her sense of happiness and consequentially healthy relationships has helped her to be stable and goal oriented, "It not only has helped me have these healthy relationships, but it has also let me mature and focus on what I need to be focusing on here at college-classes."

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This subsection provided excerpts from participant interviews that support

theme six, a theme associated with a present feeling of emotional stability. A summary

chart (Table 10) below illustrates the data related to this theme. The next section now

turns to interview findings with other participants, Ken who is an expert in the field of

RA, and Catherine who is a friend of female participant Rachel.

Table 10

*Summary of Theme Six: A Sense of Emotional Stability Co-exists
with Cessation*

#	Pseudonym	Emotional Stability
1	Sharon	X
2	Mary	X
3	Cindy	X
4	Rachel	X
5	Sue	X
6	Diane	
Total	6	5 (83%)

Findings from Interviews with Expert and Rachel's Friend

This study undertook the task of understanding the case of RA cessation. In

doing so, the researcher intended to look beyond the perceptions of the females who

transitioned out of using RA in order to gain triangulation of data. Bloomberg and Volpe

(2008) advocate that triangulation involves procedures that "are considered a process of

using multiple perceptions to clarify meaning" (p. 72). The aim of obtaining an

understanding of the transitioning out process from other perspectives was to help attain a

redundancy of data gathering so as to reduce the chance of data misinterpretation about

the case at hand and to ascertain validity of findings. To reach this goal, an expert who has conducted research in the field of RA was interviewed, as well as a close friend of Rachel, one of the female participants in this study. Findings from each interview are presented first, followed by a summary of how such findings contribute to data triangulation.

Ken

Ken has a Ph.D. in the field of counseling and has been an associate professor/professor for approximately 13 years. He has conducted research on the topic of RA and has several publications. More specifically, Ken has had nearly thirty publications in scholarly journals, approximately half of which are on the topic of RA and bullying. He has also authored a book on the topic of RA and several chapters on the topic of RA or bullying in books that have been published by a major academic publishing company. He has been a personal observer of RA among females within the context of having sisters and children. Ken has also had experience in his former employment position working with females who were involved in RA behavior.

The primary interview question for Ken centered on his personal and professional opinions about the social, emotional, cognitive, or environmental factors that may influence the process of RA cessation. He said:

> From my perspective the relationship is more important between
> females…the threat of a relationship I think is just so much more intense;
> they are so much more involved. There's just so much more intensity and
> expectations within a girl relationship.

Ken believed that the process of RA cessation is not a simple phenomenon. He explained, "Essentially you are dealing with aggression, and it's too complex." His

response to the question however suggested two factors as potentially influential. The

first is cognitive complexity, specifically Piaget's formal operational stage of cognitive

development, which has to do with the ability to think about abstract concepts, logical

thoughts, deductive reasoning, and systematic planning (Wadsworth, 1984). A specific

example of this process from his own experience was shared:

> Some of the more intelligent girls started to realize the pattern; they started
> to see the pattern, they were able to see that they didn't like the pattern.
> And it is interesting because I don't think they were able to remove
> themselves from the pattern easily, but at least they were starting to feel
> ambivalent about it…from seeing things black and white, good and bad, to
> formal operational and seeing the duality and the, more of the ambiguity.

From a developmental perspective, Ken also alluded to the lag in emotional or

moral development that may be associated with the process of RA cessation. He stated:

> Cognitive development precedes the other forms of development, and so
> kids who use relational aggression tend to be more socially intelligent, and
> their value system has not caught up yet. Their moral development and
> other aspects haven't caught up yet, and so they have to develop the
> emotional empathy that goes along with cognitive empathy.

Another factor that Ken believes may contribute to the cessation process

involves family modeling. He stated, "In some of the homes this sort of stuff is

reinforced." He acknowledged that it is important for a parent to help the child deal with

relationship conflicts in that "There might be alternative ways of relating to other girls."

His statement alludes to the importance of attachment relationships, parenting, and the

idea that parents need to be aware of what their children are doing and who they are

associating with. Ken's idea is somewhat pertinent to what one female participant

(Diane) identified as a factor contributing to RA cessation.

Catherine

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Catherine is a friend of Rachel's, one of the research participants, and she has known Rachel since age four. They were best friends and like sisters throughout childhood up until a few years after high school. They grew apart when Rachel had a child. Catherine described, "She pushed me out of her life because she was ashamed of her teen years, and she wanted to forget they ever happened. I reminded her of that past, so I couldn't be part of her present." On a positive note, Catherine and Rachel have rekindled their friendship over the last few years. Catherine described Rachel as "the outgoing one." Catherine also said, "She was always a leader and spoke her mind. She would tell you what she thought, and wouldn't hold back."

The primary research question for Catherine centered on what she personally believed were factors that may have contributed to Rachel's transformation and cessation of RA behavior. Catherine cited three factors. First, Catherine believed that moving into the adult role of parenthood influenced Rachel to be more serious and settled down. She said, "I think that the birth of ____ made her grown up… her personality changed a lot… she became more serious and didn't smile very much." Another factor was Rachel's spiritual transformation. Catherine said, "Her salvation and relationship with God has changed her for the best." Finally, the third factor that Catherine believes contributed to the cessation process was Rachel's close friendship with another female. Catherine reported, "She was hanging around ____ who brought out the best in her…she helped her see that you could still be a God-loving Christian …and have fun and laugh too."

Catherine was asked to compare or contrast Rachel's personality and behavior now versus 'then'. Catherine attested:

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As a kid and teen, she was out for herself and what she could get out of the situation. If you were not her friend, she didn't sugar coat it…she would tell you what she thought of you. I would say she influenced me to do things that I probably wouldn't have otherwise…she would bug me constantly to do it too. She is well rounded now…she walks closely with the Lord. She is more humble, loving, laid back, and caring. She is now the best person she can be. She thinks before she reacts and loves everyone.

Triangulation of Findings

The data obtained from the interviews with Ken and Catherine contributed to data triangulation in this research study. The focus of the interview with Ken pertained to research question two, factors that contribute to the cessation process. Ken suggested two factors to be important in RA cessation. He believed that cognitive development, specifically formal operational cognition and the developmental capacity for emotional empathic response was a key factor. In addition, he referenced a supportive relationship with a parent to be important, specifically the presence of a parent who can advise the child in handling peer conflicts. These two factors are supportive of two of the thematic findings that emerged from the interviews with female participants, more specifically theme two, cognitive and emotional shift, and theme three, quality relationships. It is noted that Ken specifically indicated the child-parent relationship as he was speaking in the context of females growing up. Ken's suggestion that child-parent relationships are important in RA cessation is especially applicable to Diane's experience, yet the idea of quality relationships was inherent among all participants who transitioned out, even during the adult years. The findings from the interview with Ken offer some support for data triangulation.

Catherine validated several of the findings from the researcher's interview with Rachel. Catherine confirmed the accuracy of many emerging themes. More specifically, she validated that Rachel's spiritual transformation and relationship with God was a major factor in RA cessation. She also confirmed that Rachel had a quality relationship with a friend who helped her be successful in the process of cessation. She validated that Rachel has undergone cognitive and emotional shifts, is no longer self-centered, and that she is currently emotionally healthy.

This section presented the findings from interviews with other participants, an expert in the field of RA, and a friend of Rachel. Interview data unveiled information that validated several of the themes that emerged from the interviews with female participants who have transitioned out. The final section of this chapter outlines the thematic findings, includes a chart that represents those findings, and offers a preview on the fifth and final chapter.

Chapter Four Summary

The six female participants described the cessation process, identified significant contributing factors, and described how they have changed over time. All participants described the cessation process as having an identifiable event or experience that launched them toward a path of RA desistance. All participants experienced cognitive and emotional shifts in their thinking and feeling about RA behavior and relationships. All participants experienced and valued quality relationships in the cessation process. Half of the female participants referenced their God as providing them the strength and guidance toward desistance and healthy interpersonal relationships. Half of the

participants identified residential relocation to be a factor that afforded a new beginning in relationship building.

The six female participants described themselves in a much more positive self-reflection in comparison to the time when they actively used RA. All participants reported feeling a sense of contentment and security in their life now. All participants attested to being more other-oriented in their relationships with others. Finally, a majority (83%) of the participants expressed that today they feel a sense of emotional stability in their life.

The other two participants offered validation to the findings from interviews with female participants. Several themes were validated in this process. Ken validated themes two and three. Catherine validated themes two, three, four, five, and six. The data summary table below (Table 11) illustrates the thematic findings.

Table 11

Data Summary Table: Findings across Themes and Participants

#	Pseudonym	Theme 1: Identifiable Turning Point	Theme 2: Cognitive and Emotional Shifts	Theme 3: Quality Relationships	Theme 4: Sense of Security or Contentment	Theme 5: Other-Oriented	Theme 6: Emotional Stability
1	Sharon	X	X	X	X	X	X
2	Mary	X	X	X	X	X	X
3	Cindy	X	X	X	X	X	X
4	Rachel	X	X	X	X	X	X
5	Sue	X	X	X	X	X	X
6	Diane	X	X	X	X	X	
7	Ken		X	X			
8	Catherine		X	X	X	X	X
	Total	6 (75%)	8 (100%)	8 (100%)	7 (88%)	7 (88%)	6 (75%)

This chapter presented a description of the findings associated with the personal accounts of six females who have transitioned out of using RA. A snapshot of their past experiences of using RA was first presented, followed by coding descriptors of the data that best addressed and answered the three research questions. Heretofore, the cessation process has been examined and discussed throughout the text of the six major themes. In addition, findings from the interviews with two other participants, an expert in the field of RA, and a friend of one of the female participants were presented and contributed to data triangulation.

The next and final chapter discusses the conclusions drawn from this study, compares and contrasts this study's findings with previous research, presents implications for future research, provides recommendations for the prevention and intervention of RA, and offers commentary about some of the limitations of this study.

CHAPTER FIVE: SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

This final chapter provides a summary of the research problem identified in this study, the method used to investigate the problem, and the findings that arose from this study with respect to the research questions. Findings are discussed in alignment with the literature on the topic of RA as well as with the researcher's initial postulations about the process of RA desistance. Conclusions about the research findings are then presented, followed by a discussion of implications for future research.

Summary

This section briefly re-visits the research problem identified in this study. The methodology employed to investigate the research problem is also reviewed. Findings are then summarized as they relate to the research questions and the literature, as well as the researcher's initial assumptions about the topic under investigation.

The Research Problem

It has been established that the use of RA has serious social-psychological implications for female victims (Crick & Grotpeter, 1995; van der Wal, de Wit, & Hirasing, 2003; Werner & Crick, 1999). It has also been shown that girls as early as three years of age are more frequently engaged in RA behavior and victimized by same sex peers (Crick, et al., 2006a). Although much is known about the psychosocial developmental adjustment difficulties related to RA usage across child, adolescent, and teenage development (Crick, Casas, & Mosher, 1997; Crick & Grotpeter, 1995; Crick, Murray-Close, & Woods, 2005; Crick, et al., 2006b; Murray-Closet et al., 2007; Ostrov

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& Crick, 2007; Ostrov & Godleski, 2009; Prinstein et al., 2001;Tseng et al., 2012;

Zalecki & Hinshaw, 2004), along with the notion that RA behavior can continue into

adulthood and be problematic (Bagner, Storch, & Preston, 2007; Goldstein, 2011;

Goldstein et al., 2008; Lento-Zwolinski, 2007; Linder, Crick, & Collins, 2002; Ostrov,

Hart, Kamper, & Godleski, 2011; Ostrov & Houston, 2008; Prather et al., 2012; Storch,

Bagner, & Geffken, 2004; Storch, Werner, & Storch, 2003; Werner & Crick, 1999), there

is no research base that informs or offers discourse about factors related to transitioning

out and cessation of RA behavior, although research studies have investigated the

developmental trajectories of RA (Kawabata, Tseng, Murray-Close, & Crick, 2012;

Underwood, Beron, & Rosen, 2009; Vaillancourt et al., 2007). This qualitative case

study was launched from this premise with the primary objectives of understanding RA

desistance in order to move beyond what is already known about the psychosocial

correlates in the active phase of RA, helping to inform prevention and intervention

strategies, and connecting such findings within the context of the current literature base

on RA.

Methods Used to Investigate the Problem

The researcher chose a qualitative case study design to investigate RA

desistance. Six females who had a history of using RA but had since stopped using RA

tactics for at least six months were interviewed. Most salient in the choice to use case

study methodology was the notion that nobody other than one who had experienced this

transition would be better suited to enlighten about the social, cognitive, emotional, and

environmental factors involved in the cessation process by providing a personal narrative

account. In addition, an expert in the field of RA and a friend of one of the female

participants were interviewed to help promote data triangulation. There were three research questions applied in this study: 1) How do females who have desisted from using RA describe that process? 2) What significant factor(s) do females identify as contributing to that process? 3) How do females perceive the self now in contrast to "then"? Findings associated with research questions one and two were overlapping, therefore these questions are combined when reporting the findings and relating them to the literature.

Findings

There were three main findings that emerged in understanding the transitioning out process, findings specifically related to research questions one and two. All female participants reported that 1) there was an identifiable turning point in the course of desistance, 2) they experienced cognitive and emotional process shifts, and 3) they recognized, valued, and experienced quality relationships as they transitioned out. Given that research on the topic of RA desistance is non-existent, the researcher has constructed a discussion of the findings to the degree that they fit within the context of desistance in other forms of aggression or antisocial activity. In addition, this researcher will contrast this study's findings with the literature base which has been conducted on RA in the active form with the intent to produce an antithetical framework for understanding RA cessation.

   Turning points.

All participants indicated that the process of RA cessation began when an event or a personal experience served as the catalyst for changes in thinking, feeling, or behaving. These events or experiences were diverse among participants in that they were

either beyond the control of the participant, a result of the circumstances related to her lifestyle at the time, or involved spiritual guidance as a result of a conscious yearning for change. This finding is parallel to findings of other qualitative studies (Baskin & Sommers, 1998; Maruna, 2001; Mulvey & LaRosa, 1986; Shover, 1996) on desistance from other types of antisocial activity where an identifiable event led to a psychological re-alignment in how one thought about antisocial activity. Such psychological re-alignment is pertinent to another major finding in this study and is described in the next subsection.

Interestingly, although this study's finding on identifiable turning points was similar to other research findings on desistance from antisocial activity, RA desistance does not adhere to the age-crime curve theory of desistance (Piquero, Farrington, & Blumstein, 2003). In fact, a very heterogeneous cessation timeline of desistance was found in this study in that transition points leading to desistance occurred anywhere between the ages of middle childhood to middle adulthood, therefore it cannot be concluded that social context or social control is an applicable phenomenon in RA cessation, nor can it be concluded that the entry into adult social roles such as employment, marriage, or parenting (Laub & Sampson, 2001) or the arrival at adult status (Moffitt, 1993) are sufficient explanations for RA desistance.

One half (50%) of participants identified very similar experiences associated with the turning point. The similar experience involved their faith. Interestingly, although spirituality and faith in God was reported to help guide three of the six participants toward RA desistance in this study, spirituality was not found to be associated with the use of RA (Weber & Kurpius, 2011) in a sample of college students.

That is, college students who considered the self to be a spiritual being also used RA. This suggests that, although moral values are typically considered to be associated with spirituality, these morals and values may not be enough to refrain from RA usage. In contrast, Schroeder and Frana (2009) found that religion/spirituality offered emotional comfort and was a primary factor in helping men to refrain from crime.

One half (50%) of the participants also identified that moving from their parents' home and the community of peers with whom they associated with during high school was a significant contributing factor for cessation maintenance. This finding mainly speaks to the dyadic and reciprocal phenomenon involved in RA cessation in that being a victim of RA is associated with using RA tactics in response, the form of RA known as reactive RA. In fact, the cessation of one's own RA perpetration is associated with less RA victimization (Dempsey, Fireman, & Wang, 2006). A fresh start at college allowed these three participants to leave the cliques and avoid the plague of past unhealthy relationships and begin to form new quality friendships founded on mutual respect and trust. In contrast to this finding is the fact that one participant in this study actually continued to use RA tactics as she transitioned to college life and met new peers, yet it is underscored that cognitive and emotional shifts aided all participants to develop new and quality friendships and cease using RA, which is discussed next.

Cognitive and emotional shifts.

All participants described experiencing cognitive and emotional changes that accompanied or followed the transition event. Such appeared to be immersed in a sense of personal agency in having a desire to refrain from RA behavior, a prerequisite of sorts in the desistance process. Mulvey and colleagues (2004) state "To accomplish this,

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individuals must have a sense of personal agency—the confidence that they have control over the activities in which they engage and the people with whom they associate" (p. 223). More specifically, all participants reflected on relationships and recognized that cognitive and emotional empathy was essential and felt a decreased yearning for popularity, revenge, and self-serving motivations within relationships. Accompanying psychological realignment has been pointed out in prior desistance research (Kiecolt, 1994; Giordano, Cernkovich, & Rudolph, 2002). In addition and somewhat related, with respect to desistance from antisocial behavior in adolescence, research has shown such psychosocial maturation to be associated with better self-control, less proneness to peer pressure, and an ability to refrain from immediate gratification for the sake of consequences (Steinberg & Cauffman, 1996). All participants alluded to this sense of psychosocial evolvement in their transition process.

To place the finding of cognitive and emotional shifts within the context of the literature on RA in the active phase, it is most salient to recognize that cognitive and emotional deficits have been shown to be at the fulcrum of RA usage. Hence, the cognitive and emotional shifts that participants experienced during RA cessation could be representative of a reversal of the cognitive and emotional deficits that accompany active RA. For example, reactive RA in girls is associated with impulsivity and anger dysregulation, and proactive RA is more closely related to callous unemotional traits, thrill seeking, and positive outcome expectations (Crappanzo et al., 2010). Bailey and Ostrov (2008) also found reactive RA to be associated with attribution bias (a cognitive phenomenon) in relational situations. Compared to proactive aggression, reactive aggression functions as defensiveness or retaliation for a perceived wrongdoing, often

involving high levels of emotional or physiological arousal (Crick & Dodge, 1996; Dodge & Coie, 1987). All participants, during their active RA phase, used reactive forms of RA in response to the perceived wrongdoings (attribution bias) of other girls.

Proactive RA is found to be specifically associated with high popularity for girls (Prinstein & Cillessen, 2003). One half of the participants used RA to gain and maintain popularity. Proactive forms of aggression is more closely related to callous unemotional traits, thrill seeking, and positive outcome expectations (Crappanzo et al., 2010) and often involve a lack of emotions or physiological arousal (Crick & Dodge, 1996; Dodge & Coie, 1987). Four of the six (66%) female participants in this study used proactive forms of RA in their past. In addition, the lack of emotional empathy was a common factor among all participants during the time that they used RA. In reflecting on their past use of RA, all participants alluded to their cognitive and emotional 'errors' within relationships. In addition, five of six female participants (83%) described themselves today as feeling a sense of emotional stability, a finding addressed in discussing research question three findings.

Quality relationships.

All participants described the RA desistance process as one that involved an awakening about true friendships. A variety of recollections associated with the superficial and conflictual nature of interpersonal experiences of the past surfaced during the interviews. All participants attested to experiencing and valuing mutually respectful relationships with other females during the desistance process as well as currently. The quality (lack thereof) of interpersonal relationships has been associated with RA. For example, in a study conducted on females who displayed RA behavior and attended an

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adventure camp where participants were directed to avoid RA activity, those who abstained from using such tactics reported having better interpersonal and camp experiences (Sammet, 2010). Another finding showed RA to be associated with higher self-reported friendship conflict and lower friendship quality (Cillessen et al., 2005). In addition, RA has been found to be associated with peer reported jealousy (Parker, Low, Walker, & Gamm, 2005). Jealousy was a factor involved for the majority of female participants at the time when they engaged in RA tactics. Culotta and Goldstein (2008) found that girls in grades 6 through 8 reported more feelings of jealousy and social anxiety, therefore they may be more vulnerable to perceive and experience peril or intimidation in relationships. All female participants expressed an appreciation of having quality friendships with other women today.

The above subsections presented the three main findings associated with a combined analysis of participant answers to research questions one and two. The three main findings exposed an understanding of the transitioning out process to include an identifiable transition point, accompanying cognitive and emotional shifts, and valuing and experiencing quality interpersonal relationships with other females. Due to the absence of research on the topic of RA desistance, this study's findings could not be deliberated on the discourse of other research on RA desistance, therefore discussion of findings was generally placed within the context of desistance from other forms of antisocial behavior as well as within a framework that was antithetical to research findings associated with RA in the active phase.

The following subsections present the findings associated with research question three, a question that asked participants to compare and contrast the self now versus

'then', at a time when they were actively engaged in RA behavior. Findings associated with this research question have fewer implications for the transitioning out process but gravitate toward understanding how and why RA cessation is maintained.

Sense of security/contentment.

All participants described themselves at the present time to be content with life. In comparison to their past, participants expressed that they currently possess a more positive sense of being. Participants testified to a conscious appreciation of feeling secure or content in various ways, referencing phenomena such as maturity, self-confidence, being accepting of others, joy, happiness, and growth through spirituality. This sense of contentment that exists among participants who no longer engage in RA is antithetical to research findings that have established negative psychosocial correlates of active RA (Crick & Grotpeter, 1995; Crick et al., 1997; Crick et al., 2005; Crick et al., 2006b; Murray-Close et al., 2007; Ostrov & Keating, 2004; Ostrov & Crick, 2007; Ostrov & Godleski, 2009; Prinstein et al., 2001; Tseng et al., 2012; Werner & Crick, 1999; Zalecki & Hinshaw, 2004).

Other-oriented.

Within the context of female to female relationships, all participants reported that self-centeredness has been exchanged with an orientation toward others in relationship. Across participants, such other-orientation has resulted in being better equipped to solve relational conflicts, consider the needs and perspectives of others, no longer crave to be at the center of attention, comfort friends during their despair, engage in relationships for companionship rather than self-fulfillment, and treat others in ways that their faith guides them.

All participants have transformed from self-centered to other-oriented in relationships therefore underscoring the idea that the use of RA tactics no longer has a purpose. The literature findings show a correlation between active RA and constructs that depict self-centeredness, such as non-caring themes, callousness, unemotionality, narcissism, or Machiavellianism (Crappanzo et al., 2010; Kerig and Stellwagen, 2010; Mathieson et al., 2011; Ostrov and Houston, 2008; Stickle, Marini, & Thomas, 2012; Zahn-Waxler et al., 2005).

Emotional stability.

Five of the six (83%) female participants expressed thoughts that demonstrate feeling a sense of emotional balance today. This emotional balance is seen in relationship with others as well as in the self. Participants expressed no longer experiencing their emotions as taking control over them within relationships. This finding helps triangulate the finding regarding the emotional and cognitive shifts that took place after the turning point event in the process of desistance. Again, the emotional balance that most participants alluded to when contrasting the self now versus 'then' has an antithetical fit within the literature that has established a correlation between emotion dysregulation and active RA (Bowie, 2010; Conway, 2005; Crappanzo et al., 2010; Miller, et al., 2012; Mohaupt et al., 2006; Stickle et al., 2012) and an associated impulsivity (Grotpeter & Crick, 1996; Juliano et al., 2006; Musher-Eizenman et al., 2004; Rose et al., 2004; Werner & Crick, 2004), as well as the emotional distress experienced in relational provocations (Crick, 1995; Crick et al., 2002; Mathieson et al., 2011).

Findings in Relation to Researcher's Assumptions

   The researcher commenced this study with an informal hypothesis and interest in knowing if RA cessation had anything to do with amended cognitive and emotional processes associated with more effective mentalization and the related phenomenon of attachment security. This hypothesis was an idea antithetically associated with the proposal by Beckner (2005) who suggested that RA can be understood within the paradigm of attachment where attachment theory can be employed as a predictor of female aggression. In addition, attachment status has been established as a construct foundational to the capacity to mentalize (Bateman & Fonagy, 2012). Chapter Two provided an in-depth discussion about the positive relationship between mentalizing capacities and secure attachment. In essence, a mentalizing process takes place within attachment relationships, and peer relationships involving RA behavior could appropriately be considered in the context of attachment, as supported by Michiels and colleagues (2008). Furthermore, it is noted that the capacity to mentalize is a developmental attainment that can be promoted or obstructed within the context of attachment relationships (Bateman & Fonagy, 2012).

   Given the above points, RA cessation can be observed under the lens of these two constructs, mentalizing and attachment, and this researcher paid close attention to information produced by participants that may have been associated with these constructs. Findings in this study of the RA cessation process alluded to healthy shifts in cognitive and emotional processes that may be related to the capacity to mentalize, as well as improved relationships which inferred secure relational attachments. However, it is true that a balance of cognition and affect are just one of the four polarities involved in

mentalization (Bateman & Fonagy, 2012). The other three tenets include self-other

focus, internally-externally focused, and automatic or controlled mode (of responding;

attachment related). The interview questions in this study did not elicit responses that

could adequately reflect or assess all of the tenets involved in the capacity to mentalize.

The capacity to mentalize can be assessed by a variety of quantitative tools that measure

reflective function, mental states, and verbal elaboration of affect. Measuring the

capacity for mentalization by qualitative or quantitative means was beyond the scope of

this study.

Although early attachment status was not investigated in the current study,

findings revealed that during the cessation process, all participants described having

quality attachment relationships with other females. Indeed, Bateman and Fonagy (2012)

have established that mentalization is a form of social cognition that is founded on the

assumption that it is a developmental attainment dependent upon the quality of

attachment relationships (primarily, but not exclusively early attachment). In addition, all

participants reported being other-oriented in relationships, a finding that likely represents

another polarity associated with mentalization, the self-other focus. Given that findings

on RA cessation in this study pertained to emotional and cognitive shifts, emotional

stability, quality relationships, and being other-oriented, there appears to be a connection

between RA cessation, mentalization, and attachment status, yet more research would be

merited. In addition, all participants provided narrative accounts of their past, at a time

when they used RA, as being a relationally turbulent time where their cognitive and

emotional responses in the relational dyad attributed to their choice to use proactive and

reactive forms of RA, all of which are antithetical to a well-developed mentalizing capacity and secure attachment status.

Finally, the majority (83%) of participants reported having a sense of emotional stability in their lives since they have ceased using RA. Emotion regulation is a major underpinning of the constructs of attachment status, mentalization, and RA. In fact, emotional competence mediates the relationship between childhood negative experiences and adult attachment style, specifically in the formation of adult romantic relationships (Kapeleris & Paivio, 2011). In other words, even if participants past attachment relationships were insecure, the earned capacity to regulate emotions within the relational dyad helps one to develop secure adult relationships. Indeed, emotions are inherently a relational phenomenon (Conway, 2005). The researcher established prior to this study that emotion regulation would be an important concept to 'listen for' during the interviews and the majority of participants reported that emotional stability is an integral part of their lives since they have ceased using RA.

Conclusions

There are five main conclusions extracted from the findings of this study. Conclusions are: 1) desistance from RA cannot be explained by trajectory conjectures, 2) desistance from RA is compatible with an understanding of desistance from other antisocial behaviors that involve an identifiable turning point and an internal reorientation, 3) valuing and experiencing quality relationships is an essential component in RA desistance, 4) Faith offers significant inspirations toward desistance, and 5) a new

social environment may afford a 'fresh start' in propelling the desistance process. The following five subsections elaborate on these conclusions.

Conclusion One: RA Desistance Cannot be Explained by Trajectory Conjectures

First, although it may be reasonable to investigate the process of RA desistance using theories of desistance that have been employed to explain cessation from other types of antisocial behavior, desistance from RA does not adhere to the age-crime curve, a common theory associated with desistance from crime that suggests crime to decrease during late adolescence and early adulthood (Blumstein, Cohen, Roth, & Visher, 1986; Piquero, Farrington, & Blumstein, 2003). Specifically, the six female participants in this study began using RA at various ages, continued to use RA tactics for the duration of between one and twenty-two years, and ceased using RA during middle school, high school, early twenties, or middle thirties. Interestingly, although the findings pertaining to the process of RA cessation established in this study have been primarily homogenous across cases, the trajectory patterns are very heterogeneous.

RA cessation in this study does not replicate the trajectory patterns that have been reported in other studies on RA(Kawabata et al., 2012; Kistner et al., 2010; Underwood et al., 2009; Vaillancourt et al., 2007). An across case analysis showed that participant's active use of RA could not be connected to any specific trajectory patterns established in research studies on RA trajectories nor does it fall succinctly in line with developmental theory (Bjorkqvist et al., 1992a; Cairns et al., 1989; Cote, 2007; Crick et al., 2006; Herrenkohl et al., 2009; Karriker-Jaffe et al., 2008; Kawabata et al., 2012; Kistner et al., 2010; Underwood et al., 2009; Vaillancourt et al., 2007). However, it is noteworthy that definitive quantitative usage of RA was not revealed or intentionally

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investigated in this study, therefore RA increases or decreases were not specifically

established. With respect to developmental theory which proposes that RA replaces

physical forms of aggression as one gains language skills, the participants in this study

did not report using physical forms of aggression. In addition, they began using RA

tactics at different developmental levels, ranging from elementary to high school.

Overall, this study agrees with Vaillancourt et al. (2007) in that there are various

developmental trajectories of RA that have yet to be understood. In addition, this study's

findings support the findings of Goldstein (2011) in that RA behavior exists into

adulthood within friendships.

Conclusion Two: Desistance from RA is Compatible with an Understanding of

Desistance from Other Antisocial Behaviors Which Involves a Turning Point and an

Internal Reorientation

The cessation process discovered in this study involved an identifiable turning

point such as an experience or an event and accompanying shifts in cognitive and

emotional processes which were reported by all participants. In effect, it appears that

social influences (the event or experience) as well as personal agency (cognitive and

emotional desire) interact to lead to behavior change. In addition, findings related to

research question three, participant descriptions of the self now as being content and

emotionally stable, supports the emotional shift that they reported to be involved in RA

cessation. Other qualitative work has shown similar findings with regard to an

identifiable event and an internal reorientation, albeit participants in these cited studies

engaged in crime, substance use, or other forms of violence (Baskin & Sommers, 1998;

Maruna, 2001; Mulvey & LaRosa, 1986; Shover, 1996). Mulvey et al. (2004) consider

that such findings related to social control and internal reorientation still require further clarification.

> Whether these accounts represent the actual cognitive changes that accompany dramatic shifts away from antisocial activities or whether they reflect the retrospective reconstruction of the factors that led to these changes is an open question. Nonetheless, it is reasonable to posit that any long-term reorientation away from antisocial activity toward more socially acceptable behaviors requires an enduring shift in how one sees oneself. (p. 218)

In reference to the above quote, in the current study it is difficult to dissect whether participant's reports of the cessation process reflect real cognitive change at the time of desistance or whether they are retrospective reconstructions because it would have been necessary to assess this at the actual time of cessation. However, in line with what Mulvey and colleagues (2004) pointed out, the participants in this study had undergone what could be considered long-term reorientation away from RA behavior therefore the cognitive and emotional transformations of the self are real. Transitioning out of using RA involved a turning point as well as the psychological re-alignment proposed in desistance from other forms of antisocial behavior, yet in the current study attachment relationships, discussed next, also play a vital role in the maintenance of RA cessation.

Conclusion Three: Valuing and Experiencing Quality Relationships is an Essential Component in RA Desistance

A third conclusion drawn from this study is the indication that females who transition out of using RA begin to acknowledge or understand, value, and experience quality relationships with other females. This finding taken together with the finding associated with research question three, self-centeredness being replaced by other-orientation in relationships, exposes that a new found way of relating in the relationship

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dyad has unfolded. This phenomenon underscores important aspects pertaining to the reciprocal nature of the dyadic relationship, specifically how unhealthy dyadic responses likely perpetuated unhealthy relationships when participants were actively engaged in RA. For example, perpetrators of RA also experience being victims of RA, yet if the RA behavior is decreased, peer victimization also decreases, suggesting a reciprocal interaction that often involves retaliatory features (Dempsey et al., 2006). These cyclical or reciprocal effects are related to the cognitive and emotional mentalizing processes that occur during relational conflict. This understanding of the cognitive and affective balance involved in mentalization infers that it can change over time and across relationships, as it did for participants in this study, a suggestion supported in the research on RA trajectories (Côté et al., 2007; Vaillancourt et al. 2007), as well as the acknowledgment that each person brings different cognitive and affective perspectives to the relationship (Bateman & Fonagy, 2012). Ultimately, each member of the dyad can help or hinder one's ability to mentalize. Mentalization is then about the self as well as the other (interpersonal and intrapersonal), both of which are central to RA activity.

Conclusion Four: Faith Offers Significant Inspirations Toward Desistance

A fourth conclusion was derived from one half of the participants who referenced their faith as being a significant contributing factor in their ability to stop using RA and to begin building healthy relationships. Three participants referenced being 'born again', God, or Jesus as providing them the strength and guidance to refrain from treating others poorly and to engage in nourishing relationships with other females. Although this finding does not represent the majority across cases, their testimony heeds identification of a powerful and influential force in the capacity to re-align cognitive and

emotional activities and strive toward behavior change. This finding is parallel to what Schroeder and Frana (2009) found in that religion/spirituality offered emotional comfort and was a primary factor in helping men to refrain from crime.

Conclusion Five: A New Social Environment Affords a 'Fresh Start' in Propelling the Desistance Process

One half of the participants reported that graduating from high school, moving on to the college environment, and leaving behind the pressures of past 'cliques', turbulent relationships, or family was a major contributing factor in maintaining RA cessation. Aside from the fact that one half of the participants were able to desist without encountering a residential relocation, a new social environment affords many opportunities to engage in new dyadic relationships with one's new cognitive and emotional identity. This conclusion does not overlook the idea that although a physical relocation places one in a new environment where one can attain a 'reputation make-over', the same can be said for associating with new and different peers in one's current environment. In effect, although it may be harder to overcome a charred reputation, it is possible to earn a new one. Overall, there may be a reciprocating phenomenon at work in physical relocation. For example, in reference to other types of antisocial behavior, Mulvey et al. (2004) proposed that "Changes in social context or events can trigger a psychological reorientation or vice versa, with each set of factors reinforcing each other, creating a more permanent pattern of altered behavior" (p. 218).

Recommendations

The current study was a ground breaking investigation of the transitioning out process involved in RA desistance. The phenomena of RA cessation has never before been studied, therefore findings from this study inform a course for prevention and intervention strategies as well as future research on the subject matter. More specifically, recommendations are based on the finding common across all participants, that is, that the initial motivation to use RA had something to do with boys. In addition, recommendations are based on the themes pertaining to the cessation process that arose from the data.

Implications for Prevention and Intervention

Beyond the intent of this study, which was to gain a better understanding of RA cessation, a finding that arose from this investigation highlighted an underlying motivation that all participants had for engaging in RA. Specifically, all participants in this study engaged in RA as it was interconnected to their interest in boys. Although it is true that RA begins as early as preschool, a developmental period where an interest in boys is not yet founded, when girls reach emerging adolescence, they become interested in the opposite sex. It has been suggested by an evolutionary psychology perspective that among girls this age there may be a sense of competition for the male who is most fit to be a partner (Field, Kolbert, Crothers, & Hughes, 2009). Adolescence is a time when there is increased opposite gender interactions that could conceivably have an effect on the use of RA. This notion is supported by Crick and Rose (2000), who found young women to relationally aggress toward female peers in order to take away their boyfriend. In fact, Wyatt (2010) found that for adolescent females, using RA often had to do with

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girls concerns over boyfriends. A curriculum based on female identity and self-esteem may be helpful, for example, one that promotes girls to feel good about the self aside from identifying with a male. However, in line with this finding, it has been recommended that future research should also employ "a broad range of candidate female-specific symptoms derived from developmental research" (Odgers et al., 2008, p.709). Research has not investigated the effect that gendered "social-level forces" (Javdani, Sadeh, & Verona, 2011, p. 1333) may attribute to the development of and desistance from antisocial behavior at different developmental levels. A focus group intervention initiative may help identify such gender specific social level forces that exist for adolescent females and help drive future counseling curriculum.

Major findings related to the transitioning out process were the emotional and cognitive shifts that launched girls toward desistance, as well as becoming other-oriented and experiencing quality relationships, factors that go hand in hand. Although the emotional and cognitive shifts could possibly be explained from a developmental perspective, participants in this study had a wide range of age spans involved at the time that these shifts took place. It would be appropriate to offer intervention programs as early as preschool, throughout K-12 years, and into early adulthood for women. There are already various intervention programs to address RA, but there is a lack of randomized controlled studies to establish their efficaciousness (Leff et al., 2010). In addition, although such programs are typically modeled after those that address physical aggression, Leff and colleagues (2010) suggest it is more appropriate for interventions to address the social and emotional problems commonly associated with RA, as well as consider the gender specific and developmentally relevant factors associated with RA.

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Based on the findings from the current study it is recommended that interventions should focus on skills that involve emotion regulation, navigating relational conflicts, being a good friend, emotional empathy, and self-esteem as it relates to relationships with females as well as males. Similarly, intervention topics have already been recommended for aggressive girls (Underwood & Coie, 2004) to include areas such as finding ways to help girls belong, take part in more structured activities, deal with competition, improve social-cognitive strategies of dealing with others, be more assertive, build empathic responding, and be supportive of friends who are victims. Such interventions should be appropriately developmentally designed to meet the needs at all levels

In the current study, an event or personal experience was identified as a turning point for participants. Setting the stage for events to occur could not be a realistic option for an intervention program; obviously, intentionally planning events such as a parent being arrested or a teen suicide is ludicrous. However, an intervention strategy that allows females to experience activities that raise their emotional and cognitive senses such as various activities in sensitivity training could be helpful. Furthermore, encouraging girls to take part in activities (clubs, sports) where they would be exposed to new peers and have the opportunity to develop new dyadic relationships would be appropriate. Sijtsema et al. (2010) have shown that peer group association becomes an important consideration in RA during the transition to later childhood, in that adolescents who use RA choose friends who typically use proactive RA and adolescents who befriend peers who use RA also assume the behavior in their reactive and proactive forms. Encouraging females to associate with peers who do not use RA is vital.

Faith and spirituality were not only important in the transitioning out process in the current research, but such has been found to be related to RA. It has been suggested that a religious upbringing may have an influence on RA behavior. For example, Landau and colleagues (2002) found that religiosity played a role in indirect forms of aggression; in essence children of a secular identification were more often perpetrators of indirect aggression, with secular girls more often being victimized by both indirect and physical aggression. Findings in the current study showed that half of the participants testified that spirituality and faith were a protective factor during RA cessation. Although it may not be practical to advocate for religious or spiritual applications to be incorporated in endeavors to reduce or prevent RA within the arena of public education, the many moral traits encouraged under the implementation of character education should be underscored as they directly relate to RA behavior. Nonetheless, in religious schools as well as in the counseling setting, it is possible to encourage the use of religious and spiritual coping to help females positively engage in peer interactions and relationship building, a milestone that is often tumultuous during the growing years.

Finally, implementation of a parent education initiative to raise RA awareness and promote parent-daughter communication and assist girls in managing and coping with interpersonal peer relationships would be appropriate. This suggestion is not only supported by the findings from the expert interview in this study, but also by the findings from research on RA and parenting. For example, increased use of RA was found with children who do not reveal their use of RA and whose parents do not inquire about their child's behavior (Gaertner et al., 2010). In essence, poor communication is a contributing factor. In addition, it has been shown that parent perceptions of and attitude

toward RA is an important factor in RA usage (Blake, et al., 2010; Curtner-Smith et al., 2006; Murray et al., 2010). Although adolescence may be a time when they desire more autonomy, studies have shown that the more aware and involved parents remain, the more likely the adolescent will be better adjusted. For example, this has a positive effect on behaviors such as delinquency or antisocial behavior (Sampson & Laub, 1994), therefore parental knowledge about their daughter's behavior during the vulnerable developmental time is important. Finally, as recommended by Letendre (2007), parent education is essential in helping mothers to socialize and model assertive behaviors for their daughters to use among their peers.

Limitations

Limitations of this study include that all participants were Caucasian, resided in the state of Virginia, and had at least two years of college education with the exception of one participant who was a high school graduate, therefore making generalizations beyond these demographics uncertain and potentially unviable. Although the use of RA is a cross-cultural phenomenon, the transitioning out process may unfold differently for females who are not Caucasian, did not complete high school, or reside in a different geographical area. In addition, the focus of the interview questions was geared toward understanding the process of RA desistance. For this reason, gaining an understanding of early life upbringing and encounters, such that would consider particular parenting or family factors that may be associated with female's choice to commence, maintain, or cease using RA was not investigated.

Only one participant in the current study referenced having a supportive relationship with parents, and one other participant referenced having a conflictual relationship with her father. The findings of this study do not provide clarity for early attachment status and RA, although findings revealed current secure peer attachments. A measure of early attachment status as well as attachment within friendships such as The Relationship Structures Questionnaire (Fraley, Niedenthal, Marks, Brumbaugh, & Vicary, 2006) could be implemented in the future to better understand this phenomenon.

Although this study attained triangulation of data by including an expert and a friend of one participant, the inclusion of more experts or friends and family members may offer wider insights into the cessation process. Finally, in an attempt to improve data triangulation, a mixed methods design, with the use of interviews as well as a quantitative tool would be useful in establishing whether RA cessation is related to the processes involved in mentalization, emotional intelligence, and quality of interpersonal relationships.

Recommendations for Future Research

Generalization of this study's findings to other females who have ceased using RA is uncertain given the limited demographic background of participants. It is necessary to conduct a similar qualitative study on women from diverse ethnic backgrounds, various educational backgrounds, and different residential locations in order to formulate the degree to which the current study's findings can be replicated and thereby generalizable. All participants in this study were educated Caucasian females.

It is also recommended that a wider investigation into participants' past be incorporated in order to help gain information that may be associated with the beginning stages of RA and the trajectory toward cessation. Life story narratives may be an appropriate method to investigate this idea. Such a study could also employ a tool to assess early attachment status and whether or not attachment theory can help explain RA cessation. In addition, since the current study's findings suggested that cognitive and emotional processes influence RA cessation, a quantitative tool that measures mentalization, emotional intelligence, or interpersonal relationships could be valuable in attaining data triangulation. Participant reports concerning cessation could coincide with quantitative data findings.

It would be suitable to conduct an investigation on females who had no history of using RA in order to compare and contrast their social, emotional, and cognitive experiences within relationships to those of females who engage in RA. In other words, gaining an understanding of why some girls do not engage in RA although they experience the same gender and developmental stressors could be helpful for preventive and intervention purposes. It may be plausible for girls who have attribution bias, emotional dysregulation, and a yearning for popularity to refrain from using RA strategies.

Given that the findings of the current research suggest a gender oriented gravitation toward the use of RA (competition for boys), it would be fruitful to study this phenomenon further. For example, it has been recommended that future research should employ "a broad range of candidate female-specific symptoms derived from developmental research" (Odgers et al., 2008, p.709). Research has not investigated the

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effect that gendered "social-level forces" (Javdani, Sadeh, & Verona, 2011, p. 1333) may

attribute to the development of and desistance from antisocial behavior at different

developmental levels. It would be helpful to gain a more thorough understanding of the

pressures that girls experience and the accompanying coping skills associated with a

propensity toward using RA.

For one half of the participants, faith played a major role in their ability to cease

using RA. Further studies on the topic of spirituality and RA would add to the research

base and establish whether religion or spirituality plays a significant role in RA usage. In

addition, one half of the participants considered their residential relocation to be a

significant factor in maintaining RA cessation because it removed them from their

relationships of the past and offered new relational beginnings. Research that

investigates how new peer group associations may effect RA would be appropriate.

Finally, this study's findings did not disclose whether or not parenting practices

contributed to RA usage or cessation. More specifically, interview questions that explore

whether or not females and their parents discuss relational issues and activities could be

helpful in implementing future interventions at the family level. Increased use of RA was

found with children who do not reveal their use of RA and whose parents do not inquire

about their child's behavior (Gaertner et al., 2010). It would be beneficial to know

whether mothers know what their daughters are doing in relationship with their female

friends and whether this has any impact on RA engagement.

Final Summary

This study investigated females who transitioned out of using RA through individual interviews with six female participants who met the inclusion criteria for the research. In addition, an expert in the field and a friend of one of the female participants was interviewed in order to attain triangulation of data. Interview data from all interviews was compared and contrasted to assist the researcher in becoming the storyteller. Chapter One of this study provided the background of the problem, the purpose of the study, the research questions, definitions of relevant terms, and the role of the researcher. In addition, the first chapter discussed delimitations and limitations, significance, and theoretical and conceptual framework for the study. Chapter Two presented the literature review on RA, which was saturated with findings regarding RA in the active form. This second chapter underscored the absence of literature on the specific research topic of RA desistance. Chapter Three described the research method that was used, including the research design, data collection, and analysis procedures. Chapter Four introduced the six female participants, the expert, and the friend of one of the female participants and presented the data findings from those interviews. Chapter Five revealed the significance of the study's findings, discussed findings in relation to the researcher's assumptions, drew conclusions from the findings, and offered recommendations for future research.

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APPENDIX A

Screening Form for Female Participants

Transitioning out of using Female Relational Aggression (RA)

1. Name: _____

    Address: _____

    Highest Education:_____

    Phone: _____ E-mail: _____

    Age: _____ Ethnicity: _____

    Mental Health Diagnosis (if any) _____

2. Over what approximate span of time did you use RA? (example: I started using RA around third grade and stopped in my early twenties)
    _____

3. Approximately how long has it been since you stopped using relational aggression among your peers? _____

4. Please check all of the types of relational aggression that you have used?
    ___ Excluded a friend from an activity on purpose
    ___ Damaged someone's reputation by starting an untrue rumor
    ___ Embarrassed a female acquaintance or friend in front of others
    ___ Told others not to like or socialize with a female peer or friend
    ___ Rolled my eyes at someone to show my dislike or disapproval
    ___ Used text messages or the internet to talk about or harm a friend/peer
    ___ Threatened or confronted a friend who I thought did me wrong
    ___ Did something mean or hurtful to "get even" with a female friend/peer

5. Please estimate the frequency of your use of RA behaviors regardless of which type you used most often:
    ___ I engaged in RA behavior on a regular basis.
    ___ I engaged in RA behavior on occasion.
    ___ I seldom engaged in RA behavior.

Please elaborate on or make any other comments about your use of RA that you believe would be important for the researcher to know in advance.

APPENDIX B

Flyer Posting for Participant Solicitation

Transitioning Out of using Female Relational Aggression

LADIES!!!

Did you know that *Relational Aggression* is an interpersonal tactic used to cause harm to and manipulate social relationships and is a common practice among females within the friendship and acquaintance circle?

<u>During your K-12 School Years</u>, DID YOU EVER……….

o   Exclude a friend from an activity on purpose?
o   Damage someone's reputation by starting an untrue rumor?
o   Intentionally embarrass a female acquaintance or friend in front of others?
o   Tell others not to like or socialize with a female peer or friend?
o   Roll your eyes at someone to show your dislike or disapproval?
o   Use text messages or the internet to talk about or harm a female friend/peer?
o   Threaten or confront a friend who you think did you wrong?
o   Do something mean or hurtful to "get even" with a female friend?

If you answered "YES" to any of the above, <u>*BUT YOU NO LONGER*</u> treat others this way, your help is needed in an important research study. Your help only involves a personal interview and your identity will remain anonymous.

To learn more, please contact: Lynne Lunsford, MS, NCC, NCSC
llunsford2@liberty.edu   434-391-3676 or 434-414-2303

APPENDIX C

Email Correspondence to Experts or Friends/Family Members

Transitioning Out of using Female Relational Aggression

Dear _____,

I am a doctoral student in the Professional Counseling program at Liberty University. I am seeking participants for my doctoral dissertation on the topic of Relational Aggression (RA). My research is entitled: Female Relational Aggression: A Case Study Investigation of the Transitioning Out Process. In addition to female participants who have ceased using relational aggression, I am seeking other participants, including experts in the field of RA who have conducted and published research, other professionals who may have knowledge about RA, as well as family or friends of primary female participants who may help supplement and corroborate information pertaining to the transitioning out process.

Participation would involve an interview that may last between one to two hours and your identity will remain confidential. If you are interested in this important study, or you would like to learn more about the study, please feel free to contact me by telephone at (434)391-3676 or (434)414-2303, or by email at llunsford2@liberty.edu.

Thank you for taking the time to read my email, and I hope to hear from you.

Lynne M. Lunsford, MS, NCC, NCSC

IRB Approval Letter

LIBERTY UNIVERSITY.
INSTITUTIONAL REVIEW BOARD

September 11, 2013

Lynne Lunsford
IRB Approval 1662.091113: Female Relational Aggression: A Case Study
Investigation of the Transitioning Out Process

Dear Lynne,

We are pleased to inform you that your above study has been approved by the
Liberty IRB. This approval is extended to you for one year. If data collection
proceeds past one year, or if you make changes in the methodology as it pertains to
human subjects, you must submit an appropriate update form to the IRB. The forms
for these cases were attached to your approval email.

Please retain this letter for your records. Also, if you are conducting research as part of the
requirements for a master's thesis or doctoral dissertation, this approval letter should be
included as an appendix to your completed thesis or dissertation.

Thank you for your cooperation with the IRB, and we wish you well with your
research project.

Sincerely,

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APPENDIX E

CONSENT FORM

Female Relational Aggression: The Transitioning Out Process

A Qualitative Case Study Research Project

Lynne M. Lunsford

Liberty University

The Center for Counseling and Family Studies

You are invited to be in a research study that investigates female relational aggression (RA) and the transitioning out process for one of the following reasons. Please place a check next to the statement that applies to you.

____I have responded to a public posting or an email communication about relational aggression (RA), and I believe that I would be an appropriate candidate for participation in this study because I used RA in the past but I have ceased using RA behavior for at least the past six months.

____I was invited to participate in this study because a female participant in this study identified me as someone who knows her well enough to be able to contribute information for the purposes of this study.

____I was invited to participate in this study because I have conducted research in the field of RA and my expert feedback may be a valuable contribution to the study.

____ I was invited to participate in this study because I am a professional in the field of education, counseling, or related occupation who has knowledge about RA, or other person who believes that I can contribute information for the purposes of this study.

Regardless of which category applies to you, prior to being a participant in this study, I request that you read this form and ask any questions that you may have before you make a decision about participating in this study.

This study is being conducted by Lynne M. Lunsford, Center for Counseling and Family Studies, Liberty University, Lynchburg, Virginia (Ph.D. student, doctoral dissertation).

Background Information
The purpose of this study is: To explore the personal and environmental factors that contribute to the decrease in and desistance from engaging in RA behavior. This study will assist in understanding the cognitive, emotional, or environmental factors that

influence cessation as well as contribute to prevention and intervention practices and add to the current literature base on RA.

Procedures:
If you agree to be in this study, I would ask you to do the following things:

Provide written informed consent to participate in the research. Be interviewed by the researcher regarding your past use of RA, or your knowledge about someone who has ceased using RA, or your expert or professional opinions about RA cessation. Be interviewed at a mutually agreed upon location and method (telephone, face to face, email) for a time period of approximately one to two hours. Be available for a follow-up email or phone call after the interview, if necessary. Review the written transcription of your interview and provide feedback pertaining to its accuracy.

Risks and Benefits of being in the Study
The study has risks: The risks of this research are no more than the participant would encounter in everyday life. Some of the interview questions may be of a personal nature and you may choose not to answer any question that makes you feel uncomfortable. In addition, there is a risk that the participant may experience an emotional encounter during the interview that would interfere with or interrupt the interview process, in which case the interview may have to be terminated. The participant must be aware of the limitations to confidentiality in that if, during the interview, the participant discloses his or her involvement in child abuse, child neglect, elder abuse, or an intent to harm self or others that such information is required by law to be reported to the appropriate authority in order to protect all involved.

The benefits to participation are: Although you may not receive direct benefits from participating in this study, your participation will contribute to gaining a better understanding of the factors that influence RA cessation which can be used to help others and add to the research base. In the event that your participation causes you to experience emotional discomfort, I will provide you with names of professional counselors or counseling agencies who you may contact if you choose.

Compensation:
There are no payments, reimbursements, or incentives for your participation in this study.

Confidentiality:
The records of this study will be kept private. In addition, in any type of report I might publish, I will not include any information that will make it possible to identify you. Research records will be stored securely and only the researcher will have access to the records. Voice recordings of the interview will be stored digitally and kept in a locked safe at the researcher's residence for three years before being destroyed. Interviews that may involve email format will be handled similarly in that they will be deleted from the computer after being saved to a removable computer device and stored in the same

fashion as the voice recordings. You will be identified by a pseudonym and the your identify will only be known by the researcher.

Voluntary Nature of the Study:
Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Liberty University or with the Center for Counseling and Family Studies at Liberty University. If you decide to participate, you are free to not answer any question or to withdraw at any time without affecting those relationships.

Withdrawal of Participation:
Participants have the right to withdraw from the research study at any time in verbal or written form. Participants are not required to provide a reason for withdrawal. Participant withdrawal will be documented on the informed consent form by the researcher and written forms of withdrawal, if any, will be attached to the participant's informed consent. Audio recordings of the interview, if any, will be deleted.

Contacts and Questions:
The researcher conducting this study is Lynne M. Lunsford. You may ask any questions you have now in person or by contacting the researcher before making a decision to sign this informed consent. If you have any questions later, **you are encouraged** to contact Lynne M. Lunsford at 1553 Hardy Drive, Farmville, Virginia 23901, phone: 434-414-2303 or 434-391-3676, or e-mail: llunsford2@liberty.edu. Since Lynne M. Lunsford is a student at Liberty University, you may also contact her Faculty Advisor, Dr. Lisa Sosin, phone: 434-592-4042, or e-mail: lssosin@liberty.edu. If you have any questions or concerns regarding this study and you would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd., Suite 1582, Lynchburg, Virginia 24502, or email irb@liberty.edu.

You will be given a copy of this information to keep for your records.

Statement of Consent:
I have read and understood the above information. I have asked questions and have received answers. I consent to participate in this study.
☐ I consent to the audio-recording of my interview.

Signature: _____ Date: _____

Signature of Investigator: _____ Date: _____

IRB Code Numbers: _____

IRB Expiration Date: _____

APPENDIX F

Interview Guide

The researcher will initiate the following strategies to make contact with potential participants after the Institutional Review Board of Liberty University has granted approval for the research study to commence.

To Recruit Females who have Transitioned Out of using RA

Females who responded to a flyer posting or an email concerning the study will be contacted via email or telephone using the following presentation: identification of the researcher, purpose of the study, requirement of a screening for inclusion, logistics of the interview, and requirement of informed consent.

An example of the oration is: "Thank you for having an interest in being a participant in my study. My name is Lynne Lunsford and I am a student at Liberty University. The purpose of my study is to gain an understanding about the factors that influence transitioning out and cessation of using RA. The fact that you responded indicates that you believe you fit the description indicated in the public posting or email; however there is a screening form that I would like for you to complete prior to participation. Your participation in this study would involve a face to face, telephone, or email interview which we can arrange to take place at a mutually agreed upon time and location. The interview will last for approximately one to two hours and it will be audiotaped (face to face or telephone) or transcribed (email). You will be asked to read the interview transcription and provide feedback. Prior to your participation in the study, it is necessary for you to sign an informed consent form since this is a research project.

The informed consent form explains your involvement in the study. I will have this form with me when we meet or I will mail or email you the informed consent if we are not able to meet face to face. Your participation in this study will be beneficial in helping others who engage in RA as well as for implementing prevention and intervention programs. It would be helpful to have some potential dates that you would be available to be interviewed. You can contact me by telephone: 434-391-3676 or 434-414-2303 or by email: llunsford2@liberty.edu. It would also be very helpful if you provide me with your contact information for further confirmation of arrangements. I thank you for your interest and cooperation and I look forward to talking with you.

Interviews with Family, Friends, or Others who are Familiar with the Female

During the interview with a female participant who has transitioned out of using RA, she will be asked if there are others who know her well enough to contribute to the information that she has provided. If confirmed, she will be asked to give permission for that individual to be contacted. Permission will be documented via the audiotape and transcribed interview. Such potential research participants will be contacted by telephone or email (Appendix D) in the following presentation: identification of the research, why the participant is being contacted, purpose of the study, logistics of the interview, and informed consent requirement.

An example of the oration is: "Hello, my name is Lynne Lunsford and I am a PhD student at Liberty University. I am in the process of conducting a research study, and _____, who has already participated in this study, gave me your name and contact information because she believed that you could also contribute information that may be helpful in this study. I would like to explain to you what my

study is about before you express whether or not you have any interest in participating. The purpose of my study is to gain an understanding about the factors that influence transitioning out and cessation of using RA (I would explain what RA means). As I mentioned earlier, _____ who has already participated in the study suggested that you know her well enough to provide information pertinent about her or her past use of RA. Your participation in this study would involve a face to face, telephone, or email interview. We can arrange the interview to take place at a mutually agreed upon location, or a preset date and time to talk over the telephone or internet. The interview will last for approximately one to two hours and it will be audiotaped or documented via email communication. Once the audio or email communication of the interview is transcribed, you will be asked to read it and provide feedback. Prior to your participation in the study, it is necessary for you to sign an informed consent form since this is a research project. The informed consent form explains your involvement in the study. I will have this form with me when we meet or I can mail or email it to you. I would need to have your consent prior to a formal interview. Your participation in this study will be beneficial for others who experience negative consequences of using RA as well as for prevention and intervention programs. It would be helpful to have some potential dates that you would be available for the interview to take place. You can contact me either by telephone: 434-391-3676 or 434-414-2303 or by email: llunsford2@liberty.edu. It would also be very helpful if you provide me with your contact information for further arrangements. I thank you for your consideration in participating in this study.

Interviews with Experts in the Field of RA or other Professionals

The researcher will be conscientious of the opportunity to recruit other potential participants who may be able to add richness to the understanding of RA cessation. Such individuals include experts in the field of RA who have completed and published research, as well as other professionals such as counselors, teachers, administrators, or psychologists who have had firsthand experience working with females who have used RA or have knowledge about RA behavior. Efforts to initiate contact with these participants will be in the form of email (Appendix D), telephone, or in person.

An example of the oration is: "Hello, my name is Lynne Lunsford and I am a student at Liberty University. I am conducting a research study on the topic of female RA, more specifically the transitioning out process. The purpose of my study is to gain an understanding about the factors that influence transitioning out and cessation of using RA. I have read research on the topic of RA that you have published (or, I understand that you may have some knowledge about RA behavior) and I believe that you may be able to contribute information pertinent to RA for the purposes of this study. Your participation in this study would involve a face to face, telephone, or email interview and we can arrange that to take place at a mutually agreed upon location, or a particular date and time. The interview will last for approximately one to two hours and it will be audiotaped (or documented via email correspondence). Once the audio of the interview is transcribed (or email correspondence is compiled), you will be asked to read it and provide feedback. Prior to your participation in the study, it is necessary for you to sign an informed consent form since this is a research project. The informed consent form

explains your involvement in the study. I will have this form with me when we meet, or I

can mail or email it to you. Once you have agreed to participate in the study and signed

and returned the informed consent, we can formally conduct the interview. Your

participation in this study will be beneficial for those who use RA as well as for

prevention and intervention programs, and contribute to the research base on RA. If you

are interested in participating in this study, you can contact me by telephone: 434-391-

3676 or 434-414-2303, or by email: llunsford2@liberty.edu. I hope that you will

seriously consider being a participant in this study.

Interview Questions for Females who have Transitioned Out of using RA
Research Question:
How do females who have desisted from using RA describe that process?
Interview Question:
*I would like for you to go back in time when you began using relational aggression and trace forward from there to the present by describing those interpersonal relationships and relational experiences among your peers.

Research Question:
What significant factor(s) do you identify as contributing to that process?
Interview Question:
*Since you are no longer actively involved in using relationally aggressive behaviors in your relationships, what are some of the factors that have helped you in that process; for example, what things do you believe influenced you in your ability or decision to refrain from using RA?

Research Question:
How do you perceive yourself now in contrast to "then"?
Interview Question:
*If you were to compare who you were back then when you actively used RA behavior to the person who you are today, how would you describe each or compare the two?

Inquiry regarding additional participants: Who knows you well enough to be able to corroborate your viewpoints or add to them, and would you give permission for me to contact that person?

Interview Questions for Friends or Family of the Female Participant
Research Question:

What social, emotional, cognitive, or environmental factors do you believe influenced
_____ to stop using RA?

Interview Questions:
*Please describe your past and present relationship with _____.
*Please describe _____ as a person, for example, describe some aspects of her personal and interpersonal ways.
*If you have knowledge of her past relational experiences with others, how would you describe those interpersonal relationships of the past?
*How have you known _____ to have changed over time?
*What things do you believe may have influenced _____ to be able to change her interpersonal behavior with others?

Interview Questions for Experts in the field of RA or other Professionals
Research Question:
What social, emotional, cognitive, or environmental influences do you believe to be significant factors that contribute to RA desistance?

Interview Questions:
*Please describe your professional background.
*What have been your professional experiences involving females who engage in RA behavior?
*As you know, the purpose of my research study is to investigate the factors associated with females who have transitioned out of using RA, therefore I would like for you to share your professional or personal thoughts about the social, emotional, cognitive, or environmental factors that may influence that process over time.

APPENDIX G: Final Coding Scheme

Process of Desistance (PD)
PD1 Events/Experiences Leading to Psychological Re-Alignment
PD2 Cognitive/Emotional Shifts
PD3 Experiencing Quality Relationships

Contributing Factors (CF)
CF1 Cognitive/Emotional Shifts
CF2 Relationship Quality
CF3 Faith
CF4 Relocation to a New Environment

Perception of Self Now vs. Then
PSN1 Secure/Content
PSN2 Other-Oriented
PSN3 Emotional Stability