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Relational Aggression/Victimization and
Depression in Married Couples

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A dissertation submitted to the faculty of
Brigham Young University
in partial fulfillment of the requirements for the degree of

Doctor of Philosophy

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ABSTRACT

Relational Aggression/Victimization and Depression in Married Couples

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Doctor of Philosophy

The current study investigates the correlates of partner-directed relational aggression in married couples. In particular, this study looks at the connection between romantic relational aggression and the personal outcome of depression. Both the experience of victimization and perpetration of romantic relational aggression are considered. Victimization may be linked to depression through the concept of the “looking glass self” and reflected appraisals. Aggression, in contrast, may be linked to depression through dissatisfaction with one’s own aggressive tendencies in the relationship and a lack of “relational self-esteem”. Couples who completed the RELATE assessment were asked to report on their partner’s engagement in relationally aggressive strategies (both the love withdrawal and social sabotage subtypes) toward them. These scores were then used to predict self-reports of depression of both spouses. Bivariate correlations showed, with only one exception, that all aggression strategies were modestly yet significantly correlated with depression for aggressors and victims. In the SEM structural model, controlling for covariates, female love withdrawal was found to significantly predict male depression and male love withdrawal marginally predicted male depression. In this respect, victimization showed a stronger link to depression than aggression. There was no difference between social sabotage and love withdrawal in their predictive value. Women were found to report more aggression (of both subtypes) and depression. Clinical implications are discussed.

Keywords: relational victimization, relational aggression, depression, marriage

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Relational Aggression/Victimization and Depression in Married Couples

Relational aggression focuses on attempts to harm others through purposeful manipulation and damage of the relationship (Crick & Grotpeter, 1995). In peer relationships, it can include spreading rumors, gossiping, and excluding people from groups. In romantic relationships, it can include withholding affection and/or sexual intimacy and defaming the partner by sharing confidential information with people outside the relationship (Carroll et al., 2010). The early studies of relational aggression and its correlates began in middle childhood, and a wide range of studies have considered the developmental course of such aggression. However, studies of relational aggression in romantic relationships are far less numerous than those in middle childhood. Accordingly, much of the research reviewed in this study considers the developmental manifestations of relational aggression and its correlates. A guiding assumption is that negative correlates of relational aggression in earlier developmental stages portend the problems associated with such aggression in adulthood, and particularly in romantic relationships. As individuals engage in romantic relationships, the necessary interaction skills for successful adaptation increase in number and sophistication. Earlier issues with relational aggression and its correlates may therefore be expected to undermine adult development.

The studies that do measure romantic relational aggression suggest that it is a distinct problem for both individuals and their relationship. A prior study of marital relational aggression, for example, has demonstrated that these behaviors are associated with lower marital quality (Carroll et al., 2010). In addition to lower marital quality, romantic relational aggression has been found to be associated with negative psychological outcomes (Christian-Herman, O'Leary, & Avery-Leaf, 2001). With this premise in mind, one purpose of the current study is to

explore the association of relational aggression with depression in romantic relationships. I will also seek to explore whether being the perpetrator of relational aggression or experiencing relational victimization will have a stronger association with depression. I will investigate whether subtypes of romantic relational aggression differentially predict depression as well. In all of this, gender will be carefully considered. In particular, I will determine if the link between depression and relational aggression or victimization is stronger for women versus men. Mean levels of romantic relational aggression and depression will also be compared across gender.

Detrimental Correlates of Experiencing Relational Victimization

Consistent with prior work, I begin with a focus on the potential negative impact of aggression on victims. For the purposes of the current study, the psychosocial outcome of depression is very relevant. Victims of aggression, generally speaking, suffer a variety of negative effects, particularly if the aggression is ongoing. These effects emerge early in life. In studies of childhood and adolescent victims, relational victimization has been clearly and consistently associated with higher levels of depression (e.g., La Greca & Harrison, 2005; Prinstein, Boergers, & Vernberg, 2001). In a meta-analysis, Hawker and Boulton (2000) found that being a victim of peer aggression (a mix of physical and relational aggression) was more strongly correlated with depression than any other variable. Accordingly, depression is a key correlate of interest. Relational victimization is also related to social anxiety (La Greca & Harrison, 2005), loneliness and low self-esteem (Prinstein et al., 2001), fear of negative evaluation and social avoidance (Storch & Warner, 2004), social phobia (McCabe et al., 2003), obsessive-compulsive disorder (Storch et al., 2005), nonsuicidal self-injury (Hilt, Cha, & Nolen-Hoeksema, 2008), and suicidality (Brunstein Klomek, Marrocco, Kleinmen, Schonfeld, & Gould, 2008). Many of these behaviors serve as markers of depressive disorder.

There are a number of theories which help illuminate why and how romantic relational victimization and depression may correspond. One such theoretical orientation is the hopelessness theory of depression (Abramson, Metalsky, & Alloy, 1989). Hopelessness is defined as an expectation that highly desired outcomes will not occur or that highly aversive outcomes will occur and that nothing is going to change this situation for the better. Thus, inferential styles of social cognition may direct an individual to expect that negative life events are due to internal, stable, and global causes and there is nothing the individual can do about changing or avoiding them. For example, if you are being victimized by a romantic partner, you may believe that it is your fault, that it will continue, and that all partners will treat you in the same manner. Accordingly, there is no reason to leave the relationship when the fault does not lie with your partner. Consistent with this theory, Gibb, Stone, and Crossett (2012) found that relationally victimized individuals develop a negative view of the self, which may then lead to depression.

Romantic relationships, due to their greater intimacy, may be particularly powerful contexts for an individual to internalize negative self-perceptions if one is paired with an aggressive partner. With internalization, maladaptive functioning such as low self-esteem may emerge and gradually transform into depression (Parker et al., 1995). This idea is consistent with the “looking-glass self” theory proposed by Cooley (1902), which proposed that individuals respond to and internalize the way others perceive them. This phenomenon is known as “reflected appraisals,” wherein a person starts to see himself in the same way as the people who interact with him. For example, if a partner constantly criticizes another partner, this partner may start to believe the criticisms and this negative view of the self may lead to feeling poorly about the self and depression. This may be critical in romantic relationships, particularly married

couples, because of the amount of time they spend together and the importance of the relationship.

There is some evidence that the link between early relational victimization and poor mental health continues into adulthood. Leadbeater, Thompson, and Sukhawathanakul (2014) found that relational victimization experienced during adolescence is associated with increases in depression and anxiety symptoms across the transition to young adulthood. Not surprisingly, Ellis et al. (2008) found that dating relational victimization (in adolescence) was predictive of higher levels of depression, albeit for girls only. Goldstein et al. (2008) found that those who were highly victimized were more likely to base their self-worth on romantic relationships and attached higher importance to their romantic relationships. High aggressors and victims both reported more depressive and anxiety symptoms. I fully expected these important associations to hold in the romantic context of adults. The present study is the first to particularly assess whether romantic relational aggression within marriage is associated with depression levels of the victimized spouse.

Detrimental Correlates of Perpetrating Relational Aggression

It is also necessary to examine a link between perpetrating relational aggression and the depression level of the perpetrator. Prior research suggests that the association between enactment of relational aggression and depression is rather tenuous. Although some studies of relational aggression find perpetrators to be more depressed (Crick & Grotpeter, 1995; Card, Stucky, Sawalani, & Little, 2008), not every study has found such a correlation. Prinstein, Boergers, and Vernberg (2001) found that adolescent engagement in relational aggression was more concisely linked to externalizing problems, such as conduct disorder and oppositional defiant disorder, rather than to internalizing problems such as depression.

Dahlen, Czar, Prather, and Dyess (2013) did find a bivariate association between relational aggression and depression, but not when controlling for levels of relational victimization. These results suggest that concurrent relational victimization may be the driving force in the aggression-depression link. Storch, Bagner, Geffken, and Baumeister (2004) found that relational aggression predicted depression over and above overt aggression; however, relational victimization was not controlled for in this study. In the studies which fail to find an aggression-to-depression link, however, scholars have found that relational aggression predicts common correlates of depression. Specifically, relational aggression is more predictive of anxiety than being relationally victimized. Furthermore, relational aggression is associated with higher levels of peer rejection, antisocial or borderline personality features, and more bulimic symptoms among college-age women (Gros, Stauffacher Gros, & Simms, 2010; Werner & Crick, 1999). Hence, it is not clear why associations between relational aggression and depression would not emerge in the midst of these other significant associations.

Important moderators may explain some of the mixed findings in this area of research. Researchers found that the use of relational aggression by those who identify with a more feminine gender role related to higher levels of depression (Kolbert, Field, Crothers, & Schreiber, 2010). They proposed that this was due to those who use relational aggression being unable to maintain close, personal relationships. Maintaining supportive relationships may be considered a priority within the feminine gender role. Researchers also found that inauthenticity in relationships among girls was associated with depression (Tolman, Impett, Tracy, & Michael, 2006). Accordingly, the use of relational aggression may also lead to guilt, which is also known to be associated with depression.

These mixed results may be explained, in part, by the social status of the aggressor. Individuals with significant status may use relational aggression to obtain and maintain their status and most likely feel good about their success in doing so (Cheng, 2010; Lease, Kennedy, & Axelrod, 2002). Accordingly, these individuals who enjoy high social capital may not experience depression until their aggressive behavior creates problems for maintaining intimate relationships (Litwack, Aikins, & Cillessen, 2012).

On the other hand, some people are aggressive because they lack social skills and they are consistently rejected in the peer group. These individuals may use reactive aggression because they themselves are consistently victimized (referred to as “bully-victims”) or rejected by peers due to their lower social status (known as “aggressive-rejected”). Estevez, Murgui, and Musitu (2009) found that bully-victims had more depressive symptomology than other students who were either not involved in bullying or were exclusively bullying others. In another study, Hodgens and McCoy (1989) found that aggressive-rejected children are actually more likely to report symptoms of depression than their shy-rejected counterparts, who are struggling with anxiety as the source of their exclusion.

In contrast, Hecht, Inderbitzen, and Bukowski (1998) found no differences for depression between aggressive-rejected students and any of the other potential groups in their peer group, including shy-rejected children. However, aggressive-rejected children reported more interpersonal problems and distress than shy-rejected children in the study. These individuals, because of their rejected status, may internalize their interpersonal problems and distress, going on to develop depression. Alternatively, it may actually be relational victimization that is driving the association between relational aggression and depression, and it was not reported in this study.

The link between relational aggression and depression in a romantic context may be driven by reflected appraisals. The victimized spouse may serve as a mirror and the aggressive spouse may not like who he or she is in the eyes of the spouse. This may lead to more aggression and more depression. The aggressor may or may not see himself or herself as aggressive beyond the marital context. This view of the self as aggressive may cement that role in the relationship and the dissatisfaction with the self may lead to depression. This effect may be related to the concept of "relational self-esteem" (Harter, Waters, & Whiteshell, 1998). Starting in adolescence, individuals evaluate how much they like themselves as a person (perceived self-esteem) based on relational contexts. This line of research suggests that how an individual evaluates the self in certain relationships is critical to their overall self-worth as a person. For example, if a person has always had to be aggressive in a relationship, he or she may internalize negative self-worth and self-esteem, both of which are hallmarks of depression. The view of the self as an aggressive person may lead to a negative self-evaluation and ultimately to depression (Harter, Waters, Whitesell, & Katelic, 1998).

Although the majority of these studies of popularity were conducted with adolescents, there is reason to believe that these trends continue into young adulthood. Lansu and Cillessen (2012) have found that perceived popularity is positively related to relational aggression in young adults. Sandstrom and Cillessen (2010) also followed individuals from high school into emerging adulthood. They found that perceived popularity was positively related to relational aggression for high school girls, but not for boys. Interestingly, boys with high levels of both perceived popularity and relational aggression had less depression and other psychopathology, as well as less workplace victimization, three years later into emerging adulthood. However, boys who were high on relational aggression generally displayed high-risk behaviors (e.g. alcohol,

drug, tobacco, and weapon use and sexual behavior) regardless of popularity level. For girls, in contrast, high levels of relational aggression were associated with lower depression symptoms and higher levels of workplace victimization over time, especially for those low in perceived popularity. A link between perpetration of relational aggression and depression may therefore be harder to establish in adulthood (or it may evolve over the course of time, as workplace victimization may eventually lead to depression for women).

Social Sabotage versus Love Withdrawal

In considering romantic relational aggression, it is important to note the subtypes that exist in prior literature. Carroll et al. (2010) identified two such subtypes of romantic relational aggression: love withdrawal and social sabotage. Love withdrawal consists of giving a partner the “cold shoulder” or “silent treatment” and involves withholding affection and/or sexual intimacy. Social sabotage involves attempts to defame the spouse by sharing confidential information about marital problems with people outside the marital context (e.g., relatives, friends, or coworkers). In this regard, this defamation closely resembles gossip and rumor-spreading that takes place in childhood and adolescence. The results of the Carroll et al. study found that love withdrawal was more common than social sabotage. They also found that 96% of wives and 88% of husbands reported engaging in love withdrawal at some level. In contrast, social sabotage was practiced to some degree by 64% of wives and 52% of husbands. These percentages suggest that many couples acknowledged social sabotage as a more extreme form of romantic relational aggression and shunned it as a strategy in dealing with marital conflict. In any case, it appears to be less normative than love withdrawal, which may be practiced at some level by the majority of married couples. Both love withdrawal and social sabotage were associated with perceptions of poorer marital quality and stability for both husbands and wives.

However, these associations were strongest for social sabotage, suggesting that it may be a more damaging form of marital relational aggression. The current study builds on the Carroll et al. (2010) study by particularly focusing on how social sabotage and love withdrawal may be differentially predictive of depression in the victim or the aggressor.

Relational Aggression versus Relational Victimization

A key question driving this study is whether perpetrating or receiving relational aggression is most predictive of aggression. Most studies do not directly compare correlates of relational aggression and relational victimization, but prefer to focus on one or another. One exception, noted earlier, is the Prinstein, Boergers, and Vernberg (2001) study which found that, among adolescents, relational aggression predicted externalizing problems whereas relational victimization predicted internalizing disorders. No study to date has considered relational aggression and relational victimization in their comparative predictive power when considering depression in married individuals. This study explicitly considers this comparison in a multivariate model in which aggression and victimization are pitted against each other in the prediction of depression in married individuals.

Considering Gender

Gender has always been a prominent feature in studies of relational aggression, particularly as it relates to correlates. In this study, we seek to determine whether the overall model is more predictive of depression for women versus men, based on the rationale that women value emotional intimacy more than men and may be more heavily impacted by the absence of intimacy when aggression is present. Research has found that women develop more intimate friendships, stress the importance of maintaining intimacy, and expect more intimacy in

their friendships than do men (Clark & Ayers, 1993; Clark & Brittle, 1992, Foot, Chapman, & Smith, 1977).

I will also examine the rates of relational aggression among women and men in married relationships. Relational aggression appears in the behaviors of both males and females, particularly in regular peer relationships. Initially, however, Crick and Grotpeter (1995) found that girls were more relationally aggressive than boys, and “mean girls” became the focus of many relational aggression studies. Recent meta-analyses (Card, Sawalani, Stucky, & Little, 2008; Scheithauer & Haag, 2008; Archer, 2004), however, have found either non-existent or negligible gender differences in relational aggression in middle childhood and adolescence. Gender differences have not been adequately explored in the context of romantic relational aggression, however. Most studies of young adult relational aggression (when romantic relationships are most normative) focus on peer-directed relational aggression, as well. These studies have generally found that college age men report engaging in more overt, physical, and relational aggression than women (Loudin, Loukas, & Robinson, 2003). For example, Lento-Zwolinski (2007) found that college age men reported more reactive physical and relational aggression than women. Similarly, Storch, Bagner, Geffken, and Baumeister (2004) found that men engage in more overt (physical/verbal) and relational aggression than women.

This same pattern of findings does not emerge for studies of romantic relational aggression. Goldstein (2011), for example, found that young adults engaged in more relational aggression with romantic partners than with friends. In that romantic context, women were more relationally aggressive than men. In another study of college students, Goldstein, Cesir-Teran, and McFaul (2008) found that women reported higher levels of romantic relational aggression than men. Men correspondingly reported higher levels of romantic relational victimization than

women. In their study of young adults, Ruh Linder, Crick, and Collins (2002) also found that men and women reported similar levels of romantic relational aggression. However, men reported higher levels of romantic relational victimization. It therefore appears to be the case that romantic relational aggression is more commonly practiced by women against men. This study will further test this hypothesis in yet one more dataset.

Finally, in this study I seek to examine rates of depression in men and women. It has been consistently found in prior literature that in adolescence the rate of depression among women doubles compared to men (Angold, Costello, & Worthman; Lewinsohn, Hops, Roberts, Seeley, & Andrews, 1993; Nolen-Hoeksema, Girgus, & Seligman, 1992; Wichstrom, 1999) and this gender difference continues into adulthood (Cyranowski, Frank, Young, & Shear, 2000). Accordingly, I expected women to report higher levels of depression than men in the marital context.

The Marital Discord Model of Depression

In the foregoing review, I have noted a couple of theories which serve to explain the general association between victimization or aggression and depression. When specifically considering the marital context, as I do here, the marital discord model of depression (Beach, Sandeen, & O'Leary, 1990) seems particularly germane. This theory explains how problems in marriage are associated with depression and other negative outcomes. In particular, various stressors are associated with increasing risk. These stressors may include verbal and physical aggression; threats of separation and divorce; severe spousal denigration, criticism, and blame; severe disruption of scripted routines; and major idiosyncratic marital stressors. I propose that marital relational aggression can be added to this list of risk factors. There are, as well, protective factors in a relationship that can decrease the risk of depression. These support factors include

couple cohesion, acceptance of emotional expression, coping assistance, self-esteem support, spousal dependability, and intimacy. When marital discord occurs in a marriage, supportive factors frequently are decreasing at the same time that marital stressors are increasing. Given that marital relational aggression has received so little attention, it is unclear how multiple factors may combine to enhance or detract from the resilience of the relationship and the prevalence of aggression. It is clear that romantic relational aggression in marriage deserves further study, particularly in how it interacts with other important variables, both risk and protective.

The marital discord model of depression has considerable empirical support. Researchers have found that marital discord longitudinally predicts depression, even in individuals who were not previously depressed (Christian-Herman, O'Leary, & Avery-Leaf, 2001). Several studies have found that both husbands and wives in discordant marriages are 10 to 25 more times more likely to develop depression than those in healthy marriages (O'Leary, Christian, & Mendell, 1994; Weissman, 1987). Mood disorders are the only psychiatric disorders associated with marital discord for both men and women (Whisman, 1999). Some research has also found that therapy used to treat depression is ineffective in individuals who have high marital discord. Accordingly, when the marital discord decreases, depressive symptoms can be effectively ameliorated (O'Leary, Riso, & Beach, 1990; Rounsaville, Weissman, Prusoff, & Herceg-Baron, 1979). It is also noteworthy that the strength of the association between marital dissatisfaction/instability and depression is influenced by the strength of the coping skills each individual brings to the relationship (Fink & Shapiro, 2013). This paper is a first step in identifying the link between romantic relational aggression, as a form of marital discord, and the development of depression. It should serve as a springboard for further study of mediators and moderators of such a relation, if it can be established.

Research Questions and Hypotheses

1. The first research question to be considered is whether or not relational victimization is associated with depression at both the bivariate and multivariate level. It is hypothesized that as relational victimization increases, depression will also increase. An abundance of research in the middle childhood and adolescent literature has found an association between relational victimization and depression (La Greca & Harrison, 2005; Prinstein, Boergers, & Vernberg, 2001; Hawker & Boulton, 2000). There is also some evidence that the association between relational victimization and depression continues into adulthood (Leadbeater, Thompson, & Sukhawathanakul, 2014). Relational victimization may be more associated with depression than relational aggression because the fundamental need to belong is being violated (Leary, Terdal, Tambor, & Downs, 1995). In addition, the constant negative “reflected appraisals” (Cooley, 1902; Mead, 1934) by the aggressor may lead the partner to internalize a negative view of self, which may in turn lead to hopelessness and depression (Abramson, Metalsky, & Alloy, 1989). In this study, the associations between victimization and depression are analyzed using partner reports of romantic relational aggression as they relate to the same partner’s self-reports of depression. Consistent with the marital discord model of depression (Beach, Sandeen, & O’Leary, 1990), I expected relational victimization to be associated with depression for both men and women.

2. The second research question of this study is whether or not relational aggression is associated with and predicts depression at both the bivariate and multivariate level. I hypothesized that as relational aggression increased, depression will also increase. Prior research suggests that social status (popularity or rejection) may moderate the association between relational aggression and depression. It is beyond the scope of this study to incorporate each

partner's peer standing. In any case, as adults focus on romantic/marital interactions, the peer group considerations may become less relevant to this relation. As noted earlier, some research in the adult psychology literature has found an association between enacting relational aggression and depression (Dahlen, Czar, Prather, & Dyess, 2013; Storch, Bagner, Geffken, & Baumeister, 2004). Theoretically, aggression may lead to depression because a person who uses aggression may not like who they are in the relationship. This lack of "relational self-esteem" may leave them vulnerable to the onset of depression. In this study, the associations between aggression and depression are analyzed using partner reports of romantic relational aggression as they relate to the perpetrator's self-reports of depression.

3. Along with the first and second research questions, another research question is whether relational aggression or victimization will be more strongly associated with and predictive of depression. I hypothesize that relational victimization will be more strongly associated with and predictive of depression, particularly at the multivariate level. This hypothesis builds on the notion, cited above, that relational victims have their fundamental need to belong violated by the aggressor. The constant infliction of romantic relational aggression may also lead the victim to internalize negative appraisals which dramatically lower self-esteem and, by extension, depression.

4. I also hypothesize that social sabotage will predict depression more strongly than love withdrawal, due to its relative severity. As noted earlier, Carroll et al. (2010) found that social sabotage was more strongly associated with poorer marital quality and instability for both husbands and wives. Since greater marital discord is predictive of depression, I expect social sabotage to be most instrumental in, and indicative of, both levels of marital discord and depression.

5. The final research questions revolve around gender. One research question is whether or not the overall predictive model is stronger for women or men. I hypothesized that the link between relational aggression and depression and relational victimization and depression will be stronger for women versus men because of the higher importance women place on intimacy. As noted earlier, women tend to put more effort and value into the establishment and maintenance of relationships (Crick & Grotpeter, 1995). When hopes for an enduring relationship are consistently violated, there is good reason to feel depressed. In addition, I also consider gender differences in the rate of engagement in the two subtypes of romantic relational aggression. Consistent with prior research, I expected higher levels of romantic relational aggression and depression in women than in men in married relationships.

Method

Participants

The sample for this study was drawn from a larger population of self-selected individuals who completed the RELATE Questionnaire between 2009 and the present time (Busby, Holman, & Taniguchi, 2001). Participants take the RELATE survey as part of a class requirement, premarital workshops, assessments given by a therapist, or after finding it on the internet (relateinstitute.com).

The sample was primarily defined by couples in which both individuals had completed the report on their partner's romantic relational aggression within the romantic relationship (CRaViS assessment; Nelson & Carroll, 2006) as well as their self-reports of depression. This resulted in a sample of 4,571 couples. Then, because the current study was interested in gender comparisons and same-sex couples comprised a small amount of data, only heterosexual dyads were included in the sample. This yielded a sample of 4,348 couples. I then culled the data to

only include those in their first marriage (excluding dating, cohabiting, and remarried couples). This resulted in a sample of 946 couples.

Finally, given that a large number of RELATE participants belong to the Church of Jesus Christ of Latter-day Saints (LDS Church), particularly in the married sample, the data set was pared down to more closely represent a nationally representative sample of LDS members in the United States of America (around 5.5%). I randomly chose one out of every 20 participants if either member of the couples reported that they were LDS. After this final step, the final sample was composed of 416 married, heterosexual couples.

I was interested in marriage length as a covariate in analysis, but the measure in the RELATE assessment uses categories which vary tremendously in range. In order to provide a more continuous measure of marriage length, the class interval midpoint of each category range was used. On the lower end of the continuum, the value was 1.5 months (the first category being 0 to 3 months) and on the top end of the continuum was 426 months (the final category I considered being 31 to 40 years). Those who were married for 40 years or more were dropped from analysis because this variable was not quantifiable in this manner.

Measures

The RELATE is an approximately 300-item questionnaire designed to evaluate the quality of romantic relationships. The survey is an instrument that allows individuals and couples to understand different aspects of their relationship. It also allows researchers to gather data for couple research. The RELATE questionnaires include a broad range of items probing relationship and psychosocial health of the partners who participate. Of interest for this study are the measures of romantic relational aggression and the individual experience of depression for each partner (See Figure 1 for the structural model which is analyzed later). The validity and

reliability of the measurement scales have been established in previous studies (for details, see Busby et al., 2001).

Relational Aggression/Victimization. Two subtypes of relational aggression were measured in this survey. First, love withdrawal was measured with three items, assessed with partner reports. It was measured with a 5-point Likert-type scale ranging from 1 (*never*) to 5 (*very often*). Individuals rated their romantic partners with the following items: “My partner has given me the silent treatment or ‘cold shoulder’ when I have hurt his/her feelings or made him/her angry in some way.” “My partner has intentionally ignored me until I give in to his/her way about something,” and “My partner has withheld physical affection from me when he/she was angry with me.” The Cronbach’s alphas for love withdrawal by the partner were .84 for men’s reports of their partners and .82 for women’s reports of their partners.

Partner reports of social sabotage were measured with three items, using the same 5-point Likert-type scale ranging from 1 (*never*) to 5 (*very often*). Individuals rated their romantic partners with the following items: “My partner has gone ‘behind my back’ and shared private information about me with other people,” “When my partner has been mad at me, he/she has recruited other people to ‘take sides’ with him/her and get them upset with me too,” and “My partner has spread rumors or negative information about me to be mean.” The Cronbach’s alphas for social sabotage by the partner were .79 for men’s reports of their partners and .84 for women’s reports of their partners.

One item, “My partner has threatened to end our relationship in order to get me to do what he/she wanted,” was analyzed separately because it did not load on the other two factors (it was originally intended as a love withdrawal item, but it varies from the other items in terms of potentially ending the relationship rather than enduring temporary disaffection; this is the

“nuclear” option). Rather than drop this item, we elected to use it as a separate predictor in subsequent analyses. Accordingly, I consider two subtypes of romantic relational aggression as my primary foci, but also consider the “Threaten to End the Marriage” item going forward.

Depression. The depression scale included three items. Participants self-rated their feelings of depression using a 5-point Likert-type scale ranging from 1 (*never*) to 5 (*very often*). Participants were asked, “How much do these words or phrases describe you?” The three words provided for the depression scale were, “sad and blue,” “feels hopeless,” and “depressed.” Higher scores indicated more depression. The Cronbach’s alpha for men’s self-reports was .83 and for women’s self-reports it was .85.

Results

Analysis Strategy

Structural equation modeling was used to model the relations among the latent variables of interest in this study. These variables include partner reports of love withdrawal, social sabotage, and the “Threaten to End” item as the predictors and self-reports of depression as the outcome variables. All models were fit using the MPlus statistical analysis package. In prelude to the SEM approach, scale scores were first computed in order to establish basic frequencies and standard descriptive statistics in order to probe the prevalence of romantic relational aggression for these married couples. Next, I conducted a measurement model (CFA) in which aggression and depression scores were jointly analyzed in a confirmatory factor analysis. As noted earlier, the associations between *aggression and depression* are analyzed using partner reports of romantic relational aggression as they relate to the *perpetrator’s* self-reports of depression. In contrast, the associations between *victimization and depression* are analyzed using partner

reports of romantic relational aggression as they relate to the same *partner's* self-reports of depression.

Initial Analyses

Consistent with research question #5, I was interested in assessing gender differences in the variables of interest. To determine the mean levels of relational aggression, relational victimization, and depression among women and men, scale scores were first computed. Next, paired-sample t-tests were conducted to compare means. Women ($M = 2.28$, $SD = 1.00$) were rated as engaging in significantly more love withdrawal ($t(414) = 3.89$, $p < .001$) than men ($M = 2.07$, $SD = .98$). Women ($M = 1.41$, $SD = .73$) were rated as engaging in significantly more social sabotage ($t(414) = 3.59$, $p < .001$) than men ($M = 1.28$, $SD = .56$). Women ($M = 1.68$, $SD = 1.09$) were rated as threatening to end the relationship more ($t(412) = 4.70$, $p < .001$) than men ($M = 1.43$, $SD = .87$). Finally, for depression, women ($M = 2.45$, $SD = .77$) self-reported significantly higher levels of depression ($t(415) = 5.53$, $p < .001$) than men ($M = 2.19$, $SD = .71$).

To determine the prevalence of relational aggression, relational victimization, and depression among married couples, scale scores were also computed. Frequency analyses revealed that love withdrawal was more common than social sabotage. As reported by their partners, 74.7% of women and 61.3% of men in married couples engaged in some level of love withdrawal. This is somewhat comparable to the Carroll et al. (2010) study where 96% of wives and 88% of husbands in couples who had been married for at least 15 years engaged in love withdrawal (as reported by their partners).

Fewer individuals engaged in social sabotage. As reported by their partners, 31.3% of women and 23.7% of men in married couples engaged in social sabotage at some level. These results can be contrasted with the Carroll et al. study, wherein 64% of wives and 52% of

husbands in longer-term marriages engaged in social sabotage. Also, in the current study, only 23.8% of women threatened to end the relationship and 17.4% of men threatened to end the relationship.

CFA and Latent Correlations

The results of the CFA analysis provided correlations between latent variables as well as with the selected control variables. Accordingly, the covariates used in the Carroll et al. (2010) study, specifically age, income, education and marriage length, were included in the CFA as well as the final structural model. The measurement model fit was good ($\chi^2(228) = 359.69$, CFI = .97, TLI = .96, RMSEA = .04). The standardized factor loadings of all of the observed items in the latent variable constructs are shown in Table 1.

Almost all of the predictor and outcome variables were significantly correlated in the expected directions (see Table 2). The range of the correlations between the relational aggression subtypes and depression are between .11 and .23 for married couples. The only marginal correlation was between male social sabotage (partner report) and male depression (self-report). At the bivariate level, therefore, there is evidence that both relational victimization (research question 1) and relational aggression (research question 2) are both associated with depression in either victims or perpetrators. Male and female self-reports of depression only modestly coincide. There is a moderate relationship between the subtypes of relational aggression, both within and across informants.

Multiple Regression SEM Analyses

To determine how relational victimization (research question 1) and relational aggression (research question 2) predict depression, and particularly their relative strength in prediction (research question 3), structural equation modeling (SEM) was performed. In the structural

model assessing relations between romantic relational aggression and depression, with all relevant covariates included, the fit statistics were good ($\chi^2(228) = 359.69$, CFI = .97, TLI = .95, RMSEA = .04). There was one significant finding which emerged in the multivariate context. Levels of female love withdrawal significantly predicted male depression ($\beta = .17, p < .05$). Levels of male love withdrawal also marginally predicted male depression ($\beta = .13, p < .10$). Thus, although bivariate latent correlations between aggression and depression were nearly all significant, multivariate findings were far fewer in number. There were some significant findings for the covariates among married couples. Levels of male age significantly predicted male depression ($\beta = .39, p < .05$). Levels of male income significantly predicted male depression ($\beta = -.17, p < .01$).

I expected that female depression would account for more variance because of the importance of intimacy among women. The proportion of variance accounted for male depression (self-report) is 11% and the proportion of variance accounted for female depression (self-report) is 6.1% ($p < .05$).

Planned Pathway Comparisons

In light of my earlier hypotheses, I elected to conduct a number of additional pathway comparisons to determine whether the unstandardized coefficients differed significantly between men and women (research question 5). These analyses focused on the latent variables of love withdrawal and social sabotage (the “Threaten to End” item is not considered in these comparisons). I first tested whether there were significant gender differences in the specific associations between an individual’s engagement in aggression (partner-reported) and his/her own (self-reported) depression. In Figure 1, the pathways that are compared are a/f and c/h. No significant results emerged. I then tested whether there were significant gender differences in the

specific associations between an individual's victimization at the hands of the romantic partner (partner-reported) and that same individual's (self-reported) depression. In Figure 1, the pathways that are compared are b/e and d/g. No significant results were obtained for these comparisons.

I continued with pathway comparisons to determine whether love withdrawal or social sabotage was more predictive of depression in both the aggressor and the victim (research question 4). I was interested in the comparative strength of associations between love withdrawal and social sabotage, either for the aggressor's or the victim's depression. In regard to the depression of aggressors, the pathways that are compared are a/c and f/h (conducted within gender). In regard to the depression of victims, the pathways that are compared are b/d and e/g (also conducted within gender). No significant results emerged for either set of comparisons.

Finally, to determine whether or not aggression or victimization more strongly predicted depression (research question 4), I tested more pathway comparisons. For example, are male partners more depressed as aggressors or victims when it comes to love withdrawal? The pathways that are compared are a/e and c/g (for male depression scores) and b/f and d/h (for female depression scores). No significant differences emerged.

Discussion

Depression in romantic relationships is a common experience for many couples in our society today, and can lead to divorce or separation. Divorce in turn can lead to long-lasting negative effects on the children and the adults involved. Some of the factors that can lead to depression are the use of relational aggression and relational victimization in the romantic relationship. A better understanding of the associations between relational aggression and

victimization and depression can inform efforts to assist couples in creating healthier relationships and avoiding divorce or other relationship disruption.

The first purpose of this study was to determine whether or not relational victimization predicted depression. I found evidence at the bivariate level that these variables were significantly yet modestly correlated for both subtypes of romantic relational victimization. It was interesting that these correlations were fairly consistent in size, regardless of the subtype addressed. Notably, the “Threaten to End” item did not correlate any higher with depression than the latent variables of love withdrawal and social sabotage, even though this item appears to be the most strident strategy and, presumably, the most damaging. This data suggests that romantic relational aggression, no matter what form it takes, creates difficulty for the individuals involved in the marriage.

At the multivariate level, only one of these bivariate associations remained. Specifically, female love withdrawal predicted male depression. I proposed that relational victimization would be associated with depression because of the theories of the “looking glass self” and “reflected appraisals”. These theories state that a person starts to see himself or herself as others around them see them. Especially in a significant romantic relationship, if one partner constantly uses relationally aggressive tactics, the other partner may start to establish an inferiority complex and believe that they are no good at all and that this situation will never change in the future. These feelings of worthlessness and hopelessness are likely to develop into depression. These possible pathways (feelings of low worth and hopelessness), however were not measured in the present study so they are purely speculative. Future work should seek to address the feelings of low self-worth and hopelessness in respect to relational aggression on depression. In addition, Carroll et al. (2010) found that relational aggression predicted lower levels of marital quality and greater

levels of marital instability. Other research has found that lower marital discord has contributed to depression (Christian-Herman, O'Leary, & Avery-Leaf, 2001).

The second purpose of this study was to investigate the association between relational aggression and depression in married individuals. Only one marginal relationship emerged between male love withdrawal and male depression in the multivariate analyses, although there were significant yet modest correlations (5 out of 6) at the bivariate level. The association between relational aggression and depression makes sense in the light of Harter's theory of "relational self-esteem," where a person's self-esteem varied as a function of their relationships. In the marital context, an individual may feel the need to be aggressive in the marital context. In this relationship, the individual may not like who they are in respect to their partner. Another reason aggression may lead to depression is the difficulty in maintaining a close personal relationship with the spouse when using aggression and they may feel a sense of guilt after the use of depression. Lack of social support and guilt have been known to associate with depression (Prince et al., 1997; Tangney, 1990, p. 102).

One reason why there are modest correlations between aggression and depression may be due to the greater relationship context and history of individuals in the marital dyad. Some people use relational aggression as a manipulative technique. These people may have been very popular (perceived popularity) in high school and have continued this trend into adulthood and romantic relationships. These people tend to have very high self-esteem and low depression (Lease, Kennedy, & Axelrod, 2002; Cheng, 2010; Litwack, Aikins, & Cillessen, 2012). Other people use relational aggression because they lack social skills. These people are sometimes referred to as "bully-victims" or "aggressive-rejected" individuals (Estevez, Murgui, & Musitu, 2009; Hodgens & MCCoy, 1989). These people tend to have low self-esteem and high

depression. Accordingly, we would expect higher correlations between their marital relational aggression and their depression. However, I did not examine such variables in the current study because they were not the primary purpose of the study. It is difficult, therefore, to know, what the distribution of individuals (popular vs. aggressive-rejected) might look like among this particular group or what additional risk factors may be present. Future research should address other correlates of relational aggression beyond just demographics.

The third purpose of this study was to see if either victimization or aggression was a stronger predictor of depression. The relevant set of planned pathway comparisons did not produce significant differences. However, the only significant finding in the multivariate context favored victimization over aggression. Victimization may therefore provide a more direct link to depression than aggression. Additional study is needed, however. One surprising aspect was the one multivariate finding emerged for the prediction of male depression. I had expected the pattern of findings to be most prominent for women.

The fourth purpose of this study was to determine if love withdrawal or social sabotage was a stronger predictor of depression. Carroll et al. (2010) proposed that love withdrawal may be part of “normal marital sadism,” in which couples engage in behaviors intended to punish the spouse for real or imagined crimes against the relationship (McCarthy, 2008). Social sabotage, in contrast, was presumed by Carroll et al. to take aggression to a much more damaging level, and the lower prevalence rates suggest that married couples are more tentative about engaging in such behavior. It was surprising that my pathway comparisons showed no differences in the unstandardized pathway estimates. My data instead suggest that perhaps these two strategies operate more similarly than we think. It is intriguing that love withdrawal may be just as

depressing to experience as social sabotage. Even though they are different strategies, they are both subtypes of an overall pattern of relationally aggressive behavior.

The fifth purpose of the study was to determine if predictions within the omnibus model were collectively stronger for men or for women. I had hypothesized that there would be a higher number of associations, and greater strength in prediction, for women, given the high importance women place on emotional intimacy (and the inherent danger romantic relational aggression poses for such intimacy). Research has found, for example, that women develop more intimate friendships, stress the importance of maintaining intimacy, and expect more intimacy in their friendships than do men (Clark & Ayers, 1993; Clark & Brittle, 1992, Foot, Chapman, & Smith, 1977). It is reasonable to conclude that women may want to maintain at least this level of intimacy with their male romantic partners, whereas men, who are not as familiar with such requirements in close friendships, may not expect as close of intimacy in their romantic relationships. There was, in fact, no gender effect found for the overall model. The R^2 comparisons for the structural model also showed that romantic relational aggression predicted nearly twice the variance in self-reported depression for men as compared to women. These results were surprising, and suggest that the effects of romantic relational aggression on men may be quite similar to what we expected to observe for women. Additional study is needed to verify whether this finding is robust across a number of different samples.

Another gender consideration was to determine whether or not women have higher rates and mean levels of relational aggression than men. It was hypothesized that women would have higher rates of all three, in light of prior research. Several researchers have found that, in romantic relationships, women tend to use relational aggression more than men (Goldstein, 2011; Goldstein et al., 2008, Ruh Linder et al., 2002). This pattern of findings was confirmed in the

present study, with women engaging in slightly more love withdrawal and social sabotage than men. Accordingly, we now have a number of different samples which suggest that there may be a robust gender difference favoring females when it comes to the perpetration of romantic relational aggression in heterosexual romantic relationships.

Another gender difference emerged in regard to depression. It is no surprise that women were found to be more depressed than men in the current study. It has been consistently found in prior literature that, after puberty, the rate of depression among women doubles compared to men (Angold, Costello, & Worthman; Lewinsohn, Hops, Roberts, Seeley, & Andrews, 1993; Nolen-Hoeksema, Girgus, & Seligman, 1992; Wichstrom, 1999) and this gender difference continues into adulthood (Cyranowski, Frank, Young, & Shear, 2000). There are several reasons why this is the case, including genetic, hormonal, situational, and cultural factors. I expected that relational aggression and victimization would account for more variance in female depression because of the importance of intimacy among women. However, relational aggression and victimization accounted for more variance in depression for men than women.

Relationship length did not emerge significant in its association with aggression or depression at the multivariate level. However, it was associated with male love withdrawal (partner report) at the bivariate level. Perhaps, male love withdrawal, which is rarer, is more comfortable to engage in as the relationship progresses. One may hypothesize that, due in part to their greater time together, married couples may perceive more security in the marital relationship, which may make it seem less risky to engage in relational aggression. A corollary to this idea is found in the childhood research literature, wherein best friendships tend to use more relational aggression than acquaintances because they know more information about the other

person, and the relationship may be potentially strong enough to withstand this type of aggression.

Sumrall, Ray, and Tidewell (2000) found that girls evaluated intentions of a best friend who used relational aggression against them more positively than an enemy who used relational aggression. Thus, girls who are best friends are more likely to see relational aggression within the friendship more benignly. Similarly, because of the added security of marital relationship, married couples may be more comfortable engaging in relational aggression as they perceive the likelihood of dissolution of the marriage to be less likely, given the permanence suggested by marital vows. But I found little evidence of this here. It may be, however, that the measure I utilized, despite my best effort to treat it as a continuous variable, was simply insufficient. The best measure of marriage length would be a simple accounting of how many months any couple has been married.

Covariates

Although it is not a specific focus of my research questions, it is warranted to briefly touch upon the significant associations between the included covariates and depression. In regard to age, it is not surprising that as individuals became older, they were more depressed. Increasing age in early marriage and cohabitation consists of increasing stress with job work, responsibility, financial difficulties, and possibly children. Also not surprising is that, in general, as people earned less income, they were more depressed. The stress of bills and financial obligations can obviously lead to stress and distress. In the case of married couples, it would be of interest to see how many of these unions are more traditional in nature (husband works and the woman stays at home), and whether such an arrangement may help to explain how individual depression is associated with male income but not female income.

Limitations and Directions for Future Research

One limitation of this study is that multicollinearity of the predictors substantially reduced the number of significant findings in the multivariate context. In short, there were many more significant findings at the bivariate level, but the modest correlations generally did not endure in the multivariate context among predictors who are moderately correlated amongst themselves. The bivariate correlations also suggest that romantic relational aggression is simply one of many risk factors associated with depression in marriage, and the influence of these behaviors should not be overstated. It would be helpful in future studies to consider how romantic relational aggression may interact with other forms of marital aggression such as psychological, verbal, and physical forms.

Romantic relational aggression may also play a central role in propelling some couples down the cascade of Gottman's (1994) four horsemen of the apocalypse of criticism, contempt, defensiveness, and withdrawal in marriage. It would be of interest to assess how much overlap exists between all of these aggressive strategies and whether romantic relational aggression uniquely predicts couple or individual outcomes, above and beyond these other strategies that have received far more empirical attention. In the case of depression, future studies could determine if relational aggression predicts depression above and beyond other couple conflict styles. This would give us a much better sense as to the severity of such behaviors in marital relationships.

Future studies may also start to investigate mediational models in a longitudinal context. One of the limitations of this study was that it was cross-sectional in nature. In a longitudinal study, one could use marital quality and instability as a mediator between romantic relational

aggression and depression in romantic relationships. Alternatively, depression may mediate the relation between romantic relational aggression and marital outcomes.

Another limitation of this study was the shared method variance which may have bolstered the associations between victimization and depression. Shared method variance may have contributed to the pattern of findings linking these variables together. This can be further tested by allowing for multiple reports (self- and spouse) for all of the variables of interest.

Clinical Implications

Divorce is one of the worse marital outcomes that is plaguing our society today. It has long-lasting negative psychological effects on both the adults and children. Two things that could contribute to divorces are relational aggression in the relationship and depression in the individual. All efforts should be undertaken to alleviate these two variables, so that the couple and children might be spared the emotional anguish of a separation. This study can inform how clinicians deal with these issues. First, reducing relational aggression in romantic relationships may alleviate depression among some individuals in the relationship dyad. Depression in one or both individuals has been known to make divorce proneness more likely. Second, reducing relational aggression in romantic relationships may lead to more couple satisfaction and prevent a separation.

Conclusion

This study adds to the current literature on relational aggression in romantic relationships (specifically marriage). Carroll et al. (2010) were the first to demonstrate that relational aggression was associated with marital dissatisfaction and instability. The current study builds on prior work and shows that relational aggression and victimization in the marital dyad is associated with the personal outcome of depression. The bivariate correlations were consistent,

albeit modest. In the multivariate context, relational victimization proved to be a bit stronger than relational aggression in the prediction of depression. In particular, female love withdrawal was associated with male depression. This study adds to the relational aggression literature by connecting marital relational aggression to the personal outcome of depression. This study adds insight to the marital literature in suggesting that relational aggression and victimization should be carefully considered in studies of couple conflict style and intimate partner violence. In sum, we have evidence that relational aggression in the marital context is not only a correlate of marital dissatisfaction and instability but also a notable correlate of depression in the individuals involved in the marriage. That the effect is evidence for men suggests that this is an issue that should be considered seriously in research and therapeutic circles.

References

- Abramson, L., Metalsky, G., & Alloy, L. (1989). Hopelessness depression: A theory-based subtype of depression. *Psychological Review*, *96*, 358-372.
- Angold, A., Costello, E. J., & Worthman, C. M. (1998). Puberty and depression: The roles of age, pubertal status, and pubertal timing. *Psychological Medicine*, *28*, 51-61.
- Archer, J. (2004). Sex differences in aggression in real-world settings: A meta-analytic review. *Review of General Psychology*, *8*, 291-322.
- Beach, S., Sandeen, E., & O'Leary, K. (1990). *Depression in marriage*. New York: Guilford Press.
- Brown, S. (2000). The effect of union type on psychological well-being: Depression among cohabiters verses marrieds. *Journal of Health and Social Behavior*, *41*, 241 – 255.
- Busby, D. M., Holman, T. B., & Taniguchi, N. (2001). RELATE: Relationship evaluation of the individual, family, cultural, and couple contexts. *Family Relations: An Interdisciplinary Journal of Applied Family Studies*, *50*, 308-316.
- Brunstein Klomek, A., Marrocco, F., Kleinman, M., Schonfeld, I., & Gould, M. (2008). Peer victimization, depression, and suicidality in adolescents. *Suicide and Life-Threatening Behavior*, *38*, 166-180.
- Card, N., Stucky, B., Sawalani, G., & Little, T. (2008). Direct and indirect aggression during childhood and adolescence: A meta-analytic review of gender differences, intercorrelations, and relations to maladjustment. *Child Development*, *79*, 1185-1229.
- Carroll, J. S., Nelson, D. A., Yorgason, J. B., Harper, J. M., Hagmann Ashton, R., & Jensen, A. (2010). Relational aggression in marriage. *Aggressive Behavior*, *36*, 315-329.

- Cheng, C. (2010). Sociometric and perceived popularity in adolescence: Links to relational aggression and loneliness. *Bulletin of Educational Psychology, 42*, 143-162.
- Christian-Herman, J., O'Leary, D., & Avery-Leaf, S. (2001). The impact of severe negative events in marriage on depression. *Journal of Social and Clinical Psychology, 20*, 24-40.
- Clark, M., & Ayers, M. (1993). Friendship expectations and friendship evaluations: Reciprocity and gender effects. *Youth and Society, 24*, 299 – 313.
- Clark, M. & Bittle, M. (1992). Friendship expectations and the evaluation of present friendships in middle childhood and early adolescence. *Child Study Journal, 22*, 115 – 135.
- Cooley, C. (1902). *Human nature and the social order*. New Brunswick, NJ: Transaction Books.
- Crick, N., & Grotpeter, J. (1995). Relational aggression, gender, and social-psychological adjustment. *Child Development, 66*, 710-722.
- Cyranowski, J. M. Frank, E., Young, E., & Shear, M. K. (2000). Adolescent onset of the gender difference in lifetime rates of major depression. *Archives of General Psychiatry, 57*, 21-27.
- Dahlen, E., Czar, K., Prather, E., & Dyess, C. (2013). Relational aggression and victimization in college students. *Journal of College Student Development, 54*, 140 - 154.
- Ellis, W., Crooks, C., & Wolfe, D. (2008). Relational aggression in peer and dating relationships: Links to psychological and behavioral adjustment. *Social Development, 18*, 253-269.
- Estevez, E., Murgui, S., & Musitu, G. (2009). Psychological adjustment in bullies and victims of school violence. *European Journal of Psychology of Education, 24*, 473 – 483.
- Foot, H., Chapman, A., & Smith, J. (1977). Friendship and social responsiveness in boys and girls. *Journal of Personality and Social Psychology, 6*, 401 – 411.

- Fink, B., & Shapiro, A. (2013). Coping mediates the association between marital instability and depression, but not marital satisfaction and depression. *Couple and Family Psychology: Research and Practice*, 2, 1 – 13.
- Gibb, B., Stone, L., & Crossett, S. (2012). Peer victimization and prospective changes in children's inferential styles. *Journal of Clinical Child Psychology*, 41, 561 – 569.
- Gros, D., Stauffacher Gros, K., & Simms, L. (2010) Relations between anxiety symptoms and relational aggression and victimization in emerging adults. *Cognitive Therapy Research*, 34, 134 – 143.
- Hawker, D., & Boulton, M. (2000). Twenty years' research on peer victimization and psychosocial maladjustment: A meta-analytic review of cross-sectional studies. *Journal of Child Psychology and Psychiatry*, 41, 441-455.
- Hilt, L., Cha, C., & Nolen-Hoeksema, S. (2008). Nonsuicidal self-injury in young adolescent girls: Moderators of the distress-function relationship. *Journal of Consulting and Clinical Psychology*, 76, 63 – 71.
- Hodgens, J. & McCoy, J. (1989). Distinctions among rejected children on the basis of peer nominated aggression. *Journal of Clinical Child Psychology*, 18, 121- 128.
- La Greca, A., & Harrison, H. (2005). Adolescent peer relations, friendships, and romantic relationships: Do they predict social anxiety and depression? *Journal of Clinical and Adolescent Psychology*, 34, 49-61.
- Lane, K., & Gwartney-Gibbs, P. (1985). Violence in the context of dating and sex. *Journal of Family Issues* 6, 45–59.

- Leadbeater, B., Thompson, K., & Sukhawathanakul, P. (2014). It gets better or does it? Peer victimization and internalizing problems in the transition to young adulthood. *Development and Psychopathology, 26*, 675-688.
- Leary, M., Terdal, S., Tambor, E., & Downs, D. (1995). Self-esteem as an interpersonal monitor: The sociometer hypothesis. *Journal of Personality and Social Psychology, 68*, 518-530.
- Lease, A., Kennedy, C., & Axelrod, J. (2002). Children's social constructions of popularity. *Social Development, 11*, 87 – 109.
- Lento-Zwolinski, J. (2007). College students' self-report of psychosocial factors in reactive forms of relational and physical aggression. *Journal of Social and Personal Relationships, 24*, 407 - 421.
- Litwack, S., Aikins, J., & Cillessen, A. (2012). The distinct roles of sociometric and perceived popularity in friendship: Implications for adolescent depressive affect and self-esteem. *Journal of Early Adolescence, 32*, 226 – 251.
- Loudin, J., Loukas, A., & Robinson, S. (2003). Relational aggression in college students: Examining the roles of social anxiety and empathy. *Aggressive Behavior, 29*, 430 – 439.
- McCarthy, B. (2008, October). *Strategies for revitalizing a non-sexual marriage*. Presentation at the American Association for Marriage and Family Therapy Conference, Memphis, Tennessee.
- Mead, G. (1935). *Mind, self, and society*. Chicago: The University of Chicago Press.
- Nolen-Hoeksema, S., Girgus, J., & Seligman, M. (1992) Predictors and consequences of childhood depressive symptoms: A 5-year longitudinal study. *Journal of Abnormal Psychology, 101*, 405-422.

- Nelson, D., & Carroll, J. (2006). Couples Relational Aggression and Victimization Scale (CRAViS). Provo, UT: RELATE Institute.
- O’Leary, K., Christian, J., & Mendell, N. (1994). A closer look at the link between marital discord and depressive symptomatology. *Journal of Social and Clinical Psychology, 13*, 33 – 41.
- O’Leary, K., Riso, L., & Beach, S. (1990). Attributions about the marital discord/depression link and therapy outcome. *Behavior Therapy, 21*, 413 – 422.
- Parker, J. G., Rubin, K. H., Price, J. M., & DeRosier, M. E. (1995). Peer relationships, child development, and adjustment: A developmental psychopathology perspective. In D. Cicchetti & D. J. Cohen (Eds.), *Developmental psychopathology* (Vol. II, pp. 96 – 161). New York: Wiley.
- Prince M., Harwood R., Blizard R., Thomas A., & Mann A. (1997). Social support deficits, loneliness and life events as risk factors for depression in old age: The Gospel Oak Project VI. *Psychological Medicine, 27*, 323–332.
- Prinstein, M., Boergers, J., & Vernberg, E. (2001). Overt and relational aggression in adolescents: Social-psychological adjustment of aggressors and victims. *Journal of Clinical Child Psychology, 30*, 479-491.
- Rounsaville, B., Weissman, M., Prusoff, B., & Herceg-Baron, R. (1979). Marital disputes and treatment outcome in depressed women. *Comprehensive Psychiatry, 20*, 483 – 490.
- Ruh Linder, J., Crick, N., & Collins, W. (2002). Relational aggression and victimization in young adults’ romantic relationships: Associations with perceptions of parent, peer, and romantic relationship quality. *Social Development, 11*, 69 – 86.

- Sandstrom, M., & Cillessen, A. (2010). Life after high school: Adjustment of popular teens in emerging adulthood. *Merrill-Palmer Quarterly*, *56*, 474 – 499.
- Scheithauer, H. & Haag, N. (2008). Gender and age differences in the development of relational/indirect aggression: First results of a meta-analysis. *European Journal of Developmental Science*, *2*, 176 – 189.
- Stets, J., & Straus, M. (1989). The marriage license as a hitting license: A comparison of assaults in dating, cohabitating, and married couples. *Journal of Family Violence*, *4*, 161 – 180.
- Storch, E. & Warner, C. (2004). The relationship of peer victimization to social anxiety and loneliness in adolescent females. *Journal of Adolescence*, *27*, 351 – 262.
- Storch, E., Bagner, D., Geffken, G., & Baumeister, A. (2004). Association between overt and relational aggression and psychological adjustment in undergraduate college students. *Violence and Victims*, *19*, 689 - 700.
- Storch, E., Heidgerken, A., Adkins, J., Cole, M., Murphy, T., & Geffken, G. (2005). Peer victimization and the development of obsessive-compulsive disorder in adolescence. *Depression and Anxiety*, *21*, 41-44.
- Tangney, J. (1990). Assessing individual differences in proneness to shame and guilt: Development of the self-conscious affect and attribution inventory. *Journal of Personality and Social Psychology*, *59*, 102-111.
- Weissman, M. (1987). Advances in psychiatric epidemiology: Rates and risks for major depression. *American Journal of Public Health*, *77*, 445 – 451.
- Werner, N., & Crick, N. (1999). Relational aggression and social-psychological adjustment in a college sample. *Journal of Abnormal Psychology*, *108*, 615 – 623.

Whisman, M. (1999). Marital dissatisfaction and psychiatric disorders: Results from the national comorbidity survey. *Journal of Abnormal Psychology, 108*, 701 – 706.

Wichstrom, L. (1999). The emergence of gender difference in depressed mood during adolescence: The role of intensified gender socialization. *Developmental Psychology, 35*, 232-245.

Woodhouse, S., Dykas, M., & Cassidy, J. (2012). Loneliness and peer relations in adolescence. *Social Development, 21*, 273 – 293.

Yllo, K., & Straus, M. (1981). Interpersonal violence among married and cohabiting couples. *Family Relations 3*, 339–347.

Table 1. Standardized Factor Loadings of the Latent Constructs

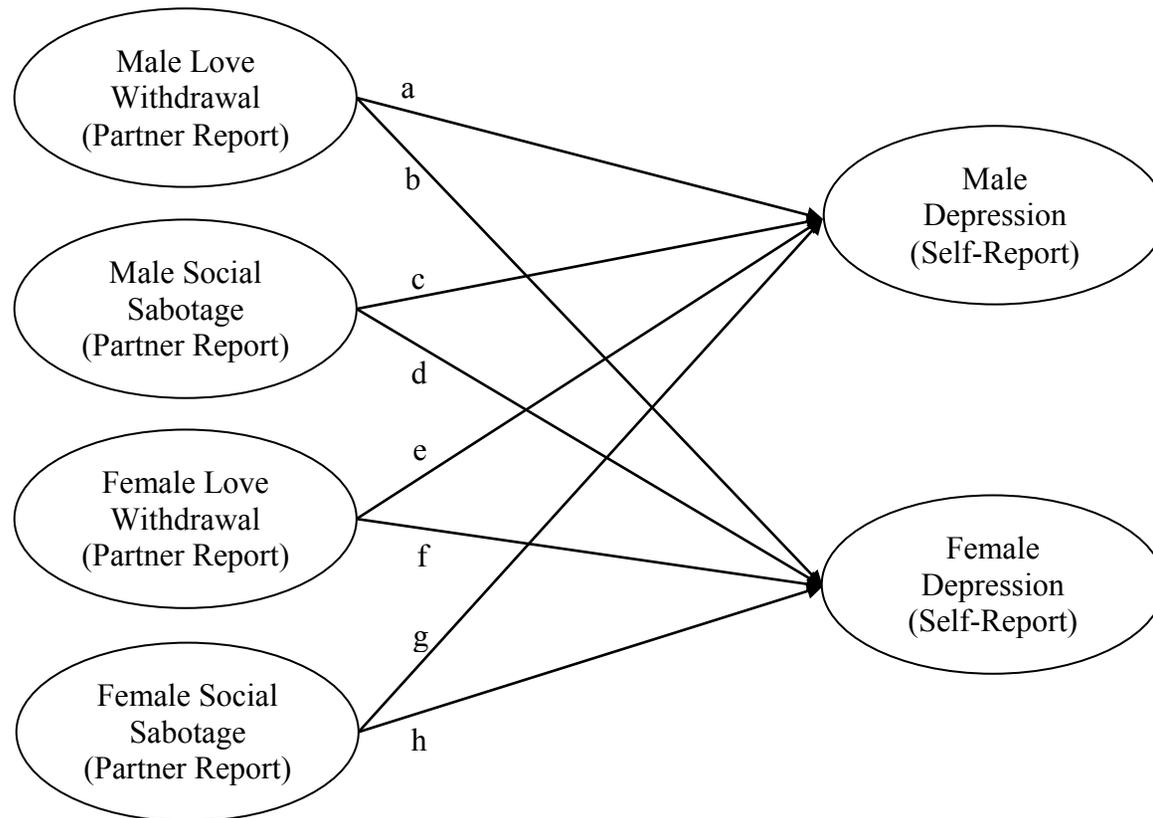
Constructs and Contents	Factor Loadings
<i>Female Love Withdrawal</i>	
Silent Treatment	.77
Ignore	.86
Withhold Affection	.72
<i>Female Social Sabotage</i>	
Behind Back	.76
Take Sides	.86
Rumors	.80
<i>Male Love Withdrawal</i>	
Silent Treatment	.79
Ignore	.80
Withhold Affection	.82
<i>Male Social Sabotage</i>	
Behind Back	.75
Take Sides	.83
Rumors	.73
<i>Female Depression</i>	
Sad	.85
Hopeless	.71
Depressed	.89
<i>Male Depression</i>	
Sad	.82
Hopeless	.70
Depressed	.84

Table 2. Latent Correlation, Mean, and Standard Deviation Table

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1. Female Love Withdrawal (P)	---														
2. Female Social Sabotage (P)	.55***	---													
3. Female Threaten to End (P)	.59***	.57***	---												
4. Male Love Withdrawal (P)	.42***	.41***	.43***	---											
5. Male Social Sabotage (P)	.45***	.48***	.39***	.48***	---										
6. Male Threaten to End (P)	.40***	.50***	.40***	.49***	.48***	---									
7. Female Depression (S)	.17**	.12*	.17***	.19***	.15**	.13*	---								
8. Male Depression (S)	.23***	.21***	.14**	.21***	.11 ⁺	.15**	.21***	---							
9. Marriage Length	.06	-.00	-.04	.16***	.02	.08	.01	.02	---						
10. Age (F)	.04	.03	-.02	.14**	.03	.05	-.02	.05	.85***	---					
11. Age (M)	.03	.03	-.03	.18***	.03	.06	-.01	.07	.84***	.95***	---				
12. Education (F)	-.12*	-.08	-.07	-.02	-.02	-.02	-.07	-.00	-.11*	.06	.06	---			
13. Education (M)	-.18***	-.10 ⁺	-.10*	-.02	-.13*	-.04	-.08	-.05	.09 ⁺	.23***	.24***	.44***	---		
14. Income (F)	-.03	.03	.02	.07	.10 ⁺	.04	-.04	.01	.00	.16***	.12*	.30***	.21***	---	
15. Income (M)	.02	.05	.06	.04	-.10 ⁺	.04	-.07	-.08	.27***	.41***	.43***	.16***	.32***	.162***	---
Mean (SD)	2.28 (1.00)	1.41 (.73)	1.68 (1.10)	2.07 (.98)	1.28 (.56)	1.43 (.87)	2.45 (.77)	2.19 (.71)	102.98 (111.74)	34.81 (9.55)	36.37 (9.65)	7.04 (1.76)	6.80 (2.13)	2.75 (2.78)	4.74 (3.16)

Note. *** $\leq .001$, ** $p \leq .01$, * $p \leq .05$, ⁺ $\leq .10$. (P) = Partner report; (S) = Self report; (M) = Male; (F) = Female.

Figure 1. Hypothesized Model



Note. Lettered paths are provided to clarify the nature of the planned pathway comparisons.