

Adolescent Peer Relations, Friendships, and Romantic Relationships: Do They Predict Social Anxiety and Depression?

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This study examined multiple levels of adolescents' interpersonal functioning, including general peer relations (peer crowd affiliations, peer victimization), and qualities of best friendships and romantic relationships as predictors of symptoms of depression and social anxiety. An ethnically diverse sample of 421 adolescents (57% girls; 14 to 19 years) completed measures of peer crowd affiliation, peer victimization, and qualities of best friendships and romantic relationships. Peer crowd affiliations (high and low status), positive qualities in best friendships, and the presence of a dating relationship protected adolescents against feelings of social anxiety, whereas relational victimization and negative interactions in best friendships predicted high social anxiety. In contrast, affiliation with a high-status peer crowd afforded some protection against depressive affect; however, relational victimization and negative qualities of best friendships and romantic relationships predicted depressive symptoms. Some moderating effects for ethnicity were observed. Findings indicate that multiple aspects of adolescents' social relations uniquely contribute to feelings of internal distress. Implications for research and preventive interventions are discussed.

Adolescence is a critical period in social development, marked by an expansion of peer networks, increased importance of close friendships, and the emergence of romantic relationships. As adolescents make the transition to middle school and then high school, peer networks increase, and peer crowd affiliation becomes an important aspect of peer relations (La Greca & Prinstein, 1999). Also during adolescence, close friends begin to surpass parents as adolescents' primary source of social support and contribute in important ways to adolescents' self-concept and well-being (Furman & Buhrmester, 1992). In addition, dating relationships emerge and take on increasing importance. By age 16, a majority of adolescents report having had a romantic relationship (Carver, Joyner, & Udry, 2003).

Reflecting these important changes in social relations, a growing number of studies have examined linkages between adolescents' peer relations and internalizing aspects of mental health, such as feelings of depression and social anxiety (e.g., Hecht, Inderbitzen, & Bukowski, 1998; Inderbitzen, Walters, & Bukowski, 1997; La Greca & Lopez, 1998; Vernberg, 1990; Vernberg, Abwender, Ewell, & Beery, 1992). Symptoms of depression and social anxiety are particularly impor-

tant to study during adolescence, as both are common (Birmaher et al., 1996; La Greca & Lopez, 1998; Petersen et al., 1993) and may be risk factors for impairment in adulthood (Aalto-Setälä, Marttunen, Tuulio-Henriksson, Poikolainen, & Loennqvist, 2002; Devine, Kempton, & Forehand, 1994). Symptoms of depression and social anxiety may also be precursors to more severe psychopathology, including major depressive disorder and social anxiety disorder, which are chronic disorders that often originate in adolescence and continue into adulthood (Birmaher et al., 1996; Moutier & Stein, 1999).

In view of such findings, it is especially critical to identify social risk and protective factors for depression and social anxiety among adolescents. A better understanding of risk and protective factors can contribute to theory development and to the development of preventive interventions for internalizing disorders (Lewinsohn et al., 1994). Thus, this study builds on and extends prior research by examining aspects of adolescents' general peer relations, best friendships, and romantic relationships, in an effort to *comprehensively* examine the role of peer and social relations in the development of adolescents' feelings of depression and social anxiety. Both positive and negative aspects of general peer relations, best friendships, and romantic relationships were considered, as described in the following. Separate models of risk and protective factors were examined for depression and social anxiety, as these are related but distinct aspects of internal distress (Inderbitzen et al., 1997; Inderbitzen-Nolan & Walters,

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2000; La Greca & Lopez, 1998) and may have different patterns of associations with social functioning.

Furthermore, potential gender differences in depression and social anxiety were considered, as adolescent girls typically report more symptoms of depression and social anxiety than adolescent boys (e.g., Inderbitzen-Nolan & Walters, 2000; La Greca & Lopez, 1998). We also explored the possibility that the *linkages* between adolescents' social functioning and reports of depression and social anxiety might differ by gender. Adolescent girls typically have more close friends than boys and report more intimacy in their friendships (Berndt, 1982; Urberg, Degirmencioglu, Tolson, & Halliday-Scher, 1995); thus, problems in close friendships or romantic relationships might lead to greater internal distress for girls than for boys. Some research suggests that problems in close friendships (i.e., less intimacy and companionship) are more strongly related to social anxiety for adolescent girls than for boys (e.g., La Greca & Lopez, 1998; Vernberg et al., 1992). At the same time, however, problems in adolescents' general peer relations (e.g., peer rejection) have been associated with internal distress for both boys and girls (Interbitzen et al., 1997). This study afforded the opportunity to explore gender differences in the patterns of associations between adolescents' social functioning and their internal distress.

General Peer Relations

The first and broadest level of social functioning examined in this study focused on two different aspects of adolescents' general peer relations: peer crowd affiliations and peer victimization. Although "peer crowds" and "peer victimization" are distinct constructs, both may be conceptualized as reflecting aspects of adolescents' social relations that occur within the larger peer system (i.e., the large set of adolescents with whom an individual regularly interacts).

Adolescent Peer Crowds

Acceptance by peers is an important part of adolescent self-identity and has a strong influence on psychological adjustment (Harter, 1997). In part to seek support and acceptance from peers, many adolescents affiliate with a peer crowd. Peer crowds are "reputation-based collectives of similarly stereotyped individuals who may or may not spend much time together" (Brown, 1990, p. 177). Specifically, peer crowds include a high-status, image-oriented crowd (Populars or Hot Shots); an athletically oriented crowd (Jocks or Athletes); an academically oriented crowd (Brains); a crowd that rebels against social norms (Alternatives or Nonconformists); a deviant, rule-breaking crowd (Burnouts, Dirts, or Druggies); and a crowd of misfits

who keep to themselves (Loners or Nobodies). Although the specific terms for these crowds may vary, the peer crowds described here are remarkably similar across gender, regions, and ethnic groups (e.g., Brown, 1990; Dolcini & Adler, 1994; Phillips, Hughes, & Wilkes, 1998).

Adolescents cite social support, friendship development, and the facilitation of social interactions as key benefits of peer crowd affiliation (Brown, Eicher, & Petrie, 1986). Moreover, because peer crowd affiliation may be "reputation based" (i.e., adolescents are often labeled by their peers based on perceived characteristics), crowd affiliations also reflect adolescents' acceptance, as well as their power, within the larger peer system (Brown, 1990). Jocks and Populars represent high-status crowds, whereas Burnouts and Alternatives typically reflect low-status crowds (La Greca, Prinstein, & Fetter, 2001; Prinstein & La Greca, 1998). Although peer crowds are distinct from adolescents' smaller peer networks (or cliques) and close friendships (La Greca & Prinstein, 1999), most adolescents have one or more close friends who affiliate with the same peer crowd (La Greca et al., 2001; Urberg et al., 1995).

Little research has examined linkages between peer crowd affiliations and adolescents' internal distress. Some evidence suggests that adolescents who affiliate with high-status groups (Jocks, Populars) report higher self-esteem and less loneliness than other adolescents, whereas adolescents who affiliate with a low-status crowd (Burnouts, Alternatives) report more depressed affect and lower self-esteem than others (Brown & Lohr, 1987; Prinstein & La Greca, 2002). Linkages between peer crowd affiliations and social anxiety are less clear, although affiliations with high-status crowds may be associated with less social anxiety (Prinstein & La Greca, 2002). This study examined whether affiliation with high-status crowds represents a protective factor, and whether affiliation with low-status crowds represents a risk factor for internal distress.

Peer Victimization

Peer victimization and aversive experiences with peers (e.g., exclusion, aggression) represents a line of research that focuses on negative aspects of the larger peer system. Studies with children and adolescents have consistently linked peer victimization with internal distress, including feelings of depression and loneliness (e.g., Crick & Bigbee, 1998; Prinstein, Boergers, & Vernberg, 2001; Vernberg, 1990).

Although initial research focused on overt peer victimization, such as physical violence and threats, finding that boys are most often the aggressors and the victims (e.g., Nansel et al., 2001), recent research has expanded the focus to include relational victimization, such as rumor spreading, friendship withdrawal, and

social exclusion (Crick & Grotpeter, 1996; Prinstein et al., 2001; Vernberg, Jacobs, & Hershberger, 1999). Among adolescents, boys and girls report that relational victimization is more common than overt victimization (Prinstein et al., 2001), and although boys report more overt victimization than girls, gender differences in relational victimization are less clear (Prinstein et al., 2001; Vernberg et al., 1999).

Studies with early adolescents have found that aversive peer experiences and peer victimization lead to increases in depression and social anxiety over time (Vernberg, 1990; Vernberg et al., 1992). However, research with older adolescents has been very limited. In one recent study, both overt and relational victimization were related to adolescents' reports of internal distress (i.e., depression, loneliness, and low self-esteem; Prinstein et al., 2001).

This study examined both relational and overt victimization. Relational victimization was expected to predict both depression and social anxiety. Moreover, overt victimization was expected to add to the prediction of depressive symptoms, as in previous work (Prinstein et al., 2001). However, it was less clear how overt victimization would relate to social anxiety, as adolescents who are the recipients of overt victimization may also be physically aggressive (Prinstein et al., 2001), rather than being shy, avoidant, or anxious around peers.

Best Friendships

The second level of adolescent social functioning examined in this study focused on adolescents' close friendships. Close friendships are essential to the development of interpersonal intimacy, empathy, and perspective-taking skills, and a high-quality friendship might lessen the harmful effects of low peer acceptance (Buhrmester, 1990; Sullivan, 1953). During adolescence, friendships are a primary source of social support (Furman & Buhrmester, 1992). In general, the positive qualities of adolescents' close friendships (i.e., intimacy, support) have been associated with lower levels of social anxiety (La Greca & Lopez, 1998; Vernberg et al., 1992), suggesting that close friendships may serve a protective mental health function. In fact, support from close friends has been associated with positive self-esteem and better psychosocial adjustment (e.g., Buhrmester, 1990; Compas, Slavin, Wagner, & Vannatta, 1986).

Despite their benefits, close friendships may also have negative features, such as conflict, pressure, and exclusion (Furman & Buhrmester, 1985). Negative aspects of adolescents' friendships have been linked to problems with self-esteem and school adjustment (Berndt & Keefe, 1995). Although it is likely that negative interactions with a best friend may contribute to depressive symptoms, this has not been directly ex-

amined. However, adolescents' feelings of depression have been associated with less social participation and more interpersonal problems (e.g., Mufson, Weissman, Moreau, & Garfinkel, 1999). Similarly, negative interactions within best friendships may contribute to feelings of social anxiety, as conflict with or exclusion from a best friend may heighten feelings of discomfort or distress around peers and raise concerns about negative peer evaluations. Thus, this study examined linkages between the positive and negative features of adolescents' best friendships and their internal distress.

Romantic Relationships

Romantic relationships represent the third level of adolescent social relations examined in this study. Romantic relationships emerge for the first time in adolescence. Dating typically begins around 14 to 15 years of age, initially as an extension of involvement in mixed-gender peer groups (Connolly, Craig, Goldberg, & Pepler, 1999; Feiring, 1996). An accumulating body of research has dispelled the notion that adolescent dating relationships are transitory and unimportant (Collins, 2003; Davila, Steinberg, Kachadourian, Cobb, & Fincham, 2004).

Adolescent romantic relationships are similar to close friendships in that both involve support, intimacy, and companionship (Laursen, 1996). Distinctions also exist, as adolescents name passion, commitment, and sexual intimacy as characteristics specific only to romantic relationships (Connolly et al., 1999). By late adolescence, adolescents report greater closeness with romantic partners than with best friends, parents, and siblings (Laursen, 1996).

Although little research has examined this issue, a positive, romantic relationship during adolescence might provide an important source of support and contribute in positive ways to adolescents' mental health. In contrast, negative experiences could contribute to internal distress. Recent work suggests that adolescents who date, particularly those who experience stress in their romantic relationships, report higher levels of depressive symptoms than their nondating peers (Davila et al., 2004). Thus, it is likely that negative interactions with a romantic partner would be distressing to adolescents and elicit feelings of depression or social anxiety. Moreover, depressed adolescents may choose less positive romantic partners (Daley & Hammen, 2002).

Despite the importance of adolescent romantic relationships, few studies have examined the linkage between relationship quality and adjustment. Moreover, existing studies have not examined whether romantic relationships make independent contributions to the prediction of adjustment beyond the impact of close friendships or general peer relations. This is an important consideration, because adolescents who have

better quality romantic relationships also have better quality friendships and higher social competence (Connolly, Furman, & Konarski, 2000; Kuttler & La Greca, 2004).

Summary of This Study

This study examined multiple levels of interpersonal functioning as potential risk and protective factors for symptoms of depression and social anxiety. Specifically, the study focused on general peer relations (peer crowd affiliation, peer victimization), best friendships, and romantic relationships and incorporated positive and negative features of these social relations. An ethnically diverse sample of adolescents participated, as the study was conducted in South Florida, which has a large Hispanic population. In prior work, Hispanic adolescents have not differed from non-Hispanic White adolescents in terms of their social anxiety (La Greca, 1999) or dating status (Kuttler & La Greca, 2004). In addition, adolescent dating involvement has been found to be remarkably similar across most ethnic groups (see Collins, 2003). Although ethnicity was not a main focus of the study, exploratory analyses evaluated whether similar patterns of social functioning and internal distress were apparent for Hispanic and non-Hispanic youth.

Method

Participants

The participants were 421 adolescents (247 girls; 57%) enrolled in a public high school in a large metropolitan area in the Southeast. Adolescents ranged from 14 to 19 years of age ($M = 16.5$, $SD = 1.0$); 30% were in the 10th grade, 32% were in the 11th grade, and 38% were in the 12th grade. The adolescents came from primarily middle-class socioeconomic backgrounds as reflected in the Hollingshead Index (father's occupation $Mdn = 7.00$, $SD = 2.31$; mother's occupation: $Mdn = 6.00$, $SD = 1.99$, where 1 = occupations that require no training and 9 = occupations that require graduate school). The ethnic composition of the sample, similar to the surrounding county, was 67.1% Hispanic, 17.4% non-Hispanic White, 9.0% Black, and 6.4% mixed/other. Among the Hispanic youth who reported their family's country of origin, the most frequently mentioned were Cuba, Nicaragua, and Columbia.

Procedure

Adolescents were recruited as part of a larger study of adolescent health and peer relations. Homeroom teachers distributed consent forms to adolescents, who brought them home for parents' consideration. Active

parental consent was obtained for adolescents under the age of 18 years. Consent forms were returned for approximately 50% of the adolescents, and 98% indicated permission for the adolescent to participate. Adolescent assent also was obtained.

The study measures included the Peer Crowd Questionnaire, the Revised Peer Experiences Questionnaire, the Network of Relationships-Revised, the Social Anxiety Scale for Adolescents, and the revised Beck Depression Inventory; the order of administration was always the same, but other nonstudy measures were interspersed throughout the protocol. Adolescents also provided demographic information. The study took place in the early spring (March and April). Trained graduate and undergraduate assistants administered questionnaires during group testing sessions that lasted approximately 45 min. All information was provided anonymously.

Measures

Peer Crowd Questionnaire (Brown, 1990; La Greca et al., 2001). The Peer Crowd Questionnaire assessed adolescents' social status via their primary affiliation with a particular peer crowd. Based on prior research (Brown, 1990; Mosbach & Leventhal, 1988), several common crowds were listed: Jocks (athletic, on school team), Burnouts (skip school, get into trouble), Brains (do well in school, enjoy academics), Populars (involved in activities, concerned about image), Alternatives (rebel against the norm in clothing or ideas, do not conform to social ideals), and None/Average (no affiliation, or "just average"). For each crowd, adolescents indicated (*yes* or *no*) whether the crowd was present in their school, listed any alternate names for the crowds, and described any additional crowds that existed in their schools. (Adolescents identified all the key peer crowds listed.) Next, adolescents selected the crowd with which they most identified.

In an independent sample ($N = 323$), we found strong associations between adolescents' primary peer crowd affiliation and their ratings of the degree to which they identified with that peer crowd (on a 5-point scale). Specifically, using analyses of variance, Jocks rated their identification with the Jock crowd ($M = 4.2$) significantly higher than all other adolescents, Burnouts rated their identification with the Burnout crowd ($M = 4.5$) significantly higher than all other adolescents, and so on for the other peer crowds (all $ps < .0001$). Other studies have shown good correspondence between adolescents' self-identification and peers' assignment to crowds (Brown et al., 1986). In addition, based on adolescents' self-reports, Sussman et al. (1990) had two independent raters assign adolescents to peer crowds from choices of Freaks (Burnouts), Jocks, Hotshots/Populars, and Regulars/Average, yielding an interrater reliability of 93%.

Based on prior research (e.g., La Greca et al., 2001; Prinstein et al., 2001), the Populars and Jocks were considered to be high-status peer crowds, the Burnouts and Alternatives were low-status, and all others were average. In regression analyses, dummy coding (1 = *presence*; 0 = *absence*) was used to identify adolescents who affiliated with the high-status or low-status crowds.

Revised Peer Experiences Questionnaire (Prinstein et al., 2001). The Revised Peer Experiences Questionnaire was developed to assess peer aggression and victimization in adolescents; in this study only the victimization subscale was used. The victimization items reflect aversive peer experiences and are rated on frequency of occurrence ranging from 1 (*never*) to 5 (*a few times a week*). Five items reflect relational victimization (“A teen left me out of what he or she was doing”), and four reflect overt victimization (“A teen kicked, hit, or punched me in a mean way”). Scores for relational and overt victimization were obtained by summing the relevant items. Prinstein et al. (2001) reported excellent psychometric support for the victimization scales and significant relations between overt and relational aggression and adolescents’ reports of internal distress. In this sample, internal consistencies were .82 (relational victimization) and .78 (overt victimization).

Network of Relationship Inventory–Revised (Furman & Buhrmester, 1985). The Network of Relationship Inventory–Revised assessed the qualities of adolescents’ best friendships and romantic relationships. The inventory measures nine positive qualities (i.e., companionship, affection, disclosure, nurturance, instrumental aid, approval, support, reliable alliance, and satisfaction) and five negative qualities (i.e., conflict, criticism, exclusion, dominance, and pressure). Each factor is assessed by three items that are rated on a 5-point Likert scale ranging from 1 (*little or none*) to 5 (*the most*). Adolescents completed the scales for their best friendship (same-sex) and their romantic partner (if applicable). A romantic partner was defined as “someone you are physically attracted to, have had intimate contact with (e.g., hand holding, kissing, etc.), you consider to be more than a friend, and go out on ‘dates’ with.”

Summary scores were calculated (separately for best friends and romantic partners) for positive and negative relationship qualities by averaging all relevant items. Internal consistencies were .94 to .95 (positive qualities) and .83 to .84 (negative qualities). To include all adolescents in the regression analyses, those who did not have a romantic partner were assigned scores of 1 (*none*) for positive and negative qualities of their romantic relationships.

Social Anxiety Scale for Adolescents (La Greca & Lopez, 1998). The Social Anxiety Scale for Adolescents assessed adolescents’ anxiety in social situations with peers. It contains 18 items rated on a 5-point scale ranging from 1 (*not at all*) to 5 (*all the time*). Total scores are obtained by summing relevant items and can range from 18 to 90. High socially anxious adolescents have reported more problems in their peer relations than low socially anxious teens (Inderbitzen et al., 1997; La Greca & Lopez, 1998; Vernberg et al., 1992). In this study, the internal consistency of the Social Anxiety Scale for Adolescents Total was .87.

Revised Beck Depression Inventory (Beck & Steer, 1987). This 21-item scale assesses severity of cognitive, affective, and somatic symptoms of depression. Items are rated from 0 to 3, based on severity. Totals can range from 0 to 63. The BDI has demonstrated good reliability and validity, as well as usefulness with adolescents (Beck, Steer, & Garbin, 1988). In this study, scores ranged from 0 to 52, and internal consistency (Cronbach’s α) was .91.

Results

Preliminary Analyses

Descriptive Information Prior to the main analyses, descriptive information was obtained for the main study variables. First, 31.2% of the adolescents reported affiliating with a high-status peer crowd (Jocks or Populars), and this did not differ by gender. In addition, 14.8% of the adolescents reported affiliating with one of the low-status peer crowds (Burnouts or Alternatives), with more boys reporting such an affiliation (19.7%) than girls (11.3%), $\chi^2 = 5.47, p < .05$. These results are consistent with prior research on peer crowd affiliations (e.g., La Greca et al., 2001; Mosbach & Leventhal, 1988; Urberg et al., 1995). For romantic relationships, significantly more girls (64.0%) than boys (41.4%) reported having a romantic partner, $\chi^2 = 20.51, p < .001$; these findings are consistent with reports in other studies (e.g., Carver et al., 2003; Glickman & La Greca, 2004).

Table 1 lists the means for the variables by gender. No gender differences were observed for social anxiety and depressive symptoms. However, boys reported more relational and overt victimization than girls. For relationship qualities, girls reported more positive interactions with best friends than did boys, but there were no gender differences for positive interactions with romantic partners. In contrast, boys reported more negative interactions in their best friendships and romantic relationships than did girls. Similar analyses were conducted using ethnicity as a grouping variable; however, no significant ethnic differences were obtained. Finally, age was not related to any of the study

Table 1 Means and Standard Deviations of Variables by Gender

Measure	Girls ^a		Boys ^b		Total ^c		F Value (1, 419)
	M	SD	M	SD	M	SD	
Peer Experiences							
Relational Victimization	7.81	3.2	8.61	3.3	8.14	3.3	6.11**
Overt Victimization	5.09	2.1	5.95	2.4	5.44	2.3	14.75***
Network of Relationships							
Friend—Positive Qualities	4.14	.65	3.69	.70	3.95	.71	43.85***
Friend—Negative Qualities	1.79	.54	2.02	.58	1.88	.57	17.53***
Partner—Positive Qualities ^d	4.19	.73	4.15	.63	4.17	.70	0.12
Partner—Negative Qualities ^d	1.94	.56	2.13	.73	2.00	.62	4.49*
Social Anxiety Scale—total	38.26	11.3	38.24	12.6	38.26	11.9	0.0
Beck Depression—total	12.39	9.8	10.84	10.2	11.75	10.0	2.46

Note: These means were calculated only for the adolescents who reported having a romantic partner. For girls, *n* = 158; for boys, *n* = 72.

^a*n* = 247. ^b*n* = 174. ^c*n* = 421.

p* < .05. *p* < .01. ****p* < .001.

Table 2. Correlations Among Study Variables

	2	3	4	5	6	7 ^a	8 ^a	9	10
1. High-status peer crowd	-.28**	-.01	-.02	.12	.02	.01	.00	-.14*	-.14*
2. Low-status peer crowd	1.00	.00	.08	-.08	.07	.02	.04	-.08	.04
3. Relational victimization		1.00	.52**	-.08	.24**	-.09	.21**	.43**	.34**
4. Overt victimization			1.00	-.05	.33**	-.06	.25**	.17**	.25**
5. Positive—friend				1.00	-.24**	.20*	-.10	-.18**	-.04
6. Negative—friend					1.00	-.25**	.51**	.21**	.25**
7. Positive—romantic ^a						1.00	-.13	-.19*	-.14
8. Negative—romantic ^a							1.00	.15	.38**
9. Social anxiety								1.00	.39**
10. Depressive symptoms									1.00

^aOnly adolescents who reported having a romantic relationship are included; *n* = 230.

p* < .01. *p* < .001.

variables, including dating status (*r*s ranged from $-.06$ to $.08$, *p*s = *ns*).

Correlations. To aid in the regression analyses, correlations among the predictor and outcome variables were examined (see Table 2; only correlations significant at *p* < .01 are marked). Adolescents who affiliated with one of the high-status peer crowds (Populars, Jocks) reported less social anxiety and depression than other adolescents, although affiliation with low-status crowds (Burnouts, Alternatives) was not related to social anxiety or depression. For peer victimization, both relational and overt victimization were associated with higher levels of depression and social anxiety. For friendships, the positive and negative qualities of best friendships were related to social anxiety (fewer positive and more negative qualities were associated with higher social anxiety); however, only negative interactions with best friends were related to depression. A similar pattern was observed for the qualities of romantic relationships.

In addition, several of the “predictor” variables were interrelated. Specifically, relational and overt victimization were highly correlated (*r* = $.52$), as were the

negative qualities of best friendships and romantic relationships (*r* = $.51$). Relational and overt victimization were moderately correlated with negative interactions in best friendships (*r*s = $.24$, $.33$, respectively) and romantic relationships (*r*s = $.21$, $.25$, respectively). Adolescents who reported more positive qualities in their relationships also reported fewer negative interactions in these same relationships (*r*s = $-.24$ for best friends, $-.25$ for romantic relationships).

Hierarchical Regression Models Predicting Social Anxiety and Depressive Symptoms

Overview of analyses. Separate hierarchical regression analyses were conducted for social anxiety and depression. In each case, gender was entered on the first step. On Step 2, the variables that reflected the most general level of peer relations were entered, namely peer crowds (high status, low status) and peer victimization (relational, overt). On Step 3, the positive and negative qualities of adolescents’ best friendships were entered. On Step 4, adolescents’ dating status (presence of a dating partner) was entered to account

for the fact that not all the adolescents had a dating or romantic partner. Finally, in Step 5, the positive and negative qualities of the romantic relationships were entered. These five steps only tested main effects and are depicted in Tables 3 and 4. As described later, interaction terms were tested in additional steps, to evaluate potential moderation effects for gender and ethnicity; because there were very few findings, only significant interactions are reported in the text. Given the correlations among key predictor variables, this hierarchical regression procedure allowed us to examine the unique contributions of adolescents' close relationships (best friends, romantic relationships) beyond the effects of general peer relations. In addition, the hierarchical analyses allowed us to examine whether the effects of a predictor variable changed when additional predictors were considered (i.e., controlled).

Predictors of social anxiety. Multiple levels of social functioning contributed to the prediction of social anxiety, accounting for 27% of the variance (Table 3). Although gender was not related to social anxiety initially, once other variables were entered, girls were observed to report more social anxiety than boys (see Step 5). In addition, adolescents who affiliated with a peer crowd—both the high- and the low-status crowds—reported lower levels of social anxiety. Also, higher levels of relational victimization, lower levels of positive best friendship qualities, and higher levels of

negative best friendship qualities each uniquely added to the prediction of social anxiety. Finally, adolescents who were not dating reported more social anxiety than those who were dating (Step 4); however, once dating was accounted for, the qualities of the romantic relationship did not predict social anxiety (Step 5). Overall, the general peer relation variables (peer crowd and peer victimization) made the largest contribution to the prediction of adolescents' social anxiety. In particular, relational victimization was a substantial predictor and remained so even when the other variables were subsequently entered.

To evaluate whether gender moderated any of these main effects, interaction terms were computed between gender and each predictor variable and tested in the regression model after the main effects (i.e., after Step 5). However, none of the gender interactions were significant.

For exploratory purposes, interactions between the predictors and ethnicity were also tested, using the two largest ethnic groups, Hispanics ($n = 282$) and non-Hispanic Whites ($n = 73$). The pattern of main effects was identical to that for the full sample (as in Table 3). In addition, 3 of 10 interactions with ethnicity were significant. First, although relational victimization was related to social anxiety for both ethnic groups, this relationship was stronger for White ($\beta = .63$) than for Latino adolescents ($\beta = .34$; interaction $\beta = -.26, p < .05$). Second, less positive interactions with romantic part-

Table 3. Hierarchical Regression Predicting Social Anxiety From Peer and Relationship Variables

Variables	$R^2 \Delta$	B	$SE B$	β	F Step	F Model
Step 1						
Gender (girls = 1)	.00	.016	1.18	.00	.00	.00
Step 2						
General peer relations	.22				29.19***	23.36***
Popular/jock		-4.35	1.17	-.17***		
Burnout/alternative		-4.06	1.53	-.12**		
Relational victimization		1.64	.18	.45***		
Overt victimization		-.26	.27	-.05		
Step 3						
Best friendships	.04				10.05***	20.28***
Positive—best friend		-2.34	.78	-.14**		
Negative—best friend		2.58	.98	.12**		
Step 4						
Dating	.01				6.66**	18.82***
Dating status (1= dating)		-2.72	1.05	-.11*		
Step 5						
Romantic relationships	.00				.69	15.17***
Gender		2.52	1.14	.11*		
Popular/jock		-3.45	1.16	-.14**		
Burnout/alternative		-4.29	1.49	-.13**		
Relational victimization		1.54	.18	.43***		
Overt victimization		-.30	.27	-.06		
Positive—best friend		-2.21	.78	-.13**		
Negative—best friend		2.09	1.04	.10*		
Dating status		-.87	3.04	-.04		
Positive—romantic partner		-.84	.83	-.12		
Negative—romantic partner		.71	1.21	.04		

* $p < .05$. ** $p < .01$. *** $p < .001$.

Table 4. Hierarchical Regression Predicting Depressive Symptoms From Peer and Relationship Variables

Variables	$R^2 \Delta$	<i>B</i>	<i>SE B</i>	β	<i>F</i> Step	<i>F</i> Model
Step 1						
Gender (girls = 1)	.01	1.55	.99	.08	2.46	2.46
Step 2						
General peer relations	.15				18.08***	15.04***
Popular/jock		-2.55	1.02	-.12*		
Burnout/alternative		.27	1.34	.01		
Relational victimization		.86	.16	.28***		
Overt victimization		.55	.23	.13*		
Step 3						
Best friendships	.03				7.56**	13.24***
Positive—best friend		-.05	.69	.00		
Negative—best friend		3.27	.86	.19***		
Step 4						
Dating status	.00				.01	11.56***
Dating (dating = 1)		.09	.94	.01		
Step 5						
Romantic relationships	.02				6.05**	10.68***
Gender		3.07	1.00	.15**		
Popular/jock		-2.59	1.02	-.12*		
Burnout/alternative		.16	1.31	.00		
Relational victimization		.79	.16	.26***		
Overt victimization		.30	.24	.07		
Positive—best friend		-.04	.68	.00		
Negative—best friend		2.14	.92	.12*		
Dating		-1.42	2.67	-.07		
Positive—romantic partner		-.69	.73	-.12		
Negative—romantic partner		3.52	1.06	.24**		

* $p < .05$. ** $p < .01$. *** $p < .001$.

ners was related to higher social anxiety only for Latino adolescents ($\beta = -.25$; interaction $\beta = -.30$, $p < .02$). Finally, dating was associated with lower social anxiety primarily for Latino adolescents ($\beta = -.19$; interaction $\beta = -.33$, $p < .005$).

Predictors of depressive symptoms. Similar analyses were conducted for depressive symptoms (Table 4). All aspects of social functioning contributed to adolescents' depressive symptoms, accounting for 21% of the total variance. Although gender was not related to depressive symptoms initially, once other variables were entered, girls were found to report more depressive symptoms than boys (see Step 5). Adolescents who affiliated with a high status peer crowd reported fewer depressive symptoms, whereas higher levels of relational victimization predicted more depressive symptoms. In addition, higher levels of negative friendship qualities added to the prediction of depressive symptoms (see Step 3). Of interest, overt victimization initially predicted depressive symptoms (see Step 2), but was no longer significant when negative friendship qualities were entered (Step 3). Finally, in contrast to findings for social anxiety, dating did not predict depressive symptoms (Step 4), but romantic relationship qualities did (Step 5). Adolescents who reported more negative interactions in romantic relationships reported higher levels of depression. Overall, the general peer relation variables (peer crowd and peer

victimization) made the largest contribution to the prediction of depressive symptoms, and, in particular, relational victimization was a substantial predictor even when the other variables were entered.

Gender was evaluated as a moderator of the main effects, by testing additional interaction terms (after Step 5). However, none of the gender interactions were significant.

Again, for exploratory purposes, interactions between the predictors and ethnicity were tested for the Hispanic and White adolescents. Two significant interactions emerged. Overt victimization was related to depressive symptoms for White ($\beta = .33$) but not for Latino adolescents ($\beta = .01$; interaction $\beta = -.43$, $p < .009$). Also, although negative interactions with romantic partners were related to depression for all adolescents, this relation was stronger for White ($\beta = .51$) than for Latino adolescents ($\beta = .22$; interaction $\beta = -.36$, $p < .02$).

Additional analyses of moderation effects. Because the main findings revealed strong effects for peer victimization, we examined whether the positive qualities of best friendships or romantic relationships moderated the negative effects of peer victimization (both relational and overt). Four additional interaction terms were tested in the regression analyses for social anxiety and depression (i.e., after Step 5). However, none of the interactions terms reached significance.

Discussion

It has long been recognized that adolescents' peer relations and friendships contribute in important ways to their psychosocial functioning. However, considerably less is known about the unique ways that romantic relationships contribute to adolescents' adjustment, above and beyond the contributions of other close friendships. This study addressed some of the gaps in our understanding of the connections between multiple aspects of adolescents' social worlds and their feelings of social anxiety and depression.

To our knowledge, this is the first study to concurrently examine multiple aspects of adolescents' peer relations (peer crowds, peer victimization, best friendships, romantic relationships) as potential predictors of social anxiety and depressive symptoms. Some of the key findings that emerged are that multiple aspects of adolescents' peer relations are important and unique predictors of internal distress, that peer victimization (i.e., relational victimization) is a salient factor contributing to adolescents' social anxiety and depressive affect, and that there are similarities and differences in the pattern of associations between adolescents' social functioning and their reports of social anxiety and depression. These key issues are discussed in the sections that follow.

General Peer Relations: Peer Crowd Affiliations

Adolescents' peer crowd affiliation, and in particular belonging to a high-status crowd, may confer some protection against feelings of social anxiety and depression. This is not surprising, in that adolescents who affiliate with high-status crowds may be regarded highly by their peers (La Greca et al., 2001; Prinstein & La Greca, 1998) and may be connected to a socially oriented network that facilitates social interactions (Brown et al., 1986). It is noteworthy that the "benefit" of affiliating with a high-status crowd appears to be independent of having good-quality friendships and romantic relationships.

Interestingly, belonging to a low-status peer crowd was also a protective factor for social anxiety, but not for depression. Brown et al. (1986) found that even adolescents from low-status peer crowds reported that support, friendship, and companionship opportunities were some of the positive benefits of crowd affiliation. Thus, it is possible that some of these positive qualities (e.g., opportunities for companionship) protect adolescents from feeling socially anxious, even if their peer crowd is not highly regarded. In fact, some evidence suggests that the Alternative crowd may be especially close-knit, with 94% of such teens having one or more close friends who also affiliate with the same crowd (La Greca et al., 2001). Alternatively, socially anxious

teens may be unlikely to affiliate with the Burnout or Alternative crowds, because such teens engage in "acting out" and problem behaviors (e.g., substance use, fighting; La Greca et al., 2001; Prinstein et al., 2001).

In contrast, affiliation with low-status peer crowds did not protect adolescents against feelings of depression; such affiliation was unrelated to depressive symptoms. Future research that examines the differential effects of low-status peer crowd affiliation will be important.

General Peer Relations: Peer Victimization

In terms of social risk factors for internal distress, the most consistent finding of the study concerns peer victimization. In particular, relational victimization was substantially and significantly related to adolescents' reports of social anxiety and depression, even when negative aspects of adolescents' close friendships and romantic relationships were considered. Also troubling were the results of analyses indicating that positive qualities of best friendships and romantic relationships did not buffer the negative impact of peer victimization.

These findings add to the accumulating evidence regarding the aversive and destructive nature of relational and reputation-based forms of peer victimization. In concert with other findings, the data suggest that peer victimization may lead to feelings of internal distress. For example, Vernberg et al. (1992) demonstrated that aversive peer experiences prospectively predicted increases in early adolescents' social anxiety, although social anxiety did not predict increases in negative peer experiences. Peer rejection and negative peer experiences have long been thought to play a causal role in the development of social anxiety among adolescents (La Greca, 2001; La Greca & Lopez, 1998).

This study also demonstrated a linkage between relational victimization and depressive affect, extending recent work by Prinstein et al. (2001). Other prior work found reciprocal influences between aversive peer experiences and early adolescents' feelings of depression (Vernberg, 1990). Together these findings suggest that aversive, exclusionary, relational types of peer victimization (e.g., excluding a teen from activities) play an important role in the development of adolescents' feelings of depression, although it is also possible that teens exclude and victimize adolescents who are psychologically distressed. Studies of children have recently shown reciprocal influences between peer victimization and internal distress (e.g., Hodges & Perry, 1999). Longitudinal studies of adolescents also will be critical to understanding the nature of the causal pathways between relational victimization and depressive affect.

As in other studies of adolescents (Prinstein et al., 2001), both boys and girls reported more relational than overt victimization. Furthermore, boys reported significantly more relational victimization than girls. In contrast, some studies of preadolescents show higher levels of relational victimization among girls (e.g., Crick & Bigbee, 1998). Our findings may suggest a developmental shift in terms of boys' aggression against peers. By mid-adolescence, boys are using more sophisticated and less overt peer victimization strategies.

From a clinical perspective, these findings are troubling, as they suggest that victimization from the general peer group—and not just negative interactions with close friends and romantic partners—contribute in significant ways to adolescents' feelings of social anxiety and depression. Yet, relational forms of victimization are very hard for teachers, parents, and other concerned adults to detect and ameliorate. Many adolescents do not disclose such events to others, and, when they do, peers and siblings are more likely to be chosen as confidants than adults (Vernberg, Ewell, Beery, Freeman, & Abwender, 1995). Moreover, it is not clear whether school-based programs to reduce adolescent problem behavior, including bullying and peer victimization, address the surreptitious and hurtful nature of relational victimization (e.g., Perry et al., 2003).

In this study, overt victimization was less consistently related to adolescents' internal distress. Specifically, overt victimization was related to social anxiety and depression (in correlation analyses), but when it was considered simultaneously with relational victimization its unique contribution was less clear. Moreover, it appeared that overt victimization predicted depressive symptoms for White adolescents but not for Hispanic adolescents. Given that the White adolescents in our sample represented a "statistical minority" (i.e., they were in the minority within their school and the county), it is possible that peer victimization has a greater impact on adolescents who are in the minority, regardless of their cultural or ethnic background. In general, the pattern of findings suggests that overt victimization may contribute to depressive symptoms for some adolescents, and further research examining this issue will be important and desirable.

Overall, the findings further suggest that both relational and overt victimization are part of a constellation of negative social experiences; they are interrelated and also significantly associated with negative interactions in best friendships and romantic relationships. Thus, adolescents who are victimized by peers are likely to have negative, aversive experiences with their peers, their friends, and also their romantic partners. These findings underscore the need for preventive interventions that address relational forms of victimization and that also consider the multiple levels of vic-

timization (peers, friends, romantic partners) that some teens encounter. Moreover, research that examines relational and overt victimization in the context of romantic relationships will be extremely important, as many adolescents report having a violent episode with a dating partner (Bergman, 1992; Smith & William, 1992).

Best Friendships

Several important findings emerged regarding the role of best friendships in understanding adolescents' internal distress. Specifically, adolescents with more positive qualities in their best friendships reported less social anxiety, even when other aspects of their peer relations were considered. This suggests that a good-quality best friendship may serve a protective function, at least in terms of adolescents' feelings of social anxiety. Interestingly, positive friendship qualities did not serve a protective function for depressive symptoms. Future research should examine this issue further. It is possible that the qualities of best friendships (support, disclosure) may actually reinforce depressive feelings for some adolescents, if the adolescents discuss and revisit problems and focus on negative feelings, a process that has been referred to as *co-rumination* (Rose, 2002).

In contrast, the negative qualities of best friendships predicted feelings of depression and social anxiety. Adolescents who reported high levels of negative qualities in their best friendships (e.g., exclusion, pressure) were more depressed and socially anxious. It was not possible to determine whether negative interactions contributed to feelings of depression and social anxiety, or whether adolescents who were depressed or anxious behaved negatively with friends or perceived friends' behavior negatively. Nevertheless, the findings point to interpersonal difficulties in the close friendships of adolescents who feel depressed or socially anxious.

Clinically, the findings support the emphasis on improving the interpersonal skills and relationships of socially anxious adolescents (e.g., Beidel & Turner, 1998) and depressed adolescents (e.g., Mufson et al., 1999). Furthermore, efforts to improve adolescents' interpersonal functioning may be critical for preventing clinically significant social anxiety and depressive affect.

Romantic Relationships

A final aspect of social relations addressed in this study—the presence and qualities of romantic relationships—revealed several key findings. First, adolescents who were not involved in a romantic relationship, particularly Hispanic youth, were more socially anxious than those who were dating or romantically involved. Dating is a normative experience for adoles-

cents, and by 16 years of age, most adolescents report having had a romantic relationship (Carver et al., 2003; Feiring, 1996). At the same time, the development of romantic relationships is a new and potentially stressful social task, and many adolescents report distress regarding how they should behave (Neider & Seiffge-Krenke, 2001). It is possible that adolescents who are not dating feel anxious around peers because dating contributes to their status and belonging in their peer crowd (Connolly et al., 1999; Levesque, 1993). It is also possible that socially anxious adolescents may feel uncomfortable in dating situations and delay or avoid dating (Glickman & La Greca, 2004). However, dating status was unrelated to depressive symptoms.

Second, in terms of the qualities of romantic relationships, negative qualities predicted depressive symptoms (but not social anxiety), even when other peer relations and best friend qualities were considered. This pattern is important, as it indicates that the negative qualities of romantic relationships make a unique contribution to understanding adolescents' depressive affect, even though qualities of best friendships and romantic relationships are interrelated (e.g., Kuttler & La Greca, 2004). Moreover, the findings are consistent with other emerging work on adolescent romantic relationships (Davila et al., 2004) that found an association between romantic involvement and depressive symptoms and suggested that "romantic stress" may mediate this relationship. Our findings support the notion that the "stress" of a romantic relationship contributes to depressive affect, as the presence of a dating relationship did not relate to depressive symptoms but negative interactions in the relationship did.

A few findings for ethnicity are worth highlighting. Although negative relationship qualities were related to depression for all adolescents, this pattern was stronger for White than Hispanic adolescents. There was also some indication that the absence of a dating relationship contributed to greater social anxiety for Hispanic youth. Although exploratory, the results suggest that future research on adolescent romantic relationships and psychosocial functioning may benefit from a careful examination of ethnicity as an important moderating variable.

In addition, longitudinal research will be essential for understanding the direction of effects (i.e., negative interactions lead to depression, or depressed adolescents interact negatively with partners) and to consider potential reciprocal influences. The pattern of findings obtained here does raise the question of whether dating in adolescence, particularly when there are problems in the relationship, represents a psychosocial hazard for adolescents.

Conclusions and Future Directions

The findings indicate that multiple aspects of adolescents' peer relations and close relationships contrib-

ute to feelings of internal distress in cumulative fashion. Adolescents' peer crowd affiliations, positive interactions with best friends, and the presence of a dating relationship appear to "protect" adolescents against feelings of social anxiety, whereas relational victimization and negative interactions in best friendships may contribute to feelings of social anxiety. In contrast, adolescents' affiliation with a high-status peer crowd appeared to afford some protection against depressive affect, but relational victimization and negative qualities of best friendships and romantic relationships were key factors associated with depressive symptoms. In particular, relational victimization was a substantial predictor of both social anxiety and depressive symptoms.

A few findings varied by ethnicity, but the overall patterns were similar across the main ethnic groups represented in the sample. Some of the ethnicity-related findings pertained to the potential effects of dating and romantic relationships, suggesting that further study of ethnic and cultural differences in romantic relationships may be important in the future. In addition, investigation of the potential differential effects of peer victimization for adolescents of varying ethnic or minority group status would be of interest.

Interestingly, the patterns of association between adolescents' social relations and internal distress did not differ by gender. Girls reported more social anxiety and depression than boys when other variables were controlled, and gender differences in dating status (i.e., girls were more likely to be dating) and relationship qualities (i.e., girls reported more positive interactions) were consistent with earlier research (e.g., Carver et al., 2003). Thus, it is possible that factors other than social relations contribute to the differential rates of social anxiety and depression that have been reported for adolescent girls and boys. In general, the findings suggest that general peer relations (peer crowd affiliations and peer victimization) and the qualities of best friendships and romantic relationships may play a similar role in boys' and girls' reports of social anxiety and depression.

Despite important contributions, the results should be interpreted with the following cautions in mind. First, the findings were obtained from a community sample of adolescents. Thus, the extent to which the findings generalize to clinical levels of social anxiety or depression is unknown.

Second, the sample included a diverse ethnic mix of adolescents, with a large representation of Hispanic youth. Individuals of Hispanic ethnicity are the largest and fastest-growing ethnic group in the United States and thus are important to study. In general, the overall results were similar for Hispanic and White youth, and the findings were consistent with studies that have focused on predominantly White (e.g., Vernberg et al., 1992) and ethnically diverse adolescents (e.g., Prinstein et al., 2001). Nevertheless, it will be useful to

evaluate potential ethnic and cultural differences in greater detail in future studies, particularly with respect to the roles of peer victimization and of dating and romantic relationships in adolescents' adjustment.

Third, information was obtained solely from the adolescents. Although adolescents are considered to be the best informants for friendships and social relationships, it would be informative to incorporate peer or parent reports in future work.

Finally, the study provided a one-time snapshot of adolescents' peer crowds, peer victimization, best friendships, and dating relationships. Longitudinal designs will be essential for capturing the dynamic nature of social relationships and for examining causal processes associated with feelings of social anxiety and depression.

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