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Cognitive Emotion Regulation as a Mediator between Bullying Victimization and Psychopathological Symptoms: Evidence from a Pakistani Adolescent Sample

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Abstract

Adolescence is widely recognized as a pivotal phase in human development and a crucial period for laying the foundation of optimal mental health (Smith et al., 2018). Bully victimization during adolescence is linked with a wide range of psychopathological symptoms (Aker & Khatun, 2020). The current study investigated the link between experiences of bullying and the development of psychological symptoms in adolescents, with a focus on how cognitive emotion regulation may mediate this relationship. It is a cross-sectional study using data from five public and private sector schools in the city of Faisalabad, Pakistan. The sample consisted of 340 adolescents aged 11 to 17 years. Revised Olweus Bullying/Victim Questionnaire, DSM-5 Level 1 Cross-Cutting Symptom Measure-Child, and Cognitive Emotion Regulation Questionnaire (CERQ) were used to evaluate bullying victimization, psychopathological symptoms, and maladaptive cognitive emotion regulation in adolescents. The results revealed a significant positive association between bullying victimization and psychological symptoms in adolescents; however, maladaptive CER was found to be partially mediate this relationship. Bully victimization is a serious environmental risk factor and has a detrimental impact on the mental health of adolescents. Forthcoming research should explore the long-term effects of bullying victimization on the mental health of adolescents. Interventions such as educational programmes should be started in schools to teach students the use of adaptive coping skills and constructive relationships with peers.

Keywords: Bully victimization, mental health, adolescent, cognitive emotion regulation

Introduction

Victimization from bullying is a social phenomenon that involves being repeatedly exposed to deliberate unpleasant behavior from one or more people, along with the Victim's feelings of an imbalance of power between the victim and perpetrators (Olweus et al., 2019). From a cognitive standpoint, these characteristics set bullying apart from other types of abuse (Smith et al., 2018), such as physical aggression, sexual harassment, and delinquency (Coleman et al., 2023). Bullying can be classified as either direct or indirect based on the coercive activities taken against victims.

Since direct bullying involves verbal or physical aggressions (such as name-calling and insulting) or bodily attacks (such as striking, pushing, and dragging) directed at the victim, it is readily identifiable (Akter & Khatun, 2020). Indirect or relational bullying, on the other hand, is less noticeable and describes covert and sneaky actions (such as slandering one, propagating misinformation, and exclusion from society, damaging one's belongings) that aim to gradually distance the victim from their peers by causing them emotional distress and harming their social standing (Olweuset al., 2019).

Therefore, these victimization experiences may be particularly hazardous during adolescence, which is a crucial period in a person's life (11–19 years). During this period, several developmental shifts occur, including biological, emotional, and psychological ones, culminating in the acquisition of significant intellectual and behavioral capacities (WHO, 2017).

Teens have to build new interactions with peers as they navigate a new social environment during adolescence (Zhang & Qin, 2023). In response to the strong need for acceptance and belonging to one's peer group (Zhang & Qin, 2023; LaFontana & Cillessen, 2010), the desire to attain a dominant position intensifies during this time; consequently, facing prejudice and isolation can be particularly upsetting (WHO, 2017). Existing literature on bullying indicated that schools are the most frequent location for intimidation among teenagers worldwide (Moore et al., 2017; Biswas et al., 2020). This is because students from various socioeconomic backgrounds congregate there from morning till evening (Lee et al., 2020). According to the Global School-based Student Health Survey (Lee et al., 2020), the worldwide pooled prevalence of bullying victimization among adolescents was estimated at 30.5%. However, this rate varied based on factors such as age, gender, socioeconomic status, and perceived support from peers and parents.

(Biswas et al., 2020).

To be more precise, it has been noted that, on average, being younger, male, having a worse socioeconomic situation, and having little support from peers and parents were all linked to an increased chance of becoming a victim of bullying (Biswas et al., 2020).

The prevalence of bullying victimization increases the significance of this phenomenon. Bullying has detrimental effects on teenagers, making it a serious health concern. (Smith et al., 2023).

Persistently experiencing negative behaviors from peers may be linked to developmental paths that include emotional and behavioral challenges. Additionally, this type of interpersonal abuse can disrupt healthy development (Idsoe et al., 2021), by impairing brain connectivity and function (Halliday et al., 2021).

There is substantial evidence linking bullying victimization among teenagers to mental health issues, including internalizing and externalizing symptoms (Moore et al., 2017; Vacca et al., 2023). However, other authors have emphasized the value of taking into account possible fundamental processes (such as resilience (Zhou et al., 2017), internet addiction (Cao et al., 2021), and sleep length (Mei et al., 2021) that might influence this well-known link. A possible strategy is to use coping strategies like cognitive emotion regulation techniques which are individual cognitive reactions to experiences that evoke emotions (Garnefski & Kraaij, 2006). These coping reactions have been identified as being especially pertinent when discussing teenage psychopathology (Garnefski & Kraaij, 2005).

Functional and dysfunctional CER techniques have been identified in the research based on their ability to help or hinder an individual's ability to cope with challenging circumstances (Garnefski & Kraaijl, 2007; Betegón et al., 2022).

Strategies used to process emotions are part of the functional CER, whereas strategies used to suppress negative emotions associated with stressful situations make up the dysfunctional aspect (Betegón et al., 2022). The fact that adolescents face a number of transitional challenges, such as pubertal growth, the emergence of intimate relationships, and academic pressure, equipping adolescents with strong cognitive skills to navigate and regulate their emotions is vital during these formative years (Coenye et al., 2022). According to this viewpoint, teenagers who experience bullying victimization have emotional reactions that negatively damage their cognitive flexibility (Li & Li, 2022), which may have a bad effect on their CER (Garnefski & Kraaij, 2014). Children who experience bullying at school are more inclined to rely on dysfunctional cognitive emotion regulation strategies—like self-blame, blaming others, catastrophizing, and rumination—than those who are not bullied (Maji et al., 2016), suggesting a possible link between bullying victimization and impaired emotional regulation processes (Bäker et al., 2023). Cognitive emotion regulation (CER) strategies may play a mediating role in the link between bullying victimization and mental health issues among adolescents, as elevated use of maladaptive CER techniques has been associated with higher levels of psychopathological symptoms (Vacca et al., 2023).

Literature Review

Emotion regulation has been shown in earlier research to be a crucial mediator in the relationship between abuse and psychopathology (Jennissen et al., 2016). It has been argued that emotion dysregulation could act as a mediating mechanism in the relationship between childhood maltreatment (e.g., emotional and physical abuse) and subsequent psychological disorders, given the well-documented associations between these variables (Jennissen et al., 2016).

In this regard, the literature contains some findings regarding bullying victimization.

For example, Gardner et al (2017) explored the link between loneliness and peer victimization in a sample of 433 school adolescents. Results showed a positive correlation between loneliness and peer rejection. Furthermore, this relationship is mediated by CER.

To examine the mediating influence of CER on bullying victimization and psychopathological symptoms such as depression, anxiety, and stress, Labella et al (2024) conducted a study on a sample of 5909 college students from seven different nations. The relationship between bullying victimization and psychopathology was found to be mediated by maladaptive CER.

In a study including 638 high school students, Vacca et al. (2023) similarly demonstrated the same findings by examining the connection between peer victimization and depression, anxiety, and stress, as well as the role that adaptive and maladaptive CER play as mediators in this association. In light of prior research, the current study seeks to further explore the relationship between bullying victimization and psychopathological symptoms by investigating the mediating role of maladaptive cognitive emotion regulation strategies among Pakistani adolescents.

Materials and Methods

Participants

A total of 340 adolescents, aged between 11 and 17 years ($M = 12.99$, $SD = 1.61$), were selected through a convenience sampling method from five high schools in the Faisalabad region of Pakistan. Informed consent was obtained two weeks before data collection, following a detailed explanation of the study's purpose. Participation was entirely voluntary, and students were free to take part without any restrictions.

Measures

The following measures were used in the present study.

Demographic Data Sheet

A demographic information sheet was utilized to gather participants' details, including gender, age, education level, class, and number of family members, residential area, household income, and parents' occupations.

Revised Olweus Bullying/Victim Questionnaire (OBVQ: Khawar & Farah, 2016)

To assess the bully victimization, the present study used the Urdu version of **the** Revised Olweus Bullying/Victim Questionnaire (OBVQ: Khawar & Farah, 2016). This measure consists of thirty-nine items that assess bully/victim aspects. Different behaviors that can be divided into four categories, such as direct verbal, direct physical, and indirect or relational forms of bullying, are addressed by this scale. In the present investigation, we only used items that measure bullying victimization. Previous studies showed good Cronbach's alpha of the measure, ranging from 0.80 to 0.87 (Olweus, 1997; Khawar & Farah, 2016).

Psychopathological symptoms (Clarke & Kuhl, 2014)

Urdu translated version of The DSM-5 Level 1 Cross-Cutting Symptom Measure-Child 11 to 17 years (Kareem et al., 2023) was used. The participant was asked to score how frequently or to what extent the particular symptom had disturbed him or her over the previous two weeks. The Urdu translated version was found to have a good Cronbach's alpha (.81).

Cognitive emotion regulation questionnaire

To evaluate cognitive emotion regulation strategies, the Cognitive Emotion Regulation Questionnaire (CERQ) by Garnefski and colleagues (2005) was administered. This scale is made up of nine sub-scales. Maladaptive cognitive emotion regulation was assessed using four subscales such as self-blame, other-blame, rumination, and catastrophizing. In contrast, adaptive cognitive emotion regulation was measured through five subscales, like putting into perspective, positive refocusing, positive reappraisal, acceptance, and planning. Previous studies indicating good reliability of CERQ, ranging from 0.72 to 0.85 (Garnefski et al., 2002; Melero et al., 2021; Betegón et al., 2022).

Results

Table. 1

Demographic characteristics of participants (N=340)

Demographic	<i>f</i>	(%)	<i>M</i>	<i>SD</i>
Gender				
Male	175	51.5		
Female	165	48.5		
Age			12.99	1.61
School				
Public	168	49.4		
Private	172	50.6		
Class				
6 th	89	26.2		
7 th	90	26.5		
8 th	84	24.7		
9 th	77	22.6		
Residence				
Urban	277	81.5		
Rural	63	18.5		
Family System				
Nuclear	203	59.7		
Joint	137	40.3		

Note: f=frequencies of demographic variables, % = percentage M= mean and SD= standard Deviations

Table. 2

Correlation coefficient of study measures (N=340)

Measures	1	2	3	4
Bullying	1			
Victimization				
Adaptive CER	– .44***	1		
Maladaptive CER	.35***	– .65**	1	
Psychopathological Symptoms	.58***	– .51***	.39***	1

*Note= *p < .05, **p < .01, (CER= Cognitive Emotion Regulation).*

Table 3 shows the results of the correlation coefficient analysis. In adolescents, bullying victimization scores are significantly negatively correlated with the scores of adaptive CER. However, bullying victimization is significantly positively correlated with maladaptive CER and scores of psychopathological symptoms.

Mediation Model

Mediating effect of Maladaptive CER on the relationship between bully victimization and psychopathological symptoms

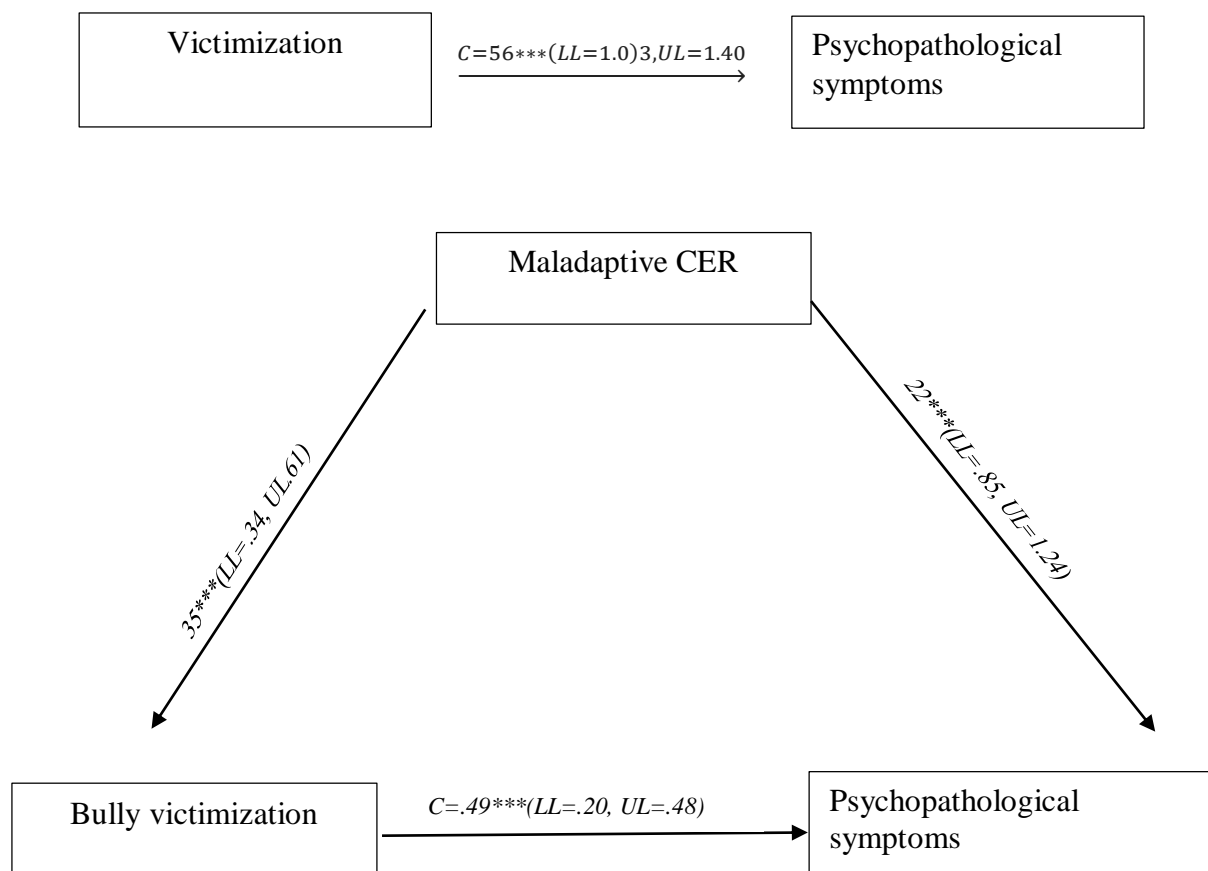


Figure: 1 reports the mediation Model that was performed using PROCESS on SPSS.

Results indicated that maladaptive CER partially but substantially mediated the relationship between bullying victimization and psychopathological symptoms among adolescents in Pakistan

Discussion

To better understand the relationship between bullying victimization and psychopathological symptoms in Pakistani adolescents, the current study examined the mediation influence of both adaptive and maladaptive cognitive emotion regulation. Our first finding is that there is a significant positive correlation between peer victimization and psychopathological symptoms. Our results are in line with previous findings. Negative mental health issues linked to bullying victimization have been the subject of numerous studies. The mental health issues about bullying victimization that are most frequently mentioned include depression, anxiety, self-harm, and suicidal behavior (Montes et al., 2022; Fang et al., 2022; Sigurdson et al., 2015).

Given the cross-sectional design of this research, a reverse course might also make sense. According to research, adolescents who are experiencing mental health issues, for instance, are more susceptible to various types of abuse and maltreatment (Turner et al., 2010).

Furthermore, this reciprocal association may prolong the victimization of bullying by creating an ongoing pattern of emotional abuse, as adolescents who are bullied and suffer from

psychopathological suffering may feel powerless and hence be more prone to aggressive behavior (Li et al., 2021). Symptoms of psychopathology may make it more difficult for them to deal with bullying (Forbes et al., 2019). For example, students who are victims of bullying may feel hopeless and unable to protest harassment from their classmates since psychopathology like depression is characterized by excessive sadness, loneliness, pessimism, and loss of interest in past enjoyment activities (Arhin et al., 2019). To determine the direction of the relationship between bullying victimization and psychopathology, as well as how they influence one another over time, further longitudinal studies are required.

The second finding related to the mediation model indicated that maladaptive cognitive emotion regulation is significantly positively correlated with psychopathological symptoms in adolescents. This result is consistent with the corpus of current research as well. Numerous researchers concluded that maladaptive cognitive coping and psychopathology are positively correlated (Zagaria et al., 2013; Garnefski et al., 2002) and highlighted the negative effects of maladaptive coping, including rumination and self-blame, as causes of psychopathology (Garnefski et al., 2002). Young individuals with psychopathology symptoms have been found to report more impaired emotion regulation (Dochnal, 2023; Kullik & Petermann, 2013). Psychopathological disorders can also impair a person's capacity to regulate their emotions correctly in response to negative stimuli (Yıldız & Duy, 2019; Beck, 2020). The predictive role of emotion regulation strategies on depressive and psychosomatic symptoms in adolescents, longitudinal data has shown that this link indicates reciprocal linkages (Dawel et al., 2021). For instance, children who struggle to control or regulate their emotional reactions to everyday situations may develop stress, anxiety, or depression (Schneider et al., 2018; Compas et al., 2017; Folk et al., 2014) and vice versa (De France et al., 2019; Larsen et al., 2013). Additional research is required to determine the causal direction of these routes using experimental methodologies.

Returning to our main objective of the present study, it was observed that maladaptive CER strategies partially mediated the relationship between bullying victimization and psychopathological symptoms. It may be possible that interruptions in emotion regulation may cause people to react ineffectively to stressors (bullying victimization), which may affect their mental health (McLafferty et al., 2020). According to this viewpoint, emotional reactions linked to bullying victimization hurt teenagers' cognitive regulation system (Anniko et al., 2018). Which could lead to mental health conditions (Li et al., 2020).

Limitations

Despite its significant contributions in the existing literature, the present study is not free from its limitations. For example, due to its cross-cultural nature, this study hinders the formulation of inferences regarding causation and influence directions. Additional longitudinal studies are required to evaluate the mediating impact of cognitive emotion regulation in the relationship between bullying victimization and psychopathological symptoms in adolescents. In particular, as prior retrospective studies (Camodeca & Nava, 2022) have indicated, future studies should look at whether bullying victimization might serve as a long-term predictor of maladaptive emotion regulation. Which, by the data now available, could constitute an indicator for the emergence of psychopathological symptoms (Kököneyi et al., 2024). Additionally, social

desirability bias may have an impact on the self-reported measure itself. There are more rigorous approaches that can be employed, like using experimental instruments to evaluate the mechanisms related to cognitive-emotional regulation. Furthermore, the collection of subjective information about the aftermath of being a victim of bullying, the regulation of emotions, and psychopathology may benefit from the use of qualitative approaches like daily journals or standardized interviews. Finally, given the literature's consistent finding that bullying victimization is associated with socioeconomic status and peer/parental support (Zhang et al., 2023), these factors have to be evaluated in subsequent research.

Conclusions

Results of the present study indicated the mediating role of maladaptive CER on the relationship between bullying victimization and psychopathological symptoms in adolescents. Given that these issues frequently manifest for the first time during adolescence, this is an especially significant contribution, indicating the need to develop treatment and prevention strategies that focus on victimization experiences and their effects on mental health during this stage of life. For instance, emotion coaching can be useful in fostering emotional competencies and constructive peer relationships in teenagers by teaching them how to control their emotions in the classroom.

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