

Emergent forms of psychopathology and their associations with homophobic bullying in adolescents: An exploratory quantitative study

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Abstract

This study identified emergent forms of psychopathological traits and explored their role in the etiology of homophobic bullying in adolescence. Participants were 394 adolescents and young adults, (41.6% male and 58.4 % female) aged 15-20 years ($M = 16.55$; $SD = .85$), attending the third and fourth classes of public high schools in Italian cities. Participants completed the *Homophobic Bullying Scale* to evaluate acts of bullying towards gays and lesbians, and the *Symptom Check-list-90-R* (SCL-90) to evaluate symptomatology connected to anxiety, depression, hostility and psychoticism. An exploratory factor analysis yielded three unique scales in the Italian sample: 1) paranoid destructiveness; 2) social desolation, and 3) anxious exhaustion, that drew items from across the *Symptom Check-list-90-R* (SCL-90). The scales were tested using confirmatory factor analysis and used to predict homophobic bullying in a structural equation model. Results demonstrated that paranoid destructiveness predicted bullying of gay and lesbian adolescents, anxious exhaustion prevented bullying of gay adolescents, and social desolation did not associate with bullying in the sample. Theoretical and educational implications are provided.

KEY WORDS: homophobic bullying, adolescents, psychopathology, factor analysis, path analysis.

Introduction

Homophobic bullying is a form of abuse and aggressiveness (verbal and/or physical) towards gay and lesbian people, or people alleged to be so because they do not fall within heteronormative cultural canons. This form of bullying therefore has a socio-cultural base that becomes increasingly meaningful within adolescence. Studies demonstrate how many adolescents in schools are victimized by homophobic bullies who present internalizing problems, as well as emotional problems (Rivers, 2011; D'Urso, Petruccelli & Pace, 2018; D'Urso & Pace, in press). Moreover, some studies suggest that homophobic bullies have difficulty recognizing the suffering they inflict on others because they have difficulty re-elaborating and understanding their internal states, i.e. experiencing problems strongly connected to the process of mentalization (Golmaryami et al., 2016; Winter et al., 2017).

In adolescence, the regulation of internal states is an important protective factor connected to individual and relational development. For example, people who have positive mental states are found to experience good relations with peers. Conversely, people suffering from anxious, depressive emotional states or dissociative and psychotic experiences can have more negative personal and relational development outcomes (e.g., Parker, Rubin, Price, & DeRosier, 1995; Bukowski & Adams, 2005; Milledge et al., 2018). Of importance for the current study, these types of internal dysregulations have been connected to social aggression. Several studies underline how psychopathology traits, in particular anxiogenic or depressive symptoms, can promote destructive outcomes and consequently increase episodes of aggression (e.g., Swearer et al., 2001; Fung, Gerstein, Chan & Engebretson, 2015; Jarnecke & South, 2018). There, internal tensions that are unprocessed by the individual are transformed into externalizing behavior in order to achieve a complete equilibrium (Pace, D'Urso & Zappulla, 2018).

Dissociative and psychotic experiences can also be associated with aggressive behavior (Kim et al., 2001; Connolly & O'Moore, 2003; Morris et al., 2017; Fung, Ho, & Ross, 2018), when these prevent adolescents from understanding emotional states in themselves and others. The adolescent who experiences dysfunctional emotional states, experiences deficits in the process of mentalization because they are not able to process their internal states well. This inability can encourage aggressive conduct, as someone who has not acquired the capacity for mentalization has reduced capacity to worry about others, precisely because of the impossibility of mentally representing one's own suffering. Psychopathologies that promote social withdrawal can also hinder the positive development of communicative and social competences and, consequently, lead to reduced ability to modulate actions and answers (Hirashima, 2001).

These deficits linked to the inability to reflect on one's dysfunctional emotional states can lead to the genesis of a fragile adolescent self, an internal structure characterized by the inability to adequately manage difficult, unexpected or new situations (Fonagy, Gergely, Jurist & Target, 2002). This can spur aggression, which becomes a key coping mechanism for managing the challenges of new situations. This type of reactive aggression can be aimed at defending the integrity of one's own self, preventing changes to the dysfunctional internal states (Fonagy, Moran, & Target, 1993), and inhibiting positive psychological growth.

According to the theory of frustration-aggression (Dollard et al., 1939) every frustrating event, every situation that hinders the individual's tendency to reach a goal, becomes a source of aggression and provokes a behavioural sequence where the response is usually an offense directed towards the object considered to be the cause of the impediment. This theory was later re-elaborated by Berkowitz (1993), which suggests that aggression is one of the possible responses to a negative feeling, which becomes dominant when there are stimuli in the situation that the

person has associated with an aggressive connotation. In particular, following the theory by Berkowitz and LePage (1967), if the person is pervaded by negative moods or unclear moods, the presence of social phenomena that are perceived to be outside of experienced sociocultural norms could increase the intensity of the aggressive response. In this manner, people who are openly, or perceived to be, gay and lesbian can become targeted by bullies who aggress in relation to their internal dysregulation.

However, the way in which internal dysregulation, studied as anxiety, depression, psychoticism and feelings of aggression, manifests within individuals is not always clear cut. In adolescence, individuals can be affected by a constellation of internalizing symptoms that can include anxiety, depression, psychotic states, and disruptive instincts (e.g., Kopala-Sibley et al., 2017; Bor et al., 2014). This creates a need for more exploratory work on internal dysregulation, to discover how constellations of internal states form within individuals. Also of interest is how these internal states associate with homophobic bullying, given the frequent connections documented in the literature between homophobic bullying and anxiety, depression, psychoticism and hostility (e.g., Fung, Ho, & Ross, 2018; Morris et al., 2017; Yang, 2012; Farmer & Aman, 2010; Swearer et al., 2001).

The Current Study

In response, the current study aimed to explore the way in which different aspects of psychopathology relate to each other, and in turn to homophobic bullying, within a sample of adolescents. Taking an exploratory perspective, we therefore asked (1) what is the internal structure of psychopathology within the study sample, and (2) how is this internal structure related to the prevalence of homophobic bullying? To address these questions, we used exploratory factor analysis, confirmatory factor analysis and structural equation modeling.

Method

Participants and Procedure

Participants in this study were 394 adolescents and young adults, (164 boys - 41.6% - and 230 girls - 58.4 %) aged from 15 to 20 years ($M = 16.55$; $SD = .85$), attending the third and fourth classes of public high schools in Italian cities. Written informed consent was obtained for all participants by sending letters to their parents to inform them of the study. No parents objected to their child's involvement. We also obtained assent from all the adolescents involved in the study. Data were collected between October 2017 and March 2018. The research was approved by the ethics committee of “Kore” University of Enna. Therefore, all procedures which involved human participants were performed in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

Measures

Demographics. Information on gender and age was gathered using the survey.

Homophobic Bullying Scale (Prati, 2012) is a questionnaire aimed at measuring homophobic bullying behaviors by students, through three perspectives: witness (e.g., “think about a student who is perceived to be lesbian. Because of this, during the past 30 days, how often did you hear insulting remarks about her”), bully (e.g., “think about a student who is perceived to be lesbian. Because of this, during the past 30 days, how often did you isolate or marginalize her”) and victim (in this section we asked to adolescents to consider a series of events (e.g., being marginalized or teased), then asked “during the past 30 days, how often did this happen because you are perceived to be gay or lesbian?”). Participants were also asked to report if they observed or were involved in different homophobic behaviors (isolation / exclusion, spread of lies,

homophobic skirmishes, theft or damage of property, physical assault, sexual / electronic harassment) in their schools, in the last 30 days. Response options are on 4-point Likert scale [Never (1), Only once or twice (2), About once a week (3), More than once a week (4)]. In the present study we used the bully perspective scale: the person's account of how often they engaged in homophobic bullying toward gay and lesbian students. We dichotomized the scale into frequent bullying episodes (3 and 4), and minimal or no bullying (1 and 2) to account for the negative skew of the distribution. Then we summed the items to give separate total scores for bullying of gay and lesbian students.

The *Symptom Check-list-90-R* (SCL-90-R; Derogatis, 1977) is a 90-item self-report symptom inventory designed to screen for a broad range of psychological problems. Each of the 90 items is rated on a five-point Likert scale of distress, ranging from "not at all" (0) to "extremely" (4). Subsequently the answers are combined in nine primary symptom dimensions/scales: Somatization, Obsessive-Compulsive, Interpersonal Sensitivity, Hostility, Depression, Anxiety, Paranoid Ideation, Phobic Anxiety, and Psychoticism. For the present study we used items from the *psychoticism scale*, composed by 10 items, the *depression scale*, composed by 13 items, the *anxiety scale*, composed by 10 items, and the *hostility scale*, composed by 6 items (39 items in total). The psychoticism scale includes items indicative of an introverted, isolated, schizoid lifestyle, as well as first-rank symptoms of schizophrenia, such as hallucinations and disorders of thought control, and is conceived as a continuum that fluctuates from moderate interpersonal alienation to psychosis (e.g., The idea that something serious is wrong with your body; Having thoughts that are not your own). The depression scale evaluates feelings of despair, suicidal thoughts and other cognitive correlates, as well as somatic symptoms related to depressive states (e.g., Feeling everything is an effort). The anxiety scale evaluates the general signs of anxiety such

as nervousness, tension, tremors as well as panic attacks and feelings of terror (e.g., Feeling so restless you couldn't sit still). Moreover, the hostility scale reflects, instead, thoughts, feelings, characteristic behaviors connected to a negative affective state of anger (e.g., Having urges to break or smash things).

Analysis Plan

The analysis was carried out in three phases. First, we conducted an exploratory factor analysis (EFA) using SPSS version 24, to explore the internal factor structure of the 39 items used from the *Symptom Check-list-90-R*. Given that we were interested to see how internal dysregulation might manifest in the sample without imposing a pre-defined structure, we selected a factor analysis method that was highly inductive in its approach and fit the assumption of comorbidity rather than independence of dimensions. Principal Axis Factoring was chosen for its ability to estimate even the most subtle factors from within a set of items (de Winter & Dodou, 2011), and was paired this with direct oblimin rotation, which assumes that the items are correlated, meaning that any factor structure that emerges will represent a multi-dimensional summary of an interconnected whole (Lorenzo-Seva, 2000).

We followed Cattell's (1966) scree test for determining the number of factors, which involves examining a plot of the eigenvalues for breaks or discontinuities, and interpreting the number of breaks occurring over the eigenvalue of 1 as indicative of successive meaningful factors. After the factor structure emerged, we examined the item loadings to see how they fit within and across factors, using the cut-off point of .30 to determine whether they were a good candidate for any one factor. In examining the factor structure across the items, we eliminated the unsaturated items or the items saturated in more than one scale (minimum weight is .30). This left us with

discrete factors composed of items that loaded onto that factor at a minimum of .30, and not onto another factor within the set.

After we identified our factors using the EFA, we conducted a preliminary confirmatory factor analysis (CFA) in Mplus version 8, to check the validity of the factor structure in preparation for path analysis. Finally, we computed a structural equation model in Mplus Version 8.0 to explore how the new scales might connect to homophobic bullying of gay and lesbian adolescents.

Results

The EFA returned five factors with eigenvalues of above 1 (Figure 1), that together accounted for 42% of the item variance. Those factors could be clearly identified as discrete phenomena, each comprising a different mixture of anxiety, depression, hostility and psychoticism items. This supported our decision to investigate the factor structure from an exploratory perspective, to identify possible symptom comorbidity. Following the analysis plan, we examined the item loadings and established which items loaded onto individual factors above .30, independently of the other factors that emerged. We then eliminated the remaining 19 items. Of these, seven loaded equally across multiple factors and would therefore confuse the modelling capability of the solution, and 12 had very weak loadings (below .30) and did not add greatly to the variance. This yielded five firm factors, however two were left with only two items after the inclusion criteria were applied. To ensure that each factor was robust enough for statistical analysis, we limited our analysis to the three factors that contained more than two items.

The first of the three main factors which we labeled as *paranoid destructiveness*, contained two items from the psychoticism scale and five from the hostility scale. The items in this scale loaded from .31 to .61. Here, psychoticism items of feeling estranged from oneself loaded together

with items referring to spontaneous anger, revealing a comorbidity between psychological detachment from the self, and feelings of aggression.

The six items that flowed into the second scale referred to feelings of *social desolation*, i.e. not being close to other people, feeling trapped, hopeless, worthless and lonely. There, one item came from the psychoticism scale and five from the depression scale. The items in this scale loaded from -.34 to -.80.

The last scale contains items referring to *anxious exhaustion*, comprising feelings of extreme anxiety and nervousness coagulating with a lack of energy and effort, demonstrating comorbidity between anxiety and the physical symptoms of depression. This scale has ecological relevance with the experience of stress and anxiety at school leading to burnout and complete exhaustion (Salmela-Aro, 2017). Here three items came from the depression scale and four from the anxiety scale. The items in this scale loaded from -.310 to -.653 (See Table 1).

The structural equation model demonstrated that the new scales and their predictive associations with homophobic bullying had a good fit to the data ($CFI = .95$; $RMSEA = .05$; $X^2(210) = 4015.86$; $p < .0001$). The items loaded well onto the scales, with loadings ranging from .57 to .80 (Figure 2). The three scales had relatively similar, strong associations with each other (.66, .76 and .77) demonstrating the comorbidity of these psychopathological states in the sample. However, they had dissimilar associations with homophobic bullying, validating their existence as unique psychological phenomena with differential effects on behavior. First, levels of paranoid destructiveness had clear associations with homophobic bullying, predicting bullying towards gay ($\beta = .46$; $p < .0001$) and lesbian ($\beta = .34$; $p < .0001$) adolescents. Second, anxious exhaustion was negatively associated with bullying of gay adolescents ($\beta = -.25$; $p < .0001$) but had no association

with bullying of lesbian adolescents. Finally, there were no associations between social desolation and bullying.

Discussion

The aim of this exploratory study was to identify the patterns of connection between different indicators of psychopathology in adolescence and homophobic bullying in adolescence. To study this phenomenon, we took an inductive approach to exploring how the multiple items of anxiety, depression, psychoticism and hostility manifest within the group of participants. Then, from a risk and protection perspective, we tested how these new constellations of psychopathology related to homophobic bullying towards gays and lesbians. These analyses addressed two research questions: (1) what is the internal structure of psychopathology within the study sample, and (2) how is this internal structure related to the prevalence of homophobic bullying? The results for each question are discussed in turn below.

Internal Structure of Psychopathology

The exploratory analysis revealed that the psychopathology items saturated in 3 main scales: 1) paranoid destructiveness; 2) social desolation, and 3) anxious exhaustion. The first scale of *paranoid destructiveness* combined dissociative and destructive thoughts with disruptive acts. The merging of the hostility and psychoticism items into a single scale indicates the comorbidity of these mental states in adolescence. Here we might presume that dissociative and hostile-aggressive traits are a tightly knit psychological system that is inseparable from context, given that it forms in adolescence where there can be turbulent oscillations between internalizing and externalizing states (e.g., Pace, D'Urso & Zappulla, 2019; Markey & Markey, 2010; Aluja & Blanch, 2004).

The second scale generated by the exploratory factor analysis of *social desolation* contained items representing depressive psychopathology, specifically regarding the impossibility of experiencing feelings of closeness to another person. Feelings of loneliness and inability to establish feelings of empathy for another person can often be syndromic constellations in comorbidity during adolescence (e.g., Kopala-Sibley et al., 2017; Holopainen et al., 2012).

The last scale of *anxious exhaustion*, which included items from the anxiety and depression subscales, represented a mixed emotional internal state of nervousness and lack of energy (e.g., Cummings, Caporino & Kendall, 2014; Aluja & Blanch, 2004). These traits are symptomatic of experiencing high levels of stress and anxiety that can lead to burnout and exhaustion at school (Salmela-Aro, 2017).

Psychopathology Predictors of Homophobic Bullying

Paranoid destructiveness

Using the new scales of paranoid destructiveness, social desolation, and anxious exhaustion, in a structural equation model predicting bullying of lesbian and gay people, we discovered that paranoid destructiveness was the strongest predictor of homophobic bullying. The link from destructive thoughts and paranoia to aggressive behavior is found in other studies of aggression towards young people (not just gay and lesbian adolescents) (e.g., Morris et al., 2017), meaning that our finding is well supported by the current literature. Here however we must interpret this finding in relation to gay and lesbian people, as this was the outcome studied in our sample. Possibly, adolescents' paranoia and destructive thoughts in the current sample induced violent responses towards gay or lesbian people, as a defense of homosexual cultural norms. Fear of breaching cultural norms might be enhanced by paranoia, producing a concrete effect of the adolescent defending their self from a threat to that perceived reality, leading to the creation of

scapegoats. Here, sexual minorities can therefore represent an ideal victim on which to pour internal frustrations.

Another feature of the paranoid destructiveness scale was the feeling of being ‘unreal’ or detached from reality. Adolescents who do not consciously perceive themselves as being gay or lesbian might find it easier to mentally alienate themselves from sexual minorities and therefore avoid the negative psychological consequences of causing someone else harm. This process might be augmented for adolescents who also feel disassociated from themselves, because they find it easier to disassociate from others. In this sense, it is possible that adolescents who experience internal emotional states that prevent them from emphasizing with situations, cannot modulate their behavior, particularly when they come into contact with diversity. The experience of diversity gives mentally disassociated adolescents the opportunity to vent their frustrations and destructive instincts.

Paranoia and socially destructive urges might also be translated by adolescents as a general attribution that other people dislike them, leading to further aggressive thoughts and behavior, e.g., since he/she hates me, I hate him/her. Feelings of paranoia and destructiveness can invalidate the socio-communicative dimension of one's internal world which then affects the external world through the fundamental need to affirm one's own power. This wielding of power as an attempt to rise above perceived hatred by others can have negative repercussions on peer relationships. In the context of bullying gay and lesbian people who might represent people with less privilege in traditional heterosexual communities, the adolescent might be using sexual minorities as a scapegoat to demonstrate their own power to other people who they assume to dislike them.

Anxious exhaustion

Second, the model found that feeling anxious and exhausted was a negative predictor of homophobic bullying towards gay adolescents. These data suggest how adolescents who are anxious and exhausted, probably from stress, might not have the energy to engage in homophobic bullying, also they do not want to risk conflict which could cause them further stress. Here, the adolescent is probably responding to their internal discomfort in less risky ways, having limited psychic energy to translate this internal discomfort into externalizing behavior.

Social desolation

Third, social desolation had no association with homophobic bullying in this sample. Since there was no association, it is possible that having scarce social support acted as a risk factor for increased homophobic bullying, as aggressing towards others could lead to further social isolation. Moreover, adolescents experiencing feelings of social desolation might lack the will to socially engage with other people, even a victim. In other words, the absence of openings to the other as well as the perception of not knowing how to act on the present can create a vortex that leads adolescents to a real state of asthenia, because there are so many developmental tasks to be addressed with a limited amount of energy to invest without social support from others. Although a lack of social interaction is thought to inhibit communication competencies, in the current study social desolation did not link to aggression towards gay and lesbian people. Here, any communication dysfunction emerging from social isolation appeared to have a deactivating role in homophobic bullying, in contrast to any communication dysfunction arising from paranoia and destructive urges that appeared to have an activating role.

Limitations

Although our exploratory method yielded several key findings about how psychopathology manifested in the sample and connected to homophobic bullying, the study must also be considered in the light of some limitations. First, the use of self-report questionnaires might have led the adolescents - because of social desirability - to not be honest about their mental health and the implementation of homophobic bullying. A second limitation is that the study was cross sectional. Future studies could further examine the model in a longitudinal perspective. Third and fourth, the study would be strengthened by including different viewpoints (teacher, parent), and different forms of evaluation (e.g., interviews, implicit tools).

Conclusion

The results of this study signal the importance of monitoring adolescents' mental health, given that ill mental health can lead to maladaptive developmental outcomes as well as be the psychological genesis of homophobic bullying behavior. The results also suggest that adolescent mental health care is needed not only for individual well-being but also for the social groups that adolescents are embedded in. Schools are key developmental contexts should safeguard sexual diversity, to ensure that sexual minority adolescents do not become objects on which others can vent their own internal frustrations. This can occur by changing social norms to value communities that incorporate diverse students. If sexual minorities were not labeled as different, adolescents would not be motivated to consider gay or lesbian adolescents as scapegoats. Furthermore, by celebrating the strengths of diverse communities, schools can help give cultural capital to students who represent diverse ways of being. Finally, promoting educational strategies based on emotional literacy can create an affective "grammar" that can encourage pro-sociality among peers, operating to support emotional wellbeing across adolescents of different religions, ethnicities and sexual orientations (e.g., Beelmann & Heinemann, 2014).

Compliance with Ethical Standards

Conflict of interest: All authors declare that they have no conflict of interest.

Ethical Approval: All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

Informed Consent: A written informed consent was obtained for all participants (adolescents) by sending letters to their parents in order to inform them of the study. No parents objected to their child's involvement in the study. We also obtained assent from all the adolescents involved in the study.

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