DEPRESSION AND SOCIAL FUNCTIONING OF YOUNG ADOLESCENTS WHO HAVE BEEN RETAINED

by

ANGELA GANNAWAY FISKE

(Under the Direction of Stacey Neuharth-Pritchett)

ABSTRACT

The purpose of this three year study was to investigate the relationship between grade retention, adolescent depression, and the social functioning variables of social acceptance, social confidence, and popularity among young adolescents in middle school. The sample consisted of 80 adolescents, who were divided into three groups: those who had been retained in grade at some point in their schooling experience, those who had not been retained but scored in the bottom quartile on standardized tests, and those who were considered on-grade level and scored in the top three quartiles on the standardized tests. During the spring of 2003, 2004, and 2005, data were collected from participants’ cumulative folders and self-ratings on the Children’s Depression Inventory, Self-Perception Profile for Children, Coping Resources Inventory Scales for Educational Enhancement, and Piers-Harris’ Children's Self-Concept Scale. Data were analyzed through one-way analysis of variance tests, repeated measures, and regression. Retained students significantly differed from both the low-performing and on-grade level control groups, reporting higher levels of depressive symptomology across the middle school years. No significant differences were found among the three groups with regards to social functioning. However, the retained and low-performing groups reported greater social functioning concerns.
during their seventh grade year and the on-grade-level group reported more concerns the following year. Group membership and social functioning accounted for the greatest amount of variance of total depression at the end of eighth grade for the retained and low-performing students; social functioning ratings taken the eighth grade year were significant predictors of total depression at the end of middle school for the on-grade level students. The results suggest that retained students are more depressed than their typically developing peers who have not been retained. Social functioning plays a crucial role in young adolescents’ schooling experiences and students’ perceptions of their social functioning are influenced by academic status. These findings are critical to better understanding the needs of at-risk adolescents, especially those overage for grade. Considering the wide use of grade retention to address academic failure, more research is needed exploring the longitudinal effects of the practice on young adolescents, especially the psychological outcomes.

INDEX WORDS: Grade retention, Adolescent depression, Social functioning, At-risk students, Young adolescents, Academic failure
DEPRESSION AND SOCIAL FUNCTIONING OF YOUNG ADOLESCENTS WHO HAVE BEEN RETAINED

by

ANGELA GANNAWAY FISKE
B.S., Auburn University, 1993
M.Ed., State University of West Georgia, 1998
Ed.S., State University of West Georgia, 2000

A Dissertation Submitted to the Graduate Faculty of The University of Georgia in Partial Fulfillment of the Requirements for the Degree

DOCTOR OF PHILOSOPHY

ATHENS, GEORGIA

2006
DEPRESSION AND SOCIAL FUNCTIONING OF YOUNG ADOLESCENTS WHO HAVE BEEN RETAINED

by

ANGELA GANNAWAY FISKE

Major Professor: Stacey Neuharth-Pritchett
Committee: P. Gayle Andrews
Denise Muth Glynn

Electronic Version Approved:

Maureen Grasso
Dean of the Graduate School
The University of Georgia
August 2006
ACKNOWLEDGEMENTS

There are so many people that I would like to thank for their unconditional love and support these past four years. First, I would like to thank my major professor, Dr. Stacey Neuharth-Pritchett, for being an awesome mentor, professor, colleague, and friend! I always joke that I want to be just like you when I grow up; as I get ready to start my career in academia at Florida State, I hope that I can be to my students what you have been to me these past four years. THANK YOU! I look forward to our annual gatherings at AERA and to our continued research partnerships.

Thank you to my committee members, Dr. Gayle Andrews and Dr. Denise Glynn. Gayle – thanks for making me feel like such an important member of the Middle School Program and for always looking out for my best interest. I appreciate your constructive feedback and editor marks! I will miss our Alias conversations, but look forward to Google Talk about the next show we pick to critique. Denise – Your sense of humor always makes me laugh. Thanks for your encouragement and helping me put tasks in perspective. You always make me feel like I can write anything!

To my fellow graduate assistants – I have been fortunate to have made some wonderful lifelong friends. To the “Lee and Abernathy Gang” – I will treasure that night in November forever. Who would have thought that a conversation on democratic learning could be so stimulating! I miss you all. To Audra – I am so psyched that we will both be at Florida universities. I value our friendship and look forward to our future adventures – I’ll bring the jelly bellies! To Nicole – I wish you were here to celebrate with me. We had some fun times and I
miss you. To Diana – my new officemate and friend. When we met, it was like we had been friends for years. I will miss you, but know we will keep in touch. I look forward to our marathon planning session on the phone! To Linda – What a treasure you are! You are my reading, NASCAR buddy – thank you for being so thoughtful and for being a wonderful friend. To Stephanie – Thanks for the great conversations over chocolate, your friendship, and of course, your formatting skills!

To my best friend, Robin – thanks for always being there for me. You always make me laugh and know how to make me believe in myself. I treasure all the fun and crazy adventures and know that one day we will be on the Amazing Race and win the million dollars (no matter what the Earls think)! I can’t wait to celebrate with you when you earn your doctorate.

Thank you to my parents - you always make me believe that I can do anything. Thank you for being my cheerleaders! I don’t know what I would do without your unconditional love and support. Mom, thank you for inspiring me and making me the woman I am today. You always sacrificed for me, and I know that you are always there to save the day when I need you! Dad, thank you for the countless hours of homework help and reading research papers. You force me to constantly question and have made me a better writer and thinker. I admire you and value your opinions. I thank God every night for giving me the best parents in the world.

To my grandmother, my guardian angel, thank you for always loving me and supporting me. I miss your warm smile and kind ways. I beam with pride when people say that you, mom, and I are so much alike – the three musketeers. I wish you could be here in person to see me walk across the stage, but I know that you are watching over me from Heaven.
To the rest of my family and friends – my brother, sister, aunts, uncles, in-laws, the Augusta Fiskes, Jackie, Scott, Tracey and Jesse, Jessi and Jay, Linda and Drew, and all the family friends – thank you for your love and support!

Finally, thank you to my husband, Glenn, for sacrificing for me and moving to Athens so I could pursue my dream of getting a Ph.D. You knew this was my destiny before I did. Thank you for encouraging me, believing in me, and putting up with my mood swings and writing frustrations. I can’t believe we are already celebrating our ten year wedding anniversary. You are very special to me. I love you with all my heart!
TABLE OF CONTENTS

ACKNOWLEDGEMENTS........................................................................................................... iv
LIST OF TABLES......................................................................................................................... ix

CHAPTER

1 INTRODUCTION .........................................................................................................1
   Rationale....................................................................................................................5
   Statement of the Problem ..........................................................................................8
   Operational Definitions of Key Terms ......................................................................9
   Research Question...................................................................................................10
   Hypotheses ..............................................................................................................10
   Significance of the Study ........................................................................................11

2 REVIEW OF RELEVANT RESEARCH LITERATURE ..........................................13
   Grade Retention.......................................................................................................13
   Adolescent Depression............................................................................................18
   Social Functioning...................................................................................................30
   Summary ..................................................................................................................39

3 METHOD ....................................................................................................................41
   Research Question and Hypotheses ......................................................................41
   Participants..............................................................................................................41
Instruments ..................................................................................................................44
Data Procedures and Analysis ..................................................................................45

4 RESULTS ..................................................................................................................47
Hypothesis 1 ..............................................................................................................48
Hypothesis 2 ..............................................................................................................51
Hypothesis 3 ..............................................................................................................56
Summary ..................................................................................................................60

5 DISCUSSION AND IMPLICATIONS ......................................................................62
Hypothesis 1 ..............................................................................................................62
Hypothesis 2 ..............................................................................................................66
Hypothesis 3 ..............................................................................................................68
Future Research ......................................................................................................69

REFERENCES .............................................................................................................72

APPENDICES

A MIDDLE SCHOOL ..................................................................................................86

B EXAMPLES OF THE OVERLAP OF THE CHARACTERISTICS BETWEEN
ADOLESCENT DEPRESSION AND YOUNG ADOLESCENTS ..................................89
LIST OF TABLES

Table 1: Means and Standard Deviations for the Children’s Depression Inventory in
in Seventh Grade.............................................................................................................50

Table 2: Means and Standard Deviations for the Children’s Depression Inventory in
in Eighth Grade............................................................................................................... 52

Table 3: Means and Standard Deviations for the Self-Perception Profile for Children
across the Middle School Years......................................................................................53

Table 4: Means and Standard Deviations for the Coping Resources Inventory Scales for
Educational Enhancement Social Confidence Subscale across the Middle School
Years ..................................................................................................................................54

Table 5: Means and Standard Deviations for the Piers-Harris’ Children’s Self-Concept
Scale Popularity Subscale across the Middle School Years ...........................................55

Table 6: Linear Regressions of Social Acceptance, Social Confidence, and Popularity
(Retained Group)..............................................................................................................57

Table 7: Linear Regressions of Group Membership and Social Acceptance, Social
Confidence, and Popularity (Retained and Low-Performing Group).............................59

Table 8: Linear Regressions of Social Acceptance, Social Confidence, and Popularity
(On-Grade Level Control Group)...................................................................................60
CHAPTER 1
INTRODUCTION

Academic accountability is no stranger to America’s public schools and political arenas. Over the past fifty years, a series of significant educational reform initiatives have brought critical focus to the assessment, weaknesses, future direction, and improvement needs of America’s K-12 public educational system. The first of these was America’s response to the Soviet Union’s launch of Sputnik in 1957. American policymakers challenged the public educational system to improve students’ mathematical and scientific skills in public school classrooms to better prepare them for the competitive global community (Wikipedia, 2006). The second significant reform initiative was an outgrowth of A Nation at Risk (Commission on Excellence in Education, 1983). This report, commissioned to investigate the state of the nation’s educational system by Secretary of Education T. H. Bell, triggered a return to teaching the basics of reading, writing, and arithmetic. In the 1990s, Presidents George H. W. Bush and Bill Clinton advocated legislation known as Goals 2000: Educate America Act, which called for educational reform, increased graduation rates, student mastery of content material, professional training for teachers, more parental involvement, and a literate citizenry (United States Congress, 1994). Currently, the No Child Left Behind (United States Department of Education, 2001) legislation has risen to the forefront as educators scurry to meet the timeline of this accountability reform initiative calling for all public school children to meet established academic benchmarks, being proficient in the core academic subjects within 12 years. To accomplish this goal, school districts have implemented more rigorous standards and gateway testing at certain grade levels to
determine grade progression (e.g., Georgia and Illinois), with grade retention being the primary consequence for those students who do not pass the standardized state assessments. While the federal legislation does not call for retention, it appears that school districts are interpreting the need for retention to address academic failure. All of these educational reform efforts for academic accountability place increased and sometimes unhealthy pressure not only on educators, but more importantly, on the students. For students who have previously experienced academic failure or even those who just struggle with the growing pains of adolescence, this increased pressure could be detrimental to students’ mental and intellectual well-being. Increased pressure can also impact the learning environment so that students’ developmental needs are overshadowed by the need to raise test scores.

One of the major controversies related to student achievement and initiatives such as mandated by *No Child Left Behind* remains the challenge of what to do with students who fail to meet established academic standards. Although limited alternatives such as multi-age classrooms and remediation programs exist, the traditional, primary approaches used to address student failure are social promotion and grade retention. Social promotion refers to the practice of placing a child in the next grade level even though academic benchmarks have not been mastered. The more predominant strategy used to rectify student failure is grade retention (Holmes, 1989; Shepard & Smith, 1989). Grade retention refers to holding a student back in the current grade level due to academic deficiencies or social immaturity. The practice of grade retention is seen as a “logical means to correct inadequate learning and to ensure greater subsequent achievement…” (Shepard & Smith, 1989, p. 4). Unfortunately, the repeated year is often times a recycling of students through the same curriculum instead of providing alternative instructional practices targeted at creating a more appropriate fit between the students’
developmental needs and their learning environments. Interestingly, the research on grade retention suggests that the negative consequences of the practice far outweigh any benefits thus creating a disparity between research and practice (Holmes, 1989; Jackson, 1975; Jimerson, 2001).

The research literature is replete with studies on grade retention and its impact on academic achievement (e.g., Holmes, 1989; Mantzicopoulos & Morrison, 1992; Shepard & Smith, 1989). Research supports limited academic gains from holding a student back in grade; retained students do not “catch up” academically as a result of an additional year of schooling. The practice itself can negatively impact a child’s future schooling experience. Data on grade retention indicate that students who have been retained once are 40% more likely to drop out of school, and students who are retained twice are 90% more likely to drop out of school than non-retained students (American Federation of Teachers, 1997). The long-term consequences of grade retention supercede any perceived potential short-term benefit.

The demographics of retained students are well documented. Males are more likely to be retained than females (Mantzicopoulos, Morrison, Hinshaw, & Carte, 1989). Students from families with lower economic means experience grade retention more frequently than those from more affluent families (Byrd & Wietzman, 1994; Cosden & Zimmer, 1991; Meisels & Liaw, 1993). Children from minority populations are retained more often than White children (Byrd & Weitzman, 1994; Jimerson, Carlson, Rotert, Egeland, & Sroufe, 1997; Meisels & Liaw, 1993).

Limited research targets the social and emotional issues associated with grade retention. In the most recent meta-analysis of the practice, Jimerson (2001) recognized the lack of research on the longitudinal psychosocial effects of grade retention. Sixteen of the 20 studies referenced some aspect of social-emotional adjustment, but these studies were not exhaustive. From the
studies, Jimerson identified social, emotional, behavior, self-concept, and attendance as sub-components of social-emotional adjustment for his analysis. In general, retained students were more likely to experience negative social-emotional adjustment than their promoted peers.

Compounding these negative effects of grade retention is the developmental period of adolescence. Adolescence is one of the most tumultuous times in a person’s life. “Young people undergo more rapid and profound personal changes during the years of 10 and 15 than any other period of their lives” (National Middle School Association [NMSA], 1995, pp. 5-6). Young adolescents are characterized by their unique social, emotional, cognitive, moral, and physical developmental needs. Personal and school experiences contribute to the nature of young adolescents’ ever-changing self-identities and relationships. Simultaneous changes in their bodies, experiences, interactions, and environments (including the schooling environment – See Appendix A) cloud young adolescents’ self-perceptions, which can have a direct impact on academic performance and mental well-being.

One prominent psychological outcome prevalent among young adolescents is depression. The American Psychiatric Association (APA, 1998) diagnoses depression when a person experiences persistent feelings of sadness or anxiety, or loss of interest or pleasure in usual activities in addition to five or more of the following symptoms for at least 2 consecutive weeks: (a) changes in appetite that result in weight losses or gains not related to dieting; (b) insomnia or oversleeping; (c) loss of energy or increased fatigue; (d) restlessness or irritability; (e) feelings of worthlessness or inappropriate guilt; (f) difficulty thinking, concentrating, or making decisions; and (g) thoughts of death or suicide or attempts at suicide.

Even though it is difficult to define causality between adolescence and depression, there is definitely a relationship between the two. Depression is not prejudiced; anyone, no matter the
race, age, ethnicity, socio-economic status, or gender can experience this mental illness.

Approximately 2.6 million adolescents are affected annually by depression (National Institute of Mental Health [NIMH], 2001). This statistic reflects the approximate number of identified cases of depression; however, it is not surprising that many adolescents go undiagnosed. The symptomology of depression is similar to the characteristics of adolescence [Appendix B], making identification, diagnosis, and treatment a challenge for parents and educators.

The combination of student academic failure and young adolescent development creates a quagmire for educators. How can educators help young adolescents who do not meet academic standards? How can educators better meet the social and emotional needs of their students? Grade retention is one of the most powerful predictors of which students will drop out of school (Jimerson, Anderson, & Whipple, 2002; Rumberger, 1995). Missing from the research literature is longitudinal data on the long-term impact of grade retention. Furthermore, research investigating the relationship between school performance (as measured by academic status), adolescent social influences, and psychological functioning (e.g., depression) is needed before educators and policymakers can adequately address challenges facing students in the classroom.

Educational practices should not be solely based on test scores, but based on children’s physical, psychological, intellectual, and social needs.

Rationale

“Dropping out of high school today is to your societal health what smoking is to your physical health, an indicator of a host of poor outcomes to follow, from low lifetime earnings to high incarceration rates to high likelihood that your children will drop out of high school and start the cycle anew.”

- Nathan Thornburgh, *Time Magazine*

Academic failure is in the national spotlight as evidenced by the recent *Time Magazine* cover story entitled *Dropout Nation* (Thornburgh, 2006) and the continued political and media
coverage debating the outcomes of *No Child Left Behind*. Dropping out of school is not just a high school issue. Students’ schooling experiences before high school have a direct impact on who graduates. Students who experience academic failure and repeat a grade during their schooling careers are at greater risk to drop out (Jimerson et al., 2002; Rumberger, 1995). With an estimated “15-20 percent of all students repeating at least one grade between the ages of 6 and 17” (Denton, 2001, p. 2), educators and policymakers have a challenge on their hands and need to focus attention on what is happening to adolescents throughout their K-12 educational experiences.

Despite the substantial body of research literature challenging the effectiveness of grade retention (Holmes, 1989; Jimerson, 2001; Nagaoka & Roderick, 2004; Neuharth-Pritchett, 2001; Owings & Magliaro, 1998; Tanner & Galis, 1997), the practice continues in the United States. The research literature is sated with studies identifying demographics of retained students (Byrd & Wietzman, 1994; Cosden & Zimmer, 1991; Jimerson et al., 1997; Mantzicopoulos et al., 1989; Meisels & Liaw, 1993), showing negative relationships between grade retention and academic achievement (Holmes, 1989; Jackson, 1975; Jimerson, 2001), and exploring the connection between grade retention and dropping out of school (Jimerson et al., 2002; Rumberger, 1995). However, the issue of how to effectively address student failure must be further explored, especially the long-term effects of grade retention on students’ academic and psychological outcomes. “Moving them [students] ahead ill-prepared for what awaits them is not good educational practice, nor is wholesale recycling through grade repetition” (Alexander, Entwisle, & Kabbani, 2001, p. 804). Furthermore, the economic impact of spending $10 billion on retained students each year in the United States (Intercultural Development Research Association, 1999) further reinforces the discrepancy between the existing literature on grade retention and the
practice. Unfortunately, no practical, workable alternatives to grade retention, especially for young adolescents, have been proposed and developed by the educational community in the past century. Policymakers and educators must focus on developing a better outcome for retained students and a far superior application of the $10 billion annually spent to recycle these students.

Research focusing on the effects of grade retention on young adolescents in middle grades schools is limited and desperately needed. Adolescence is characterized by constant change and development. Educators and policymakers must understand adolescent development to create more efficient and effective learning environments. Development affects academic performance. Being retained augments the gambit of emotions already associated with adolescence.

In conjunction with researching the effects of grade retention on young adolescents, issues related to social and psychological adjustment, as well as, their potential impact on academic achievement would help educators better understand the complexity of teaching 10-15 year olds. During adolescence, students are establishing their identities, negotiating social roles among peers, and developing a sense of morality to regulate their actions (Jackson & Davis, 2000). With all of these “discoveries” occurring simultaneously, other psychological outcomes such as depression can surface. Everything an adolescent experiences whether it is the loss of friendship, lack of ability to cope with social issues, or alienation from school directly affects all aspects of that adolescent’s well-being, including academic success. Researchers must explore more fully the relationship between various social factors, psychological outcomes, and academic achievement in order to create optimal learning and interventions for students.
Statement of the Problem

Given current accountability practices mandating grade retention of students who fail to meet academic standards and the lack of viable alternatives for effectively addressing academic failure, further research is needed regarding the practice of grade retention and its relation to potential psychological outcomes of young adolescents within the social context of school. In a recent report, *Focus on the Wonder Years: Challenges Facing the American Middle School*, Juvonen and colleagues (2004) compared students’ perceptions of learning conditions in American middle schools with students from 11 countries around the world. The researchers found that

a) U.S. students report the highest levels of emotional and physical problems.

b) U.S. teens do not consider their schools to be pleasant places where they feel they belong.

c) Middle-school-age students in the United States report feeling socially isolated (such as being left out, lonely, helpless, or bullied) than do peers in eight other nations.

d) U.S. students report that their schoolmates are not kind, helpful and accepting and do not enjoy one another’s company. (pp. 56-57)

Results from this analysis suggest that American adolescents’ learning is influenced by a multitude of factors, especially related to their social and psychological developmental needs. The students’ responses are a clear wake-up call to educators and policymakers. If students are fixated on their social and emotional problems, they will have difficulty staying on task and accomplishing the benchmarks established by local, state, and national policy initiatives. If these same students are or have in the past struggled academically, they are at greater risk for continuing the failure cycle, experiencing negative psychological outcomes such as depression, and potentially leaving school before graduating.

The purpose of this study is to investigate the relationship between grade retention, adolescent depression, and various social variables related to peer relationships and social
acceptance. This study will add much needed research about the longitudinal effects of grade retention, especially the impact of the practice on young adolescents years after the actual retention occurred. Examining the relationship between grade retention and adolescent depression will contribute significantly to the limited research to date.

**Operational Definitions of Key Terms**

*Depression:* For the purpose of this study, *depression* will refer to the general definition provided by the American Psychiatric Association (APA, 1998). Depression is a mental illness characterized by persistent feelings of sadness or anxiety, or loss of interest or pleasure in usual activities in addition to five or more of the following symptoms for at least 2 consecutive weeks (a) changes in appetite that result in weight losses or gains not related to dieting; (b) insomnia or oversleeping; (c) loss of energy or increased fatigue; (d) restlessness or irritability; (e) feelings of worthlessness or inappropriate guilt; (f) difficulty thinking, concentrating, or making decisions; and (g) thoughts of death or suicide or attempts at suicide.

*Grade Retention:* The educational practice of holding a student back in the current grade level due to academic deficiencies or social immaturity

*Peer Acceptance:* How individuals of the same age acknowledge each other’s similarities and differences; acceptance does not necessarily indicate agreement.

*Peer Approval:* Similar to peer acceptance except that the acknowledgement signifies an endorsement from peers or peer groups.

*Popularity:* The notion of being well-liked by others

*Self-evaluative Concerns:* Influences of external factors (e.g., peers and media) on decision-making and the formation of self-perceptions

*Social Acceptance:* Approval received from individuals and groups of people (e.g., peers)
Social Competence: Ability to achieve goals in social settings such as popularity and ability to cope within these social settings

Social Functioning: Global understanding of how students interact and navigate the social context of schooling in relation to their peers. Due to the interrelated nature of social constructs and the use of these constructs interchangeably within the research literature, for the purposes of this study, social functioning was used as a global construct to gauge students’ perceptions of their social acceptance and social competence.

Social Promotion: The practice of placing a child in the next grade level even though academic benchmarks have not been mastered

Typically Developing: Students who are in the appropriate academic grade for their age (e.g., 14 year old would be in 8th grade) and who are also in the stage of adolescence

Young Adolescents: Students who are between the ages of 10 and 15

Research Question

How do young adolescents who have been retained differ from their typically developing peers with regards to depression and social functioning?

Hypotheses

Being overage for grade can be detrimental to young adolescents’ mental well-being and social functioning. If students’ developmental needs are not met, a discrepancy arises between their needs and learning environments (Eccles, Lord, & Midgley, 1991), increasing the likelihood of academic failure and other potential consequences such as a decreased state of mental health (e.g., depression) and social dysfunction. The following hypotheses test the differences between students who have been retained and two groups of students who have not been retained (low-performing group consisting of students who scored in the bottom quartile on
the *Iowa Test of Basic Skills* and the on-grade level control group of students who scored above the bottom quartile). The first hypothesis tests students’ perceptions of their mental health: (1) Retained students report higher levels of depression than the low-performing and on grade-level (control) students. The second hypothesis relates to social functioning and is measured by examining young adolescents’ perceptions of social acceptance, social confidence, and popularity: (2) Retained students report lower levels of social functioning than the low-performing and control students. The final hypothesis addresses the predictability of young adolescents’ total depression at the end of eighth grade by the social variables of social acceptance, social confidence, and popularity: (3) Total depression at the end of eighth grade is predicted by the social functioning variables for each group in the sample.

**Significance of the Study**

As a former middle school teacher, one of the biggest decisions I had to make at the end of each school year was which students to retain and which students to socially promote to the ninth grade. I am embarrassed to admit the teachers, including myself, did not identify and read research on the advantages and disadvantages of retaining a child, nor were there systemic grade retention policies and procedures specified by the school board. If we had known about the negative consequences of retaining students, especially the stigma associated with retention (Byrnes & Yamamoto, 2001; Fiske & Neuharth-Pritchett, 2006), we could have made more informed decisions.

The findings of this study will inform educators and policymakers about the long-term effects of grade retention and the importance of understanding young adolescents’ developmental needs when making educational decisions, not just at the end of the school year,
but in the classroom every day. To optimize student growth and learning, there must be an appropriate match between students’ developmental needs and these learning environments.
CHAPTER 2
REVIEW OF RELEVANT RESEARCH LITERATURE

Academic failure can significantly affect a student’s intellectual, social, and psychological development. The predominant means of addressing student failure is through the practice of grade retention, which the literature overwhelmingly does not support as an effective strategy.

In this review, there are three main sections. The first section provides an overview of the practice of grade retention with regards to demographics of retainees, decision-making, academic achievement, and social-emotional outcomes. The second section focuses on depression including a synopsis of the mental illness and the relationship between depression and adolescence. The final section explores the global construct of social functioning through the sub-constructs of social acceptance and social competence.

Grade Retention

Demographics

Race and gender. Children from underrepresented populations are more likely to be retained than White children, especially African-Americans (Byrd & Weitzman, 1994; Jimerson et al. 1997; Meisels & Liaw, 1993). Male students are retained more frequently than females (Byrd & Weitzman, 1994; Jimerson et al., 1997; Meisels & Liaw, 1993). Specifically, male, African-American children are more likely to be retained than females and children of other ethnicities.
Socioeconomic status and family characteristics. A family’s socioeconomic status (SES) is also related to a child’s likelihood of being retained. Retained children tend to come from families with lower SES (Byrd & Weitzman, 1994; Meisels & Liaw, 1993). Children not living with both biological parents (Byrd & Weitzman, 1994) and children of mother’s with lower levels of education are at a greater risk of being retained (Byrd & Weitzman, 1994; Ferguson, Jimerson, & Dalton, 2001).

In a study of 21,706 students, Frymier (1997) found that retained students were more likely than students not retained to have a parent who was an alcoholic, who lost a job, who held a low level type job, and did not finish high school. In addition, retained students were more likely to move more frequently and to have parents who were divorced.

Health and behavioral factors. Health and behavioral factors that were statistically associated with early grade retention were behavior problems, deafness, speech defects, enuresis, low birth weight, household exposure to cigarette smoke, and frequent ear infections (Byrd & Weitzman, 1994). The researchers suggest that one factor alone does not increase a child’s chances of grade retention, but a combination of factors can increase a child’s chance of grade retention more than 50%.

Early retention versus late retention. Smith and Shepard (1987) found that students who were considered the youngest of their classmates have a higher risk of being retained. Because states have established cut-off ages for entering school, students have not always been the same age in first grade. Therefore, the younger students have typically developed slower than their older peers in cognitive capacities and been retained more often. In contrast, a study conducted by May, Kundert, and Brent (1995) suggested that “no significant effect of delayed entry was noted for retention” (p. 288).
When examining data from the 1988 National Education Longitudinal Study (NELS), Meisels and Liaw (1993) found that more children were retained in primary grades (kindergarten-third) than subsequent grades. The decision of whether or not to retain a child was more likely instigated by parents in the early years of schooling and by the school in grades 4 and beyond. When comparing early retainees (students retained in grades K-3) and late retainees (students retained in grades four through eight) on eighth grade outcomes, the late retainees had lower grades and more behavior problems than the early retainees. However, these two groups of retainees were more similar to one another than different when compared with typically developing peers who had never been retained.

**Grade Retention Decision-Making**

When surveying parents, administrators, and teachers about who should have the final say on whether or not to retain a child, Byrnes (1989) found that the majority of teachers and parents believed that teachers should have the final say, but more than half of administrators felt principals should make the final decision.

Tanner and Galis (1997) agreed that the teacher is the most important person in the retention-promotion decision-making process. Smith (1989) interviewed 40 kindergarten teachers concerning their beliefs about grade retention. She found that the majority of these teachers believed grade retention was beneficial to students. However, several did acknowledge that variables such as acceptance by parent and child, characteristics of the child, and the teacher’s view of the grade retention, could affect how beneficial the grade retention would be for a particular child.

When asked about the negative effects of grade retention, Smith (1989) found that few kindergarten teachers identified any. Interestingly, “almost all stated clearly that they would
rather err on the side of retaining a child who possibly might not need it than to promote one who might have needed to be retained” (p. 145).

**Academic Achievement and Grade Retention**

When making the decision to retain or socially promote a child, the advantages and disadvantages of the practice must be considered. Research exists citing the negative effects of grade retention (Holmes, 1989; Jackson, 1975; Jimerson, 2001). “There is no reliable body of evidence to indicate that grade retention is more beneficial than grade promotion for students with serious academic or adjustment difficulties” (Jackson, 1975, p. 627). Although, some research studies have cited benefits of retaining a child, these positive outcomes are short-term and are not sustained over time (e.g., Mantzicopoulos & Morrison, 1992).

In his meta-analysis, Holmes (1989) found that the practice of grade retention had negative effects on students. Forty-seven of the studies focused on academic achievement noting that, in general, promoted students performed better than retained students, even when academic achievement was divided into content areas. Retained students were not able to “catch up” academically with the comparison groups of promoted students during their retained year. Similarly, Pierson and Connell (1992) found that retained students did not perform as well academically as a random sample of promoted students and had lower effort grades.

In the most recent meta-analysis on grade retention, Jimerson (2001) examined 20 retention studies spanning 1990-1999. He found similar findings as previous meta-analyses (Holmes, 1989; Jackson, 1975); retained students performed poorer academically than promoted students. Eighty percent of the studies declared grade retention as an ineffective practice for addressing academic failure.
Over the past decade, the Chicago Public Schools declared an end to social promotion, implementing gateway tests in the third, sixth, and eighth grades (Nagaoka & Roderick, 2004). The Consortium on Chicago School Research has been investigating the impact of this policy on school children. No significant academic improvement was found among retained students; however, retained students were likely to be referred for special education services following retention. Students who were retained in sixth grade experienced significantly lower achievement growth over time than low-achieving promoted peers.

When examining the research on grade retention and academic performance, it is important to note the relationship between grade retention and dropping out of school. Grade retention is one of the most powerful predictors of dropping out of school (Jimerson et al., 2002; Rumberger, 1995). Grissom and Shepard (1989) agreed that repeating a grade puts a child at greater risk to drop out. They suggested that grade retention in junior high and high school further compound students’ feelings of alienation from school and prompt them to drop out. Rumberger (1995) found that students, who were retained at some point during grades 1 to 8, were four times more likely to drop out of school.

Social-Emotional Outcomes

Even though boys are retained more often than girls, retained girls were more affected by the practice than retained boys. Meisels and Liaw (1993) found that retained girls scored lower on cognitive tests than retained boys. In addition, socioemotional maladjustment (e.g., emotional problems, lower self-esteem) was more prevalent amongst retained girls.

Retaining students also separates them from their peers – other students who are the same age, who are experiencing adolescence, and have similar interests. Researchers have shown that a retained student’s self-concept and self-esteem can have an adverse and long-lasting effect on
that student (Foster, 1993; Walters & Borgers, 1995; Smith & Shepard, 1987). Jimerson and colleagues (1997) further characterized retained students “...as being significantly less confident, less self-assured, and less engaging than their academically similar peers” (p. 20). These variables considered, failing several classes cannot compare to the child’s emotional devastation.

*Children’s perceptions.* In qualitative studies where retained children were interviewed, researchers found that retained children typically used negative words to describe their experiences with grade retention (Byrnes, 1989; Byrnes & Yamamoto, 2001). Retained students were concerned about how their peers perceived them and reacted to them. Also, grade retention was associated with punishment, either punishment at home such as whippings or a perception that the retention itself was a form of punishment.

**Adolescent Depression**

*Overview*

Approximately nineteen million Americans experience clinical depression annually (NIMH, 2001). Depression does not look the same for everyone. Sometimes a person may appear happy and adjusted, but in reality, be withdrawn and lonely. Some exhibit the recognizable signs of depression such as constant sadness and low self-esteem, while others may openly state that they feel depressed. The economic impact of depression in the country has been estimated by Hirschfield et al. (1997) to be $43 billion annually including medical expenses, lost wages, and premature death.

Contrary to popular belief, depression is not just an adult problem; it is commonplace among children and adolescents too. Approximately five percent of the adolescent population is affected annually by this medical illness (American Academy of Child and Adolescent Psychiatry [AACAP], 2005), with only 1 in 5 receiving professional help (US Department of
Health and Human Services, 1999). Before graduating high school, approximately 20%, or 1 in 5 young people, will experience depression (Garland, 2004; Snyman, Poggenpoel, & Myburgh, 2003). Ironically, recognition of depression as a mental disorder affecting children was not widely accepted until the latter part of the 20th century (Miller, 1998; Parry-Jones, 1995). Prior to this time, some researchers denied that depression could exist in children (Merrell, 2001). This shift in thought and practice has been attributed to researchers in the academic and medical fields acknowledging the importance of acceptance, diagnosis, and treatment of mental illnesses such as depression in children and adolescents (Kovacs, 1989). Although research within the adolescent population is emerging, much of the information on depression stems from studies conducted on adult populations.

For the purposes of this study, the term depression will refer to the general definition mentioned in Chapter 1; however, it is important to note that the classification of depression is quite complex. Major depression, dysthymia, cyclothymia, and bipolar disorder are all types of depression. The differences between each type depend on symptoms, frequency of symptoms, and duration of symptoms.

Major depression and bipolar disorder are both episodic mood disorders. The former is characterized by episodes of low mood, negative cognition, and sleep and appetite disturbance, while the latter is characterized, in addition, by episodes of mania in which elation, grandiosity, flight ideas and expansive behavior occurs. Dysthymia and cyclothymia are non-episodic chronic conditions. Dysthymia is characterized by depressive symptoms and cyclothymia is characterized by similar but less extreme mood fluctuations than bipolar disorder. (Carr, 2002)

Like many other medical conditions, multiple factors manifest into depression. Various developmental, biological, and cognitive theories of depression explore potential causes for this mental illness in children. The developmental theory focuses on the relationship between a child and the events, experiences, and interactions that occur during the child’s developmental period;
the way the child adapts to these developmental challenges directly impacts mental health (Cicchetti & Toth, 1998). The caregiver plays a primary role in a child’s development. The attachment formed between caregiver and child strongly influences a child’s ability to develop appropriately and to adapt to life inside and outside of the home. Children are more susceptible to negative emotional experiences and mental illnesses such as depression if their physiological needs such as eating are not met, if they do not know how to appropriately express emotions for different situations, if a strong attachment is not formed between caregiver and child, and if children do not develop a strong sense of self (Miller, 1998).

Biological theories of depression examine the relationship between the human body and mental health. Because of the complexity of depression, one factor alone does not cause a person to be depressed. However, genetics, neurotransmitters, and hormones all influence the susceptibility to mental illness. With regards to genetics, “there is some evidence that one or more of the genes on chromosomes 18 and 21 make a person vulnerable to bipolar [depression] disorder” (Miller, 1998, p. 65). Since researchers cannot clearly identify specific genes associated with different types of depression, other sources of information such as familial and twin studies provide insight into the role heredity plays in the development of mental illnesses. Birmaher and colleagues (1996) found that “genetic factors account for at least 50% of the variance in the transmission of mood disorders” (para 17). Children of depressed parents were more susceptible to depression themselves (Birmaher et al., 1996; Harrington, 1993; Kramer et al., 1998; Tsuang & Faraone, 1990) and at risk for increased medical problems (Kramer et al., 1998).

A second component of biological theories of depression is related to neurotransmitters, which are essential for communication with the brain. Basically, the brain is comprised of
neurons that “secrete neurotransmitters at one end, and the receiving neuron temporarily binds with the neurotransmitter to receive the message” (Miller, 1998, p. 66). These “messages” are then sent to the brain, which in turn cause the body to react in some manner. The most common neurotransmitters associated with depression are norepinephrine and serotonin (APA, 1998; Miller, 1998; Shute, 2005). “The problem arises when there are not enough of these neurotransmitters in the gap between two communicating neurons (called the synaptic cleft) to send the message” (Miller, 1998, p. 67). Deficiencies in these neurotransmitters increase the likelihood of depression in individuals. In fact, the purpose of many anti-depressants is to increase the number of these neurotransmitters in the body.

The last component of biological theories of depression involves hormones. When encountering a stressful situation, a person’s body is thrown into a “fight or flight” scenario. “The specific brain system that responds to stress and results in the secretion of hormones is called the hypothalamic-pituitary-adrenal (HPA) axis” (Miller, 1998, p. 69). The HPA responds to stress by secreting hormones. Doctors have found increased levels of these hormones, specifically corticotrophin-releasing factor, in depressed people.

The third major theory of depression, cognitive, focuses on the way people construct thought. “How and what we think determine how we feel, which in turn, determines what we do” (Miller, 1998, p. 75). Beck (1967) believed that people view themselves in relation to themselves, the world, and the future - the primary triad. He suggested that if people have negative views within this triad, the result will be distortions in their cognitive processes leading to depressed mood, paralysis of will, avoidance wishes, suicidal wishes, and increased dependency. Other examples of cognitive theories include Seligman’s (1975) learned helplessness and Meichenbaum’s (1977) cognitive behavior modification. These theories focused
on an individual’s thinking process related to views of self, to whom or what someone attributes failure, and to why things happen.

Due to the complexity of depression, diagnosing this mental illness is clearly challenging. Certain symptoms of depression such as fatigue, irritability, and disinterest (Galambos, Leadbeater, & Barker, 2004) are similar to developmental characteristics of young adolescents (e.g., Buchanan, Eccles, & Becker, 1992; Elkind, 1984; Erikson, 1994; Harter, 1990; Keating, 1990; Simmons & Blyth, 1987). However, symptoms should not be dismissed as “normal developmental phenomena nor transient disturbances that children outgrow” (Kovacs, 1989, p. 209). The challenge is for those who work with and interact with children to recognize potential warning signs of depression and to know how and where to find help for the child. It is imperative that depression is diagnosed as soon as possible so that individuals can receive treatment.

Demographics

There are a number of factors that influence a child’s mental health that are completely independent of the child such as gender, ethnicity, and socio-economic status. The following section will examine the relationship between these demographic variables and the research literature on adolescent depression.

Gender. There is much curiosity and debate over the relationship between gender and depression among adolescents. In a longitudinal study of 169 adolescents, Petersen, Sarigiana, and Kennedy (1991) surveyed and interviewed adolescents at grades 6, 8, and 12. During early adolescence (grades 6-8), no gender differences in depression surfaced. After the eighth grade, girls’ rates of depression increased significantly, almost doubling by the 12th grade. Although the boys’ depressive rates also increased, they were not as dramatic as the girls. The researchers
attributed some of this gender discrepancy to pubertal changes occurring during the transition from middle school to high school. Girls were more likely to experience changes than boys during this developmental period, thus putting them at greater risk for depression. Snyman et al. (2003), Hankin et al. (1998), Nolen-Hoeksema and Girdus (1994), and Petersen, Kennedy, and Sullivan (1991) reported similar findings with regards to females, increased depression, and puberty.

Reinherz and colleagues (1990) found that females experienced depression more frequently than males. Data were collected from 378 adolescents who had been followed for a 10-year period beginning in kindergarten and ending in ninth grade using multiple measures including the Children’s Depression Inventory (CDI) and The Piers-Harris Children’s Self-Concept Scale. Although girls self-reported higher rates of depression, the researchers noted commonalities for both boys and girls that scored above the established cutoff for the CDI (12), as compared with participants whose ratings were less than 12. Commonalities were increased frequency of total emotional and behavioral problems, internalizing behaviors, and levels of delinquent and aggressive behaviors. Additionally, participants in the high-scoring depression category rated their physical attractiveness and perceived popularity poorly on The Piers-Harris scale.

The research documents that females are diagnosed with depression more often than males. Interestingly, males are six times more likely to successfully commit suicide than females (Healy, 2005). Males deal with depression differently, with a tendency to show “more aggression, anger, irritability, and impulsiveness and less of the overt hopelessness, helplessness, and sadness common in suicidal females” (p. 45). While this is an interesting observation, clearly more research is needed to better understand the gender differences with respect to suicide.
**Ethnicity.** Limited research literature exists examining the relationship between ethnicity, depression, and early adolescence. However, Wight, Aneshensel, Botticello, and Sepulveda (2005) analyzed data collected from 20,745 adolescents in grades 7-12 on the 1994-1995 National Longitudinal Study of Adolescent Health. Minority adolescents experienced greater depression than non-Hispanic White adolescents, especially African-Americans and Hispanics. Parallel to this finding, in the Surgeon General’s Report on Mental Health, adolescent minorities were also more likely to commit suicide than Whites (U.S. Department of Health and Human Services, 1999).

In relation to ethnicity, Yasui, Dorham, and Dishion (2004) examined the role of ethnic identity and psychological adjustment during adolescence. The sample consisted of 82 African-American and 77 European-American adolescents. Responses to various measures revealed that students who struggled with their ethnic identities were at greater risk to experience negative psychological outcomes, such as depression. Furthermore, the researchers suggested that “the relevance of ethnic identity appears strongest for ethnic-minority youth living within socioeconomically disadvantaged contexts” (p. 822).

**Socio-economic status.** A child’s socio-economic status (SES) can be based on many factors such as parents’ education level, parents’ employment status, and family income. Goodman (1999) used these factors to analyze data collected from 15,483 adolescent and parental surveys as part of the 1996 National Longitudinal Study of Adolescent Health. To define the construct of SES, parents were asked to identify their household income, education levels, and occupations. Of the sample, 9.3% of adolescents reported being depressed. An analysis of SES indicators and depression revealed an inverse relationship - the lower the SES,
the higher the rate of depression. Other researchers have reported similar findings (Gilman, Kawachi, Fitzmaurice, & Buka, 2003; Sund, Larsson, & Wichstrom, 2003).

*Adolescent Well-Being*

Middle school reformers advocate for teaching the whole child, which includes addressing emotional, social, and physical developmental needs (Jackson & Davis, 2000; NMSA, 2003). The following section explores the research literature on depression, which is influenced by these developmental needs, and variables associated with adolescent well-being such as self-image, weight, sleep, and at-risk behaviors.

Erkolahti, Ilonen, Saarijarvi, and Terho (2003) studied the relationship between perceived self-image and depression. In the sample of 1,054 eighth-graders, a stronger correlation existed between girls’ low ratings of poor self-image and higher rates of depression. Grant et al. (1999) reported similar findings among low-income African-Americans. Although the two studies cited the inverse relationship between self-image and depression, the former study focused on general self-image and the latter specifically on self-image in relation to body weight. An additional study examined self-image through the notion of body dissatisfaction (Barker & Galambos, 2003). Of the 170 adolescents, body dissatisfaction was predicted by weight, figure management, and being teased about acceptance for females and solely predicted by teasing about appearance for males.

As found in the previous studies, an adolescent’s perception of self can influence how she feels about herself. In the 1996 National Longitudinal Study of Adolescent Health, researchers examined the effects of obesity and depression (Swallen, Reither, Haas, & Meier, 2005). Approximately 4,800 adolescents in grades 7-12 were surveyed. Those adolescents aged 12-14 showed a higher probability of depression due to being overweight or obese. Furthermore, this
study validated earlier claims that girls were more likely to be depressed than boys during adolescence.

Besides weight, another health-related issue discussed in the literature was sleep patterns. Fredriksen, Rhodes, Reddy, and Way (2004) examined the role of sleep as a predictor of psychosocial outcomes, including depression. In their literature review, the researchers discussed the importance of sleep, adolescent sleep patterns, variables affecting amount of sleep, and the consequences of sleep deprivation (i.e., depression). Participants ($N=2,259$) were followed for three years as they progressed through grades 6-8. In general, adolescents who received fewer hours of sleep reported more depressive symptoms. Students whose amount of sleep declined over the three year period experienced more intense depressive symptoms and depression.

When adolescents are depressed, they act differently. Reinherz et al. (1990) found that highly depressed adolescents engaged in adverse behaviors that affected their mental and physical well-being. Behaviors included higher rates of suspensions from school, increased absenteeism, greater likelihood of engagement in criminal behavior, increased use of alcohol and marijuana, and increased cigarette smoking for females.

Poulin, Hand, Boudreau, and Santor (2005) also identified risky behaviors of adolescents, specifically related to substance use, and their relationships with depressive symptoms. Using the 2002/2003 Student Drug Use Survey in the Atlantic Provinces (SDUSAP), the researchers analyzed data gathered from 12,771 Canadian students. Females were at a greater risk for depression if they smoked cigarettes, drank alcohol, and/or used marijuana. Marijuana use was the primary predictor of depression risk among males.
Social Support Relationships

Social development during adolescence is marked by the desire to belong to a group and to gain acceptance from peers (NMSA, 2003). This desire potentially conflicts with the established relationships between adolescents and parents. Many adolescents feel they must compete between their friends and their families as the dynamics of the relationships change. Both support groups have different roles and outcomes. However, one thing is certain - “deficits in social support increase the risk of depressive pathology” (Stice, Ragan, & Randall, 2004). The research literature in this section will focus on the connection between depression and adolescent social support relationships of families and peers.

Family relationships. Families by nature are dynamic and complex. The quality of family interactions and relationships can have positive and negative effects on children’s mental well-beings (Sheeber, Hops, Alpert, Davis, & Andrews, 1997). For the purposes of this review, family relationships are examined in two areas, family characteristics and family support. Family characteristics such as structure and parental attitudes determine the tone of life inside and outside of the home. Swallen et al. (2005) found that adolescents living within family structures other than 2-parent households were more likely to be depressed. Adolescents of parents who exhibited positive parental attitudes such as warmth and caring were less likely to be depressed (Formoso, Gonzalez, & Aiken, 2000; Ge, Lorenz, Conger, Elder, & Simmons, 1994; Gil-Rivas, Greenberger, Chen, & Montero y Lopez-Lena, 2003; Greenberger & Chen, 1996). When adolescents experienced less conflict such as arguing with their parents, they exhibited lower rates of depression (Gil-Rivas et al., 2003; Sheeber et al., 1997). Furthermore, Greenberger and Chen (1996) argued that family relationships impact the rate of depression more in early
adolescence than late adolescence. As children get older, they form additional relationships external of the nuclear family.

Parental support networks have a direct impact on the social and emotional development of adolescents. From an adolescent sample of 496 predominantly White females, Stice and colleagues (2004) examined the relationship between depression and parental support over a three year period. Through participants’ self-ratings of perceived social support and structured interviews, researchers found an inverse relationship between perceived parental support and depression - the lower the ratings of perceived parental support, the greater likelihood that the adolescent was or would experience depression. Ironically, perceived parental support was more of a predictor of depression than perceived peer support, and thought to be more damaging to the adolescent with regards to mental health during this developmental period. Stice et al. accounted for this discrepancy between parental and peer support by noting the consistency of the relationships between adolescents and parents over time, the likelihood that parents provide higher quality support, and potentially the instability or dynamics of the family. Other research studies found similar results with regards to the influence of parental and peer support on adolescent depression (Lewinsohn et al., 1994; Sheeber et al., 1997). Interestingly, Sheeber and colleagues reported that even though the family had a direct relationship with adolescent depression, the depression itself did not lead to deterioration in family relationships over the course of the study.

Peer relationships. Adolescents’ interactions with peers can have both positive and negative consequences. On the positive side, adolescents feel accepted and feel like they belong to a group. Sund et al. (2003) suggested that having friends seems to protect against depression. On the negative side, some adolescents may feel ostracized, different, and lonely. Some may lack
close relationships, while others are subjected to “in group” favoritism and “out group” hostility (Evans & Seligman, 2005).

Nolan, Flynn, and Garber (2003) examined the relationship between adolescent depression and social rejection. A group of 201 middle-class adolescents completed self-ratings and interviews over three years spanning grades 6-8. The researchers found that adolescents’ feelings of social rejection predicted depression. Depression, on the other hand, was not a predictor of social rejection. From their study, Nolan et al. (2003) highlighted the importance of peer relationships and the severity of perceived social rejection on adolescents’ mental health.

Similar to social rejection, Seals and Young (2003) explored the connection between bullying, victimization, and depression. Among a sample of 454 African American and Caucasian seventh and eighth graders attending urban, suburban, and rural schools, 24% reported involvement with bullying either as the bully or the victim. Close to half of the seventh graders and half of the eighth graders reported that bullying happened often in their schools. Bullying behaviors included physical harm, threats of harm, name calling, mean teasing, and exclusion. Bullying was reported happening most frequently during lunch, during recess, or on the way home from school. Males were more often involved in bullying than females. Ethnicity was not significant in this study. Of the identified bullies in the sample, 63% reported that their bullying occurred within a group rather than as an individual. With regards to depression, both bullies and victims were more depressed than those not involved in bullying. The researchers emphasized that “depression is often associated with self-destructive behaviors and diminished social interaction” (p. 745). Bullying and similar violent acts can pose detrimental social, emotional, and academic long-term effects for adolescents.
**Summary**

As our world and lives become more complex, the potential for adolescent depression increases. In-depth research is needed concerning adolescent depression. Scientists believe that depression “can first emerge in childhood as an anxiety disorder and then progress to depression in adolescence and adulthood” (Shute, 2005, p. 43). Developmental psychologists know that children as young as four months old can experience depressive symptomology (DYG, Inc., 2000). More longitudinal studies are needed to trace this progression of depression from infancy to childhood to adulthood. This would be a daunting task, not only because of the time commitment of researchers and participants, but also because of the complexity of diagnosing this mental illness. However, data from these types of studies could be used to inform the general public and practitioners about depression, to more effectively diagnose depression in children, to help parents and children cope with the illness, and to provide educators with knowledge and resources to support their students.

As the demands for accountability increase, more pressure will be placed on students. Researchers need to further investigate the relationship between poor academic performance and adolescent psychosocial outcomes such as adolescent depression. Schools need to address all of their students’ needs, not just the academic performance that is tied to standardized tests and annual yearly progress.

**Social Functioning**

Young adolescents, students aged 10-15, experience significant social, emotional, physical, moral, and intellectual developmental changes during the middle school years. However, as Eccles and Wigfield (1997) suggest, “the most controversial changes during adolescence involve the increase in peer focus and the involvement in peer-related social
Young adolescents are in the process of discovering and establishing their identities within the context of social relationships and social hierarchy inside and outside of school settings. Because of this critical period when “much of everyday life unfolds in the midst of schoolmates and friends” (Jones, Vigfusdottir, & Lee, 2004, p. 337), it is essential for researchers to examine the dynamics of social development with regards to the well-being of the whole child.

Frequently, the focus in schools is on academic achievement. Although academic achievement is important and one of the main purposes of schooling, the focus of middle schools should include educating students in developmentally appropriate learning environments that effectively address all of the students’ developmental needs, including social ones. As Jackson and Davis (2000) noted, many schools who call themselves middle schools do not adequately address young adolescents’ educational and social needs. Educators will not be able to help students reach their potential if they do not fully understand the various factors that influence children and in turn, influence academic performance.

Social development plays a crucial role in students’ school functioning. As Kaplan (2004) suggested, there are five significant changes in adolescents’ interpersonal relationships: increased time spent with peers, shift from adult supervision to being autonomous, interest in group membership and belonging, development of relationships with the opposite sex, and development of romantic relationships. In addition to the shift from dependence to autonomy, young adolescents become disengaged from their parents (Eccles & Wigfield, 1997; Kaplan, 2004) as they begin to spend more time with peers and become more cognizant of their peers’ actions, feelings, and behaviors. Peer support strongly influences students’ psychological well-being (Wentzel, 1998). Many define who they are based on the perceptions of their peers and
allow their peers to positively and negatively affect their behavior. “At no other stage of the lifespan is peer socialization as fraught with tension, ambiguity, and strain as during adolescence” (Allen et al., 2005, p. 229). Students must navigate through the chaos of dynamic peer relationships and find their places in the social hierarchy. It is no wonder that students have difficulty focusing on and completing schoolwork when they are preoccupied with figuring out who they are.

The research literature associated with adolescent social development is complex and confusing due to the number of terms used to define and describe adolescent social constructs. For the purpose of this study, the researcher chose to use the broad construct of social functioning to capture a global understanding of how students interact and navigate the social context of schooling in relation to their peers. Due to the interrelated nature of the social constructs and the use of these constructs interchangeably, the researcher chose to describe social functioning in terms of two sub-constructs: social acceptance and social competence.

Social Acceptance

Social acceptance refers to the approval received from individuals and groups of people. Within the global construct of social acceptance, there are several sub-constructs: peer acceptance, self-evaluative concerns, and peer approval. Peer acceptance refers specifically to how individuals of the same age acknowledge each other’s similarities and differences. Acceptance does not necessarily indicate agreement. Self-evaluative concerns focus on the influences of external factors on decision-making and the formation of self-perceptions. Peer approval is similar to peer acceptance except that the acknowledgement signifies an endorsement from peers or peer groups.
Peer Acceptance

Adolescents’ peer relationships including peer acceptance, group membership, and friendship reciprocity influence academic achievement. When following 213 sixth-graders for two years, Wentzel and Caldwell (1997) found that male and female students who had reciprocated friendships rated themselves as having higher levels of peer acceptance. Adolescents who perceived themselves as being more positively accepted by peers and belonging to a group earned higher grade-point averages (GPA) during both their sixth and seventh grade years of middle school. Similar findings existed between reciprocated friendships and academic performance; the more friendships reciprocated, the higher the GPAs.

Analogous to Wentzel and Caldwell’s (1997) study, Flook, Repetti, and Ulman (2005) examined the impact of peer acceptance on academic achievement among a sample of 248 students as they progressed from grades four to six. Based on students’ and teachers’ responses on the measures, Flook et al. (2005) found that students who were more accepted by their peers consistently performed better academically across the three years of the study. “A lack of peer acceptance in the classroom significantly improved prediction of children’s academic self-concept, academic functioning, and to a lesser degree internalizing symptoms [e.g., mental health, feelings, interactions], 1 and 2 years later” (p. 209). These findings validated the significant impact that peer relationships have on students’ intellectual and psychological development and functioning, and recognized the need for future research to explore interventions for students who are at-risk not only, academically, but socially. This call for further investigation was supported by Wentzel’s (1998) research on the unique role of peers with regards to social relationships and academic motivation. Participants’ responses indicated
that their social relationships significantly influenced the degree to which they assisted peers with academic issues.

*Self-Evaluative Concerns*

Peer interaction can affect a person’s evaluation and internalization of self. Jones et al. (2004) conducted a study of 780 adolescents in grades 7-10 to investigate the impact of peer experiences such conversations and criticism dialogue on body image. With regards to gender, females were more likely to engage in peer conversations about appearance and to be dissatisfied with their bodies than males. Males were more likely to receive criticism from their peers regarding appearance than females. In general, the study concluded that peer experiences are critical to appearance internalization and body image satisfaction. What peers said and did directly affected how adolescents felt about themselves.

Besides peer conversations and criticism, girls’ relationships with the opposite sex directly impacted their degree of body satisfaction and psychological well-being (Compian, Gowen, & Hayward, 2004). Among a sample of 157 early adolescent girls (ages 10-13), those who experienced more romantic involvement with boys (versus just platonic friendship) were more likely to be satisfied with their bodies. However, romantic relationships contributed to emotional strife and girls involved in these types of relationships reported higher rates of depression.

*Peer Approval*

Among a sample of 153 fourth-eighth graders, Rudolph, Caldwell, and Conley (2005) explored students’ need for peer approval with regards to age, gender, social competence, and self-appraisals. Participants who utilized positive self-appraisals reported fewer depressive symptoms and lower levels of withdrawal, whereas students who utilized negative self-appraisals
were more likely to be anxious, depressed, and report a lower level of global self-worth. Gender was not significant to the findings on self-appraisal; however, age was. Younger children were more likely to utilize positive self-appraisal than older students in the sample.

The researchers hypothesized that seeking and avoiding social judgments comprised the need for approval construct, “suggesting that some children have a generalized tendency to link their global self-worth to social judgments” (p. 319). This tendency to define one’s self by what others think can lead to added emotional distress and perhaps, the sacrificing of one’s own beliefs and feelings for the approval of others.

**Social Competence**

For the purpose of this study, social competence refers to the “ability to achieve one’s goals in social settings” (LaFontana & Cillessen, 2002, p. 645). Although this definition is global in nature, social competence is very complex. Wentzel (1991) has suggested that social competence has three aspects: socially responsible behavior, quality of peer relationships, and self-regulatory processes. Among a sample of 423 sixth and seventh graders in a working-class, midwestern community, Wentzel found that academic achievement (grade point average) and social competence were significantly related. Students who were considered socially responsible (those who care, cooperate, share, follow rules, help others, and stay out of trouble) earned higher grades, as well as those students who trusted their peers and were able to solve interpersonal conflicts. Popular students performed better in the classroom than unpopular students. Social interaction and functioning impacted students’ academic performance. As Wentzel concluded, peer rejection could place students at risk for failing if they do not exhibit or learn socially responsible behavior.
Popularity

Popularity refers to one’s status within a social hierarchy, or it can refer to the notion of being well-liked by others. LaFontana and Cillessen (2002) conducted two studies examining perceived popularity (one’s status within the school hierarchy) among a sample of ethnically diverse, lower-middle class students in grades four through eight. The first study focused on 405 participants and utilized a sociometric methodology whereby children were asked to nominate and identify peers as popular and unpopular based on distinguishing characteristics of these two groups. Participants preferred being around peers who exhibited athletic abilities, academic abilities, and prosocial behavior, and they perceived peers with these same characteristics to be more popular than others who did not exhibit them. Social preference and perceived popularity were both correlated negatively with social withdrawal. With regards to aggression, popular students were considered more physically and relationally aggressive than unpopular students, and more likely to use this aggression (e.g., bullying) to achieve social status and goals; however, students did not prefer to be around students who were more aggressive.

In the second study, 92 participants from the first study’s sample were interviewed about their perceptions of popular and unpopular same-sex peers. Popular children were characterized as being more attractive, competent, and socially connected to school. Unpopular children were regarded as less attractive, more antisocial, more deviant, and less connected to school. With regards to gender, boys placed more emphasis than girls on their peers’ athletic abilities and intelligence as indicators of popularity. Girls were more likely than boys to focus on negative behaviors such as being antisocial and deviant as defining characteristics of popularity.

From both studies, it was clear that social preference and perceived popularity was connected to one’s social competence, their ability to navigate social settings. Participants clearly
distinguished between the ideas of popularity and being liked - being popular did not necessarily mean you were well-liked. Along the same lines, being unpopular did not mean you were not liked. Clearly, students viewed popularity as one’s status within the social hierarchy of school versus who was liked the most and least.

Allen et al. (2005) explored the construct of popularity among 185 adolescents (ages 13 and 14) with regards to social adaptation and peer norms including deviant behavior. With regards to social adaptation, unpopular students reported lower levels of adolescent ego development, adolescent attachment security, and friendship competence. Popular students on the other hand adapted better in their personal and social relationships. The researchers identified an inverse relationship between popularity in current grade and the likelihood of deviant behavior in subsequent grades including more frequent use of alcohol and drugs. Popularity increased the predictive nature of deviant behavior when adolescents felt their peers endorsed this type of behavior, which the researchers suggested was a typical pattern indicative of adolescent socialization, but not similar to adult socialization norms. Popular students also appeared to develop socially within the confines of the peer norms. Interestingly, Allen and colleagues noted that perhaps some negative behavior was developmentally appropriate as students navigate their way through adolescence. More research is needed exploring the complexity of social development and peer relationships during this developmental period.

**Belonging**

Belonging is the ability to successfully connect with something or someone. Baumeister and Leary (1995) noted that belonging is a need that people have, not just something they want. People need social relationships and strive to maintain them. Those who are deprived of social belonging are more likely to experience negative outcomes such as emotional, psychological,
and physical health problems. Children are no different; they too need to feel like they belong. Adolescents have a “strong need to belong to a group, with approval of peers becoming as important as adult approval, and on some matters even more important…in their search for group membership, they may experience significant embarrassment, ridicule, or rejection…” (NMSA, 2003, p. 49). Finding one’s place in the social hierarchy of adolescence is in a sense a rite of passage. For young adolescents, school belonging refers to the extent a person feels connected to a school. It is no surprise that the stronger sense of belonging one feels, the more positive the schooling experience will be for that person.

Utilizing the 1994-1996 data from the National Longitudinal Study of Adolescent Health, Anderman (2002) conducted two studies related to school belonging. The first investigated predictors of students’ perceived school belonging among 58,653 students in grades 7-12. Higher levels of self-concept and higher grade point averages positively predicted perceived school belonging. Students from minority populations such as African American and Native American were more likely to have lower perceptions of belonging, as were males.

In the second study, Anderman (2002) investigated the association between school belonging and psychological outcomes. Optimism, self-concept, and grade point averages were positively correlated with school belonging. However, depression, social rejection, school problems, and absenteeism were negatively correlated with school belonging.

The findings of both studies reinforced Baumeister and Leary’s (1995) claim that belonging is crucial. Stronger school belonging was associated with positive outcomes; where as, a weaker sense of school belonging was associated with negative outcomes.
Summary

Although the research literature reviewed in this section is not exhaustive, it demonstrates the complexity of adolescent social development. Peers play a crucial role during adolescence (Laursen, Hartup, & Koplas, 1996) as individuals discover and establish their identities and their status in various social relationships and in school. Positive peer relationships (e.g., reciprocated friendships, popularity, social responsibility, school belonging) have a positive impact on academic achievement. Young adolescents make decisions and judge themselves based on peers’ perceptions, which can sometimes lead to greater emotional distress. Students who feel more connected to school have more positive schooling experiences. It is obvious that adolescents’ social functioning affects all aspects of their lives and should be further investigated.

Summary

Even though the majority of researchers do not advocate for grade retention, the practice continues to be used as the primary remedy for academic failure. More research is needed examining the longitudinal effects of grade retention, especially potential psychological outcomes such as depression. Because most retention occurs in the primary grades, researchers need to explore what happens when these retainees enter young adolescence and middle school, both occurring several years after the initial retentions. When looking at this practice, researchers must consider the potential impact of social functioning on students’ academic and psychological health. To gauge a true sense of how retained students fair in middle school, comparisons must be made between the retainees and their typically developing peers who have not been retained. This study will contribute to the research literature by examining a sample of young adolescents who have been retained as they progress through middle school, grades 6-8. Specifically, I will
examine the relationship between grade retention, depression, and social functioning among the retained students and two control groups.

This study does not address alternatives to grade retention, nor does it examine the influence of specific middle school structures and practices on student learning and success. The impact of family, teacher, administrators, or other adults and groups on adolescent development and learning are not discussed.

As with any study, there are limitations. In this study, the first limitation is that data were based on students’ perceptions, which are easily influenced by numerous environmental and personal factors. I took this into consideration when interpreting the data and generalizing the findings to other young adolescents. Secondly, caution should be used when interpreting this data because the purpose of the study was not to determine the cause of adolescent depression or low social functioning, but to examine the relationships between retention and these two constructs.

Despite these limitations, the purpose of this study is to uniquely combine three large and well-researched bodies of literature to examine what happens to young adolescents who are retained as they progress through their middle school years. Specifically, by examining the depression, retention, and literature on young adolescents' social functioning, this study will afford the research community the opportunity to examine the intersection of these three literatures to inform practice and policy.
CHAPTER 3

METHOD

The researcher designed this study to examine the relationship between grade retention, adolescent depression, and the social functioning variables of social acceptance, social confidence, and popularity. This particular study is part of a larger study on the longitudinal effects of grade retention among a sample of adolescents as they progress through middle school into high school.

Research Question and Hypotheses

How do young adolescents who have been retained differ from their typically developing peers with regards to depression and social functioning?

(1) Retained students report higher levels of depression than the low-performing and on grade-level (control) students.

(2) Retained students report lower levels of social functioning than the low-performing and control students.

(3) Total depression at the end of eighth grade is predicted by the social functioning variables for each group in the sample.

Participants

Participants in this study were enrolled in a middle school in the southeastern United States. Baxter County Public Schools are located next to a major university town and serve as a bedroom community between the university town and a major metropolis. All names and participants were provided with pseudonyms to maintain their anonymity. The school system
enrolls approximately 10,000 students annually with 72% of the population being White, 13% African-American, 7% Hispanic, 6% Asian, and 2% Multiracial. Fifteen percent of students in the school district were identified as learning disabled, and seven percent as having limited English proficiency. Thirty-nine percent of students qualified for free or reduced price lunch based on their families’ incomes. On average, approximately five percent of the students are retained in grade each year.

Baxter County closely mirrors the demographics of the school district, with the majority of the population being White. The median household income estimated for 2004 was $48,354, with approximately eight percent falling below the poverty line.

Baxter Middle School (BMS) annually enrolls approximately 740 students. The ethnic composition of the school is similar to the county with approximately 66% White, 20% Black, and 14% Other. Forty-four percent of students qualify for free or reduced price lunch, five percent above the district level. Sixteen percent of the student population is identified as learning disabled and four percent are limited English speakers. BMS consists of grades sixth through eighth with 51 faculty and staff members. Fifty percent of the faculty have earned advanced degrees. Students are placed on four-member teaching teams with one teacher for each academic subject. Students of mixed ability are on each team, but the students are grouped by ability for mathematics classes. Teachers integrate curriculum and teach using the Learning-Focused Schools Model. Each core academic class lasts 77 minutes each day. Students participate in two 45 minute connections classes daily such as family consumer sciences, art, music, and physical education. However, if students did not meet state standardized test cut-offs for mathematics and reading, they were enrolled in a connections remedial class. Extracurricular activities are available after school such as sports, band, and clubs. One counselor services the school and
there is not an official advisor-advisee program. Each spring, students take the state mandated test, which is now being used as a benchmark test to progress from middle school to high school. Approximately, 10% of students are retained each year at BMS.

All students at BMS had the opportunity to participate in the study. During the first year of the study (2002-2003), participants were enrolled in sixth grade at Baxter Middle School and progressed to seventh and eighth grades during the subsequent years of the study. Students who returned signed parental consent forms and signed an assent form became the participants in the study. The 80 participants were broken into three groups: (1) students who had been retained in grade at some point in their academic careers ($N=17$), (2) students who were considered low-performing for their grade based on their scoring in the bottom quartile on the *Iowa Test of Basic Skills* but who had not been formally retained ($N=34$), and (3) a control of students who were on-grade level based on their scoring in top three quartiles on the *Iowa Test of Basic Skills* and who had never been retained ($N=29$). Across the sample, 45% of the students qualified and received free or reduced price lunch. The sample was not equally divided across the three subsample groups ($\chi^2=8.11; p=.02$). Examination of the differences among the three groups indicated that more students from the retained and low-performing groups and fewer students from the control group received free or reduced price lunch, which is consistent with the research literature that students from families with lower socioeconomic means are more likely to be retained.

With regards to gender, males are retained more often than females; however, there were no difference among the three groups ($\chi^2=4.14; p=.13$). Males and females were equally represented in each of the three groups. No significant differences were found on ethnicity among the three groups ($\chi^2=1.98; p=.74$). The majority of the sample was Caucasian (71.3%) with the next largest group being African-American (18.8%).
Instruments

To explore the dynamic relationship between young adolescents’ social functioning, mental well-being, and academic performance, participants in the study completed a battery of measures. All measures were selected based on the following criteria: developmental appropriateness, widespread use in the research community, and compatibility to collection of a large amount of data within the school setting.

Children’s Depression Inventory [CDI] (Kovacs, 1992). The CDI is a 27-item scale that measures depressive symptoms in children and adolescents from ages 7 to 17. For each item, participants read three statements related to a topic (e.g., sleep patterns, enjoyment in activities, sadness) and choose the statement that best describes themselves. This measure has five distinct subscales: (a) negative mood, (b) ineffectiveness, (c) negative self-esteem, (d) interpersonal problems, and (e) anhedonia. Internal consistency reliabilities were reported to range from .59 to .86. The total depression score, which is comprised of the five subscale scores, was used as the dependent variable measuring young adolescents’ overall psychological well-being. (Hypotheses One and Three)

Coping Resources Inventory Scales for Educational Enhancement [CRISEE] (Curlette et al., 1993). The CRISEE consists of 79 dichotomous statements that measure adolescents’ coping resources. Sample item topics include whether participants get into fights, are able to talk about feelings, and frequently feel nervous. The subscale of social confidence was used for analysis. Internal consistency reliabilities were reported between .80 and .84. (Hypotheses Two and Three)

Piers-Harris Children’s Self-Concept Scale (Piers & Harris, 1984). This scale is a brief self-report measure that assesses self-concept in children and adolescents. The authors define
self-concept as a stable set of self-attitudes reflecting a description and an evaluation of one’s behavior and attributes. The higher the score, the more positive the self-evaluation. Of the six cluster scales, popularity was used in the analysis. Sample items related to popularity include perceived popularity, shyness, perceived acceptance by peers, and participation in social activities. The authors of the scale report internal consistency reliabilities from .88 to .93 on the total scale, with cluster scores ranging from .73 to .81. (Hypotheses Two and Three)

*The Self-Perception Profile for Children* (Harter, 1985). This measure referred to as *What Am I Like* is designed to measure domain-specific judgments of competence. Participants read a compound statement separated by the conjunction “but” and have to decide which side of the statement bests describes them. Then they decide if that part of the statement is “sort of” like them or “really like” them. An example is “Some kids have a lot of friends BUT Other kids don’t have very many friends.” The subscale of social acceptance was used. Psychometric data from the author indicate that the scale has acceptable internal consistency with alphas ranging from .71 to .86. (Hypotheses Two and Three)

**Data Procedures and Analysis**

Data collected for this investigation are part of a longitudinal research study examining the psychosocial effects, specifically depression, of grade retention on young adolescents as they progress from grades sixth through eighth. The researcher visited the school site to administer a battery of instruments to participants in the Spring of 2003, Spring of 2004, and Spring of 2005. Students completed the battery of instruments individually, but in large group settings during their school day. Confidential protocol was explained and students were given the option of discontinuing the battery at any time during the data collection process. A small incentive was provided for their participation. During the second year of the study, in addition to the battery of
scales that were completed by the students the previous year, the participants completed the *Children’s Depression Inventory*. Due to the nature of questions on this scale, the school counselor was available for any students who might need her services. The researcher also collected data each year from students’ personal records including standardized test scores, end of the year grades, and attendance.

Data in this study will be analyzed through descriptive statistics, analysis of variance, effect size, regression, repeated measures, and correlational techniques. The primary dependent variable will be the total depression score for eighth grade as measured on the *CDI*. Other variables include group membership (retained, low-performing, on-grade level), demographics, and the social functioning variables of social acceptance, social confidence, and popularity.
CHAPTER 4
RESULTS

The purpose of this study was to investigate the relationship between grade retention, adolescent depression, and social functioning among retained, low-performing, and on-grade level young adolescents. The retained group ($N=17$) consisted of students who had been retained at least once in their schooling careers. The low-performing ($N=34$) and on-grade level ($N=29$) groups were determined by test scores on the *Iowa Test of Basic Skills* and these students had not been retained at any point in their schooling experience.

Results are organized by hypotheses. Analyses were run using the Statistical Program for the Social Sciences (SPSS, 1994). Means, standard deviations, and effect sizes were calculated for the *Children’s Depression Inventory* (Kovacs, 1992), *Self-Perception Profile for Children* (Harter, 1985), *Coping Resources Inventory Scales for Educational Enhancement* (Curlette et al., 1993), and the *Piers-Harris' Children's Self-Concept Scale* (Piers & Harris, 1984). Then, univariate analyses of variance were run to determine between-groups effects for all three years of the study, grades sixth through eighth. Repeated measures were conducted to identify any significant time effect occurring over the three years of the study, any interaction of group by time, and any between subjects effect. Finally, regression analyses were conducted to determine the amount of variance that could be explained in eighth grade total depression scores by social functioning variables.
Hypothesis 1

Retained Students Report Higher Levels of Depression than the Low-Performing and on Grade-Level (Control) Students

Five separate main analyses were conducted to examine differences in depression ratings among the three groups of students. As suggested in the *Children's Depression Inventory (CDI)* (Kovacs, 1992), depression scores may be examined by looking at individual items, factor scores, and the total depression score for the instrument. The CDI is composed of five subscales that examine unique aspects of depressive symptoms. The first of these scales is Negative Mood which is characterized by sadness, negative thoughts, culpability of negative thoughts, and decisiveness. Interpersonal Problems is the second factor on the scale and measures deviant behavior, compliance, and interpersonal relationships. The third scale is Ineffectiveness which comprises items on competence, motivation, and social comparisons to peers. Anhedonia is the fourth scale comprised of loss of pleasure in normal activities, interactions with peers, and physiological symptoms such as poor eating and sleep patterns. The last scale is Negative Self-Esteem, which consists of items related to suicidal ideations and loss of connection to significant others such as parents and peers. The CDI total score is a linear combination of all five subscales. Kovacs suggested that cutoff scores of 20 in the general population should be used for screening. However, among samples with predicted higher instances of depression, lower cut-off scores of 12 and 13 are appropriate (see Garvin, Leber, & Kalter, 1991; Kazdin, Colbus, & Rodgers, 1986; Lobovits & Handal, 1985; Reinherz et. al, 1990). The researcher chose to use the cut-off score of 12 because the majority of the sample was considered at-risk and likely to report higher levels of depressive symptomology. Because the CDI was not administered during the
first year of the study (sixth grade), analyses for Hypothesis One focus on seventh and eighth grade CDI data.

A univariate analysis of variance was conducted and indicated that among the three groups of young adolescents on Negative Mood, during the seventh grade year, there was a significant main effect $F (2, 76) = 10.05, p = .00$ (Effect Size = .21). A post-hoc Scheffe test was conducted and revealed that the retained group significantly differed on negative mood from the other two groups. The same procedure was utilized to examine Interpersonal Problems. A significant effect was found $F (2, 76) = 11.71, p = .00$ (Effect Size = .24) suggesting that the retained group rated themselves as having more interpersonal problems than either the low-performing group or the control group. On young adolescents’ perceptions of Ineffectiveness, the retained students rated themselves as less competent, less motivated, and inferior to their peers than did the low-performing or control groups $F (2, 76) = 7.24, p = .00$ (Effect Size = .16). Among the ratings provided by the young adolescents on Anhedonia, a statistically significant effect was found although post-hoc tests did not reveal a difference among the three groups $F (2, 76) = 3.22, p = .05$ (Effect Size = .08). On Negative Self-Esteem, a main effect was found with the $F (2, 76) = 9.92, p = .00$ (Effect Size = .21). Post-hoc analyses suggested that following a similar pattern as the other subscales, retained students differed from the low-performing control and the control groups on their loss of connection to significant others and thoughts of suicide. On the total depression inventory, retained students reported higher levels of depressive symptoms than did the other groups $F (2, 76) = 11.23, p = .00$ (Effect Size = .23). Means and standard deviations for the three samples of young adolescents on the CDI subscales can be found in Table 1.
Table 1

*Means and Standard Deviations for the Children's Depression Inventory in Seventh Grade*

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Group</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Negative Mood</strong></td>
<td>Retained</td>
<td>5.19</td>
<td>3.53</td>
</tr>
<tr>
<td></td>
<td>Low-Performing</td>
<td>2.29</td>
<td>2.14</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>1.90</td>
<td>2.14</td>
</tr>
<tr>
<td><strong>Interpersonal Problems</strong></td>
<td>Retained</td>
<td>2.25</td>
<td>1.88</td>
</tr>
<tr>
<td></td>
<td>Low-Performing</td>
<td>0.44</td>
<td>0.99</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>0.52</td>
<td>1.27</td>
</tr>
<tr>
<td><strong>Ineffectiveness</strong></td>
<td>Retained</td>
<td>3.06</td>
<td>2.11</td>
</tr>
<tr>
<td></td>
<td>Low-Performing</td>
<td>1.56</td>
<td>1.76</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>0.97</td>
<td>1.59</td>
</tr>
<tr>
<td><strong>Anhedonia</strong></td>
<td>Retained</td>
<td>5.38</td>
<td>3.20</td>
</tr>
<tr>
<td></td>
<td>Low-Performing</td>
<td>3.50</td>
<td>3.31</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>2.97</td>
<td>2.77</td>
</tr>
<tr>
<td><strong>Negative Self-Esteem</strong></td>
<td>Retained</td>
<td>4.06</td>
<td>3.13</td>
</tr>
<tr>
<td></td>
<td>Low-Performing</td>
<td>1.47</td>
<td>2.11</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>1.14</td>
<td>1.71</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>Retained</td>
<td>19.94</td>
<td>11.97</td>
</tr>
<tr>
<td></td>
<td>Low-Performing</td>
<td>9.26</td>
<td>8.30</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>7.48</td>
<td>7.20</td>
</tr>
</tbody>
</table>

During the eighth grade year, retained students rated themselves as having more depressive symptoms than did the low-performing students and the control sample. A slight difference was found on the low-performing sample during the eighth grade year. Specifically, for the three subscales of Negative Mood, Anhedonia, and Negative Self-Esteem, they did not differ from the retained sample of young adolescents. On the other two subscales of Interpersonal Problems and Ineffectiveness, the retained students differed from both the low-
performing and the control students. When subscale scores were combined to calculate the total depression score, similar to the previous year, retained student reported higher levels of depression than the two comparison groups. Means, standard deviations, effect sizes, and results for the analysis of variance are found in Table 2.

Repeated measure analyses of variance were conducted on the total depression scores for students over their seventh and eighth grade years. The analyses did not indicate a significant time effect $F(2, 76) = 1.08, p = .30$ (Effect Size = .01), nor an interaction of group by time $F(2, 76) = 1.03, p = .36$ (Effect Size = .03). Thus the groups stayed consistent over time on their ratings and there was no interaction of time by the different groups. There was, however, a significant between subject effect which was also demonstrated in the year by year analysis above. The post-hoc analysis indicated that retained students differed from the low-performing and control samples $F(2, 76) = 12.29, p = .00$ (Effect Size = .24) on total depression for both years.

Hypothesis 2

*Retained Students Report Lower Levels of Social Functioning than the Low-Performing and Control Students*

Hypothesis 2 examined the social functioning of young adolescents. Social functioning was examined through the three variables of social acceptance, social confidence, and popularity and provided a global understanding of how students interact and navigate the social context of schooling in relation to their peers. Due to the interrelated nature of social constructs and the use of these constructs interchangeably within the research literature, for the purposes of this study,
Table 2

Means and Standard Deviations for the Children's Depression Inventory in Eighth Grade

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Group</th>
<th>M</th>
<th>SD</th>
<th>F</th>
<th>p</th>
<th>ES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative Mood</td>
<td>Retained</td>
<td>4.59</td>
<td>3.48</td>
<td>4.80</td>
<td>.01</td>
<td>.11</td>
</tr>
<tr>
<td></td>
<td>Low-Performing</td>
<td>3.06</td>
<td>3.06</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>1.83</td>
<td>2.38</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interpersonal</td>
<td>Retained</td>
<td>2.24</td>
<td>2.28</td>
<td>6.56</td>
<td>.00</td>
<td>.15</td>
</tr>
<tr>
<td>Problems</td>
<td>Low-Performing</td>
<td>1.00</td>
<td>1.37</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>0.66</td>
<td>0.81</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ineffectiveness</td>
<td>Retained</td>
<td>3.47</td>
<td>2.30</td>
<td>11.73</td>
<td>.00</td>
<td>.23</td>
</tr>
<tr>
<td></td>
<td>Low-Performing</td>
<td>1.97</td>
<td>1.87</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>0.86</td>
<td>1.22</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anhedonia</td>
<td>Retained</td>
<td>6.12</td>
<td>3.33</td>
<td>5.80</td>
<td>.01</td>
<td>.13</td>
</tr>
<tr>
<td></td>
<td>Low-Performing</td>
<td>4.18</td>
<td>3.49</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>2.72</td>
<td>2.95</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Negative</td>
<td>Retained</td>
<td>3.41</td>
<td>2.83</td>
<td>5.10</td>
<td>.01</td>
<td>.12</td>
</tr>
<tr>
<td>Self-Esteem</td>
<td>Low-Performing</td>
<td>1.76</td>
<td>2.24</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>1.21</td>
<td>1.97</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>Retained</td>
<td>19.82</td>
<td>11.92</td>
<td>8.57</td>
<td>.00</td>
<td>.18</td>
</tr>
<tr>
<td></td>
<td>Low-Performing</td>
<td>11.97</td>
<td>10.33</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>7.28</td>
<td>7.98</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Social functioning was used as a global term to gauge students' perceived approval from peers (social acceptance) and their ability to achieve goals in social settings such as popularity and ability to cope within these social settings (social competence).

A series of univariate analysis of variance tests were conducted to look for differences among the three groups of young adolescents. In looking at social acceptance as measured by the social acceptance subscale of the Self-Perception Profile for Children (Harter, 1985), no
significant difference was found among the three groups for students when they were in the sixth

\[ F(2, 76) = 1.61, p = .21 \text{ (Effect Size = .04), seventh } F(2, 76) = .45, p = .64 \text{ (Effect Size = .01), and eighth grades } F(2, 76) = 1.84, p = .17 \text{ (Effect Size = .05), respectively. There was no time or growth effect among the three groups across the middle school years } F_{\text{Time}}(2, 76) = 2.53, p = .09 \text{ and } F_{TXG}(2, 76) = .49, p = .74. \] 

Means and standard deviations across the three years are provided in Table 3.

Table 3

*Means and Standard Deviations for the Self-Perception Profile for Children across the Middle School Years*

<table>
<thead>
<tr>
<th>Year</th>
<th>Group</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sixth Grade</td>
<td>Retained</td>
<td>3.00</td>
<td>.73</td>
</tr>
<tr>
<td></td>
<td>Low-Performing</td>
<td>2.78</td>
<td>.57</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>3.06</td>
<td>.63</td>
</tr>
<tr>
<td>Seventh Grade</td>
<td>Retained</td>
<td>2.98</td>
<td>.48</td>
</tr>
<tr>
<td></td>
<td>Low-Performing</td>
<td>2.98</td>
<td>.60</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>3.11</td>
<td>.71</td>
</tr>
<tr>
<td>Eighth Grade</td>
<td>Retained</td>
<td>2.97</td>
<td>.58</td>
</tr>
<tr>
<td></td>
<td>Low-Performing</td>
<td>3.08</td>
<td>.45</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>3.28</td>
<td>.65</td>
</tr>
</tbody>
</table>

The next variable associated with social functioning that was examined was the social confidence subscale of the *Coping Resources Inventory Scales for Educational Enhancement* (Curlette et al., 1993). A series of univariate analysis of variance tests were run to compare the self-perceptions of young adolescents in the retained, low-performing, and control groups. No differences were found among the three groups on their social confidence involving their ability to cope with social situations in the sixth \[ F(2, 76) = 1.88, p = .16 \text{ (Effect Size = .05), seventh } \]
$F(2, 76) = .78, p = .47$ (Effect Size = .02), and eighth grades $F(2, 76) = .24, p = .79$ (Effect Size = .01), respectively. A time effect was found for the social confidence variable indicating that over time, social confidence generally increased among these young adolescents $F(2, 76) = 6.45, p = .00$. No interaction effects were found in a repeated measures analysis of variance, $F_{TXG}(2, 76) = .64, p = .63$. No between subjects effect was found in the repeated measures analysis of variance $F(2, 76) = 1.32, p = .27$. Means and standard deviations across social confidence in the three middle school years are provided in Table 4.

Table 4

*Means and Standard Deviations for the Coping Resources Inventory Scales for Educational Enhancement Social Confidence Subscale across the Middle School Years*

<table>
<thead>
<tr>
<th>Year</th>
<th>Group</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sixth Grade</td>
<td>Retained</td>
<td>1.61</td>
<td>.27</td>
</tr>
<tr>
<td></td>
<td>Low-Performing</td>
<td>1.62</td>
<td>.23</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>1.72</td>
<td>.21</td>
</tr>
<tr>
<td>Seventh Grade</td>
<td>Retained</td>
<td>1.65</td>
<td>.20</td>
</tr>
<tr>
<td></td>
<td>Low-Performing</td>
<td>1.62</td>
<td>.27</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>1.70</td>
<td>.24</td>
</tr>
<tr>
<td>Eighth Grade</td>
<td>Retained</td>
<td>1.72</td>
<td>.26</td>
</tr>
<tr>
<td></td>
<td>Low-Performing</td>
<td>1.74</td>
<td>.21</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>1.76</td>
<td>.26</td>
</tr>
</tbody>
</table>

The third variable related to social functioning came from the *Piers-Harris Children's Self-Concept Scale* (Piers & Harris, 1984) examining young adolescents' perceptions of popularity. In sixth $F(2, 76) = 2.21, p = .12$ (Effect Size = .05) and seventh grades $F(2, 76) = 2.82, p = .07$ (Effect Size = .07), there were no perceived differences among the perceptions of
popularity among the three groups. During the eighth grade year, there was a significant
difference on the main effect $F(2, 76) = 3.11, p = .05$ (Effect Size = .08), but the post-hoc
Scheffé analyses did not reveal a specific difference among the three groups. No time effect was
found for the popularity variable indicating that over time, popularity generally stayed consistent
$F(2, 76) = 1.78, p = .18$. No interaction effects were found in a repeated measures analysis of
variance, $F_{TG}(2, 76) = .74, p = .57$. A between subjects effect was found in the repeated
measures analysis of variance $F(2, 76) = 3.95, p = .00$; however, post-hoc analyses did not
reveal a significant difference among the three groups. Means and standard deviations on
popularity in the three middle school years are provided in Table 5.

Table 5

*Means and Standard Deviations for the Piers-Harris’ Children’s Self-Concept Scale Popularity
Subscale across the Middle School Years*

<table>
<thead>
<tr>
<th>Year</th>
<th>Group</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sixth Grade</td>
<td>Retained</td>
<td>1.60</td>
<td>.13</td>
</tr>
<tr>
<td></td>
<td>Low-Performing</td>
<td>1.58</td>
<td>.18</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>1.66</td>
<td>.11</td>
</tr>
<tr>
<td>Seventh Grade</td>
<td>Retained</td>
<td>1.53</td>
<td>.20</td>
</tr>
<tr>
<td></td>
<td>Low-Performing</td>
<td>1.60</td>
<td>.16</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>1.65</td>
<td>.16</td>
</tr>
<tr>
<td>Eighth Grade</td>
<td>Retained</td>
<td>1.59</td>
<td>.16</td>
</tr>
<tr>
<td></td>
<td>Low-Performing</td>
<td>1.60</td>
<td>.14</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>1.68</td>
<td>.13</td>
</tr>
</tbody>
</table>
Hypothesis 3

Total Depression at the End of Eighth Grade is Predicted by the Social Functioning Variables for Each Group in the Sample

As series of regression analyses were conducted on each of the groups of young adolescents to determine the amount of variance that could be explained in the eighth grade total depression scores through social functioning variables. The first analysis examined the retained students. In predicting the total depression score, I first examined total depression by assessing the contribution of social acceptance for students as they moved from sixth grade to eighth grade. Therefore, examination of the contribution of social acceptance ratings in each grade in predicting depression in eighth grade indicated that I should use the total depression score at eighth grade as the criterion variable. Correlational analyses revealed that there was a significant relationship between sixth grade and seventh grade ratings of social acceptance ($r = .47, p = .03$); however there were no other significant relationships between social acceptance ratings between other grades. In predicting total depression among the retained sample, all three social acceptance ratings were included in the model and accounted for only 10% of the variance.

Among the retained students, a second regression analysis was performed examining the contribution of social confidence to total depression in eighth grade. Correlational analyses indicated that there were significant relationships between sixth grade and seventh grade ($r = .47, p = .03$) and seventh and eighth grade ($r = .49, p = .03$) ratings of social confidence. There was no relationship for social confidence between the sixth grade year and the eighth grade year ($r = .36, p = .09$). All three social confidence variables were entered and remained in the regression model for total depression in eighth grade. A total of 19% of the variance was explained by this model although the overall model was not significant.
Among retained students, a third regression equation was performed examining the contribution of popularity to the total depression score in eighth grade. Correlational analyses indicated that there were significant relationships between sixth grade and seventh grade \((r = .65, p = .00)\) and seventh and eighth grade \((r = .49, p = .03)\) on ratings of popularity. There was not a significant relationship between sixth grade and eighth grade ratings on popularity \((r = .40, p = .07)\). All three variables were entered and remained in the regression equation. The significant model accounted for 50% of the variance in total depression in eighth grade \(F(3,15) = 4.04, p = .03\). Statistics from the linear regression equations for retained students are displayed in Table 6.

Table 6

*Linear Regressions of Social Acceptance, Social Confidence, and Popularity (Retained Group)*

<table>
<thead>
<tr>
<th>Model</th>
<th>Year</th>
<th>B</th>
<th>t</th>
<th>(p)</th>
<th>(F)</th>
<th>(p)</th>
<th>(R^2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social</td>
<td>Sixth</td>
<td>5.84</td>
<td>1.12</td>
<td>.29</td>
<td>.44</td>
<td>.73</td>
<td>.10</td>
</tr>
<tr>
<td>Acceptance</td>
<td>Seventh</td>
<td>-5.71</td>
<td>-0.69</td>
<td>.50</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Eighth</td>
<td>1.14</td>
<td>0.19</td>
<td>.85</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social</td>
<td>Sixth</td>
<td>-14.02</td>
<td>-1.01</td>
<td>.33</td>
<td>.95</td>
<td>.45</td>
<td>.19</td>
</tr>
<tr>
<td>Confidence</td>
<td>Seventh</td>
<td>-16.16</td>
<td>-0.84</td>
<td>.42</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Eighth</td>
<td>6.47</td>
<td>0.47</td>
<td>.65</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Popularity</td>
<td>Sixth</td>
<td>46.17</td>
<td>1.89</td>
<td>.08</td>
<td>4.04</td>
<td>.03</td>
<td>.50</td>
</tr>
<tr>
<td></td>
<td>Seventh</td>
<td>-59.95</td>
<td>-3.48</td>
<td>.01</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Eighth</td>
<td>17.59</td>
<td>1.04</td>
<td>.32</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Among the low-performing and retained students, a regression was conducted examining the contributions of group membership and social acceptance to total depression in the eighth
grade year. Correlational analyses indicated that there were significant relationships between group membership and total depression for eighth grade ($r = -.35, p = .01$) and seventh grade social acceptance and total depression for eighth grade ($r = -.31, p = .01$) on ratings of social acceptance. There were significant relationships between sixth grade and seventh grade ratings of social acceptance ($r = .53, p = .00$) and sixth and eighth grade ratings of social acceptance ($r = .39, p = .00$). All four variables were entered and remained in the regression model equation that significantly accounted for 28% of the variance in total depression in eighth grade $F(4, 49) = 4.38, p = .00$.

Examining the contributions of group membership and social confidence to total depression in eighth grade, regression analyses were performed that accounted for 34% of the variance. All four variable entered and remained in the model $F(4, 49) = 5.74, p = .00$.

Among the low-performing and retained students, a regression was conducted examining the contributions of group membership and popularity to total depression in the eighth grade year. Correlational analyses indicated that there were significant relationships between group membership and total depression for eighth grade ($r = -.35, p = .01$), seventh grade popularity and total depression for eighth grade ($r = -.53, p = .00$), and on eighth grade popularity and ratings of total depression ($r = -.38, p = .00$). All four variables were entered and remained in the regression equation model accounting for 42% of the variance in total depression in eighth grade $F(4, 49) = 8.04, p = .00$. Weights from the linear regression equations for all three models for the retained and low-performing groups are displayed in Table 7.

Analyses conducted so far suggest that there are similarities among the retained and low-performing students. It was important to examine how students in the on-grade level control group perceived their social functioning in relation to depression, especially looking at the
seventh grade, where the retained and low-performing students reported lower levels of social functioning. Looking at the contribution of the social functioning variables, it appears that for students in the on-grade level control group that their concerns about social functioning occur during the eighth grade year. Table 8 displays the regression equations associated with the on-grade level control group analyses.

Table 7

*Linear Regressions of Group Membership and Social Acceptance, Social Confidence, and Popularity (Retained and Low-Performing Groups)*

<table>
<thead>
<tr>
<th>Model</th>
<th>Year</th>
<th>B</th>
<th>t</th>
<th>p</th>
<th>F</th>
<th>p</th>
<th>R²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group Membership</td>
<td>-7.98</td>
<td>-2.54</td>
<td>.02</td>
<td>4.38</td>
<td>.00</td>
<td>.28</td>
<td></td>
</tr>
<tr>
<td>Social Acceptance</td>
<td>Sixth</td>
<td>4.93</td>
<td>1.74</td>
<td>.09</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Seventh</td>
<td>-10.12</td>
<td>-3.04</td>
<td>.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Eighth</td>
<td>1.70</td>
<td>0.49</td>
<td>.63</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group Membership</td>
<td>-9.46</td>
<td>-3.14</td>
<td>.00</td>
<td>5.74</td>
<td>.00</td>
<td>.34</td>
<td></td>
</tr>
<tr>
<td>Social Confidence</td>
<td>Sixth</td>
<td>-2.47</td>
<td>-0.32</td>
<td>.75</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Seventh</td>
<td>-23.00</td>
<td>-3.32</td>
<td>.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Eighth</td>
<td>7.41</td>
<td>0.98</td>
<td>.33</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group Membership</td>
<td>-5.90</td>
<td>-2.07</td>
<td>.05</td>
<td>8.04</td>
<td>.00</td>
<td>.42</td>
<td></td>
</tr>
<tr>
<td>Popularity</td>
<td>Sixth</td>
<td>16.64</td>
<td>1.95</td>
<td>.06</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Seventh</td>
<td>-30.85</td>
<td>-3.32</td>
<td>.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Eighth</td>
<td>-16.29</td>
<td>-1.53</td>
<td>.13</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 8

*Linear Regressions of Social Acceptance, Social Confidence, and Popularity (On-Grade Level Control Group)*

<table>
<thead>
<tr>
<th>Model</th>
<th>Year</th>
<th>B</th>
<th>t</th>
<th>( p )</th>
<th>F</th>
<th>( p )</th>
<th>( R^2 )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Acceptance</td>
<td>Sixth</td>
<td>2.75</td>
<td>1.13</td>
<td>.27</td>
<td>4.04</td>
<td>.02</td>
<td>.34</td>
</tr>
<tr>
<td></td>
<td>Seventh</td>
<td>3.37</td>
<td>1.10</td>
<td>.28</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Eighth</td>
<td>-9.35</td>
<td>-2.98</td>
<td>.01</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Confidence</td>
<td>Sixth</td>
<td>-6.97</td>
<td>-.94</td>
<td>.36</td>
<td>4.33</td>
<td>.01</td>
<td>.34</td>
</tr>
<tr>
<td></td>
<td>Seventh</td>
<td>2.61</td>
<td>.34</td>
<td>.74</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Eighth</td>
<td>-16.07</td>
<td>-2.36</td>
<td>.03</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Popularity</td>
<td>Sixth</td>
<td>1.50</td>
<td>.12</td>
<td>.90</td>
<td>5.75</td>
<td>.00</td>
<td>.41</td>
</tr>
<tr>
<td></td>
<td>Seventh</td>
<td>-4.57</td>
<td>-.50</td>
<td>.62</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Eighth</td>
<td>-36.20</td>
<td>-3.24</td>
<td>.00</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Summary**

With regards to depression, significant differences were found among the three groups for all five subscales of the *Children’s Depression Inventory* (Kovacs, 1992) during the seventh grade year. Post-hoc analyses revealed that for all subscales except Anhedonia, retained students significantly differed from both the low-performing and control groups. During their eighth grade year, the retained students significantly differed from both groups on the subscales of Interpersonal Problems and Ineffectiveness; however, they did not differ from the low-
performing group on the other three subscales of Negative Mood, Anhedonia, and Negative Self-Esteem. When all subscales were combined to calculate total depression scores for each group for both seventh and eighth grades, the retained students rated themselves as more depressed than their typically developing peers in the other two groups. No significant time or interaction effects were found for depression over the course of the study.

In Hypothesis Two, social functioning was examined through the variables of social acceptance, social confidence, and popularity. No significant differences were found related to social acceptance among the three groups at each grade level, over the three years of the study, or within a group by time interaction. For social confidence, no significant differences were found among the three groups at each grade level; however, a time effect indicated that young adolescents’ social confidence increased as they progressed from sixth to eighth grades. With regards to popularity, students’ perceptions did not differ from each other the first two years of the study; however, they did significantly differ during the eighth grade year although post-hoc tests did not reveal where the differences existed. Perceived popularity stayed consistent over the three years of the study.

For Hypothesis Three, regressions for each group revealed correlational relationships between various social functioning variables as predictors of eighth grade total depression. For the retained students, popularity was the greatest predictor of eighth grade depression. Among the low-performing and retained groups, group membership, social acceptance, social confidence, and popularity significantly predicted eighth grade total depression in the models. For the on-grade level control, all social functioning variables during the eighth grade year were significant predictors of eighth grade total depression.
CHAPTER 5
DISCUSSION AND IMPLICATIONS

Adolescence is a pivotal developmental period when students’ minds, relationships, and bodies are constantly changing. For students who are overage for grade, adolescence is further compounded by their struggles to be academically successful, to fit in with peer groups that are younger in chronological age and maturity, and to battle the stigma associated with being retained in grade. The research on grade retention clearly demonstrates that the consequences of the practice outweigh any limited benefit (Holmes, 1989; Jackson, 1975; Jimerson, 2001); however, grade retention continues to be the primary means for addressing student academic failure. With increasing accountability pressure on schools and students, these overage students are at-risk for being left further behind their typically developing peers academically, socially, and emotionally if educators do not find ways to identify these students’ developmental needs and create learning environments that align with their needs (Eccles et al., 1993).

In this chapter, the researcher will discuss results from the study and implications of the findings. This information will be organized by the hypotheses. At the end, future research needs will be mentioned.

Hypothesis 1

*Retained Students Report Higher Levels of Depression than the Low-Performing and on Grade-Level (Control) Students*

Depression is a legitimate illness that afflicts more than 2.6 million adolescents a year (NIMH, 2001). Previously thought to primarily affect adults, developmental researchers have
identified depressive symptomology in children as young as four months old (DYG, Inc., 2000). This mental illness is a real threat to all age groups. Unexplored in the literature is the relationship between depression and schooling outcomes, especially among students who have experienced academic failure.

In this study, young adolescents who had been retained reported higher levels of total depression on the *Children’s Depression Inventory [CDI]* (Kovacs, 1992) than did their typically developing peers who had not been retained. For the two years that data were collected from the *CDI*, at the end of seventh and eighth grades, the retained students consistently reported higher total depression mean scores than the other two groups. Utilizing the more frequently used cutoff score of 12 for this population subgroup, the researcher found that the average retained student scored seven points above the cutoff. Both the low-performing and on grade-level control groups scored below the cut-off score each year. If Kovac’s suggested score of 20 as a cut-off for depression screening in the general population were used, the average retained participant would be on the cusp of a formal diagnosis of this mental illness.

During the seventh grade year, the retained students significantly differed from the low-performing and on grade-level groups, reporting higher means on total depression and all five subscales of the *CDI*. By the eighth grade year, the retained students continued to be significantly different on the *CDI* for total depression and the subscales of Interpersonal Problems and Ineffectiveness. However, the retained and low-performing students did not differ on the three subscales of Negative Mood, Anhedonia, and Negative Self-Esteem.

Two questions arose. First, in general, why do the retained students perceive themselves to be more depressed than their typically developing peers? Due to the nature of the study, the researcher cannot explain the causes of students’ depression, but the data suggest a discrepancy
between students who have been retained and those who have not. Multiple factors influence students’ self-perceptions. Being overage for grade, knowing that one is different than typically developing peers, can compound feelings of academic inadequacy and extend to a poorer sense of mental well-being. In addition, the research literature suggests that retained students are stigmatized by their retention experiences (Byrnes & Yamamoto, 2001; Fiske & Neuharth-Pritchett, 2006), which could also contribute to increased depressive symptomology. The educational environment could further exacerbate the depression if retained students are not placed in developmentally appropriate learning environments that specifically address their individual developmental needs and if adequate support networks are not in place to counteract learning deficiencies and feelings of depression. As Eccles and her colleagues (1993) note, there is a discrepancy between developmental needs and the schooling environment leading to negative outcomes (e.g., depression, academic failure).

The second question pertained to why the retained and low-performing students reported similar feelings on three of the CDI subscales at the end of the eighth grade year. The results indicated a commonality for the retained and low-performing students, but unfortunately, with only one grade progression data point (from seventh to eighth), it is difficult to determine if this commonality is an anomaly or potential trend. If this study was continued in subsequent years while students were in high school, would the findings be the same? More research is not only needed exploring the relationship between adolescent depression and retained students, but also exploring the relationship between retained and low-performing students’ self-perceptions of mental well-being. The existing literature makes reference to social-emotional outcomes and grade retention (Jimerson, 2001), but does not specifically address mental well-being. Although the findings of this study cannot be generalized to all students overage for grade or low-
performing, it does raise awareness and questions about the impact of mental well-being on young adolescents in general and for those who are already at-risk such as retained students.

These findings have clear implications for policymakers and educators. Accountability initiatives (e.g., NCLB) and school improvement plans primarily focus on academic performance. However, students have other developmental needs that impact achievement such as mental health needs that must be considered to optimize learning experiences in the classroom. As Jackson and Davis (2000) noted “Mild to severe mental health problems, particularly depression, are widespread among young adolescents, yet adolescents often do not receive the services they need” (p. 187). Support networks are a critical component of teaching the whole child, which is the cornerstone of the middle school philosophy.

Another implication involves the need for further research on grade retention and the long-term psychological well-being of the retained child. Retained students are already at greater risk to drop out of school (American Federation of Teachers, 1997; Jimerson et al., 2002; Nagaoka & Roderick, 2004; Rumberger, 1995) and to be socially maladjusted (Foster, 1993; Jimerson et al., 1997; Meisels & Liaw, 1993; Smith & Shepard, 1987; Walters & Borgers, 1995) than their typically developing peers. The findings of this study also suggest that retained students are potentially at greater risk for mental illness. Longitudinal research is needed to validate these findings and to continue investigating the ramifications of this practice as the primary means for addressing student failure.
Hypothesis 2

*Retained Students Report Lower Levels of Social Functioning than the Low-Performing and Control Students*

This hypothesis was broken into three subcomponents of social functioning: social acceptance, social confidence, and popularity. With regards to social acceptance, no significant differences were found among the three groups of young adolescents on the *Self-Perception Profile for Children* (Harter, 1985) across the middle school years. This finding seemed contradictory to the research literature suggesting that adolescent peer socialization is “fraught with tension, ambiguity, and strain” (Allen et al., 2005, p. 229). The current study lacks the power to delineate the factors contributing to students’ perceptions of social acceptance; however, the researcher speculates that these factors could include intact peer groups from elementary school progressing to middle school and the creation of new peer groups around common interests such as band, clubs, and sports.

Similar to social acceptance, no significant differences were found among the three groups’ ratings of their social confidence and their abilities to cope with social situations in the sixth, seventh, and eighth grades as seen on the *Coping Resources Inventory Scales for Educational Enhancement* (Curlette et al., 1993). This is interesting considering the research literature cites that retained students tend to be less confident than typically developing peers (Jimerson et al., 1997); although, the research does not clarify the type of confidence so this finding may not actually be a contradiction to the literature. Over time, participants’ social confidence increased as they progressed from sixth to eighth grade. Perhaps this increase can be attributed to students’ adjustment to middle school life and their newfound ability to navigate this complex social setting and developmental period. Of course, as young adolescents spend
more time together, they become more aware of their peers’ actions, behaviors, and feelings allowing them to better understand the social hierarchy of school. As Jones et al. (2004) suggested, the more positive peer experiences young adolescents have, the more confident they are about themselves and their relationships. Additionally, if these students are already part of established peer groups as suggested in the previous paragraph, they would most likely be more confident in these relationships.

For popularity, ratings on the *Piers-Harris Children’s Self-Concept Scale* (Piers & Harris, 1984) revealed no significant differences among the groups during sixth and seventh grades; however, during the eighth grade, a difference surfaced between the groups even though post-hoc analyses did not explain the differences. Upon examination of the mean scores, both the retained and low-performing students rated themselves lower on popularity than the control students for all three years. Did academic status influence students’ feelings of popularity among peers? The research literature supports the notion that students who are popular perform better academically (Wentzel, 1991). Does this mean that students who are on-grade level are more popular because they are where they should be academically? The researcher questions if academic status affected participants’ perceptions of popularity, especially those students who had been retained and were older than their typically developing peers. The instrument did not lend itself to having participants openly discuss their definitions of popularity or explain their responses so the finding itself informs the researcher that something happens in the eighth grade, but no conclusive evidence can clarify exactly what does happen. Perhaps, as students prepare to transition to high school, their ideas of what constitutes popularity shift causing a difference in self-ratings. Peers groups could also shift as students prepare for their high school transition as they declare diploma tracks and discover new interests such as sports and organizations.
Social development and functioning are critical during adolescence. Young adolescents are becoming more autonomous and shifting attention and relationships towards peers instead of parents (Eccles & Wigfield, 1997; Kaplan, 2004; Wentzel, 1998). Much of the life-changing moments during adolescence occur at school among peers and friends (Jones et al., 2004). The social nature of young adolescents cannot be disregarded, nor disassociated from learning.

Although educators are forced to focus on academic achievement and annual yearly progress as part of the current accountability structure, they must familiarize themselves with their students’ developmental needs and use this knowledge to create developmentally appropriate learning environments that will be beneficial for students and educators (Eccles et al., 1991; Eccles et al., 1993). For those students who have already been retained, incongruence between the environment and students’ needs could facilitate a continuation of the failure cycle and the negative outcomes associated with the retention such as alienation from school (Grissom & Shepard, 1989) and socioemotional maladjustment (Foster, 1993; Jimerson et al., 1997; Meisels & Liaw, 1993; Walters & Borgers, 1995).

Hypothesis 3

_Total Depression at the End of Eighth Grade is Predicted by the Social Functioning Variables for Each Group in the Sample_

This final hypothesis combines the previous two looking at the relationship between the social functioning variables and total depression the final year of middle school among each group of young adolescents. The retained students reported greater social functioning concerns during their seventh grade year. The on grade-level students reported greater social functioning concerns during their eighth grade year. Upon first glance, it would appear that their concerns
fall at different years; however, in reality, the retained and on grade-level students are reporting concerns at approximately the same chronological age.

Similar to the retained students, the low-performing students reported more social functioning concerns during the seventh grade. Although these students had not been previously retained, they still struggled academically in the classroom and on standardized tests. Perhaps, their social functioning concerns stemmed from feelings of intellectual inadequacy thus leading to decreased feelings of social acceptance, social confidence, and popularity. Another consideration because the retained students also reported concerns for the same year is that there is some unknown factor(s) affecting their perceptions of social functioning. The instruments lack the power to fully disclose what happens during this seventh grade.

The implications of the relationship between social functioning variables, group membership, and total depression are similar to previously mentioned implications. As guidelines for effective middle schools suggest, middle schools must be developmentally responsive in their curriculum, teaching practices, assessments, professional development, and establishment of support networks (Jackson & Davis, 2000; The National Forum to Accelerate Middle Grades Reform, 2006). Being aware that seventh grade is potentially a challenging year for struggling students should influence how educators plan and accommodate students that second year of middle school. The realization that educating young adolescents is more than academics is also critical to creating optimal learning environments where all students can experience success as they progress through middle school.

Future Research

This study answers the call for further research on grade retention, especially the social-emotional outcomes such as depression (Jimerson, 2001). By itself, depression is a problem
among the adolescent population. However, the retained students, who were already out of sync with their typically developing peers, reported higher levels of depression. Because these retained students were already at risk for continued academic failure, alienation from school, and social maladjustment, depression potentially compounds the risk that these students are already experiencing. Depressed adolescents report lower ratings of self-image (Barker & Galambos, 2003; Erkolahti et al., 2003) and are more likely to engage in adverse behaviors such as increased absenteeism, engagement in criminal behavior, increased use of alcohol and marijuana, and increased cigarette smoking for females (Poulin, 2005; Reinherz et al., 1990).

Because there is limited research on the relationship between depression and grade retention among young adolescents, this study needs to be replicated and validated within similar and different school settings (e.g., rural, urban, suburban) and school systems. It might also prove instructive to conduct this study in a junior high school environment. Furthermore, this study should be expanded beyond self-reporting data to include other methodologies such as interviews (e.g., student, teacher, parent, counselor), classroom observations, and additional instruments, which would help the researcher better interpret and understand the feelings, perceptions, and behaviors of retained students. By generating such data, hopefully, educators will use this information to improve learning among retained students so that the students’ developmental needs are met.

With the mandated accountability structure of No Child Left Behind calling for the administration of gateway tests for grade advancement, one would clearly expect increased application of grade retention as a consequence for those students who fail the gateway tests. Limited research exists examining the practice of grade retention in relation to high-stakes testing (Nagaoka & Roderick, 2004). Because high-stakes testing and accountability are here to
stay, policymakers, educators, and researchers must be proactive, informed, and open-minded to change so that educational decisions and policies will drive improved student performance, particularly focused on at-risk students, specifically retained students.
REFERENCES


Middle School

In conjunction with the developmental nature of young adolescence, the schooling environment can influence students’ self-perceptions and academic success. Most young adolescents, those students aged 10-15, are enrolled in middle schools. The most common grade configuration for these schools is 6-8 (McEwin, Dickinson, & Jenkins, 2003). Several characteristics differentiate middle schools from other types of schools such as the junior high school. According to The National Forum to Accelerate Middle Grades Reform (2006), effective middle schools are academically excellent, developmentally responsive, socially equitable, and possess organizational structures and processes. To be academically excellent, students are held accountable to high standards, curriculum is challenging and coherent, assessments are varied and frequent, support networks are in place to assist students, and faculty consistently participate in professional development. Developmentally responsive middle schools personalize learning environments building upon students’ individual developmental needs, involve families and communities as stakeholders, and teach students to be citizens of the community. Socially equitable middle schools provide a high-quality educational experience for all students that are fair and democratic. Finally, organizational structures and processes are in place to facilitate learning and promote academic excellence.

Similar to The National Forum’s guidelines for effective middle schools, Turning Points 2000 authors Jackson and Davis (2000) suggest eight recommendations to ensure success for all middle school students:

- Teach a curriculum grounded in rigorous, public academic standards for what students should know and be able to do, relevant to the concerns of adolescents and based on how students learn best.
- Use instructional methods designed to prepare all students to achieve higher standards and become lifelong learners.
• Staff middle grades schools with teachers who are experts at teaching young adolescents, and engage teachers in ongoing, targeted professional development opportunities.
• Organize relationships for learning to create a climate of intellectual development and a caring community of shared educational purpose.
• Govern democratically, through direct or representative participation by all school staff members, the adults who know the students best.
• Provide a safe and healthy school environment as part of improving academic performance and developing caring and ethical citizens.
• Involve parents and communities in supporting student learning and healthy development. (pp. 23-24)

Both of these well-respected resources offer the optimal vision for an effective middle school. As Jackson and Davis (2000) noted, many middle schools do not live up to this vision and are middle schools in name only. This brief discussion is relevant in that the participants in this study are young adolescents attending a middle school. Although this sample school is not representative of the optimal learning establishment described above, it does fall within the broad spectrum of current middle school practices. A brief description of the study middle school can be found in Chapter 3.
APPENDIX B

EXAMPLES OF THE OVERLAP OF THE CHARACTERISTICS BETWEEN ADOLESCENT DEPRESSION AND YOUNG ADOLESCENTS
### Examples of the Overlap of the Characteristics Between Adolescent Depression and Young Adolescents

<table>
<thead>
<tr>
<th>Depression(^1)</th>
<th>Young Adolescents(^2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sad or cranky mood</td>
<td>Experience mood swings with peaks of intensity and unpredictability</td>
</tr>
<tr>
<td>Feelings of hopelessness</td>
<td>Psychologically vulnerable</td>
</tr>
<tr>
<td>Difficulty concentrating</td>
<td>Disinterest in academic subjects</td>
</tr>
<tr>
<td>Low self-esteem</td>
<td>Fluctuating levels of self-esteem</td>
</tr>
<tr>
<td>Negative self-image</td>
<td>Strong need for belonging that could result in embarrassment, ridicule, or rejection</td>
</tr>
<tr>
<td>Sleep disturbance</td>
<td>Restlessness and fatigue</td>
</tr>
<tr>
<td>Appetite/weight change</td>
<td>Preference for junk food Risky dieting practices</td>
</tr>
<tr>
<td>Lack of energy</td>
<td>Experience restlessness and fatigue</td>
</tr>
<tr>
<td>Psychomotor agitation</td>
<td>Awkward, uncoordinated movements</td>
</tr>
<tr>
<td>At-Risk behaviors such as alcohol use</td>
<td>Experimenting with alcohol and Drugs</td>
</tr>
<tr>
<td>Preference for time alone</td>
<td>Spend time alone</td>
</tr>
</tbody>
</table>

\(^1\)Commission on Adolescent Depression and Bipolar Disorder, 2005, page 5  
\(^2\)NMSA, 2003, pp. 44-51