

meta-analysis of the psychosis continuum: evidence for a psychosis proneness–persistence–impairment model of psychotic disorder. *Psychological Medicine* 39, 179–195.

ANTONIO PRETI¹, MATTEO CELLA²
AND ANDREA RABALLO³

¹ *Centro Medico Gemmeruxi, Cagliari, Italy*

² *Department of Clinical and Health Psychology, University College London, London, UK*

³ *Danish National Research Foundation, Centre for Subjectivity Research, University of Copenhagen, Copenhagen, Denmark*

Address for correspondence:

Dr M. Cella

Department of Clinical, Educational and Health Psychology,
University College London, Gower Street,
London WC1E 6BT, UK

(Email: m.cella@ucl.ac.uk)

Psychological Medicine 41 (2011).

doi:10.1017/S0033291711001036

First published online 16 June 2011

Letter to the Editor

Comments on 'Bullying victimization in youths and mental health problems: much ado about nothing?'

Arseneault *et al.*'s paper (2010) examines whether bullying victimization is an essential risk factor for mental health problems, and hence should be targeted by treatment and prevention programmes. This is a highly relevant topic, and the authors provide an excellent overview of up-to-date research. Their conclusion that (a) bullying victimization is associated with severe mental health consequences, and (b) efforts should be focused on reducing bullying victimization, is highly convincing.

An important issue in bullying research is the assessment of bullying victimization. The authors critically discuss methods based on self-reports *versus* peer nominations. We feel that it is important to take this discussion forward by focusing more on the complementary nature of each method, rather than on the supposed superiority of either method. Thus, both approaches are valid, and both are also susceptible to certain biases (Pellegrini, 2001; Olweus, 2010). Self-reports provide a unique, individual source of information, tapping behaviours that could easily go unnoticed by others. At the same time, this subjective view is susceptible to social desirability, and consequently might result in over- or under-reporting. Peer nominations, on the other hand, are less susceptible to this subjectivity, as multiple observers are

used. However, peer nominations are flawed in that relevant behaviours or gestures can be missed in some cases, and nominations may be based on wrong or insufficient information.

Because self-reports and peer nominations measure different constructs (i.e. individual *versus* group perceptions), they present complementary information. Comparing the data collected with both methods will lead to either converging or diverging results. Whatever the outcomes, we can then potentially employ three research strategies for identifying bullies and victims. In the case of converging results, we get victims (or bullies) identified as such by both methods (minimum strategy, leading to some false negatives). However, we can also employ a maximum strategy by accepting victims (or bullies) as such because they were identified by at least one method (leading to some false positives). Finally, we could use a differential strategy, distinguishing between exclusively self-reported victims (bullies), exclusively peer-reported victims (bullies) and converging victims (bullies). Alternatively, one could use peer reports to identify bullies, but self-reports to identify victims. However, it would still be necessary to employ both measurement methods.

Peer-reported victimization has been associated with more rejection and less acceptance in the group, whereas self-reported victimization has been associated with self-reported adjustment outcomes (i.e. depressed mood, anxiety, loneliness and negative self-views) (Juvonen *et al.* 2001). Overall, self-report methods are more strongly linked to internalising problems, whereas peer nominations are better at predicting the status of the victims and the bullies in interpersonal relationships. Using both methods (peer- and self-reports) with the possibility of employing different strategies will advance our knowledge of bullying and victimization more than simply employing either one or the other method.

Declaration of Interest

None.

References

- Arseneault L, Bowes L, Shakoor S (2010). Bullying victimization in youths and mental health problems: much ado about nothing? *Psychological Medicine* 40, 717–729.
- Juvonen J, Nishina A, Graham S (2001). Self-views *versus* peer perception of victim status among early adolescents. In *Peer Harassment in School: The Plight of the Vulnerable and Victimized* (ed. J. Juvonen and S. Graham), pp. 105–124. The Guilford Press: New York, London.

Olweus D (2010). Understanding and researching bullying: some critical issues. In *Handbook of Bullying in Schools: An International Perspective* (ed. S. R. Jimerson, S. M. Swearer and D. L. Espelage), pp. 9–33. Routledge: New York, London.

Pellegrini AD (2001). Sampling instances of victimization in middle school: a methodological comparison. In *Peer Harassment in School: The Plight of the Vulnerable and Victimized* (ed. J. Juvonen and S. Graham), pp. 125–144. The Guilford Press: New York, London.

PAULA M. GROMANN¹, FRITS GOOSSENS² AND

LYDIA KRABBENDAM¹

¹ *Centre for Brain and Learning, Faculty of Psychology and Education, VU University Amsterdam, Amsterdam, The Netherlands*

² *Department of Education, Faculty of Psychology and Education, VU University Amsterdam, Amsterdam, The Netherlands*

Address for correspondence:

L. Krabbendam
Centre for Brain and Learning,
Faculty of Psychology and Education,
VU University Amsterdam,
Van der Boerhorststraat 1,
1081 BT Amsterdam, The Netherlands

(Email: ac.krabbendam@psy.vu.nl)