FORMATION AND MAINTENANCE OF SUICIDE IDEATION FOLLOWING PROLONGED PEER REJECTION IN YOUNG ADULTS

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ABSTRACT

The research aimed to investigate factors that contributed to persistent suicide ideation. Peer rejection had a significantly adverse impact on mental health and could lead to the development of suicidal thoughts. The Interpersonal Theory of Suicide (IPTS) stated that suicide ideation was formed by feelings of thwarted belongingness and perceived burdensomeness, in which the former manifested from an obstructed need to belong. Prior research had been divided on the role of thwarted belongingness in suicide ideation formation; while the current research aimed to provide clarity on this matter. The research applied a qualitative method with a phenomenological design. Data collection was carried out using semi-structured, inductive interviews with each participant. Participants were young adults with experience in peer rejection and a minimum of 1 year of ongoing suicide ideation. Results show support for the IPTS and the role of thwarted belongingness in suicide ideation formation. Additionally, two factors for the maintenance of suicide ideation are identified, namely heightened sensitivity to rejection and habituation to suicidal thinking. Findings contribute to previously inconclusive and minimal research on the IPTS and maintenance of suicide ideation respectively. Future research should be conducted regarding the latter matter as it is a serious risk factor for suicide attempts. Suggestions for future intervention are discussed.

Keywords: suicide ideation, peer rejection, thwarted belongingness

INTRODUCTION

Suicide takes over 700.000 lives annually and is one of the leading causes of death (World Health Organization, 2021), with 20 times the attempt. In young adults, suicide takes up one-third of the mortality rate. In Indonesia, suicide is the second leading cause of death for adolescents and young adults (Susilawati, 2018), although the actual number is predicted to be up to 2,300% higher due to restrictions in reports caused by an insufficient tally system and taboos surrounding the concept (Indonesian Association for Suicide Prevention, 2022; Onie, 2022). Suicide ideation, the thoughts or desire to take one's own life, is a significant predictive factor for suicide attempts and fatal suicide (Dendup et al., 2020; Guo et al., 2023), more so if it is persistent (Kivelä et al., 2019; Miranda & Jeglic, 2021). Further exploration regarding suicide ideation is important to develop tailored intervention methods

for individuals experiencing it, as attempts so far have not been successful (Ribeiro et al., 2019).

Factors of risk for the development of suicide ideation, particularly negative interpersonal experiences, have been increasingly investigated in research. Experiences such as rejection from peers, parents, or significant others are found to elicit negative experiences and thoughts (Rajchert et al., 2019). Rejection experiences center on social or interpersonal interactions that result in an individual feeling like he or she has low relational value (Cheek et al., 2020) and have been found to adversely affect physical and mental health (Leary, 2021; Rudert et al., 2018; Wang & Li, 2022). Rejection experiences are distressing and painful (Ammar, 2022; Brown et al., 2019; Timeo, Riva, & Paladino, 2019; Wu et al., 2020), and it is found that social and physical pains are handled in the same neural network in the brain (Landa et al., 2020).

Peer rejection negatively impacts well-being (Chung et al., 2021) and is a direct threat to an individual's fundamental need to belong, something that is crucial for human functioning (Baumeister & Leary, 1995). Baumeister and Leary (1995), in the belongingness theory, have found that people are, in nature and through instinct, actively driven to seek and maintain a sense of belonging. In young adults, this sense is even more crucial to have and maintain as they are in a major phase of life transitions where they try to figure out their identity as well as their place and value in society (Hatano et al., 2022). A sense of belonging is needed to shape their sense of identity and self-worth, as well as a pillar of support. Young adults are also at more risk of rejection experiences as it is found that they are more prone to losing friends (Khullar et al., 2021) and find it hard to make new ones (Apostolou & Keramari, 2020).

One theory by Joiner (2007) and Van Orden et al. (2010) has proposed two factors that account for the origination of suicidal thoughts and desires, namely feelings of Perceived Burdensomeness (PB) and Thwarted Belongingness (TB). The Interpersonal Theory of Suicide (IPTS) argues that suicidal desire exists when one perceives that their absence is of greater benefit than their existence (PB) and if one feels like they do not 'fit in' with any community (TB). When present, it is suggested that both factors account for active suicide ideation, in which individuals often fantasize and plan for their own death (Liu et al., 2020). Passive suicide ideation, characterized by a desire to not be alive and or neglecting one's own health and safety, occurs when only one factor is present.

The IPTS is considered to be one of the leading theories in suicide literature (Klonsky et al., 2018). Even so, findings to support this theory have been mixed. Some studies have found that both factors (PB and TB) contribute to suicide ideation, including in young adults (Becker et al., 2020; Chu et al., 2017). However, a larger number of studies have found that, as opposed to PB, the link between TB and suicide ideation is weak or even non-existent (Harahap & Amalia, 2021; Ma et al., 2016). Most research surrounding this topic has been conducted quantitatively, utilizing self-report questionnaires and a cross-sectional design (Chu et al., 2017; Ma et al., 2016; Yunitasari et al., 2023), where the subjects' experiences and feelings are not deeply explored and evaluated. Especially since belongingness has a complex and highly subjective nature, a more comprehensive understanding may require qualitative exploration that goes beyond numerical data. Recent qualitative research by Vélez-Grau et al. (2023) carried out in a group of minority adolescents (age 13-17) has found that both factors, whether independently or simultaneously, contribute to suicide ideation.

The current research investigates peer rejection as a negative interpersonal experience that elicits suicide ideation in young adults. Rejection experiences tend to be highly subjective; therefore, it is important to explore and describe in detail each participant's subjective experiences and what led them to develop suicidal thinking in order to gain further understanding of the phenomenon. The research aims to describe and make sense of participants' subjective experiences of peer rejection and following suicide ideation, as well as to examine the role of TB in its development, as previous research has been divided. In addition, it aims to determine factors that contribute to lasting suicide ideation, as long-term suicide ideation poses an elevated risk for suicide. The shortfall in research that describes the experiences of individuals with suicide ideation is a contributing factor to the lack of understanding of why individuals move from ideation to attempt (Wastler et al., 2023). Additionally, research on persistent suicide ideation has been scant (Kivelä et al., 2019). Thus, the findings of the qualitative research are hoped to contribute to the field of research as empirical evidence as well as to develop tailored interventions to address the specific needs of individuals in relation to the topic at hand.

METHODS

The research applies a qualitative method with a phenomenological design. This particular design is chosen because of its purpose and ability to derive meaning from subjective experiences through in-depth exploration (Alhazmi & Kaufmann, 2022). Data are collected through individual in-depth interviews with three participants (33% male) aged 20 to 21. Participants are individuals with experience in being peer rejected and are currently experiencing suicidal ideation. Individuals are first screened for suicide ideation, then subsequently the underlying reasons. Those whose reasons aligned with peer rejection are then included as participants. A minimum 1-year duration for suicide ideation is required as the research aims to see factors contributing to its persistence, and for the same reason, participants are included regardless of continued peer rejection.

Three steps are conducted in the data collection process. To begin, participants undergo preliminary interviews to build rapport and assess their current level of suicide ideation using Miller et al.'s (1986) Modified Scale for Suicide Ideation (MSSI) in the form of a semi-structured interview. The MSSI scale has been used in both clinical and non-clinical settings, where it is mostly developed using young adult samples and demonstrated high reliability and validity (Andleeb et al., 2020). The MSSI scale has a minimum score of 0 and a maximum score of 54, divided into three categories: low, mild, and severe. Participants in the research are all in the category of severe suicide ideation on the MSSI. The interviews are conducted both offline and online via Zoom in accordance with each participants' availability and convenience. Informed consent is obtained before the interview and once more if they are selected as participants.

Following the initial preliminary interviews,

participants engage in one or two main interviews spaced four to seven days apart. The main interviews are semi-structured. An interview guideline is developed with the purpose of facilitating participants to share in detail regarding their experiences of social rejection and their understanding of it, as well as how they come to develop suicidal thinking. The interview guideline utilizes open-ended and broad questions (e.g., 'Why do you think these rejection experiences make you think of suicide?') which are inductive in nature. Questions included in the interview guideline do not inquire about components of IPTS and do not direct participants' answers according to a particular theory, instead allowing participants to speak freely, allowing for examination regarding whether the constructs would spontaneously manifest.

Interviews are recorded and transcribed with the permission of the participants. Data results are analyzed using Interpretative Phenomenological Analysis (IPA) and coded using Taguette. IPA as a technique is exclusively used for subjective life experiences, with the purpose of describing in detail and deriving meaning from such experiences (Smith & Fieldsend, 2021). IPA consists of six stages (Engward & Goldspink, 2020), and is initially done separately for each participant. Firstly, a thorough reading and re-reading of the transcript is conducted to better understand its contents. Secondly, initial observation notes and comments are made as a form of open coding. Thirdly, the participants' experiences are coded to identify emerging themes. In the fourth stage, relationships between the identified themes are explored. This process is repeated for all the other participants in the fifth stage. Lastly, a comparison between the coded transcripts of the participants is made, and an analysis is conducted to obtain understanding and draw overall conclusions.

In the second stage of the coding process, following open coding, components of the IPTS that emerged are coded accordingly. Additionally, member checking is done to optimize the credibility of the data. Participants are asked to confirm their statements during offline meetings or through transcript reading and given a chance to correct themselves if they so choose to ensure data integrity.

RESULTS AND DISCUSSIONS

The research is concerned with the formation of Suicide Ideation (SI) after social rejection and the role of thwarted belongingness in accordance with the IPTS. Participants experience widespread social rejection beginning from middle school, where they develop SI that is maintained until their university years in the present day. A summary of the findings of the research is described in Table 1. The formation of SI is supported by three aspects: (a) TB, (b) PB, and (c) hopelessness, which is in line with the IPTS. The research subsequently examines factors that maintain participants' SI and identities two factors: (a) heightened sensitivity to rejection and (b) habituation to suicidal thinking.

Table 1 Summary of Research Findings

Formative aspects of Suicide Ideation (SI)	Thwarted belonging
	Perceived burdensomeness
	Hopelessness
Maintenance aspects of Suicide Ideation (SI)	Heightened sensitivity to rejection
	Habituation to suicidal thinking

Participant P4F describes experiencing ostracization, which primarily consists of being dismissed, ignored, avoided, and excluded by her peers during middle school. She mentions that her classmates often show or voice disappointment when paired with her in group projects. She expresses feeling like her peers view her as weird and distance themselves from her. P4F adds that this continues during her university years, although much less severe.

Participant P2M describes experiencing physical and verbal bullying, which consists of punching, kicking, mocking, labeling, and personal attacks mainly centered around his physical appearance. He describes being called ugly and nicknamed 'bulldog' because of his weight and dark skin color. In addition, P2M endures vandalism of personal belongings, all of which occurred during his middle school years in a boarding school.

Participant P0F describes experiencing ostracization and verbal bullying. She describes being shunned, gossiped about, and disparaged by her peers during middle school. P0F expresses feeling 'generally unliked' and is told at one occurrence that she would not have friends unless she does them favors.

Figure 1 depicts the interaction of factors found in the research in forming and maintaining SI. Participants who deal with peer rejection experience
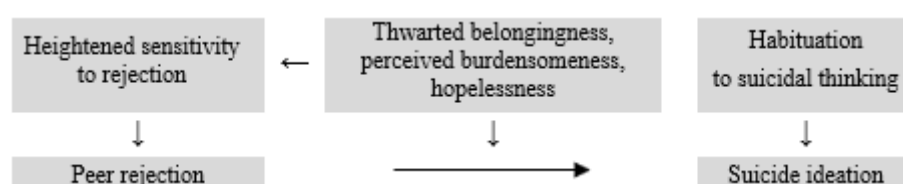

Figure 1 Suicide Ideation (SI) Framework

thwarted belongingness, perceived burdensomeness, and hopelessness, which leads to ideas of suicide. Their prolonged experience with peer rejection contributes to a heightened sensitivity to rejection, making it more likely for them to perceive and relive rejection and its effects, thus maintaining their SI. This is further supported by their increased habituation of suicidal thinking.

Participants describe developing SI sometimes after experiencing their respective social rejections. When talking about their experiences, participants recount feeling pain and loneliness, which speaks to feelings of thwarted belongingness. Participants further express feeling pessimistic about their situations becoming better (hopelessness) as well as perceiving themselves as burdensome (perceived burdensomeness). These aspects are formative, contributing to the cultivation of participants' suicidal thinking.

Thwarted belongingness happens as they experience rejection from their collective peers; participants relay feeling sad, hurt, and pained. They mention feeling unwelcome, disfavored, and alien to their peers.

> "Because every single time, every morning I wake up, I realize that everyone hates me, because they mock me, because they hit me, because they did unnecessary things to me." (P2M)

> "I feel bad, I feel sad, like no one wants to be my friend." (P2M)

> "I don't know. I felt – um, at the time, there was like – everyone was gathering in a room, and I was outside, because I just felt very bad about myself. And I felt really painful and nobody really understood me at the time." (P4F)

> "I think that it's a common secret, that I was unliked, in my school. That I was weird and lame and uncool and unfunny. So I just thought no one would like me, at that point. Not that, not that they wouldn't like me. I mean, at that point it's just, I just think they hated me." (P0F)

> "My parents were a no-go, and I couldn't tell my friends because I didn't have any. Or anyone I could talk to… I felt alone all the time, I never talked to anyone about anything important." (P0F)

Participants feel like they have no one to talk to or relay their problems to, as their peers do not favor them. They mention that their efforts to speak to teachers or family members about their situation are often met with dismissal. P2M describes it as 'hopeless'. This is consistent with the dimensions of thwarted belonging as iterated by Van Orden et al. (2010), where participants convey being lonesome (loneliness) and neglected (absence of reciprocal care). One of the indicators of the latter aspect is social withdrawal, something that participants engage in after feeling unwanted.

> "When they reacted to me negatively, I just started withdrawing myself. Because I felt like they don't, they didn't really want me to be their friend." (P4F)

> "I guess I sort of just distanced myself from them… and that just made me feel like I wasn't a part of them, even though it was my fault." (P0F)

Participants' thwarted belongingness emerges unprompted as they narrate their experiences. In the same way, participants express a need to belong, conveying a desire for social acceptance and close relationships. Participants emphasize the latter as they use words like 'best friend' and 'friend friend' and at one point state that being only acquaintances is a consequence of jeopardizing a friendship. As this need is hindered by their rejecting social environments, participants experience thwarted belongingness, leading to suicidal thinking.

> "If people think that we are fat, then, for example… people think I'm fat. So it means I'm fat, so I'm ugly, I'm ugly, so… I will never be accepted in the world, like that." (P2M)

> "I perceive myself as somebody who I do not want to associate with… I thought I was wrong, my actions were wrong, everything I said, I was wrong… I felt like I just needed to not be myself… in order to fit in with other people. And also survive… in the environment that I was in." (PF4)

> "It made me feel bad about myself. In a way that makes me feel like I'm absolute filth or something, and that nobody ever will help me, or even associate with me." (P0F)

Participants think of their non-belonging as universal, then subsequently interpret it as a pronounced inability to survive living. Participants often mention that they cannot handle their problems of rejection or other life problems 'by themselves' or without the help of other people, as they are painful. Their understanding that they will not be accepted anywhere or ever led them to think they would persistently be alone in handling this and, therefore, cannot 'survive'. Consequently, participants entertain thoughts of suicide.

> "Because I don't want to live. Because I couldn't handle all of my problems by myself." (P2M)

> "I have no friends. I have no one that could

help me with navigating through my courses, stuff like that. And suddenly, I felt that these relationship complications, friendship complications, these always happens to me. So, sometimes I just feel that I just couldn't live any longer like this." (P4F)

Notably, participants do not always explicitly express an unwillingness to live; at times, they state the opposite. However, participants view suicide as necessary within the context and thus think of dying. Their thwarted belongingness significantly contributes to this phenomenon, contrasting previous research, which is uncertain about its role. Participants exhibit both active and passive SI, except for P0F, who does not convey any form of passive SI. They express their thoughts of the various ways in which they can take their own life (e.g., jumping out of a building, fatally injuring themselves) and relay wishes not to wake up.

Participants mention on several occasions feeling worthless or useless, characterized as PB, leading them to think that death is the better option than living.

"Maybe because when I was in junior high school, they really really rejected me and just made me feel like I'm [a] useless thing in this world, so… I always think that I'm useless and should not be here, I feel like I shouldn't be here." (P2M)

"I feel like I'm always somehow an inconvenience to other people, and I always have the need to compensate for that, for my own existence, to other people." (P4F)

Participants' feelings of worthlessness and uselessness are derived from negative social interactions. Additionally, consistent with the self-hate aspect of PB, as stated by Van Orden et al. (2010), participants also display internalizing behaviors and self-blame, where they often attribute the bullying they have received to their own actions, attributes, or personality. Their view that they are unwanted further speaks to the liability aspect of PB. P0F, who does not convey any passive SI, does not convey feelings of PB. However, as PB was not prompted directly, it is possible that P0F may still experience it.

Participants' view of their aloneness (thwarted belonging) as perpetual speaks to their sense of hopelessness. They express pessimism over positive change and articulate that there is nothing that they can do to better their circumstances.

"But mostly I feel that moving forward… Things will not change. Even if it's better now, I feel like I will still be alone, or feel lonely, no matter what… I guess that's why it's not worth it [to live]." (P0F)

"I am tired of trying and failing. I need connections in my life but every time I try to bond with people, I keep either getting rejected or I cannot form a bond that's really personal and close. And that makes me feel really depressed and lonely and I just can't keep living that way." (P4F)

"I don't know. I just… I have to die… Because there is nothing I can change." (P2M)

Participants' hopelessness is characterized by their negative outlook and feelings of helplessness. Consistent with previous research, hopelessness is a contributing factor to suicidal thinking (Ribeiro et al., 2019; Van Orden et al., 2010). Participants most often respond with statements of hopelessness when asked why they consider suicide. Participants' lack of positive expectations about the future makes them think that continuing to live will only be pointless. They further relay that they never think much about their futures and will not live past a certain age. In conjunction with thwarted belongingness and PB, participants' hopelessness encourages the formation of their SI. This finding is concordant with the IPTS framework.

Participants retain SI for an average of seven years. Participants' levels of SI as measured with the MSSI are severe, ranging from 22 to 43 (with 21 being the cut-off score for the category). Participants appear to have maintained the same level of ideation as they did in their previous years, or even possibly more severe. Having moved on from middle school and onto college, participants report having more friends and not being socially rejected. While rejection instances happen, they are rare and more interpersonal in nature rather than collective. Despite this, participants retain their suicidal desires and thoughts. Two factors are identified to have contributed to this phenomenon.

Participants relay feeling insecure and anxious following continued rejection by their social environments. For context, participants attend all six years of middle school in one educational institution. From middle school and following, around others and especially strangers, participants disclose feeling heightened anxiety, fearing that they will be rejected. Participants describe feeling like they are constantly under the scrutiny of others, including feeling judged and 'unsafe'. P2M, who is berated over his physicality, is conscious of looks, fearing that other people would too judge him the same way his peers did before.

"I don't know, it just pops up in my mind, I mean, maybe when I was in a restaurant and someone just stares at me… is it… am I weird, am I ugly, or something, like, what did I do…" (P2M)

"When someone just looks at me, it feels like they're talking about me behind my back." (P2M)

Participants who experienced ostracization are

wary of others' looks and body language and often interpret them as unaccepting.

> "I was just really upset, I would keep microanalyzing my own behaviours, as in, what I should've done and what I could do to make things better, and I would think about their behaviours, like, trying to make sure if they're actually mad at me or not. I was just really anxious about it." (P4F)

> "Every time I interact, I'm in this fear that they're judging me or disliking me." (P0F)

> "Like looks. Or text messages, which doesn't make any sense. Like, their texts would look off to me, and the old little me would just be like, 'oh, they're mad at me'. They aren't, probably." (P0F)

Participants express a belief in inevitable rejection through their use of language, such as saying, "I still have friends that haven't rejected me" (P4F). With acquired friends, participants show mistrust and describe their friendships as 'unstable and fragile' (P4F), 'shaky' (P0F), and 'temporary' (P2M). Participants exhibit a sense of anticipation towards rejection, both in their current friendships and towards strangers. Additionally, participants show sensitivity to signs of rejection, even when vague, and interpret them as such. In conjunction with their anxiety, participants show a heightened rejection sensitivity. Downey and Feldman (1996) have defined Rejection Sensitivity (RS) as an anxious predisposition, which makes individuals more likely to perceive and disproportionately react to rejection.

Participants' RS are subsequently assessed using the Adult Rejection Sensitivity Questionnaire (ARSQ), showing relatively high levels of RS (averaging a score of 16). Participants' level of RS allows them to easily perceive rejection and subsequently suffer its consequences. This serves to both validate and retain participants' fear of rejection, creating a feedback loop that feeds on participants' feelings of isolation and hopelessness. This finding is consistent with Brown et al.'s (2019) research, where RS supports SI by mediation through TB. Supporting this, Miranda and Jeglic (2021) have found that individuals with persistent SI have an elevated vulnerability to respond to suicidal thoughts when faced with minor stressors that remind them of their previous triggers, such as perceived cues of rejection. Moreover, participants' fear and high RS hinders their attempts to establish new connections with others. This, along with their persistent sense of being rejected, preserves their SI.

Although having moved on from the rejecting social environments in middle school, participants continue being suicidal. They cite habituation as a reason.

> "I think because I spent all of those years being suicidal, I never really thought about my future. So it's just natural for me to say that I never, I would never, I could not imagine myself going past 25. And I would probably off myself by then because even though I was happy at the time, I… this, that happiness would like, it's only temporary." (P4F)

> "I think it's also because I was used to just never thinking I'd live long that I feel so, I… I feel like, I just might not live long. But things are good. Maybe there's a little voice at the back of my head saying, 'for now', but I'm working through that." (P0F)

Participants who face prolonged peer rejection respond with fantasies of suicide. Over time, this thought pattern becomes habituated as participants respond with SI, irrespective of whether or not they are socially rejected. Additionally, participants cite new reasons for their ideations, primarily academics. Participants' habituation makes them respond to rejection and other adversities with SI, possibly as a form of coping mechanism. Crane et al. (2014) have suggested that individuals become used to suicidal cognitions as a way of comfort in response to stress, acting as a form of relief or escape. Supporting this, participants touch upon feeling 'relief' (P0F) and 'peace' (P2M) when thinking about suicide. This phenomenon enables participants to continue having SI.

Participants experience peer rejection in a school environment where teachers are undeniably present. Throughout their narration, participants mention how teachers' lack of care and dismissal of their problems contribute to their sense of isolation and helplessness.

> "Every time I talk about it to a teacher, they gave me either advices that didn't really do anything or like, they would like, dismiss my emotions or pain." (P4F)

> "It was more strict than elementary school… and the teachers weren't also as caring as elementary school. It was quite, um, it started becoming isolating." (P4F)

> "Because when I was in elementary school, there were so many people who really protected me at the time. I mean, teachers… But in junior high school, there's no one who could protect me… I have to deal with all of the people there without any advice, and when I ask for advice to my teacher at junior high school, they just, they didn't give me good advice." (P2M)

P2M adds that teachers do not try to intervene with his bullying. Moreover, participants mention having distant relationships with their families, reducing their available social support. While confirming that the origin of their suicidal thoughts is

peer rejection, they mention that their family's lack of support concerning the matter makes their ideations worse. The missing support from family members may contribute to greater TB. Existing social support, on the other hand, acts as a safeguard against suicidal thoughts. Consistent with much previous research (Olatunji, et al., 2020; Scardera et al., 2020), social support by friends or family members can reduce SI. P2M, who has a close relationship with his sister, expresses reluctance to entertain his thoughts of dying as it might upset her. Other participants mention that having friends makes them think of suicide less.

CONCLUSIONS

Individuals who experience peer rejection are at risk for developing SI. The research is conducted in order to understand and reduce this phenomenon. Participants experience various forms of peer rejection, producing feelings of isolation, uselessness, and resignation, resulting in the formation of their SI. All in concern with the IPTS, in ideation development, participants experience TB, PB, and hopelessness about their continued permanence. Contrary to a handful of prior research, it finds TB's role to be significant in the development of SI, as participants' feelings of social isolation and nonacceptance are a catalyst for their suicidal thinking. The research would like to highlight that participants are not explicitly asked regarding the IPTS but rather that their response is unsolicited, corroborating the theory's credibility.

Individuals in the research maintain their SI without continued peer rejection due to a heightened RS and habituation to suicidal thinking. This is important to note, as individuals can continue to have suicidal thoughts despite having moved on from the circumstances that precipitate them. The research contributes to the currently minimal research on the maintenance of SI. Moreover, it finds initial evidence for habituation to SI as a form of coping mechanism. Further research should be conducted regarding this matter, as persistent SI negatively impacts well-being and increases the risk of suicide attempts. Lastly, the research finds that teacher support has a notable effect on participants' SI. Participants are affected by teacher support and mentioned them as people of interest, where their lack of care contributed to their feelings of isolation. It is suggested that future interventions involve teachers with regard to individuals with SI due to peer rejection.

The research has limitations. The research does not examine gender or personality differences (e.g., extraversion) despite its potential role in influencing how individuals perceive and react to peer rejection, as well as the development and maintenance of SI. Future research should take these factors into account in their analysis. Futhermore, in the research, due to all participants having strained relationships with their families, the same results cannot be guaranteed should participants have supportive family relationships. Further research should examine whether SI will form and maintain in individuals with prolonged peer rejection if they receive stable familial support.

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